The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Report on the Admission to Fellowship Survey

2016

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Executive Summary

Introduction and Background

The admission to Fellowship survey was designed to collect information on the 2003 training program from Fellowship applicants as they commenced practice as an independent psychiatrist. The 2016 survey was sent to Fellowship applicants that had completed all requirements for admission to Fellowship during the year. The aim was to:

- Assess the effectiveness of the training program and gather input into an important area of development
- To help identify strategies that will enhance and improve the training provided
- Evaluate the experiences and perceptions of the training program.

The key areas covered in the survey were:

- Supervision arrangements
- Impressions of the training program
- Intentions in the workforce.

Methods

Sample

The sample consisted of trainees that had completed all training requirements for Fellowship and had applied for admission to Fellowship. The RANZCP Membership Services department provided details of the applicants. One hundred and twenty-six (126) applications for admission to Fellowship were approved in 2016 for 98 trainees and 28 Specialist International Medical Graduates (SIMG) candidates. At the end of 2016, 52 surveys had been completed giving a response rate of 41%. A total of 36 trainees and 16 SIMG candidates responded, giving response rates of 37% and 57% respectively.

Procedures

Each month in 2016 new applications from trainees and SIMGs applying for Fellowship were reviewed by the Education Committee (EC) and approved by the RANZCP Board. Following the attainment of Fellowship all new Fellows were sent a link to an online survey and an information sheet detailing the objectives of the survey. The survey was voluntary and anonymous with no contact details being collected. Survey invites were sent out each quarter with two reminder emails. No incentives were used.

Limitations

There were a number of limitations with this study:

- A limited number of applications are received per year with a maximum of 150-200 per annum.
- There maybe a halo effect due to the timing of the survey and responses may be biased positively due to respondents receiving their Fellowship at the time of completion.

Question Development

The questions in this survey were based on the goals and objectives of the RANZCP training program and were developed in consultation with Committee for Educational Evaluation, Monitoring and Reporting (CEEMR), the Committee for Training (CFT) and the Education Committee (EC). The survey was pilot tested with staff members, committee members (CFT and CEEMR) and was modified in light of previous years' feedback and results.

Scale

Respondents ranked items on a 5 point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3= Neither agree nor disagree, 4= Agree, 5 = Strongly Agree, and Not Applicable/Preferred not to say.

Report Structure

- The report is structured to allow for analysis by assessment pathway with trainees (who completed Basic and Advanced training) and SIMG candidates being considered separately.
- The overall combined results from both SIMG and training pathways are also provided and termed "all results".

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- The example below describes the structure of the tables. The SIMG pathway column shows the percentage of SIMG pathway candidates responding to that item only. The trainee column shows the percentage of trainees responding to that item only, whilst the all results column shows the total respondents to that question, noting that this is not simply the addition of SIMG and training pathways.
- The SIMG and trainee results are presented separately, an example is provided below.
- Questions containing comments are not split by training pathway due to the possible identification of respondents.

The 'SIMG pathways' column shows the total for SIMG candidates only, i.e., 60% of SIMG candidates.

The 'Training Pathway' column shows the totals for trainees completing BT and AT only, i.e., 49% of all trainees.

The 'All Results' column shows the totals for all respondents in the survey, i.e., 52% of all respondents combined.

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Yes, I intend to undergo further training	9	60%	19	49%	**28**	**52%**
No, I do not wish to complete further training	6	40%	20	51%	**26**	**48%**

Note: The rows will not add up as the results have been separated into training and SIMG pathways.

Note on Numbers

Through this survey, the College contacts all new Fellows, which range from 120-200 per year. The responses rates range from 25% to 66%. This does represent a small number, however, as the entire population of new Fellows is contacted, the potential for any non-response bias is reduced. This means that whilst some results have small numbers the data collected and the information gained is relevant and applicable. Caution must be used however, when interpreting the results[1].

The percentage in the tables reflects the total respondents in each question not overall, this is due to the drop off rate with respondents stopping and not completing the entire survey.

[1]Please see the following reference for more details. PHILLIPS, A. W., REDDY, S. & DURNING, S. J. 2015. Improving response rates and evaluating nonresponse bias in surveys: AMEE Guide No. 102. *Medical Teacher*, 1-12.

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Key Findings

The key findings from the Admission to Fellowship survey are summarised below and use the overall combined percentages from all respondents. Differences between SIMG and training pathways are detailed separately.

- Over eight in ten (86%, n=40)[2] of all trainees were satisfied or very satisfied with the training program. *(Question 6, pg.8)*
- 84% (n=38) of all trainees agreed that they felt prepared for practice and 75% (n=34) stated that they were prepared to become a supervisor. *(Question 12, pg.19)*
- 94% responding trainees and SIMGs agreed or strongly agreed that they were satisfied with their decision to become a psychiatrist. *(Question 12, pg.19)*
- Over 7 in 10 responding trainees (72%) agreed or strongly agreed that they were generally well supported throughout training from their DOT. *(Question 12, pg.18)*
- The perception of examinations (written and clinical) as being difficult was a common theme. It was evident that Fellowship applicants' (all respondents) views of the exams were less favourable than other items. This was attributed to the timing of this cohort who experienced a change in the format of the clinical exams where the Objective Structured Clinical Examination (OSCE) and Observed Clinical Interview (OCI) components were separated. However,
    - More than three-quarters of all respondents (78%, n=29) agreed or strongly agreed that the College written examination was fair (82% of trainees, n=27, 50% of SIMG candidates, n=4). *(Question 11, pg.15)*
    - Eighty-four percent (84%, n=31) agreed or strongly agreed that the College OSCE/MOSCE was fair (91% of trainees, n=30, 20% of SIMG candidates, n=1). *(Question 12, pg.16)*
- The main highlights from all respondents were Passing the exams (23%, n=12) and the mentoring and peer support provided (11%, n=6). *Note that these responses were from a small number of respondents*. *(Question 9, pg.10)*
- The biggest challenges for all respondents included balancing training and service commitments (19%, n=11) and College administration and communication (8%, n=5). *Note that these responses were from a small number of respondents*. *(Question 10, pg.12)*
- Twenty-five percent (25%) of trainees were currently enrolled in a Certificate of Advanced Training, 28% of trainees had already completed a Certificate of Advanced Training and 14% were likely to consider completing a Certificate of Advanced Training. The majority stated that they would complete the Child and Adolescent Psychiatry Certificate of Advanced Training. Thirty-six percent (36%) of SIMGs had already completed a Certificate of Advanced Training and a further 14% were currently enrolled. *(Question 8, pg.10)*
- An analysis of the Fellowship applicants' comments showed that supervision was supportive but diverse and could be variable e.g., different supervisors had different styles. Responses to the question items showed satisfaction ratings for both Basic and Advanced training supervision of over 80%. *(Question 11, pg.14 and Question 13, pg. 20)*

Intentions in the Workforce

- Key findings for all Fellowship applicants intentions in the workforce showed that the majority intended to:
    - Work in public hospitals (80%, n=36) *(Question 15, pg.24)*
    - Work in a capital city (84%, n=38) *(Question 16, pg.24)*
    - Focus on General (64%, n=29) or Adult Psychiatry (42%, n=19) *(Question 17, pg.25)*

[2] *The results include the total number of respondents, as highlighted by the inclusion of "n". For full details of the response, rates per question please refer to the appropriate question item.*

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- The most popular future College involvement focused on becoming a supervisor (69%, n=31), followed by becoming an accredited examiner (47%, n=23). *(Question 20, pg.25-26)*

Differences between SIMG and Training Pathways

- Trainees were more likely to agree that the examinations were fair (there are however limited numbers of SIMGs to allow for comparisons):
    - Written exam - 82% (n=21) of trainees agreed or strongly agreed that the written examination was fair compared to 50% (n=2) of SIMG candidates. *(Question 11, pg.15)*
    - OSCE/MOSCE 70% (n=23) of trainees agreed or strongly agreed that the OSCE/MOSCE was fair compared to 0% (n=0) of SIMG candidates. *(Question 11, pg.16)*
- Almost all trainees, 94% (n=31) agreed or strongly agreed that the OSCE/MOSCE guidelines and information were clear compared to 50% (n=2) of SIMGs. *(Question 11, pg.16)*
- More SIMG candidates stated that the program had met their learning goals; 57% (n=8) of SIMG respondents compared to 36% (n=13) of trainees. *(Question 7, pg.9)*
- SIMGs were more likely to agree that the admission to Fellowship process was clear, 69% (n=9) agreed or strongly agreed compared to 63% (n=21) of trainees. *(Question 11, pg. 15)*
- Trainees felt that they received less support from their employer than SIMGs 92% (n=12) of trainees compared to 78% (n=25) of SIMGs. *(Question 12 pg. 18)*
- SIMG candidates were more likely to feel prepared for practice with 54% (n=7) strongly agreeing versus 31% (n=10) of trainees. The same pattern was found with being prepared to be a supervisor, 46% (n=6) strongly agreed versus 25% (n=10) of trainees. This may be explained by the fact that SIMG candidates generally have more experience in clinical practice, having completed additional training/work in their country of origin prior to coming to Australia or New Zealand. (*Question 12, pg.19)*

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Recommendations

Variability in Supervision
Respondents noted that there was substantial variability in supervision between rotations. It is suggested that further training and resources are developed to assist supervisors and trainees to understand the requirements of the training program. In addition, further communication of support options for trainees should be provided to increase the awareness of the resources available.

Trainee Welfare - Balancing Training and Service Commitments
Respondents indicated that one of the challenges was balancing training and work commitments. The recent member and trainee welfare projects provide additional resourcing to assist and support members. It is recommended that further communication and dissemination of the new resources is conducted to further assist trainees and help provide some guidance as they progress along the Fellowship program

Involvement in the College
A substantial number of respondents indicated that they are interested in being involved in the College as a committee member or an examiner. It is recommended that future surveys include a space for respondents to provide contact details. This way the College can contact new Fellows regarding their potential future involvement with the College. However, the confidentiality of the respondent must be considered before progressing with this item.

Results

Assessment Pathway

The breakdown of responding Fellowship applicants by assessment pathway (training or SIMG) are shown in Figure 1. Thirty-six (36) trainees completed the survey and 16 SIMGs.

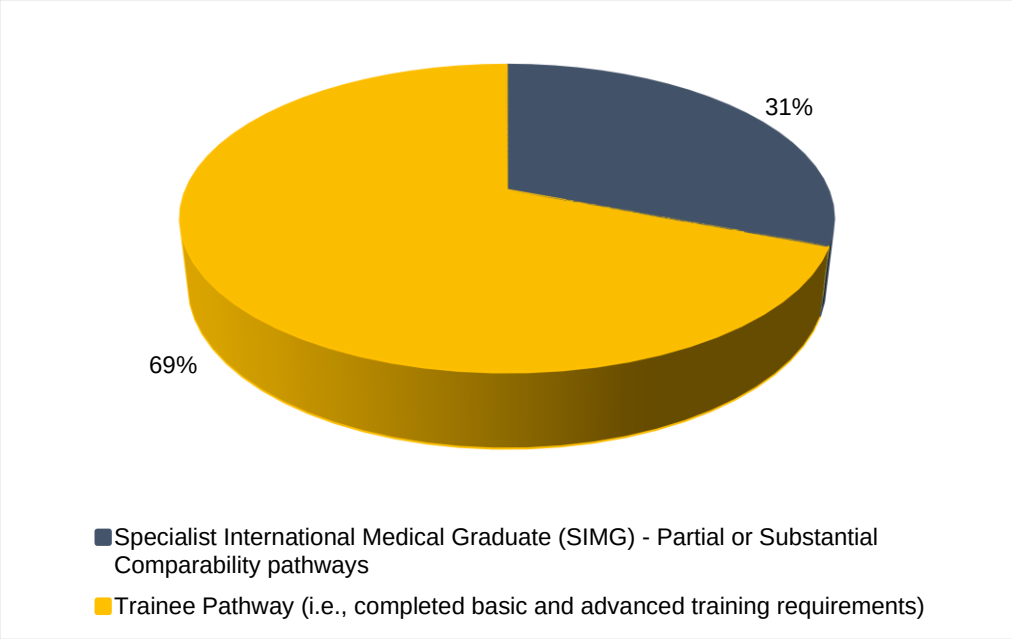

Figure 1 Training Pathway (Percent %)

Medical Training and Experience

Question 3: Where did you receive your medical training?[3]

The responding Fellowship applicants' location of medical training is outlined below in Table 1. The majority of SIMG candidates were from the sub-continent countries of India, Pakistan, Sri-Lanka and Bangladesh.

Table 1 Location of Basic Medical Training by Region

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Australia and New Zealand	-	-	31	86%	**31**	**62%**
India, Sri Lanka, Pakistan and Bangladesh	9	64%	1	3%	**10**	**20%**
United Kingdom	4	29%	-	-	**4**	**8%**
Ireland	-	-	2	6%	**2**	**4%**
Italy	1	7%	-	-	**1**	**2%**
Philippines	-	-	1	3%	**1**	**2%**
Ukraine	-	-	1	3%	**1**	**2%**

[3] Question 1 on survey consent, Question 3b on institute of qualification was not reported and Question 4 on year of graduation are not reported on.

Results

Question 5: During your training, in which of the following posts did you gain experience (multiple response)

The different clinical settings that responding applicants experienced are listed in Table 2. Public hospitals were the most frequent clinical setting.

Table 2 Different Clinical Settings Completed in Training

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Public hospitals	14	100%	36	100%	**50**	**100%**
Publically-funded community health services	6	43%	31	86%	**37**	**74%**
Private hospitals	1	7%	11	31%	**12**	**24%**
Private rooms	0	0%	2	6%	**2**	**4%**
Non-government clinical settings	3	21%	7	19%	**10**	**20%**
Other (please specify)	1	7%	0	0%	**1**	**2%**

Overall Impression of the Training Program

Question 6: Overall, what is your impression of the psychiatry training program? *Would you say you are…*

Overall, 80% of all responding Fellowship applicants' were satisfied or very satisfied with the training program see Table 3 for details. There was a higher rate of satisfaction for trainees compared to SIMG candidates, 86% compared to 64%.

Table 3 Overall Impressions of the Training Program

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Very dissatisfied	0	0%	0	0%	**0**	**0%**
Dissatisfied	2	14%	3	8%	**5**	**10%**
Not sure	3	21%	2	6%	**5**	**10%**
Satisfied	8	57%	30	83%	**38**	**76%**
Very satisfied	1	7%	1	3%	**2**	**4%**

Learning Goals and Further Training

Question 7a: To what extent did you meet your learning goals within the Training Program? *Would you say you met…*

When asked about the training program meeting their personal learning goals 42% of all respondents stated that all of their goals were met. Forty-four percent (44%) of all respondents stated that most but not all of their learning goals had been met. A higher number of SIMGs were satisfied that they had met all their learning goals compared to trainees'.

Table 4 Extent to Which the Training Program Met Applicants' Personal Learning Goals

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
All of your learning goals	8	57%	13	36%	**21**	**42%**
Most, but not all	3	21%	19	53%	**22**	**44%**
Around half	0	0%	3	8%	**3**	**6%**
Only a minority	0	0%	0	0%	**0**	**0%**
None of your learning goals	0	0%	0	0%	**0**	**0%**
Not sure	3	21%	1	3%	**4**	**8%**

Question 7b: Comments on Learning Goals

Some sample comments on learning goals that were not met are summarised below for all respondents. These comments have had any potentially identifying information removed to protect the identity of the respondent.

Sample Comments on the Learning Goals of the Training Program

I learnt advanced-trainee-level psychotherapy external to the college from external supervision, workshops/seminars, and online and written resources.
Limited posts and trainee interest high
It is impossible for any single organisation to offer complete training in as diverse a field as Psychiatry. Serendipitous timing of training course availability.
There is limited scope to develop skills in psychotherapy within registrar roles
Was not accepted into Forensic certificate
Opportunities to experience private practice settings were limited, and not readily available to trainees wanting to work part time.
I found it difficult to combine the requirements of dual advanced certificate training
Interviewing style
Most time during training is spent doing service provision, not actually learning
Less opportunity to work in AOD - most jobs are very specialist and not integrated into MH services.
Working in a remote location, I had limited access to sub specialty-training rotations such as an eating disorders clinic or OCD clinic. This of course was my decision to continue training knowing my experience was very good for generalist skills but that I was missing opportunities for learning that I may have had in a larger centre. I also had limited local access to psychotherapy supervision and, whilst I met my basic training requirements, feel I could have benefited from more frequent and diverse supervision.

Question 8: Would you consider more formal training, such as Certificates of Advanced Training in a sub-specialty?

The considerations for further training are outlined in Table 5. Thirty percent (30%) stated that had already completed a Certificate of Advanced Training and a further 22% of all respondents stated that they were currently enrolled in a Certificate of Advanced Training. Child and Adolescent Psychiatry was the most frequently mentioned option. Trainees were more likely to complete an advanced certificate than a SIMG candidate.

Table 5 Consideration of Further Training Options via the RANZCP

	SIMG Pathway Only Total	SIMG Pathway Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results %
I have already completed an advanced certificate	5	36%	10	28%	**15**	**30%**
I am currently enrolled in a certificate of advanced training.	2	14%	9	25%	**11**	**22%**
Yes	2	14%	5	14%	**7**	**14%**
No	2	14%	5	14%	**7**	**14%**
Not sure	3	21%	7	19%	**10**	**20%**

**Due to rounding columns may not add up to 100%*

Highlights and Challenges

Question 9: What was the *highlight* of your College training experience?

The highlights of the training program for all responding Fellowship applicants' are summarised in Table 6. Respondents could provide more than one response. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 6 Highlights of the College Training Program (Multiple Response)

Theme	Total	Percent
Passing the exams	12	23%
Mentoring and peer support	6	11%
Breadth of experience	5	9%
Psychotherapy supervision	5	9%
The Substantial Comparability pathway	5	9%
Advanced training in CAP	3	6%
Advanced training	3	6%
Attaining Fellowship	3	6%
College support	3	6%
Other	***8***	***15%***
N/A	3	

Results

Examples of highlights in training

My experience co-facilitating a psychological group for management of low mood and anxiety, during my private rotation's was one of the highlights of my training experience.
Psychotherapy supervision during my basic training psychotherapy long case.
"College training experience" is an ambiguous phrase - most of my training has been delivered locally as part of the 'teaching hospital' role of my state health department and self-directed learning to meet FRANZCP curriculum and training requirements. Training lectures were provided, examinations were co-ordinated and standards monitored by the RANZCP as is it's role. These were useful and effectively delivered and I make no implied criticism. On this basis, nothing occurs to me as a highlight in particular, merely a process to be completed.
The long-case psychotherapy.
Effort needed to pass clinical part of exams.
Veracity of experience whilst moving different states, meeting great teachers and amazing people
Never having to do another exam again, after passing the College exams!
Variety and diversity of experiences
Attending conferences. Relationships with other trainees & mentors
Advanced training with children and adolescents.
Diversity of experience gained in my organisation
Passing everything.
I enjoyed the stimulation, collegiality, and sense of belonging.
The formal education component of the Child and Adolescent Advanced Training program, especially the supervision provided as part of this
Working in community posts, both in public and private
Subspecialty advanced training.
Breadth of experience gained
Advanced training posts
Indigenous experience
I completed the Substantial Comparability pathway to fellowship and found it an excellent learning experience, which complemented the skills I already had from the UK and India.
- College is highly supportive of trainees and help to achieve the expectation of completion of training. - College grant to coaching for SIMG is highly useful. - The pathway for the SC was highly structured and well described for the candidate. - I am actually highly impressed with the manner the pathway has been outlined and the pathway support group need a very high appreciation for managing it in a very high professional standards.
Placement in private practice
Being able to move forward in my training after meeting college requirements (exams and essays)
Case based discussions
Exposure to senior colleagues and the humanity of the profession
The psychotherapy case was definitely the most time intensive and anxiety provoking experience due to the possibility of patient dropout.
Training within a defined geographical area, I had a greater exposure to patient continuity across several years of training between the ED, inpatient unit and community team.
Learning about myself
Very thorough evaluation process before being accepted into SCP Clear pathway with explicit timeline and expectations Allocation of a dedicated college administrator to support candidates Collegial CbD assessments
Passing clinical exams, Aboriginal MH term. psychotherapy case, finishing training and attaining fellowship

Results

Question 10: What were your *biggest challenges* in the College Training Program?

The biggest challenges of the training program for all responding Fellowship applicants' are summarised in Table 7. Respondents could provide more than one answer. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 7 Biggest Challenges of the Training Program (Multiple Response)

Themes	Total	Percent
Balancing training and work requirements	11	19%
College administration and communication	5	8%
Passing exams	4	7%
Unsupportive supervisors and DOT	4	7%
Lack of academic support	4	7%
Lack of consistency in training	3	5%
Maintaining a home life	3	5%
Psychotherapy Case	3	5%
Exam preparation and support	3	5%
Others	***19***	***32%***
N/A	3	5%

Examples of the biggest challenges in training.

Administration
Passing the clinical examinations including the OSCE and OCIs.
Working with unsupportive, un-empathic supervisors, who made challenging work situations more stressful and rendered any learning opportunities unpleasant experiences. It is a shame that this situation happened at all, let alone a number of times. Perhaps supervisors need regular supervision themselves. I only experienced the old system. Perhaps the revamped training program will improve supervision experiences. I hope so.
Adjusting to being a trainee many years after initial medical degree
Balancing time and resources to meet training requirements when faced with ongoing higher priority existential responsibilities (primarily family).
Delay in starting CAP certificate because of advice to not apply for an additional CAP rotation in case I did not pass my OCI (and would therefore need additional on-the-job practice in adult/general psychiatry). I did pass, and spent an additional 6 months in adult psychiatry when I could have commenced my CAP certificate.
Write up of long psychotherapy case
Attending the MPM
Interactions with the Melbourne office were almost universally unhelpful - incorrect or contradictory information, failure to reply to any number of telephone messages (and very rarely is the right person available at time of call) or emails. The fast pace of staff turnover lends itself to permanent chaos.
The feedback provided by examiners in the clinical exams was very general most of the times, hence difficult to identify reasons of failure.
Passing written examination and having to support. Being bullied by my Supervisor
Balancing home life with the demands of a public service. On-call was horrific - in terms of workload, lack of support, length of on-call shifts. Accessing tutorials / MPM when 'off-site' from the main teaching hospital.

Results

Biggest challenges continued

Minimal/no exposure to private psychiatry. Heavily focused on biological psychiatry
Preparing for OCI exams. Gaining skills in team leadership. Taking care of my own mental health.
I found the lack of recognition of the MRCPsych qualification unjustifiable. I found the barriers in place for international candidates a disgrace - due to artificial barriers put in place for international candidates (e.g. not being able to sit exams whilst on limited registration, being forced to do a further 12 months training post-exams, despite having well exceeded the 24 months in accredited training programs, due to not being able to progress faster due to college requirements) even at maximum speed, it took nearly 4 years to complete a 2 year advanced training program. Having completed the MRCPsych in the UK I can tell you that was unnecessary to ensure that the standard of Consultant was reached. Challenges to career progression for international candidates was raised to the college at every point during training, yet was never addressed or credited with any consideration for reasonable solutions. It leaves those international candidates who have now graduated distinctly disengaged and unhappy to have further involvement with the college except strictly on a needs only basis.
Working at a children's hospital prior to doing my exams, which was based on adults.
Having a Director of Training who appeared to have features of a personality disorder. She made training very difficult and at times I (and others) wanted to withdraw from the program to get away from her. I felt trapped and isolated and feared repercussions for lodging any complaint.
Exams/assessments and associated anxiety. Balance between toeing the line and asserting myself - a difficult position for a registrar at times because of unequal power.
Competition between service demands and training demands. I have worked in an area that has been under-staffed for all of my training, the after-hours requirements have been, in my mind, excessive and a significant barrier to completion of training requirements. The cost of various components of the training program has appeared to be excessive I was also very disappointed to have failed my first attempt at the psychotherapy case which was seen by and assessed as more than adequate/extremely good by 3 local supervisors, in my mind (although it is now some years ago), although the feedback received was not invalid, it did not justify failure. I decided to resubmit rather than appeal the decision as it appeared to be the cheaper and quicker option, not because I felt it was justified. Having discussed this with a number of other people I believe that there should be an interim process, where a case can be resubmitted without failure recorded in the first instance (the result being that there is not the same delay of many months before progression is possible: NB I am not sure how relevant this is with the new CBFP)
Difficult supervisors Bullies- I think bullies are highly prevalent in psychiatry Overtime- sitting for hours trying to find beds for patients, arguing with ED doctors, waiting for consultants who were On call to call me back
Balancing training requirements with job demands
Balancing work/study/family commitments with 3 young children
Having to juggle full time work, studying for exams, and fulfilling college requirements
Preparing documentation for CBD
Consistency of basic training didactic program in FNQ - always difficult over teleconference.
Getting through the Psychotherapy Long case - little guidance and very unhelpful feedback from examiner.
Competing service and training demands limited opportunities to seek experiences outside of mainstream adult psychiatry; lack of opportunity for exposure to private practice as a trainee.
Locally the lack of academic program or exam support. Had to be very self motivated to sign up for exams and to prepare... Not that internal motivation is a bad thing... But it did feel like you were doing it alone a lot of the time.
Exams. Service demands e.g. workload, roster, staff shortages, low morale, difficulty getting leave. Personal anxieties.

Perceptions of Training Program

Question 11: Considering your overall training experience, for each of the following statements please indicate your response using the scale provided: items 1-11

The responding Fellowship applicants' perceptions of the training program are outlined in Table 8. It is noted the changes to the examinations may have affected the responses to items 12, 13, 14 and 15. The points below reflect the responses from trainees only.

- 85% of trainees agreed or strongly agreed that supervision in basic training was satisfactory. 84% (39% agreed and 45% strongly agreed) that supervision in advanced training was satisfactory.
- Sixty-three percent (63%) of trainees agreed or strongly agreed that the balance between clinical responsibilities and training activities allowed them to progress their training.
- Eighty-two percent (82%) of trainees agreed or strongly agreed that the College written examination was fair. Whilst, seventy percent (70%) of trainees agreed or strongly agreed that the College written examination questions were relevant to the practice of psychiatry.
- With regard to the clinical examinations, ninety-one percent (91%) of trainees agreed or strongly agreed that the OSCE was fair. With regards to OSCE guidelines and information 94% agreed or strongly agreed that they were clear.

Table 8 Perceptions of Training and Supervision by Training Pathway

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All Results %
1. In general, supervision provided to me during Basic Training was satisfactory.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	0	0%	4	12%	**4**	**9%**
Agree	0	0%	20	61%	**20**	**43%**
Strongly Agree	0	0%	8	24%	**8**	**17%**
N/A	13	100%	0	0%	**13**	**28%**
2. In general, supervision provided to me during Advanced Training was satisfactory.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	2	6%	**2**	**4%**
Neither Agree or Disagree	1	8%	3	9%	**4**	**9%**
Agree	1	8%	13	39%	**14**	**30%**
Strongly Agree	3	23%	15	45%	**18**	**39%**
N/A	8	62%	0	0%	**8**	**17%**
3. Training requirements were clear.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	1	8%	3	9%	**4**	**9%**
Neither Agree or Disagree	1	8%	4	12%	**5**	**11%**
Agree	5	38%	18	55%	**23**	**50%**
Strongly Agree	2	15%	7	21%	**9**	**20%**
N/A	4	31%	0	0%	**4**	**9%**

Table 8 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All Results %
4. The process for application for admission to Fellowship was clear.						
Strongly Disagree	1	8%	1	3%	**2**	**4%**
Disagree	1	8%	10	30%	**11**	**24%**
Neither Agree or Disagree	1	8%	1	3%	**2**	**4%**
Agree	3	23%	15	45%	**18**	**39%**
Strongly Agree	6	46%	6	18%	**12**	**26%**
N/A	1	8%	0	0%	**1**	**2%**
5. I had access to a diverse patient mix during my training.						
Strongly Disagree	1	8%	0	0%	**1**	**2%**
Disagree	0	0%	2	6%	**2**	**4%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**7%**
Agree	0	0%	11	33%	**11**	**24%**
Strongly Agree	7	54%	17	52%	**24**	**52%**
N/A	5	38%	0	0%	**5**	**11%**
6. I gained experience in a range of health service settings during my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	0	0%	4	12%	**4**	**9%**
Agree	2	15%	16	48%	**18**	**39%**
Strongly Agree	5	38%	12	36%	**17**	**37%**
N/A	6	46%	0	0%	**6**	**13%**
7. The balance between clinical responsibilities and training activities allowed my training to progress.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	1	8%	6	18%	**7**	**15%**
Neither Agree or Disagree	0	0%	5	15%	**5**	**11%**
Agree	2	15%	16	48%	**18**	**39%**
Strongly Agree	3	23%	5	15%	**8**	**17%**
N/A	7	54%	0	0%	**7**	**15%**
8. The College written examinations were fair.						
Strongly Disagree	0	0%	1	3%	**1**	**3%**
Disagree	0	0%	2	6%	**2**	**5%**
Neither Agree or Disagree	2	50%	3	9%	**5**	**14%**
Agree	1	25%	22	67%	**23**	**62%**
Strongly Agree	1	25%	5	15%	**6**	**16%**
N/A	9		0	0%	**9**	
9. The College written examination questions were relevant to the practice of psychiatry.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	2	50%	4	12%	**6**	**16%**
Neither Agree or Disagree	0	0%	6	18%	**6**	**16%**
Agree	1	25%	19	58%	**20**	**54%**
Strongly Agree	1	25%	4	12%	**5**	**14%**
N/A	9		0	0%	**9**	

Table 8 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All Results %
10. The College remediation process was helpful for me.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	1	8%	3	9%	**4**	**9%**
Neither Agree or Disagree	1	8%	0	0%	**1**	**2%**
Agree	0	0%	2	6%	**2**	**4%**
Strongly Agree	1	8%	0	0%	**1**	**2%**
N/A	10	77%	27	82%	**37**	**80%**
11. Part-time provisions met my needs.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	0	0%	0	0%	**0**	**0%**
Agree	0	0%	7	21%	**7**	**15%**
Strongly Agree	0	0%	2	6%	**2**	**4%**
N/A	13	100%	23	70%	**36**	**78%**
12. The College OSCE/MOSCE was fair.						
Strongly Disagree	1	20%	0	0%	**1**	**3%**
Disagree	0	0%	1	3%	**1**	**3%**
Neither Agree or Disagree	3	60%	2	6%	**5**	**14%**
Agree	1	20%	19	58%	**20**	**54%**
Strongly Agree	0	0%	11	33%	**11**	**30%**
N/A	8		0	0%	**8**	
13. The College OSCE/MOSCE guidelines and information were clear.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	2	40%	1	3%	**3**	**8%**
Neither Agree or Disagree	1	20%	1	3%	**2**	**5%**
Agree	2	40%	23	70%	**25**	**68%**
Strongly Agree	0	0%	8	24%	**8**	**21%**
N/A	8		0	0%	**8**	
14. The College OCI/MOCI examination was fair.						
Strongly Disagree	1	20%	2	6%	**3**	**8%**
Disagree	3	60%	3	9%	**6**	**16%**
Neither Agree or Disagree	1	20%	5	15%	**6**	**16%**
Agree	0	0%	18	55%	**18**	**49%**
Strongly Agree	0	0%	5	15%	**5**	**14%**
N/A	8		0	0%	**8**	
15. The College OCI/MOCI examination guidelines and information were clear.						
Strongly Disagree	2	33%	0	0%	**2**	**5%**
Disagree	3	50%	5	15%	**8**	**21%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**8%**
Agree	1	17%	18	55%	**19**	**51%**
Strongly Agree	0	0%	7	21%	**7**	**19%**
N/A	7		0	0%	**7**	

**Due to rounding columns may not add up to 100%*

Results

Question 12: Considering your overall training experience, for each of the following statements please indicate your response using the scale provided: items 12-23

The responding Fellowship applicants' perceptions of the training program, Formal Education Courses (FEC), support and preparation for practice are outlined in Table 9. The points below reflect the responses from trainees.

- Fifty percent (50%) agreed or strongly agreed that the FEC course in basic training was satisfactory. 25% disagreed that the FEC was satisfactory. It is worth noting that the results for the FEC may be location dependent due to the inherent differences of each course.
- Fifty percent (50%) agreed or strongly agreed that their training in Psychotherapies was satisfactory, 22% were neutral and 28% disagreed.
- Ninety-four percent (94%) agreed or strongly agreed that they gained skills in their area of interest.
- Eighty-four percent (84%) agreed or strongly agreed that they felt prepared for practice and 75% agreed or strongly agreed that they were prepared to become a supervisor.
- Ninety-seven percent (97%) agreed or strongly agreed that they were satisfied with their choice to become a psychiatrist.

Table 9 Perceptions of Training and Supervision by Training Pathway

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All results %
1. Break-in-training provisions met my needs.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	0	0%	0	0%	**0**	**0%**
Agree	0	0%	10	31%	**10**	**22%**
Strongly Agree	0	0%	4	13%	**4**	**9%**
N/A	13	100%	18	56%	**31**	**69%**
2. The Formal Education Course in Basic Training was satisfactory.						
Strongly Disagree	0	0%	3	9%	**3**	**7%**
Disagree	0	0%	5	16%	**5**	**11%**
Neither Agree or Disagree	0	0%	7	22%	**7**	**16%**
Agree	0	0%	14	44%	**14**	**31%**
Strongly Agree	0	0%	2	6%	**2**	**4%**
N/A	13	100%	1	3%	**14**	**31%**
3. The Formal Education Course in Advanced Training was satisfactory.						
Strongly Disagree	0	0%	2	6%	**2**	**4%**
Disagree	0	0%	4	13%	**4**	**9%**
Neither Agree or Disagree	1	8%	6	19%	**7**	**16%**
Agree	2	15%	10	31%	**12**	**27%**
Strongly Agree	0	0%	6	19%	**6**	**13%**
N/A	10	77%	4	13%	**14**	**31%**

Table 9 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All results %
4. My training experiences in psychotherapies were satisfactory.						
Strongly Disagree	0	0%	2	6%	**2**	**4%**
Disagree	0	0%	7	22%	**7**	**16%**
Neither Agree or Disagree	0	0%	7	22%	**7**	**16%**
Agree	1	8%	11	34%	**12**	**27%**
Strongly Agree	1	8%	5	16%	**6**	**13%**
N/A	11	85%	0	0%	**11**	**24%**
5. College secretariat support was satisfactory.						
Strongly Disagree	0	0%	2	6%	**2**	**4%**
Disagree	1	8%	2	6%	**3**	**7%**
Neither Agree or Disagree	2	15%	8	25%	**10**	**22%**
Agree	3	23%	15	47%	**18**	**40%**
Strongly Agree	4	31%	4	13%	**8**	**18%**
N/A	3	23%	1	3%	**4**	**9%**
6. I gained experience in the areas of Psychiatry I am most interested in.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	0	0%	2	6%	**2**	**4%**
Neither Agree or Disagree	0	0%	1	3%	**1**	**2%**
Agree	1	8%	17	53%	**18**	**40%**
Strongly Agree	3	23%	11	34%	**14**	**31%**
N/A	9	69%	0	0%	**9**	**20%**
7. I felt generally well supported by my employer(s) throughout my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	4	13%	**4**	**9%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**7%**
Agree	3	23%	19	59%	**22**	**49%**
Strongly Agree	9	69%	6	19%	**15**	**33%**
N/A	1	8%	0	0%	**1**	**2%**
8. I felt generally well supported by my DOT(s) throughout my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	1	8%	4	13%	**5**	**11%**
Neither Agree or Disagree	0	0%	5	16%	**5**	**11%**
Agree	2	15%	11	34%	**13**	**29%**
Strongly Agree	4	31%	12	38%	**16**	**36%**
N/A	6	46%	0	0%	**6**	**13%**

Table 9 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Total	SIMG %	Trainee Total	Trainee %	All Results Total	All results %
9. The skills I have gained are applicable to my area of interest.						
Strongly Disagree	0	0%	0	0%	0	0%
Disagree	0	0%	2	6%	2	4%
Neither Agree or Disagree	0	0%	0	0%	0	0%
Agree	3	23%	20	63%	23	51%
Strongly Agree	6	46%	10	31%	16	36%
N/A	4	31%	0	0%	4	9%
10. I feel prepared for independent practice.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	0	0%	4	13%	**4**	**9%**
Agree	4	31%	17	53%	**21**	**47%**
Strongly Agree	7	54%	10	31%	**17**	**38%**
N/A	2	15%	0	0%	**2**	**4%**
11. I am satisfied with my choice to become a psychiatrist.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	0	0%	1	3%	**1**	**2%**
Agree	2	15%	14	44%	**16**	**36%**
Strongly Agree	9	69%	17	53%	**26**	**58%**
N/A	2	15%	0	0%	**2**	**4%**
12. I feel prepared to become a supervisor.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	5	16%	**5**	**11%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**7%**
Agree	4	31%	16	50%	**20**	**44%**
Strongly Agree	6	46%	8	25%	**14**	**31%**
N/A	3	23%	0	0%	**3**	**7%**

**Due to rounding columns may not add up to 100%*

Results

Question 13: Please comment further on supervision provided to you during basic and advanced training?

The coded comments on supervision for all respondents are provided in Table 10. Respondents could provide more than one response. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 10 Comments on Supervision (Multiple Response)

Themes	All Responses Total	All Responses %
Supervision was supportive and helpful	16	36%
Variable/different supervision experiences	10	22%
Supervision was difficult to obtain in certain rotations	9	20%
Supervision helped me to progress through training	6	13%
Others	*4*	*9%*

Examples of comments on supervision.

The quality of supervision varied during training depending on rotations and supervisors.
Excellent overall.
I have no concerns about the supervision I received, it was well above the minimum required.
I received one hour individual supervision every week.
Most of my supervisors were supportive and empathic Consultants.
Generally pretty good - improved as I got further on and sub-specialised.
Even though I was a SIMGE I was provided enough supervision
Process of ensuring adequate supervision has built up my assertiveness! Quality clinical supervision has enabled me to be clearer in my roles & responsibilities, thus enhancing my leadership skills. Additional supervision from psychotherapy supervisor during generalist Advanced Training has helped me develop model of psychodynamically-informed practice.
Difficult to obtain clinical supervision in a clinic or liaison setting (rather than an inpatient setting)
At times I feel that more emphasis should have been given to constructive feedback on areas of lagging skills. I felt such feedback would have been very helpful.
Sometimes good and at others not so good. I think it is still hard for a trainee to bring this to light without feeling you may be penalised
It has been vary variable, particularly in basic training
The quality of supervision I received varied considerably from Consultant to Consultant. Some were incredible - inspiring, knowledgeable and supportive, providing excellent training opportunities. Despite being very busy, they always seemed to have time to attend to my needs. Others could barely speak English, let alone provide decent training and some just could not seem to put aside the time to meet regularly.
Some people should not be allowed to be supervisors. I believe that those who lack empathy and have personal biases should be vetted out of this role. My experience is that this is not the case and these people continue to affect the lives of trainees.
I think experiencing a number of different supervision styles is important
I had a wonderful and very supportive supervisor. My supervisions were very clear and structured.

Comments on supervision continued

Generally sufficient
The supervision was valuable and very comprehensive.
Excellent supervision in advanced training. Only one negative experience in basic training but there was due to a specific individual with known HR issues and personality clash with me. This issue was dealt with proactively and I have taken from the experience. I still keep in touch with many or my mentors and supervisors - wonderful experience.
The best supervision I received was at the beginning of Basic Training and right before the OCI, in terms of learning the material and reviewing it and being able to explain it in mock exams.
Variable depending on supervisor, new EPAs make it clearer.
Overall experience was very good, particularly as an Advanced Trainee. Some supervisors seemed to have only a limited understanding of the assessment processes and forms, or provide generic supervision not tailored well to level of training.
My supervision was largely inadequate (always adequate direct clinical but not any broader in regards to training, problems, or my developing role as a psychiatrist) until I attended a qld health training course on supervision. I was then able to direct my supervision and understand my responsibilities and the concept that the more I put into it, the more I got out of it. My supervision in advanced training was highly rewarding and I also feel I have developed a sound foundation to provide supervision.
Often a juggle between supervision and service needs. The free flow format was supportive
It was no different to what I expected and was extremely helpful in meeting my pathway needs
difficult to find time and access to psychotherapy supervision in AT

Question 14: Do you have any comments or feedback relating to your impressions of the Training Program?

Responding Fellowship applicants' comments and feedback relating to their impressions of the training program are shown in Table 11. Results are not separated into training and SIMG pathways due to the possible identification of respondents. Examples of "Other comments" focused on the FECs, leadership training and research training.

Table 11 Feedback on Training Program – Most Frequent Themes (Multiple Response)

Themes	Total	%
The quality of the FECs was poor	9	30%
Improve the clarity of examination standards	6	20%
Satisfied with the program	4	13%
Improve training resources and guidelines	4	13%

Examples of feedback on the training program

The formal education course in Victoria is very expensive and the quality was not commensurate with this cost. The lack of ability to undertake an alternative was very disappointing.
It is a challenge to deliver a comprehensive Training Program in Australia given the existing set-up of health services, funding and legal framework. Greater exposure to high prevalence disorders and non-biological treatments will certainly enrich training experience.
There need to be clearer guidelines as to how to obtain marks in the written exams. None of us had any idea how this was marked, which made it feel corrupt!
My program was well supported by DOT and administrative staff.
I'm glad to have graduated under the old program as there is an excessive amount of assessments and paperwork needed for the new program, which I would have found highly disheartening to address, and would have found disruptive to maximizing my clinical time and experiences.
Overall quality was great, though the path to get through training requires a degree in itself to understand in terms of requirements
The Advanced training program was generally lacking in all areas: teaching; leadership skills; mentoring; clinical time greatly outweighed training and the DOAT was not even a specialist in the area. There needs to be closer inspection by the College of training programs to ensure the above areas are being met, without the trainee having to stick their head out to flag concerns.
Complicated. I have come to suspect there are different interpretations of what is required between different states
Often confusing as requirements frequently changed or were unclear.
Lack of theoretical knowledge of local trainees need for more classroom teaching.
Regular feedback is highly necessary as any training program is an evolving process, which needs changes time to time with reflection. Feedback should be in an open manner and college should promote a culture to facilitate such provisions.
The lectures need to be improved, and needs more structure. I have not really gained much from attending them.
MPM from NSW Institute of Psychiatry is very poor quality and not meeting the needs of trainees
Although I agree that I feel prepared for independent practice in the public system, I'd feel somewhat under-prepared to embark on independent private practice, based on my training experiences to date.

Feedback on the training program continued

The lecture program needs to be systematised and needs to address the College learning requirements in a much more direct way. We need lectures to be academic, that is, providing evidence-based advice on treatment. Too many lectures are based on opinion. I'm not sure if having the requirements for a Masters degree would change this, as universities don't have the same academic rigour they previously had. In the questions above I noticed you asked about all of the assessment we did, except for the Psychotherapy case. I find this amusing... I wonder if it's because you already know how Registrars feel about it (I imaging it's almost uniformly negative). I, like all of the other trainees I have discussed this with, would agree that the process of giving psychotherapy to someone each week for at least 40 weeks, and being supervised intensively, was a fantastic learning opportunity. For me, it was such a rich, rewarding experience. I even enjoyed writing it up, unlike most of my friends. But the marking of it was very disappointing. I had one of Brisbane's most highly respected psychotherapist psychiatrists supervising me and she read over my report with a fine tooth comb, and she was just totally flummoxed when I failed on the first submission. I made the necessary changes (two grammatical corrections and adding two paragraphs explaining my diagnostic formulation - I had already written extensively about my psychodynamic formulation) and paid the $520 to resubmit it. Now, in hindsight, I think that what had been a really fantastic experience of learning psychotherapy skills, receiving expert supervision and thoughtfully writing up the case had been sullied by what I saw as nit picking feedback, and a revenue-raising "Fail".
I do think the FEC needs revision- the content of presentations may need to be a little more directed, as there was at times repetition between presenters. I think an online masters should be an option in all states as for those tele conferencing in from rural sites, the experience is poor. The focus on trainee welfare has improved- including the mentor programme. I do think the FEC should include more on vicarious trauma and self care. Overall, I have found it a fair and not too arduous program that I leave feeling prepared and competent in my field.
Better suggestions of when to complete the various assessments would be beneficial and containing Advocacy for trainees with their employers would be helpful
BIG problems for trainees in regional NSW accessing both BT and AT formal education courses - no IT support available from College, poor videoconferencing system not compatible with most facilities Also for regional trainees - very little face to face contact with College

Intentions in the Workforce

Question 15: Do you intend to practice in...*(Multiple Response)*

The responding applicants' intentions in the workforce or the intended clinical setting(s) are outlined in Table 12. The majority intended to work in public hospitals (80%) or private rooms (53%).

Table 12 Intentions in the Workforce – Clinical Setting (Multiple Response)

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Public hospitals	13	100%	23	72%	36	80%
Publically-funded community health services	6	46%	12	38%	18	40%
Private hospitals	3	23%	10	31%	13	29%
Private rooms	5	38%	19	59%	24	53%
Non-government organisation (e.g. Aboriginal Medical Service)	2	15%	0	0%	2	4%
Other (please specify)	0	0%	1	3%	1	2%

Question 16: Would you consider working in health services and facilities located in... *(Multiple Response)*

The intended location of the responding applicants' workplace is shown in Table 13. The majority (84%) of all respondents intended to work in a capital city.

Table 13 Intentions in the Workforce – Location (Multiple Response)

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
A capital city	10	77%	28	88%	38	84%
A regional centre	7	54%	17	53%	24	53%
A rural or remote area	4	31%	9	28%	13	29%
Overseas	1	8%	8	25%	9	20%
Other (please specify)	0	0%	0	0%	0	0%

Question 17: What specialty areas of psychiatry do you intend to work in? *(Multiple Response)*

The speciality areas that responding Fellowship applicants plan on working in are shown in Table 14. The majority of all respondents intended to specialise in general psychiatry (64%) or adult psychiatry (42%).

Table 14 Intention in the Workforce – Speciality Area (Multiple Response)

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
General psychiatry	10	77%	19	59%	29	64%
Addiction	0	0%	4	13%	4	9%
Adult psychiatry	5	38%	14	44%	19	42%
C-L Psychiatry	1	8%	7	22%	8	18%
Forensic psychiatry	3	23%	5	16%	8	18%
Neuropsychiatry	3	23%	4	13%	7	16%
Psychotherapies	1	8%	11	34%	12	27%
Child and adolescent psychiatry	3	23%	6	19%	9	20%
Psychiatry of old age	0	0%	4	13%	4	9%
Academic/research psychiatry	2	15%	6	19%	8	18%
Youth	1	8%	4	13%	5	11%
Community psychiatry	3	23%	0	0%	3	7%
Administration/management	3	23%	4	13%	7	16%
Perinatal	0	0%	4	13%	4	9%
Indigenous	1	8%	1	3%	2	4%
Intellectual disabilities	1	8%	2	6%	3	7%
Eating disorders	0	0%	5	16%	5	11%
Trauma	0	0%	3	9%	3	7%
Other (please specify)	1	8%	1	3%	2	4%

Additional Education and Training Needs

Question 18: Do you intend to undertake additional continuing education to address gaps or deficits in your clinical training including higher education degrees e.g.., a postgraduate degree in Management?

The responding applicants' intentions regarding additional training are shown in Table 15, over half (56%) of all respondents intended to undergo additional training.

Table 15 Intentions to Undergo Further Training by Training Pathway

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Yes, I intend to undergo further training	6	46%	19	59%	25	56%
No, I do not wish to complete further training	7	54%	13	41%	20	44%

Question 19: Are there any skills you seek to gain more professional experience in?

The areas that Fellowship applicants identified as requiring more professional experience in included psychotherapies training (33%) and leadership, management and administration training (30%), see Table 16,

Table 16 Areas for Additional Professional Experience (Multiple Response)

	Total	All Results %
Psychotherapies training	**10**	**33%**
Leadership, management and administration	**9**	**30%**
Forensic Psychiatry	**3**	**10%**
No, No further skills	**2**	**7%**
Research	**2**	**7%**
Other	**4**	**13%**

College Involvement

Question 20: As a new fellow, would you be interested in contributing your skills and expertise to the membership? Would you consider…. *(Multiple Response)*

Future College involvement is outlined in Table 17. The majority of responding applicants both training and SIMG indicated that they would become involved in the College as an accredited supervisor (69%), an accredited examiner (47%), or become involved in a College faculty or a section (47%). A considerable number of applicants are interested in becoming involved in a committee.

Table 17 Future College Involvement (Multiple Response)

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Joining a College committee.	3	23%	14	44%	17	38%
Becoming an accredited examiner.	6	46%	15	47%	21	47%
Becoming an accredited supervisor.	8	62%	23	72%	31	69%
Involvement in assessment panels for overseas trained specialists seeking College Fellowship.	6	46%	4	13%	10	22%
Becoming a mentor.	4	31%	12	38%	16	36%
Branch involvement.	5	38%	9	28%	14	31%
Becoming involved in a College Faculty or Section.	7	54%	14	44%	21	47%
Involvement in congress and other conferences.	5	38%	11	34%	16	36%
Not sure	2	15%	9	28%	11	24%
Other (please specify)	2	15%	0	0%	2	4%

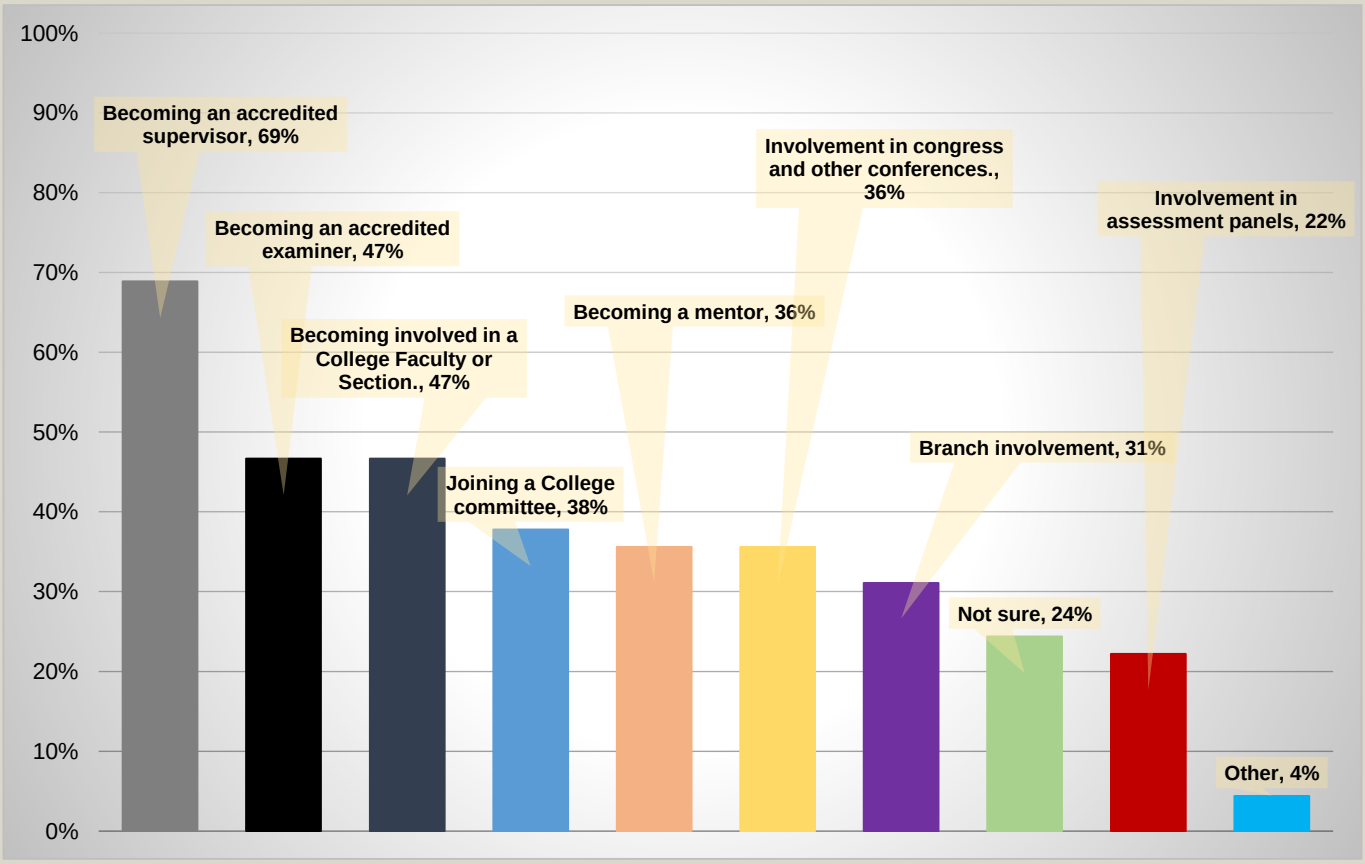

Figure 2 Future College Involvement *(multiple responses allowed)*

Question 21: What would assist you to become more involved with the College (e.g., committee member, supervisor etc.)?

Fellowship applicants were asked what would assist them in becoming more involved with the College. The more frequently mentioned responses included more time, more communication and information on how to get involved.

Comments
Clear pathways to do so. The opportunities are not necessarily easy to spot.
Encouragement.
Attending conferences or meetings.
Continued communication and support
I don't know how to become more involved at this stage- I'd probably email the College and ask.
I'm already a subcommittee member
Regular email updates relating to vacancies at the college.
- Opportunity to have expression of interest - Guidance on pathway
More information on above
Time
Support from organisation
Decentralising College activities Better, accessible videoconferencing for non-Sydney members and specialist IT support for this

Results

Question 22: Do you have any recommendations of how the College can improve its training program or additional comments?

Recommendations to improve the training program from all responding Fellowship applicants' are summarised in Table 18. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 18 Other Comments and Suggestions for Improvement

Reduce paperwork Improve clarity of requirements Reduce number of requirements
The process involving admission to fellowship was very unclear with ambiguous messages about the process, which was not helpful. I think there need to be clearer guidelines about the process to minimise the anxiety and confusion about the whole process.
Please streamline the process between the board confirming fellowship and the college confirming this to AHPRA. There was a needless 2 week delay - as the college representative "hadn't got around" to replying with a 2 line email. This causes significant inconvenience to the health care system (not to mention lost income at a time that many new fellows will be between positions).
The training program should devise ways to improve the pass percentage for SIMG in clinical exams.
Regular meeting with trainees across the states to elicit their difficulties and concerns
The College could potentially improve its training program by becoming more involved in issues in delivery of mental health e.g. the rural, remote and metropolitan/urban divide.
It was not clear to me when I was doing all the paperwork to become a Fellow that I needed to notify Medicare that I had qualified, so as to be able to work in private practice. I had understood that the College did that, but it does not. It would be good to have a 'checklist' for people starting work as a consultant in private practice that includes things like: - notify Medicare that your registration status has changed - update your insurance - update your provider number etc.
Stick with one way of doing training for a decent period of time. I'm pretty sure training requirements changed at least 5 times during my training, and I completed my training in 5 years. Trainees need to be able to rely on mentors (recent fellows and advanced trainees) for advice on how to get through training. This can't be given if mentors are not familiar with requirements.
Some emphasis on the mental health of trainees. Supervisors and DOTs do not always seem the best people to talk to in terms of getting help but they certainly should be a first port of call.
Be more attuned to the needs of trainees
There needs to be a way a trainee can flag concerns with the College about their training program without experiencing repercussions i.e. if the concern is the DOAT, who does the trainee go to?
Take bullying complaints seriously
Review standard of passing for the exams, it is unfair to set the standard as "Junior Consultant " when the training schedule means the exam is taken when the candidate is at a much earlier stage
More training in ECT, Refugee mental health.
I feel college training is limited in developing trainees as a communicator and manager. There should be emphasis on these two domains.
Streamline the new program. There are so many forms and requirements that it would be difficult for all but the most obsessive trainees to keep track of and be up to date on everything. The result would be unnecessary delays in finishing training.

Suggestions for improvement continued

1. A simple thing you could do would be to ignore when people are days short on their required time for Fellowship, particularly when it is completely unrelated to the trainee (and is a result of College bureaucratic errors). 2. I would suggest you need to have psychotherapist psychiatrists marking the psychotherapy case, and specifically not employ generalist psychiatrists for this purpose. It would be better to employ allied health psychotherapists than generalist psychiatrists in my opinion. 3. It is my opinion that dumping the OCI was the single biggest mistake the College made in adopting the new training program. You can read my earlier feedback above for details. 4. Consider formalising the basic lectures into an academic qualification, as they do in other States, in an attempt to improve the quality of lectures, to provide structure and organisation to the lecture program, and to more transparently match lecture material to College learning objectives. There are complex arguments for and against this idea, which I am not going to cover here. 5. Design the written paper so that it more clearly reflects the learning objectives of basic training. In my paper, I remember there was two whole pages of foreign language phenomenology, there were 10 marks devoted to differential diagnosis of headache, and there was a short case on an adolescent with "Chronic Fatigue", as well as so many other seemingly totally irrelevant areas of content. And yet so much of what we need to know to be safe and competent was not examined at all. Very strange. 6. Keep the OSCEs. I wouldn't change much about them - they were totally relevant to what we need to know to be safe and competent, and they were very fair. 7. Not sure if you've done this already for the new training program, but "Links and Forms" was a very user unfriendly way to navigate training requirements. 7. Get serious about Registrar Welfare and align your values and your actions with this most important priority. 8. If you want to "engage the membership" consider treating them with respect and dignity as an absolute minimum.
I do believe the current competency based curriculum is very comprehensive. However, the aspects of leadership, management and quality improvement activities do not seem to get the same attention as the clinical experience. Organisations will need leaders and this quality needs to be embedded and reinforced throughout the training. I would suggest : 1. time bound mandatory rather than optional quality improvement activities (for example 1 audit every 6 months) 2. Development of leadership curriculum and embed these as mandatory EPA's based on stage of training 3. Mandatory teaching portfolio throughout training focusing on reflective learning
More face to face contact with College See above - decentralising College activities Better, accessible videoconferencing for non-Sydney members and specialist IT support for this

Optional Questions

Question 23: Do you have any suggestions as to how the College might further increase the engagement of trainees and early career psychiatrists?

Suggestions to increase trainee engagement are summarised below.

Address the quality and consistency of support from the administration team. I feel that even if training fees had to double to achieve this it would be worth it.
Transition to consultancy information sessions / mentors.
Early career sessions in conferences (networking and interest based) and workshops.
Treat internationally trained candidates better - stop putting barriers in place to slow their career progression by lengthening their training unnecessarily
There was a representative from my advanced training group, who never went to any College meetings and who was too scared to report shared concerns about the DOAT. There needs to be some sort of check within the College to ensure that representatives are actually doing their job and if they are not- they should be asked to stand down. When these incidents occur, one loses any faith in the positions held by trainees within the College and one disengages.
Regional training events for the regional trainees
There are lots of ways to promote it- by advertising i.e. summer schools medical info- seminars
More face to face contact with College Decentralising College activities Better, accessible videoconferencing for non-Sydney members and specialist IT support for this

Question 24: Do you have any suggestions as to how the College might provide more tailored services and support for trainees and early career psychiatrists?

Suggestions to provide more tailored services are provide below.

Reintegrating options for personal psychotherapy that is funded through training. This should be optional, however, I do think such an experience is advantageous. Psychotherapy to the trainee is enriching both individually and to their practice.
The College hasn't helped me when I've approached them in the past. I got a generic letter saying there was a Board meeting and nothing could be done. No other suggestions, it wasn't helpful. The College seems disconnected from the difficulties trainees experience. There needs to be a specific point of contact for concerns, to give 1:1 advice without the trainee fearing any retribution such as forms not being signed off/being held back because of a difficult supervisor/DOAT.
I wonder if it would be better to have one person servicing you from the point of view of training requirements, rather than having several people both at a state and national level being involved...kind of like they do in banks now, where you get a dedicated person to talk to if you are a valued customer.
Exam-focused training
1-3 year mandatory rural services.so regional areas don't get neglected.
Mentoring, promoting interest and supporting them through
College could provide a platform for early career psychiatrists in setting up form peer review groups.
Mentor scheme more available, e.g. by telephone or skype, especially for regional trainees and early career psychiatrists in regional areas, who may not have a large pool of experienced psychiatrists locally to draw mentorship from.