Report on the Admission to Fellowship Survey

2014

working
with the
community

Approved Board 20 March 2016

Executive Summary

Introduction and Background

The admission to Fellowship survey was designed to collect information on the training program from Fellowship applicants as they commenced practice as an independent psychiatrist. The 2014 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 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 and 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 participants. A total of 147 (106 Trainees and 41 Specialist International Medical Graduates, SIMG candidates) applications for admission to Fellowship were received with a total of 53 surveys being completed giving a response rate of 37%. A total of 37 trainees and 16 SIMG candidates responded, giving response rates of 35% and 39% respectively.

Procedures

Each month in 2014 new applications from trainees applying for Fellowship were reviewed by the Education Committee (EC). During this process, Membership Services staff provided detailed application materials to the applicants by mail and email. A link to an online survey and an information sheet detailing the objectives of the survey were included within the application materials. The survey was voluntary and anonymous with no contact details being collected. No reminder emails were sent to the applicants and no incentives were used.

Limitations

There were a number of limitations with this study:
- In using the Fellowship application process, there was only one contact and reminder emails to boost response rates were not applied.
- A limited number of applications are received per year with a maximum of 100-150 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 Quality and Reporting (CEQR), the Committee for Training (CFT), the Trainee Representative Committee (TRC) and the Education Committee (EC). The survey was pilot tested with staff members, committee members (TRC, CFT, and CEQR) 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. For reporting purposes, the scales were collapsed:
- *Strongly Disagree and Disagree* were combined to form the category of *Disagree*.
- *Neither Agree nor Disagree* was the midpoint and termed *Neutral*.
- *Strongly Agree and Agree* were combined to form the category of *Agree*.
- *The category of Not Applicable also refers to prefer not to say and was included as a response except on selected questions.*

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Report Structure

- The report will be structured to allow for analysis by assessment pathway with trainees (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".
- 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 overall result 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. See example below.
- Questions containing comments or quotes will not be 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.

A copy of the survey invitations, information sheet and questionnaire can be obtained by contacting the Research and Reporting Officer on Scott.Fletcher@ranzcp.org.

Note on Numbers

Through this survey, the College contacts all new Fellows, which ranges from 130-200 per year only, the responses rates can be from 25% to 66%. This does represent a small number, however, the data are relevant as the entire population of new Fellows is contacted, this helps to minimise the non-response bias. 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].

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[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 (83%, n=40)[2] of all trainees were satisfied or very satisfied with the training program. *(Question 5, pg.10)*

- A total of 81% (n=38) of all respondents agreed that they felt prepared for practice and 83% (n=39) stated that they were prepared to become a supervisor. *(Question 10, pg.17)*

- The main highlights from all respondents were completing the clinical exams (14%, n=8) and training in a supportive environment (14%, n=8). *Note that these responses were from a small number of respondents. (Question 8, pg.9)*

- The biggest challenges of all respondents included completing the clinical exams (17%, n=10), balancing training and service commitments (17%, n=10), and the difficulties and variability with supervision (10%, n=6). *Note that these responses were from a small number of respondents. (Question 9, pg.10)*

- As in previous years, Fellowship applicants stated that the Psychotherapies training received across the duration of the training program was limited and that this was detrimental. This theme occurred in a number of questions including areas for further training. The request for more Psychotherapies training is a recurring issue that has been prevalent in previous surveys and is already noted by the Education Committee and the College.

- Trainees were more likely to enrol in an advanced certificate with 49% (n=17) of trainees already enrolled in an advanced certificate compared to 0% of SIMGs. The majority stated that they would complete a Child and Adolescent Psychiatry advanced certificate. This is despite the majority stating that more Psychotherapies training was required. *(Question 7, pg.9)*

- The standard of the Formal Education Courses (FECs) was again rated as a concern. Half (56%, n=19) of the respondents stated that the FECs in Basic and Advanced Training were satisfactory (trainees only). The standard of the FECs is an ongoing issue that has been identified in previous surveys and is already noted by the EC. It is acknowledged that this may be a localised issue due to the varying nature of the FECs in each training region. It is noted that an evaluation will be completed in 2016 by the EC through the CEQR. *(Question 10, pg.13)*

- An analysis of the Fellowship applicants' comments showed they often had difficulty accessing supervision throughout training (mainly basic training) and that the supervision could be variable e.g., different supervisors had different styles. However, responses to the question items showed satisfaction ratings for both basic and advanced training supervision of over 90%, this result contradicted the comments. This means that when supervision or mentoring did occur it was perceived in a positive manner and as being beneficial to training progression. The comments may have been made a small percentage of respondents. *(Question 10, pg.12 and Question 11, pg. 18)*

- Feedback on supervision in the 2012 Fellowship program may show a different pattern due to the use of Entrustable Professional Activities (EPAs) and Workplace based Assessments (WBAs). It is recommended that the EC collect similar data to compare how the changes have influenced perceptions of supervision.

- The concern by some that examinations are not fair and transparent was a recurring theme. It was evident that Fellowship applicants' (all respondents) views of the exams were less favourable than other items. This might be 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. These findings have occurred in previous surveys. The impact of changes to examinations needs to be considered (i.e., the removal of the OCI and realignment of SIMG candidates examinations). Despite this:

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[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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- More than half of all respondents (68%, n=32) agreed or strongly agreed that the College examination process was fair (74% of trainees, n=25, 53% of SIMG candidates, n=7). *(Question 10, pg.13)*

- A total of 60% (n=28) of respondents agreed or strongly agreed that exams were transparent. A fifth (20%, n=9) of all respondents, however disagreed. *(Question 10, pg.14)*

- Almost all, (97%) responding trainees agreed or strongly agreed that they were satisfied with their decision to become a psychiatrist.

- All responding trainees (100%) agreed or strongly agreed that they were generally well supported throughout training from their DOT.

Intentions in the Workforce

- Key findings for Fellowship applicants intentions in the workforce showed that the majority intended to:

    o Work in public hospitals (85%, n=40) *(Question 13, pg.20)*

    o Work in a capital city (87%, n=41) *(Question 14, pg.21)*

    o Focus on General (75%, n=35) or Adult Psychiatry (55%, n=26) *(Question 14, pg.21)*

- The most popular future College involvement focused on becoming a supervisor (83%, n=39), followed by becoming an accredited examiner (62%, n=29). *(Question 17, pg.23-24)*

Differences between SIMG and Training Pathways

- Perceptions of examinations:

    o Trainees were more likely to agree that the exams were fair, 74% (n=25) agreed or strongly agreed compared with 53% (n=6) of SIMG candidates. *(Question 10, pg.13-14)*

    o Trainees were more likely to agree that the exams were transparent (65% agreed or strongly agreed, n=22), compared with 46% (n=6) of SIMG candidates. *(Question 10, pg.13-14)*

- Fewer SIMG candidates stated that the program had met their learning goals, 14% (n=2) SIMG respondents compared to 37% (n=15) of trainees. *(Question 6, pg.8)*

- Fewer SIMG candidates were likely to enrol in an advanced certificate of training, 0% (n=0) versus 49% (n=17). *(Question 7, pg.9)*

- SIMG candidates were more likely to feel prepared for practice with 69% (n=12) strongly agreeing versus 21% (n=26) of trainees. The same pattern was found with being prepared to be a supervisor, 54% (n=13) strongly agreed versus 26% (n=26) 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 10, pg.17*)

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Recommendations

1. There was a continued perception that there are limited training opportunities provided in Psychotherapies. The **Education Committee (EC)** has previously looked into this item, however, further attention maybe required once the 2012 Fellowship program has been completely implemented and transition has occurred.

2. The perceptions of supervision and the variability of supervision are ongoing concerns that have been mentioned in previous surveys that the **Committee for Training (CFT)** may wish to consider within the 2012 Fellowship program. The responses presented here are from trainees who completed the 2003 program, however, access to supervision and the variability of the supervision provided remain an area of concern. The framework of the 2012 Fellowship program may provide improved supervision arrangements. Future data collection on this item is recommended.

3. A review of the FECs is planned in 2016, in light of the continued dissatisfaction with the quality of the courses provided is an ongoing concern of the trainees. It is acknowledged that the issue(s) with FECs may be localised as they are all conducted through different providers. **The EC through the Committee for Educational Quality and Reporting (CEQR)** will look at this item.

4. As in previous years, the transparency of exams, written and clinical is an ongoing concern. It is acknowledged that the changes to both the written and clinical exams have created some confusion and concern within trainee and SIMG candidates. The cohort that attained Fellowship in 2014 are most likely to have been affected by the separation of the clinical exams and the completion of multiple OCIs.

Results

Results

Assessment Pathway

The breakdown of responding Fellowship applicants by assessment pathway (training or SIMG) are shown in Figure 1. A total of 37 trainees completed the survey and 16 SIMGs.

30%

70%

◻ SIMG Candidate

◼ Trainee Pathway (i.e., complete basic and advanced training requirements)
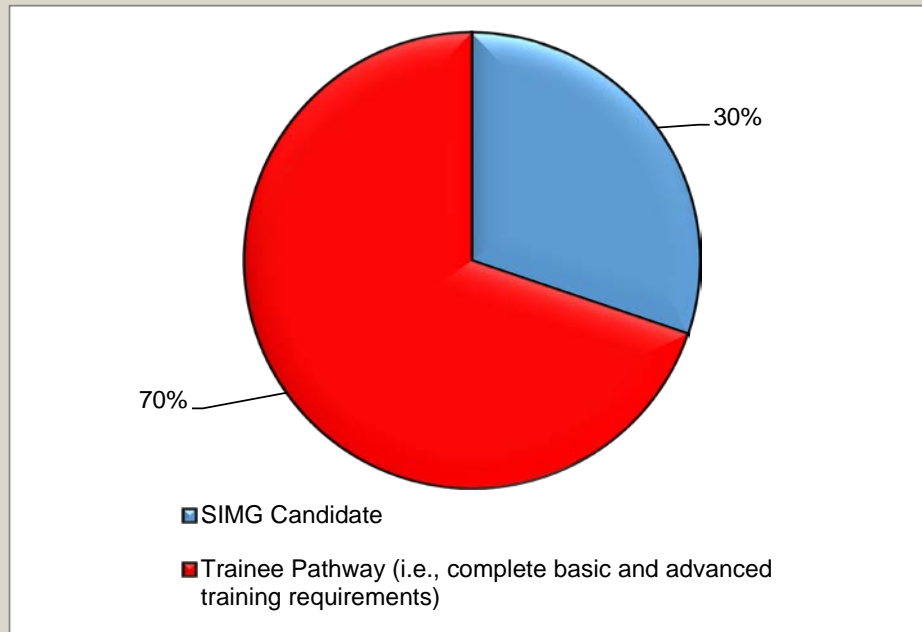
Figure 1 Training Pathway (Percent %)

Medical Training and Experience

Question 2a: Where did you receive your medical training?

The responding Fellowship applicants' location of medical training are 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 Medical Training by Continent

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Australia and New Zealand	-	-	24	65%	24	45%
India, Sri Lanka, Pakistan and Bangladesh	11	69%	6	16%	17	32%
UK and Ireland	-	0%	5	14%	5	9%
Africa	1	6%	0	0%	1	2%
Europe	2	13%	1	3%	3	6%
Asia	0	0%	0	0%	0	0%
Pacific Islands	0	0%	0	0%	0	0%
Prefer not to say	1	6%	1	3%	2	4%

Results

Question 4: 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	88%	35	95%	49	100%
Publicly-funded community health services	9	56%	28	76%	37	76%
Private hospitals	3	19%	10	27%	13	26%
Private rooms	0	0%	2	5%	2	4%
Non-government clinical settings	5	31%	7	19%	12	24%
Other (please specify)	2	13%	4	11%	6	12%

Overall Impression of the Training Program

Question 5: Overall, what is your impression of the psychiatry training program? *Would you say you are…*

The overall satisfaction with the training program is shown in Table 2. Overall, 81% of all responding Fellowship applicants' were satisfied or very satisfied with the training program. There was a higher rate of satisfaction for trainees compared to SIMG candidates, 83% compared to 78%.

Table 3 Overall Impressions with 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	1	7%	2	6%	3	6%
Not sure	2	14%	4	11%	6	12%
Satisfied	9	64%	26	74%	35	71%
Very satisfied	2	14%	3	9%	5	10%

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³ Question 2b on institute of qualification was not reported on and q3 year of medical graduation was not included.

Results

Learning Goals and Further Training

Question 6a: 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 a total of 55% answered that most but not all of their goals were met. Over thirty percent (31%) of all respondents stated that all of their learning goals had been met. Comments on areas not covered included Psychotherapies training. A higher number of trainees were satisfied that they had met all their learning goals compared to SIMG candidates.

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	2	14%	13	37%	**15**	**31%**
Most, but not all	9	64%	18	51%	**27**	**55%**
Around half	0	0%	3	9%	**3**	**6%**
Only a minority	2	14%	0	0%	**2**	**4%**
None of your learning goals	0	0%	0	0%	**0**	**0%**
Not sure	1	7%	1	3%	**2**	**4%**

Question 6b: Comments on Learning Goals

Some sample comments on learning goals that were not met are listed in Table 5 for all respondents. These comments have had any potentially identifying information removed to protect the identity of the respondent. A key theme to emerge in this question focused on additional training in Psychotherapies. The request for more Psychotherapy training is a recurring issue that has been highlighted in previous surveys.

Table 5 Sample Comments on the Learning Goals of the Training Program

Would like more exposure to psychological therapies.
It would have been nice to have an extended formal training in at least one mode of psychotherapy. I have done a lot of psychotherapy training courses outside of the RANZCP education programme (in counselling, CBT, psychodynamic therapies, DBT, parent-infant psychotherapy) and had private supervision and personal therapy. I was motivated to arrange these because of an interest in psychotherapy. Without these additional training experiences, I don't think I would be very capable - the formal training in psychotherapies was limited, though the supervision in psychotherapy groups was of good quality.
There is such a lot to learn and it is difficult to learn everything that you're interested in due to training and work commitments.
As an SIMG, I feel that the learning goals were not mine, but the college's goals and often unclear to me. I did not understand why they wanted me to do some of the training requirements and did not feel I required training in some areas, so cannot comment on what I should have learned. Other compulsory training areas for me where understandable and a good learning experience.

Results

Question 7: 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 6. Over a third (35%) of all respondents stated that they were currently enrolled in a certificate of training and a further 8% stated that had already completed an advanced certificate. Child and Adolescent Psychiatry and Forensic Psychiatry training were the most frequently mentioned options. Trainees were more likely to complete an advanced certificate than an SIMG candidate.

Table 6 Consider 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	1	7%	3	9%	4	8%
I am currently enrolled in a Certificate of Advanced Training.	0	0%	17	49%	17	35%
Yes	4	29%	6	17%	10	20%
No	6	43%	2	6%	8	16%
Not sure	3	21%	7	20%	10	20%

Due to rounding columns may not add up to 100%

Highlights and Challenges

Question 8: What was the *highlight* of your College training experience?

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

Table 7 Highlights of the College Training Program (Multiple Response)

Themes	Total	All Results %
Completing the clinical exams	8	14%
Training in a supportive environment	8	14%
Advanced training and the variety of experiences available	4	7%
Personal development across the training trajectory	4	7%
The diversity of training available	3	5%
Meeting colleagues and different supervisors	3	5%
Psychotherapies training and the Psychotherapy long case	3	5%
Completing the child and adolescent rotation	2	3%
Receiving a scholarship	2	3%
Supportive supervision	2	3%
Others	1	2%
Not applicable	6	10%

Results

Examples of comments on the highlights of training
Getting to meet a range of clinicians and psychiatrists and learning from all my different supervisors how to be a better psychiatrist
The area in which I trained was/is extremely supportive of trainees- I found that this support made my training experience so much better, as I felt I could challenge myself while always having the safety net of interested and helpful consultants to ask for help or advice.
First year, 12-month placement with my supervisor, who made it his mission to teach me psychiatric interviewing skills. We did a 50 minute observed clinical interview every week for a year (they demonstrated one, then for all the others they watched me and did not interrupt), followed by about 15 minutes formative feedback. They also guided me in reading Sean Christopher Shea's book Psychiatric interviewing: The art of understanding, and a few phenomenology textbooks. I still think I had better training in interviewing than any other trainee I have talked to and the interviewing skills have been tremendously useful throughout my clinical practice.
Advanced training and being able to choose from a broad range of experiences.
Finding my niche in Child and Adolescent Psychiatry
Advanced training as a whole was a highlight as I felt confident in my clinical practice and was able to embark on new ventures.
Developing mentor relationships with respected senior colleagues and absorbing their learning and guidance.
Completion of examinations; Increasing competence in formulation whilst preparing for examinations; Range of clinical placements affording contact with many different persons and patients, from whom I learnt a lot.

Question 9: 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 8. Respondents could provide more than one answer. Results are not separated into training and SIMG pathways due to the possible identification of respondents. Examples of other comments with only 1 respondent included Dealing with high levels of stress and anxiety, too many changes in the training program, alignment of the FEC course to RANZCP training, and isolation.

Table 8 Biggest Challenges of the Training Program (Multiple Response)

Themes	Total Comments	All Results %
Maintaining a balance between service demands and training requirements	10	17%
Completing the clinical exams and meeting assessment expectations	10	17%
Difficulties and variability with supervision	6	10%
Limited Psychotherapies training	4	7%
Administrative difficulties with the College paperwork	3	5%
Other	19	34%
Not applicable	6	10%

Results

Examples of the biggest challenges in training.

Comments
- Variability in supervisors - some were not very helpful/supportive and due to the power imbalance I felt there was nowhere I could really take this. Often hearing horror stories from other trainees and wishing we could help each other instead of having to 'grin and bear it.' - The fact that the training program is dictated and micromanaged by the College yet the College bears little responsibility in providing the opportunities to complete the requirements. It feels very much like 'Here are all your hurdles you need to complete, good luck with it' - Frequent changes in the training program requirements that appear on the surface somewhat arbitrary without significant involvement of the trainees' opinions and experiences
The disconnect between the formal education program at my FEC and the College curriculum- this presented the challenge of having to fill gaps in knowledge with external study (which is, in itself, a good idea anyway), but this was particularly challenging as a trainee who is trying to learn on the job, study for exams, juggle work and overtime with study and education commitments. The, at times, fairly vague learning goals and expectations by the college for certain tasks (e.g. biological learning goals) which meant that some trainees could do an enormous amount of work to have a goal signed off, while others could do minimal work for a signature.
Interacting with the RANZCP. They are notorious (around the country) for losing paperwork that is faxed to them. Their systems appear to be very poor. They will not reply to my emails (or send a very delayed response), yet they expect a very rapid response to their emails.
Managing some difficulties with supervisors.
Balancing work and training requirements (e.g. formal educational component)
Coming from a different country and passing the examinations with not much Training within Australia and knowing what was expected in the examinations. It was also challenging to find a CAMH positions which I needed to do for half a year as requirement from the College.
Clinical exams were the most challenging.
Lack of balance between clinical work and educational activities at the local hospital site
Working in the public mental health system - demoralising. Observing senior colleagues offering sub standard care. Balancing work & life demands. Over time & on call - stressful and sometimes dangerous hours & demands
- Lack of transparency re rules - e.g. downgrading of exemption category at last minute in spite of fulfilling time requirements. Other SIMGs not fulfilling time requirements were given category 2 anyway. - Lack of clarity regarding rules for SIMGs to do basic training - branch training committee inconsistent re requirements for different SIMGs. - Difficulties accessing training due to working in rural area with no training scheme.

Results

Perceptions of Training Program

Question 10: 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 9. It is noted the changes to the clinical examinations may have affected the responses to items 8 and 9. The points below reflect the responses from trainees only.

- A total of 94% agreed or strongly agreed that supervision in Basic Training was satisfactory. A total of 91% (32% agreed and 59% strongly agreed) that supervision in Advanced Training was satisfactory.

- Slightly over half (53%) agreed or strongly agreed that the balance between clinical responsibilities and training activities allowed them to progress their training. A total of 27% felt that the balance of training and clinical responsibilities impeded their training.

- Over half (74%), agreed or strongly agreed that the College examination process was fair. Twenty-one percent (21%), however, disagreed.

- In regards to examination transparency 65% agreed or strongly agreed that they were transparent and 21% disagreed.

Table 9 Perceptions of Training and Supervision by Training Pathway

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
1. In general, supervision provided to me during Basic Training was satisfactory.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	1	8%	1	3%	**2**	**4%**
Neither Agree or Disagree	0	0%	1	3%	**1**	**2%**
Agree	3	23%	20	59%	**23**	**49%**
Strongly Agree	3	23%	12	35%	**15**	**32%**
N/A	6	46%	0	0%	**6**	**13%**
Total	**13**		**34**		**47**	
2. In general, supervision provided to me during Advanced Training was satisfactory.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	1	8%	2	6%	**3**	**6%**
Agree	2	15%	11	32%	**13**	**28%**
Strongly Agree	2	15%	20	59%	**22**	**47%**
N/A	8	62%	0	0%	**8**	**17%**
Total	**13**		**34**		**47**	
3. Training requirements were clear.						
Strongly Disagree	1	8%	0	0%	**1**	**2%**
Disagree	2	15%	3	9%	**5**	**11%**
Neither Agree or Disagree	1	8%	6	18%	**7**	**15%**
Agree	3	23%	16	47%	**19**	**40%**
Strongly Agree	3	23%	9	26%	**12**	**26%**
N/A	3	23%	0	0%	**3**	**6%**
Total	**13**		**34**		**47**	

Results

Table 9 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
4. The process for application for admission to Fellowship was clear.						
Strongly Disagree	0	0%	2	6%	**2**	**4%**
Disagree	3	23%	5	15%	**8**	**17%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**6%**
Agree	4	31%	14	41%	**18**	**38%**
Strongly Agree	6	46%	10	29%	**16**	**34%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	
5. I had access to a diverse patient mix during my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	3%	**1**	**2%**
Neither Agree or Disagree	2	15%	1	3%	**3**	**6%**
Agree	4	31%	17	50%	**21**	**45%**
Strongly Agree	6	46%	15	44%	**21**	**45%**
N/A	1	8%	0	0%	**1**	**2%**
Total	**13**		**34**		**47**	
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%	0	0%	**0**	**0%**
Neither Agree or Disagree	1	8%	4	12%	**5**	**11%**
Agree	5	38%	15	44%	**20**	**43%**
Strongly Agree	5	38%	15	44%	**20**	**43%**
N/A	2	15%	0	0%	**2**	**4%**
Total	**13**		**34**		**47**	
7. The balance between clinical responsibilities and training activities allowed my training to progress.						
Strongly Disagree	1	8%	1	3%	**2**	**4%**
Disagree	2	15%	8	24%	**10**	**21%**
Neither Agree or Disagree	3	23%	7	21%	**10**	**21%**
Agree	2	15%	16	47%	**18**	**38%**
Strongly Agree	2	15%	2	6%	**4**	**9%**
N/A	3	23%	0	0%	**3**	**6%**
Total	**13**		**34**		**47**	
8. College examinations were fair.						
Strongly Disagree	1	8%	2	6%	**3**	**6%**
Disagree	2	15%	5	15%	**7**	**15%**
Neither Agree or Disagree	2	15%	2	6%	**4**	**9%**
Agree	5	38%	19	56%	**24**	**51%**
Strongly Agree	2	15%	6	18%	**8**	**17%**
N/A	1	8%	0	0%	**1**	**2%**
Total	**13**		**34**		**47**	

Results

Table 9 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
9. College examinations were a transparent process.						
Strongly Disagree	1	8%	3	9%	**4**	**9%**
Disagree	1	8%	4	12%	**5**	**11%**
Neither Agree or Disagree	4	31%	5	15%	**9**	**19%**
Agree	4	31%	16	47%	**20**	**43%**
Strongly Agree	2	15%	6	18%	**8**	**17%**
N/A	1	8%	0	0%	**1**	**2%**
Total	**13**		**34**		**47**	
10. The College remediation process was helpful for me.						
Strongly Disagree	2	15%	1	3%	**3**	**6%**
Disagree	2	15%	0	0%	**2**	**4%**
Neither Agree or Disagree	3	23%	2	6%	**5**	**11%**
Agree	1	8%	4	12%	**5**	**11%**
Strongly Agree	0	0%	0	0%	**0**	**0%**
N/A	5	38%	27	79%	**32**	**68%**
Total	**13**		**34**		**47**	
11. Part-time provisions met my needs.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	1	8%	1	3%	**2**	**4%**
Neither Agree or Disagree	0	0%	0	0%	**0**	**0%**
Agree	2	15%	5	15%	**7**	**15%**
Strongly Agree	0	0%	3	9%	**3**	**6%**
N/A	10	77%	25	74%	**35**	**74%**
Total	**13**		**34**		**47**	

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

Results

Question 10: 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 10. The points below reflect the responses from trainees.

- A total of 56% agreed or strongly agreed that the FEC course in Basic Training was satisfactory. A total of 21% disagreed that it was satisfactory. It is worth noting that the results for the FEC may be location dependent due to the inherent differences of each course.

- While over 47% agreed or strongly agreed that their training in Psychotherapies was satisfactory, 35% were neutral and 18% disagreed.

- Over eight in ten (85%) agreed or strongly agreed that they gained experience in the areas of psychiatry they were interested in.

- A total of 77% agreed or strongly agreed that they felt prepared for practice and 84% agreed or strongly agreed that they were prepared to become a supervisor.

- Almost all (97%) agreed or strongly agreed that they were satisfied with their choice to become a psychiatrist.

Table 10 Perceptions of Training and Supervision by Training Pathway

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
12. 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%	1	3%	**1**	**2%**
Agree	2	15%	10	29%	**12**	**26%**
Strongly Agree	1	8%	6	18%	**7**	**15%**
N/A	10	77%	17	50%	**27**	**57%**
Total	**13**		**34**		**47**	
13. The Formal Education Course in Basic Training was satisfactory.						
Strongly Disagree	0	0%	3	9%	**3**	**6%**
Disagree	0	0%	4	12%	**4**	**9%**
Neither Agree or Disagree	1	8%	6	18%	**7**	**15%**
Agree	2	15%	16	47%	**18**	**38%**
Strongly Agree	1	8%	3	9%	**4**	**9%**
N/A	9	69%	2	6%	**11**	**23%**
Total	**13**		**34**		**47**	
14. The Formal Education Course in Advanced Training was satisfactory.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	0	0%	3	9%	**3**	**6%**
Neither Agree or Disagree	1	8%	4	12%	**5**	**11%**
Agree	2	15%	8	24%	**10**	**21%**
Strongly Agree	1	8%	11	32%	**12**	**26%**
N/A	9	69%	7	21%	**16**	**34%**
Total	**13**		**34**		**47**	

Results

Table 10 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
15. My training experiences in psychotherapies were satisfactory.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	6	18%	**6**	**13%**
Neither Agree or Disagree	3	23%	12	35%	**15**	**32%**
Agree	1	8%	13	38%	**14**	**30%**
Strongly Agree	1	8%	3	9%	**4**	**9%**
N/A	8	62%	0	0%	**8**	**17%**
Total	**13**		**34**		**47**	
16. College secretariat support was satisfactory.						
Strongly Disagree	1	8%	2	6%	**3**	**6%**
Disagree	0	0%	7	21%	**7**	**15%**
Neither Agree or Disagree	1	8%	2	6%	**3**	**6%**
Agree	3	23%	18	53%	**21**	**45%**
Strongly Agree	5	38%	5	15%	**10**	**21%**
N/A	3	23%	0	0%	**3**	**6%**
Total	**13**		**34**		**47**	
17. I gained experience in the areas of Psychiatry I am most interested in.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	1	8%	1	3%	**2**	**4%**
Neither Agree or Disagree	1	8%	2	6%	**3**	**6%**
Agree	5	38%	24	71%	**29**	**62%**
Strongly Agree	3	23%	6	18%	**9**	**19%**
N/A	3	23%	0	0%	**3**	**6%**
Total	**13**		**34**		**47**	
18. I felt generally well supported by my employer(s) throughout my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	2	15%	5	15%	**7**	**15%**
Neither Agree or Disagree	1	8%	8	24%	**9**	**19%**
Agree	5	38%	17	50%	**22**	**47%**
Strongly Agree	5	38%	4	12%	**9**	**19%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	
19. I felt generally well supported by my DOT(s) throughout my training.						
Strongly Disagree	1	8%	0	0%	**1**	**2%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	1	8%	0	0%	**1**	**2%**
Agree	3	23%	21	62%	**24**	**51%**
Strongly Agree	5	38%	13	38%	**18**	**38%**
N/A	3	23%	0	0%	**3**	**6%**
Total	**13**		**34**		**47**	

Results

Table 10 Perceptions of Training and Supervision by Training Pathway Continued

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
20. The skills I have gained are applicable to my area of interest.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	1	8%	0	0%	**1**	**2%**
Neither Agree or Disagree	1	8%	5	15%	**6**	**13%**
Agree	5	38%	17	50%	**22**	**47%**
Strongly Agree	6	46%	12	35%	**18**	**38%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	
21. I feel prepared for independent practice.						
Strongly Disagree	0	0%	1	3%	**1**	**2%**
Disagree	0	0%	6	18%	**6**	**13%**
Neither Agree or Disagree	1	8%	1	3%	**2**	**4%**
Agree	3	23%	19	56%	**22**	**47%**
Strongly Agree	9	69%	7	21%	**16**	**34%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	
22. 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	3	23%	16	47%	**19**	**40%**
Strongly Agree	10	77%	17	50%	**27**	**57%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	
23. I feel prepared to become a supervisor.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	5	15%	**5**	**11%**
Neither Agree or Disagree	0	0%	3	9%	**3**	**6%**
Agree	6	46%	17	50%	**23**	**49%**
Strongly Agree	7	54%	9	26%	**16**	**34%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**13**		**34**		**47**	

Due to rounding columns may not add up to 100%

Results

Question 11: 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 11. Respondents could provide more than one response. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 11 Comments on Supervision (Multiple Response)

Theme	All Responses Total	All Responses %
Supervision was supportive	17	31%
Diverse supervision experiences	14	25%
Advanced Training supervision was excellent	9	16%
Difficulties with supervision	4	7%
Ability to provide feedback on supervision	1	2%
N/A	10	18%

Examples of comments on supervision.

Variable depending on the actual supervisor and service demands which meant that often supervision was compromised. Power imbalance between trainee and supervisor made it difficult to alert others of difficulties.
I was lucky enough to be working in an extremely supportive network throughout my training. Each term I was allocated a supervisor who was interested and dedicated to teaching and to helping me to progress through training. I found that I received great support throughout training both from my formal supervisor and from all other consultants with whom I discussed issues.
Had outstanding supervisors in AT. Reasonable supervision in BT
Advanced training supervision was well structured - credit goes to the supervisor. Basic training supervision did at times become an extension of clinical work.
Essentially, I had two kinds of experience: 1. Supervision that was satisfactory, supportive, helpful. This was more than half of the time. I had some great supervisors and maintain mentor relationships with them. 2. Supervision that had a major difficulty of one kind or another (for example, supervisor's function affected by their personal circumstances, philosophical differences or personality mismatch with supervisor, or sense that supervisor wasn't that interested.) On two occasions, I did discuss difficulties with my Director of Training, and felt that these concerns were listened to and acted upon. The difficult supervision experiences were actually high quality learning experiences, because I had to learn how to negotiate the difficulties and manage the relationship; I have learned a lot about managing relationships in the professional setting, and maintaining a functioning relationship despite differences. It was helpful that I was engaged in personal therapy for psychotherapy training during these times, as it provided a space for reflection.
The team that I worked for during my advanced training took supervision quite seriously and were very supportive of my learning goals. Supervision in Basic training was not as good overall, but depended on who I was working for during a term, some were much better than others. Overall, however, supervision was reasonable in basic training.
Supervisors in advanced training excellent mainly because I had researched and chose certain terms and consultants I respected and thought were good psychiatrists. They were leaders in their fields and thus really showed. Basic training supervisors were more patchy. I saw one supervisor only once in one rotation!! Another supervisor in basic training was quite critical of patients and unprofessional. Another rarely saw patients but was a good teacher in theory. The rest were positive experiences.

Results

Question 12: 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 12 and Table 13. 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 12 Feedback on Training Program – Most Frequent Themes (Multiple Response)

Themes	All Responses Total	All Responses %
Satisfied with the training program	9	15%
Difficulty completing all requirements and assessments	5	8%
Variability in training experiences	4	7%
Limited transparency and relevance of exams (written and clinical)	4	7%
More psychotherapy training	3	5%
The training program was vague and inflexible	3	5%
More private practice opportunities	2	3%
Service provision took precedence	2	3%
Supportive training environment	2	3%
Review clinical exams	2	2%
More exam preparation courses	2	2%
Other	10	21%
Not applicable	13	21%

Table 13 Feedback on the Training Program

Comments
I learned a lot. Generally, I felt well supported. My impression was that the local Directors of Training were scrupulously fair and meticulous in sticking to the regulations - this made them predictable and trustworthy. I feel very fortunate that my decision to take maternity. I also feel very fortunate that half time training positions were always available, and that I was able to access all the training posts that I wanted to - the half time training was never a barrier to accessing a training experience. I think RANZCP does very well in supporting parents in this way - a much more family-friendly approach than many other Colleges. Thank you.
At times felt over-assessed and that the college requirements lacked flexibility
- Many of the hurdles feel infantilising and perfunctory - Exam marking and feedback did not feel transparent - If services aren't organised it is difficult to complete all the training requirements - Psychotherapy learning was insufficient - Absolutely NO teaching/exposure/preparation whatsoever for private practice - No teaching on how to complete important MHA paperwork to prepare for being a consultant - Advanced training goals did not seem to differ that much from basic training
At times the learning tasks/goals and things that needed to be "signed off" were a little bit vague in expectation. In addition, there were some areas that are extremely commonly seen by psychiatrists which I felt had little focus (for example, we only had to "experiences" for drug and alcohol, and old age... but these are people that all psychiatrists see all the time). However, I do realise that the program expectations have to be limited by the feasibility of a trainee actually getting them done within the required time.
Training experience varies markedly depending on which service/training area you are with.

Results

Feedback on the training program continued.
I felt that the preparation I did for the written and clinical examinations was more relevant to my work. I also felt that the psychological methods case report was more useful. I learnt a lot through the process of doing psychotherapy, reading relevant books and writing up the report. The clinical examinations were very stressful, particularly the OCI, but I felt that the stress forced me to raise my level of practise and made me a better and more confident registrar. I think it is useful to be examined by examiners who do not know you and who can be more objective. Overall, I feel that the training program was good.
Supervisors can be very patchy There is far too much emphasis on service provision and this diminishes the training experience. The FEC was poor - not well organised, coordinated. There are some brilliant clinicians who have made the experience very worthwhile and who I hope to emulate in my practice in the years to come.
I cannot speak highly enough of my DOT, who pulled out all the stops to put together a programme with the goodwill of her network of psychiatrists. I feel my training has prepared me well for the next developmental stage of my training. The leadership aspect of training is somewhat lacking and could be developed further by a more formal programme. I also think that supernumerary posts in the last 6-12 months of training would allow more space to complete tasks and reflect - this is a critical time in the life cycle of a trainee - and unfortunately, the most pressured and stressful.

Intentions in the Workforce

Question 13: 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 14. The majority intended to work in public hospitals (85%) or private rooms (55%).

Table 14 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%	27	79%	40	85%
Publicly-funded community health services	6	46%	20	59%	26	55%
Private hospitals	3	23%	11	32%	14	30%
Private rooms	3	23%	20	59%	23	49%
Non-government organisation (e.g. Aboriginal Medical Service)	4	31%	5	15%	9	19%
Other (please specify)	0	0%	2	6%	2	4%

Results

Question 14: 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 15. The majority (87%) of all respondents intended to work in a capital city.

Table 15 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	11	85%	30	88%	41	87%
A regional centre	12	92%	23	68%	35	75%
A rural or remote area	7	54%	17	50%	24	51%
Overseas	5	38%	16	47%	21	45%
Other (please specify)	0	0%	0	0%	0	0%

Question 15: What specialty areas of psychiatry do you intend to work in? *(Multiple Response)*

The specialities that the responding Fellowship applicants plan on working in are shown in Table 16. The majority of all respondents intended to specialise in general psychiatry (75%).

Table 16 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%	25	74%	35	75%
Adult Psychiatry	8	62%	18	53%	26	55%
Community Psychiatry	5	38%	14	41%	19	40%
C-L Psychiatry	5	38%	11	32%	16	34%
Psychotherapies	1	8%	13	38%	14	30%
Addiction	2	15%	8	24%	10	21%
Academic/Research Psychiatry	2	15%	8	24%	10	21%
Child and Adolescent Psychiatry	1	8%	8	24%	9	19%
Youth	0	0%	8	24%	8	17%
Psychiatry of Old Age	3	23%	4	12%	7	15%
Perinatal	0	0%	7	21%	7	15%
Neuropsychiatry	5	38%	1	3%	6	13%
Trauma	0	0%	6	18%	6	13%
Forensic Psychiatry	0	0%	4	12%	4	9%
Administration/Management	1	8%	3	9%	4	9%
Indigenous	1	8%	3	9%	4	9%
Eating Disorders	0	0%	4	12%	4	9%
Intellectual Disabilities	0	0%	3	9%	3	6%
Other (Please Specify)	0	0%	3	9%	3	6%

Results

Additional Education and Training Needs

Question 16a: 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 17. Over half (60%) of all respondents intended to undergo additional education.

Table 17 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%	22	65%	28	60%
No, I do not wish to complete further training	7	54%	12	35%	19	40%

Question 16b: Are there any skills you seek to gain more professional experience in?

The areas identified as requiring more professional experience are shown in Table 18. The most common areas for more professional experience from all respondents was Psychotherapies training (42%),

Table 18 Areas for Additional Professional Experience (Multiple Response)

	Total	All Results %
Psychotherapies training	18	42%
Leadership, management, and administration	8	19%
No, No further skills	3	7%
Research	2	5%
Yes, but undecided at this stage	2	5%
Other	10	23%

Results

College Involvement

Future college involvement is outlined in Table 19. The majority of responding applicants both training and SIMG indicated that they would become involved in the College as an accredited supervisor (83%), an accredited examiner (62%), or as a mentor (51%). A considerable number of applicants are interested in becoming involved in a committee.

Table 19 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 %
Becoming an accredited supervisor	10	77%	29	85%	**39**	**83%**
Becoming an accredited examiner	7	54%	22	65%	**29**	**62%**
Becoming a mentor	6	46%	18	53%	**24**	**51%**
Becoming involved in Faculty, Section or Special Interest Groups	4	31%	20	59%	**24**	**51%**
Joining a College committee	5	38%	14	41%	**19**	**40%**
Branch involvement	6	46%	10	29%	**16**	**34%**
Involvement in congress and other conferences	3	23%	13	38%	**16**	**34%**
Involvement in assessment panels for overseas trained specialists seeking College Fellowship	6	46%	8	24%	**14**	**30%**
Not sure	1	8%	3	9%	**4**	**8%**
Other (please specify)	1	8%	3	8%	**2**	**4%**
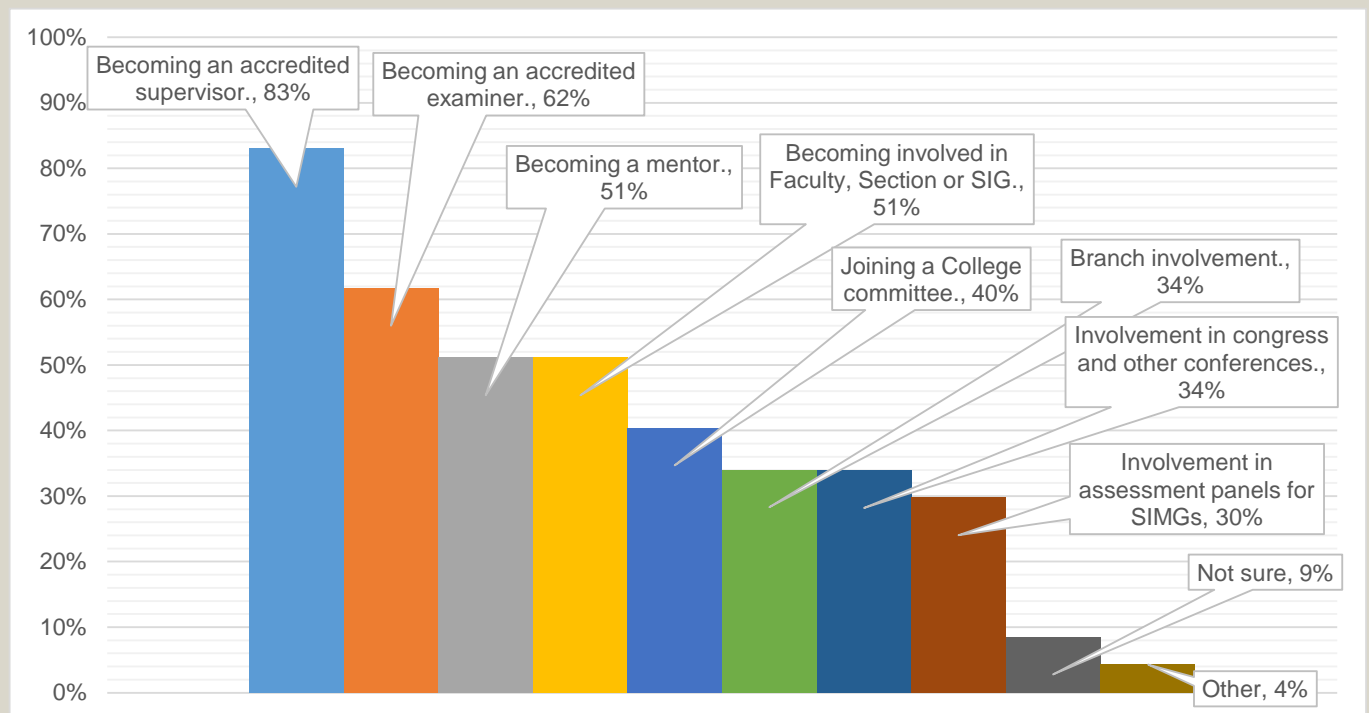
Figure 2 Future College Involvement *(multiple responses allowed)*

Results

Question 17b: 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
Free time, Clear role, Sincere College attitude to accept member contribution and evaluate new ideas and potential for change, Appropriate recompense
The pathways to becoming more involved in the college are a mystery to me, so I will have to keep my eye out for college bulletins and information emails. I have already completed supervisor training, and attend the NSW Branch CL meetings, and am a member of the CL Section, however, I would be interested in becoming involved in a national level too.
More time
Being approached directly
Perhaps invitation to attend regular branch meetings or current committees - open to those close to attaining fellowship - in order to understand what various committees do.
I was already personally asked to join a committee, which helps to get involved.
further training and guidance about the role and expectations and some courses if necessary
Need to settle in as consultant and then tailor my options to my job schedule.
Less current obligations.
Monetary support as well as availability of time.
Having a mentor as an early-stage psychiatrist.
Time availability (now working in a busy urban adult community team)
Being sent information about what is available

Question 18: 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 20. Results are not separated into training and SIMG pathways due to the possible identification of respondents.

Table 20 Other Comments and Suggestions for Improvement

Comment
Overall, I feel it is a good training program. My main criticism (which is already being addressed with the new program) is that some trainees languish as a registrar for years with no enticement or requirement to complete their exams and cases in a timely manner- I hope that the new program will help these people to gain some momentum, as I'm concerned that other colleges and junior colleagues have previously seen psychiatry as the "soft option" for training, as one can take a leisurely route through training.
I am concerned by the amount of requirements for WPAs for new trainees. These have affected the morale for junior trainees. They frequently report feeling overwhelmed by the requirements and it is has already discouraged some people from training in Psychiatry.
I very much enjoyed the last 2 years of my training (as an AT). I felt that it was beneficial having the time to be able to focus my training on clinically relevant tasks, rather than being focused on exams. I am concerned that this time is going to be lost.
I can see the logic of the changes to training for poor candidates. I support having a robust programme for people with whom concerns have been raised. Unfortunately, I believe that these changes are having a negative impact on the training experiences of average and good candidates.

Results

Question 18 comments continued

Comment
I was disturbed recently to hear two basic trainees tell me about an unsatisfactory supervision experience, but neither had given any feedback about the supervision to the Director of training, because they were afraid the rotation would not be accredited. This is despite an assurance in writing, in bold, in the cover letter for the Feedback form. It seems like registrars have trouble believing that feedback will be heard and responded to in a supportive way. There is still a lot of silence and a great deal of anxiety about talking frankly about supervision.
College needs to focus on psychotherapy training for basic and advanced trainees. Need more emphasis on rural, cultural and indigenous experience as well.
Maintain high standards for the examination and assessment process but to simplify the process. Encourage focus on life as a consultant and what this means.
Clarification or training rules for SIMGs and the college than actually applying them consistently Clarification of role of branch training committees/ DOTs in SIMG training
Greater central coordination as to material to cover
In general, I found the program very challenging, but also very satisfying and rewarding. I have definitely achieved a high level of knowledge in the field, and can thank the rigorous training program for that. I'm looking forward to my ongoing involvement with the College, and with other Medical Students and Registrars.
Update and improve IT/remote/web based learning - e.g. was very hard to access videolinks at times
Additional support for rural areas- particularly education wise, and exam preparation