



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Training Exit Survey

## RANZCP Fellowship Program

*2021*





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# Introduction and Background

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has conducted regular surveys to obtain data from Trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program on their learning experiences and perceptions of the training they received.

The new RANZCP Exit Survey has been created to replace the Admission to Fellowship Survey which was conducted by the College from 2011–2016 and ceased due to the implementation of the 2012 Fellowship program.

The survey aims to gather information to assist the Education Committee (EC) and its constituent committees in the ongoing improvement of the RANZCP education and training programs. The Exit Survey provides a snapshot of the perception of the RANZCP training program, through the eyes of trainees and SIMGs.

Results from this survey will form part of the RANZCP Evaluation and Monitoring Framework. The information provided will help the College to improve learning outcomes and provides the source data to assist in making informed decisions.

# Report Summary

This report presents findings from the RANZCP Trainee Exit Survey conducted online during 2021. From July 2020 this survey has been conducted monthly with trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program, seeking their views on their learning experiences and perceptions of the training they received.

Between January and December 228 trainees who completed all requirements of the RANZCP Fellowship were invited to participate. A total of 123 trainees completed the survey, a 53.9% response rate.

## Fellowship program perception and skills development

Respondents had a highly positive perception that there were opportunities to meet the College training requirements of the Fellowship in their placements (93%) and that they understood what they needed to do to meet their Fellowship program requirements (89%). There was not a specific area of disagreement with other statements provided (all above 75%) and the perception in most aspects has improved compared to 2020.

Working in a multidisciplinary environment (89%), clinical skills (87%), theoretical knowledge (85%), ethics (84%) and communication skills (84%) are considered skills developed during the Fellowship program.

The development of Leadership and management skills (62%), the ability to influence (60%), research (57%), and audit and clinical safety (56%) were considered by respondents to have a weaker contribution from the Fellowship program, however this perception has improved in comparison to the 2020 results.

## Clinical Supervision

Overall, 84% of trainees rated the quality of their supervisor as 'good' or 'very good'. The aggregated positive rate remains the same compared to 2020. Accessibility, allowing for an appropriate level of practice autonomy, and regular informal feedback received the higher ratings, all equal or above 80%. Although there was not a specific area with a poor performance, the perception of the quality of supervision decreased compared to 2020.

## Assessments

Trainees agreed that College-administered assessments ran smoothly on the day, and all were conducted fairly. There was a considerable improvement in the perception in comparison to 2020 that the feedback received about their performance was useful and that they received support from the College when they needed about examinations. There are opportunities to improve the timeliness of examination feedback, considering that less than three out of ten trainees agreed with the statement that feedback was provided in a timely fashion.

Consistent with the 2020 results, the workplace based assessments (WBA) were better perceived by respondents than College administered assessments. Entrustable Professional Activities (EPAs) were considered by 82% of trainees to be suitable to their clinical practice, 72% of responses indicating that the feedback received about their performance via In-training assessment forms was useful, and 71% that WBA tools facilitated feedback during the training and WBAs were suitable for their training. It is relevant to note that the level of agreement with the statement that the feedback received via the In-Training assessment form is useful increased from 55% in 2020 to 72% in 2021.

## Formal Education Courses

There are opportunities to improve in the area of Formal Education courses (FEC). 61% of trainees considered the FEC an opportunity for peer support and 69% agreed that the knowledge presented at the Formal Education Course was felt applicable to real-life clinical situations. Consistent with 2020 results, in 2021, less than five out of ten trainees felt that the FEC gave them knowledge that assisted in preparation for examinations.

## College resources

Compared to 2020, the RANZCP Website (94%) and examination preparation materials (84%) were considered the most useful. The perception of the usefulness of InTrain increased from 63% in 2020 to 76% in 2021. Only 44% of trainees mentioned participation in the Congress.

## College communication and interaction

There was not a specific area of disagreement with the College communication and interaction and the perception in all of the aspects increased compared to 2021 (now all above 70%). Communication with the College about training matters was considered satisfactory by 76% of respondents, and a similar proportion reported that they knew who to contact at College about the Fellowship program (77%). The College was felt by respondents to clearly communicate the requirements of the Fellowship program and the changes to their Fellowship program (79%).

## College engagement

College engagement shows a positive improvement in all perceptions of the statements provided to the trainees compared to 2020. When trainees were asked about the opportunity to discuss the College Fellowship program with other doctors, 84% responded positively. However, only 36% of trainees agreed that the College sought their views on the Fellowship program and around half of trainees agreed that they were represented by doctors in training on the College's training and/or education.

## Trainee satisfaction

This round of evaluation reports a 73% overall satisfaction with the Fellowship program, increasing 8 percentage points compared to 2020. The Net Promoter Score shows a higher number of promoters than detractors. In this group, trainees are more likely to recommend the program than advise others not to enrol in the program.

## Fellowship program, most positive attributes

The experience provided by the Fellowship program, particularly the relevant and comprehensive training, was the most positive attribute of the Fellowship program. Assessments and supervision (particularly operations and WBAs) were also given as positive attributes of the program.

## Fellowship program, challenges

Conversely, the top challenges were assessments, personal challenges, and College administration. Multiple challenges were associated with the Essay style examination (including content, time allowed resources for preparation, and access to past questions), WBAs and the quality of examination feedback and timelines of the results.

## Overall

Considering the overall results there are four initial observations that can be made:

1. Compared to 2020 results, there is a considerable improvement in the perception of the training program including how the program contributed to the development of specific skills, perception about workplace, assessments, RANZCP resources, College communication and interaction, engagement, and the overall satisfaction.
2. Perception related to supervision and the FECs need to be closely monitored because there were no positive changes compared to 2020.
3. The essay style examination continues to be cited most frequently as challenging. Considering the decoupling of the Essay-style examination occurred during 2021, an improvement in future surveys is expected.
4. Feedback from examinations could be more timely and more useful.
5. Experiences in management and leadership, and research, are possibly not meeting respondents' expectations.

# Methodology

## Questionnaire design

The questionnaire was developed based on questions previously used in the Admission to Fellowship survey. A set of core questions to measure perception remained unchanged, and other items were reviewed and either refined or replaced. Questions from the Medical Training Survey (MTS) conducted by the Medical Board of Australia were added to maintain comparability with external results.

Three versions of the survey were developed, with a core set of questions common in each version, for different groups of trainees:

- trainees (completed stage 1, 2 and 3 training requirements)
- SIMGs- Partial comparability
- SIMGs- Substantial comparability.

The questionnaire was reviewed in consultation with the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) and approved by the EC.

## Sampling and data collection

The in-scope population for the RANZCP Trainee Exit Survey consists of all trainees and SIMGs who have completed the training requirements of the Fellowship Program. Details were collated from the College database, and participation was voluntary. No personal information was linked to responses.

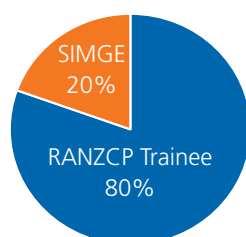
The survey was delivered online via Survey Monkey. The survey took approximately 15 minutes to complete. The College sent an email invitation to all in-scope sample trainees and SIMGs to present the survey objectives and outline privacy provisions. The invitation was followed by two reminder emails to all sample members.

The full data collection was conducted between 1 February 2021 to 28 February 2022. In total, 228 trainees and SIMGs who had completed all requirements of the RANZCP Fellowship between January and December 2021 were invited to participate. Invitations were sent each month to those trainees and SIMGs who were admitted to the Fellowship in that month. The College received responses from 123 trainees. The response rate for the survey was 53.9% (the number of online survey responses/number of survey invitations).

The demographics breakdown are as follows:

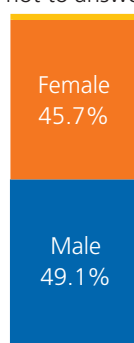
- most trainees who completed the survey had transitioned from the 2012-Fellowship program (95%)
- distribution by pathway shows 80% trainees and 20% SIMGs
- 49.1% trainees identified as male and 45.7% female
- 84.4% from 25 to 44 years old
- half of the participants (50%) completed their primary medical degree in Australia.

### Training pathway

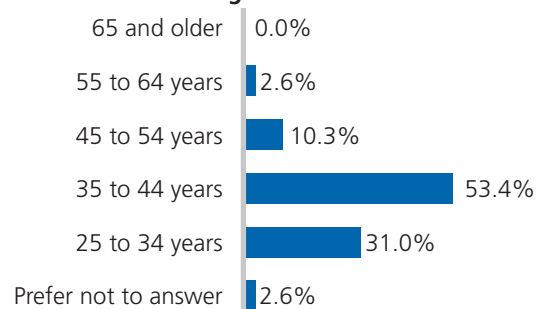


### Gender

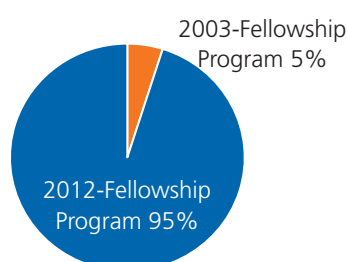
Prefer not to answer 5.2%



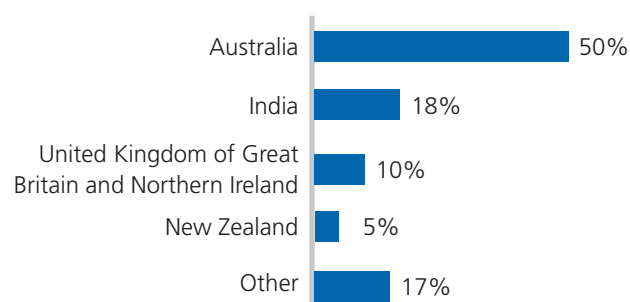
### Age



### Program



### Primary medical degree



## Data Analysis

Responses to closed ended questions were formatted and entered into the Statistical Package for the Social Sciences (SPSS) to calculate frequencies and valid percentages.

Responses to open ended questions were analysed using the qualitative data analysis computer software NVivo. Coding of questions was based on the coding framework established for the pilot of the survey, with refinement undertaken during the coding process. Coding was done by a senior member of the Education Department (Manager CPD, Accreditation and Reporting). The codebook is provided as an appendix to this report.

## How to read this report

The report follows the RANZCP Exit Survey questionnaire structure. Graphs with the original categories have been created and labels for categories of 3% and below have been removed to facilitate the visual presentation. Two additional columns have been included aggregating perceptions that reflect a positive attitude in 2020 and 2021. A green arrow is used when the RANZCP performance in the 2021 Exit survey is above the 2020 Exit survey outcome. Results presented in this report have been rounded up to the nearest whole percent and in some cases, answers may add to more than 100%.

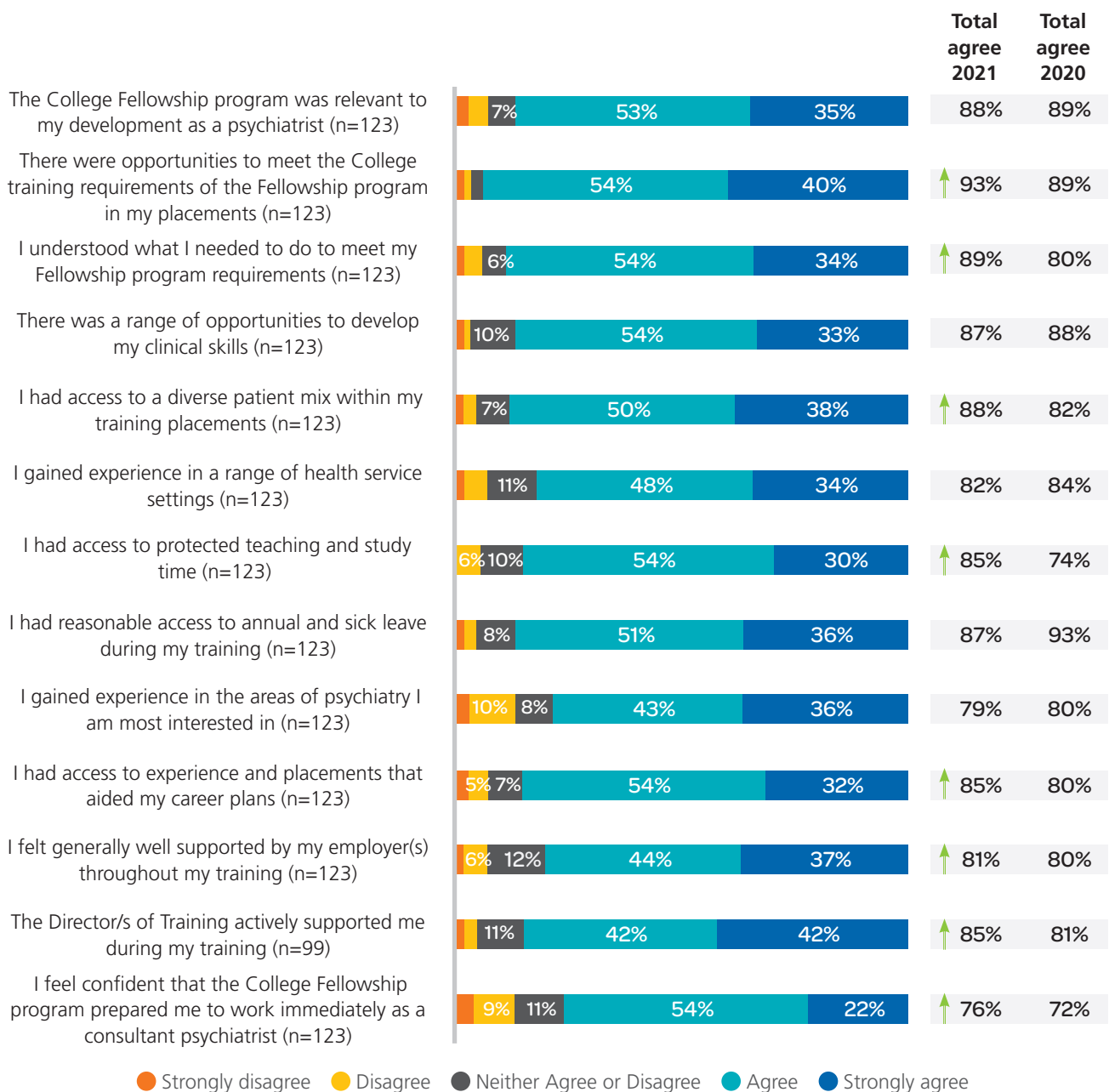
Original Categories	Aggregated
Strongly agree + Agree	Total agree
Very well + Well	Total Well
Very good + Good	Total good
Very useful + Useful	Total useful



# 1. RANZCP Fellowship program

Respondents were asked to rate aspects of the training program. Most, around nine out of ten, 'strongly agreed' or 'agreed' that there were opportunities to meet the College training requirements of the Fellowship in their placements and that they understood what they needed to do to meet their Fellowship program requirements. There was not a specific area of disagreement with other statements, and the perception in most aspects has positively increased compared to 2020. Only 13% 'disagreed' that they felt confident that the College Fellowship program prepared them to work immediately as a consultant psychiatrist and they gained experience in the areas of psychiatry they were most interested.

## Q.4 Thinking about the Fellowship program, to what extent do you agree or disagree with each of the following statements?

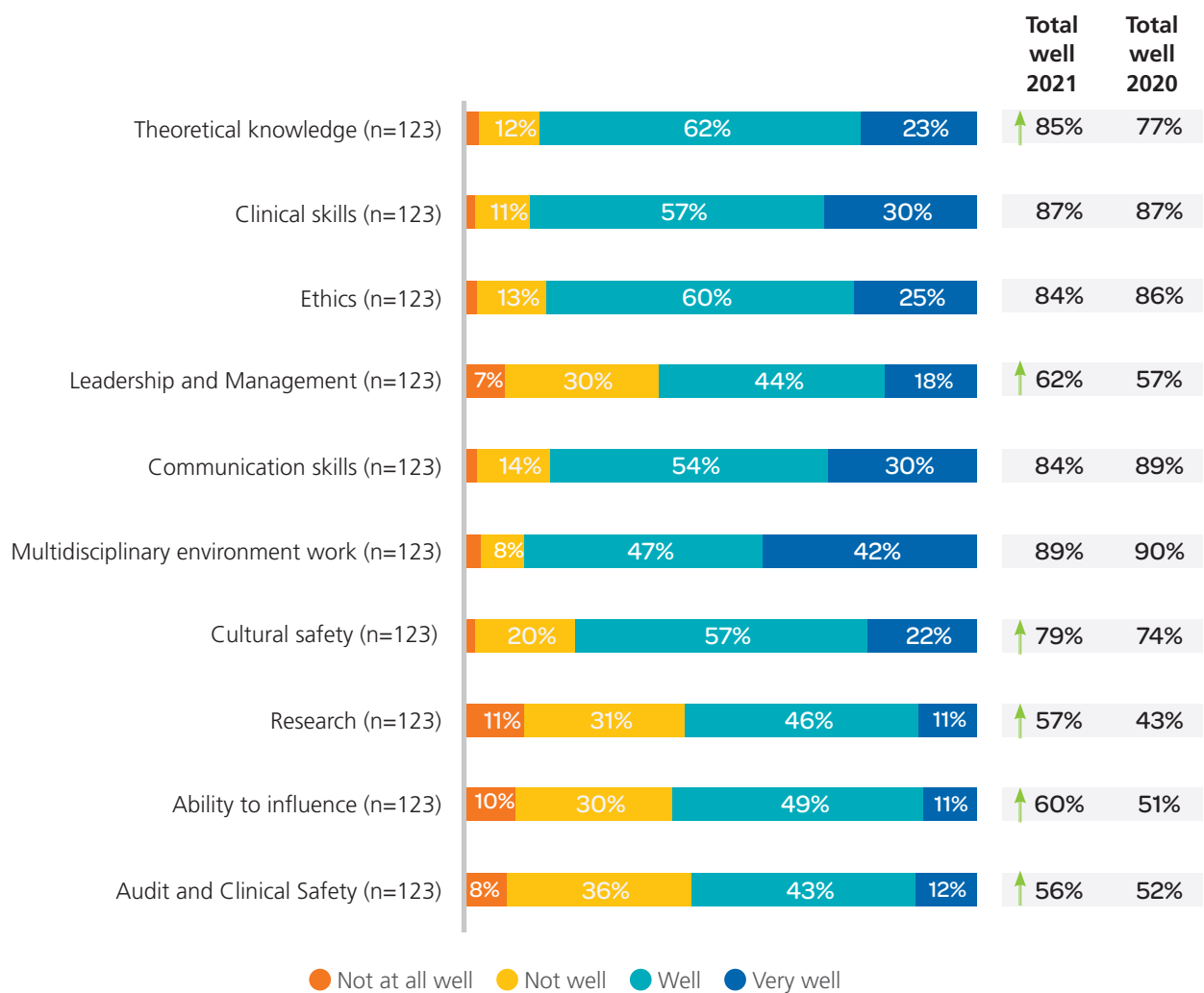


\* Note: Labels 3% and below removed from chart

## 2. Skills development

Respondents were asked to evaluate how well the program contributed to the development of specific skills related to the RANZCP Fellowship competencies. Overall, experience working in a multidisciplinary environment (89%), clinical skills (87%), theoretical knowledge (85%), ethics (84%) and communication skills (84%) were well perceived. Leadership and management (62%), ability to influence (60%), research (57%) and audit and clinical safety (56%) showed some improvements in perception compared to 2021 but still were considered to have a weak contribution from the Fellowship program.

### Q.5 How well did the Fellowship program contribute to your skills development in the following areas?



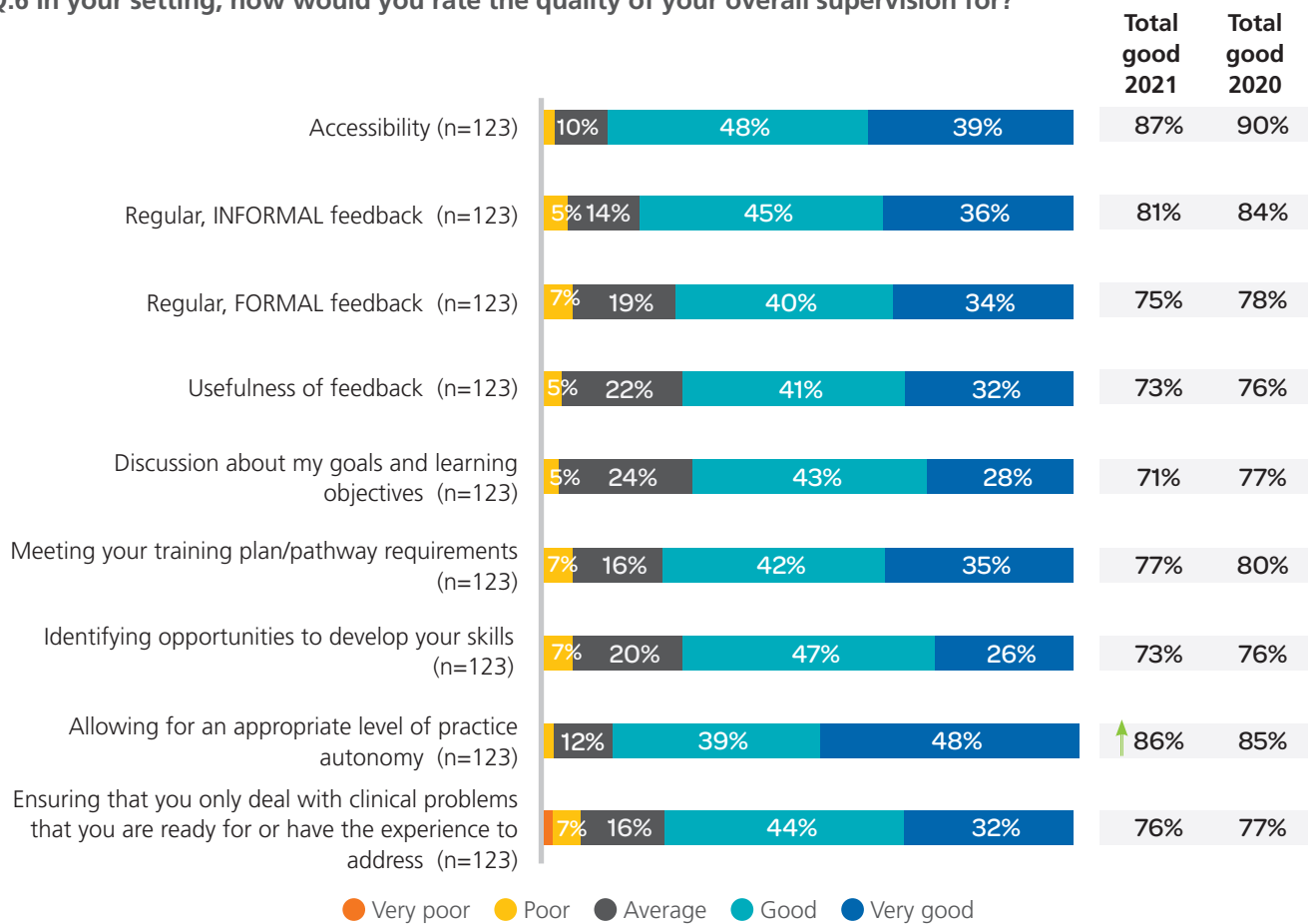
\* Note: Labels 3% and below removed from chart

### 3. Clinical supervision

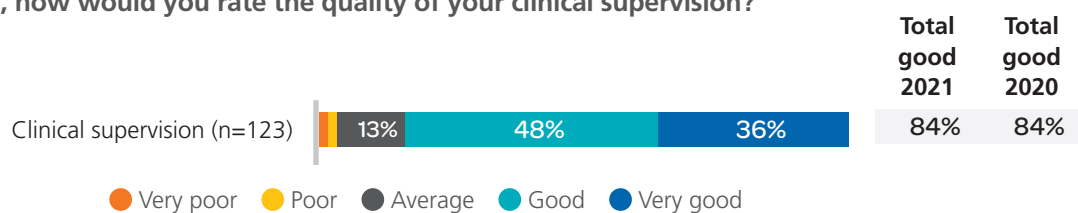
Indicators of quality supervision were rated by trainees on a scale of one to five where one was considered 'very poor' and five 'very good'. Accessibility, allowing for an appropriate level of practice autonomy, and regular informal feedback received the higher ratings, all equal or above 80%. Other indicators were rated between 70% and 80%. Although there was not a specific area with a poor performance, the rate decreased in most of the aspects compared to 2020.

Overall, trainees rated the quality of their supervision as 'good' or 'very good'. A total of 36% of trainees rated the quality 'very good' and 48% 'good'. Only 1% rated with 1 'Very poor' or 2 'poor' quality the supervision and 13% 'average'. The aggregated positive rate remains the same compared to 2020 (84%).

#### Q.6 In your setting, how would you rate the quality of your overall supervision for?



#### Q.7 In general terms, how would you rate the quality of your clinical supervision?



\* Note: Labels 3% and below removed from chart

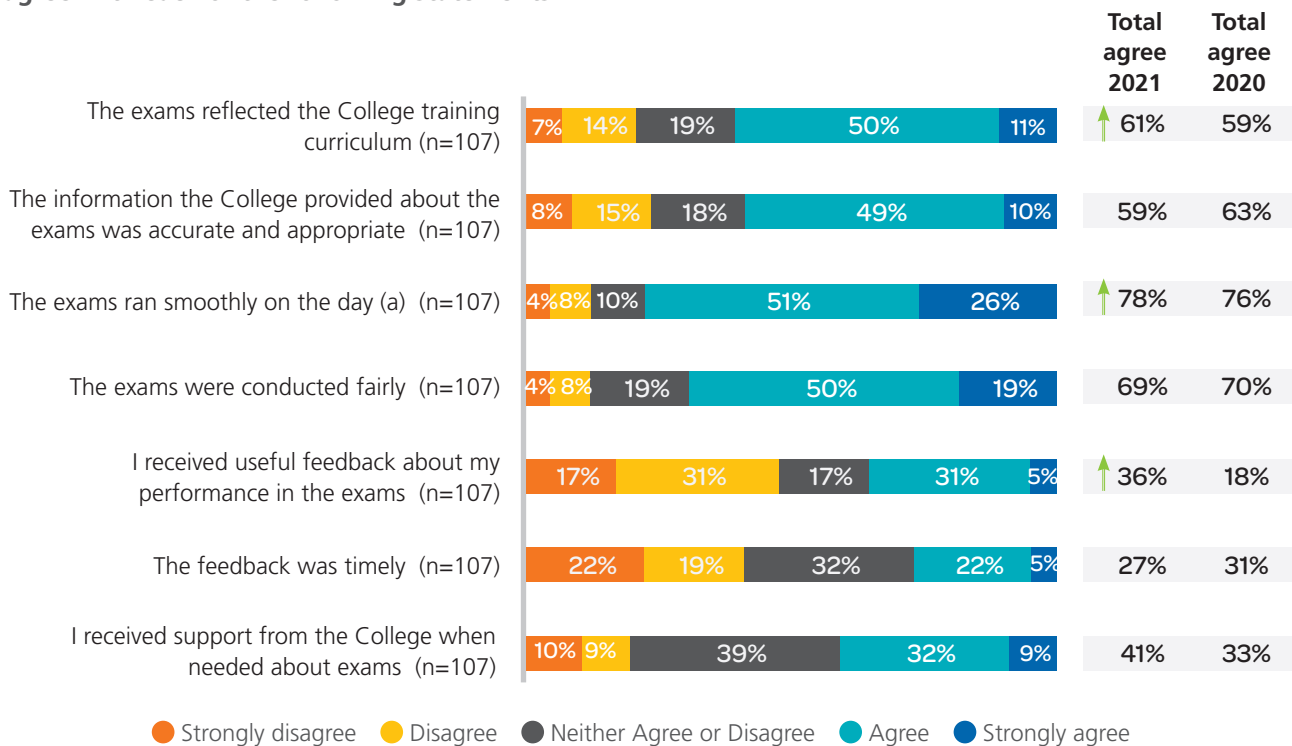
# 4. Assessments

All trainees, and SIMGs completing the partial comparability pathway were asked about College-administered summative examinations. Around eight out of ten (78%) reported that exams ran smoothly on the day and seven out of ten (69%) felt that the examinations were conducted fairly. A lower proportion felt that the examinations reflected the College training curriculum (61%) and that the information provided about the examinations was accurate and appropriate (59%).

There was a considerable improvement in the perception that the feedback received about their performance was useful and that respondents received support from the College when they needed about exams compared to 2021. However, there are opportunities to improve considering that less than four out of ten trainees ‘strongly agreed’ and ‘agreed’ with the statements.

Only 27% perceived that the feedback was timely, and 59% that the information the RANZCP provided about exams was accurate and appropriate, a decrease in 4 percentage points compared to 2021.

## Q.8 Thinking about the College-administered summative assessments to what extent do you agree or disagree with each of the following statements?



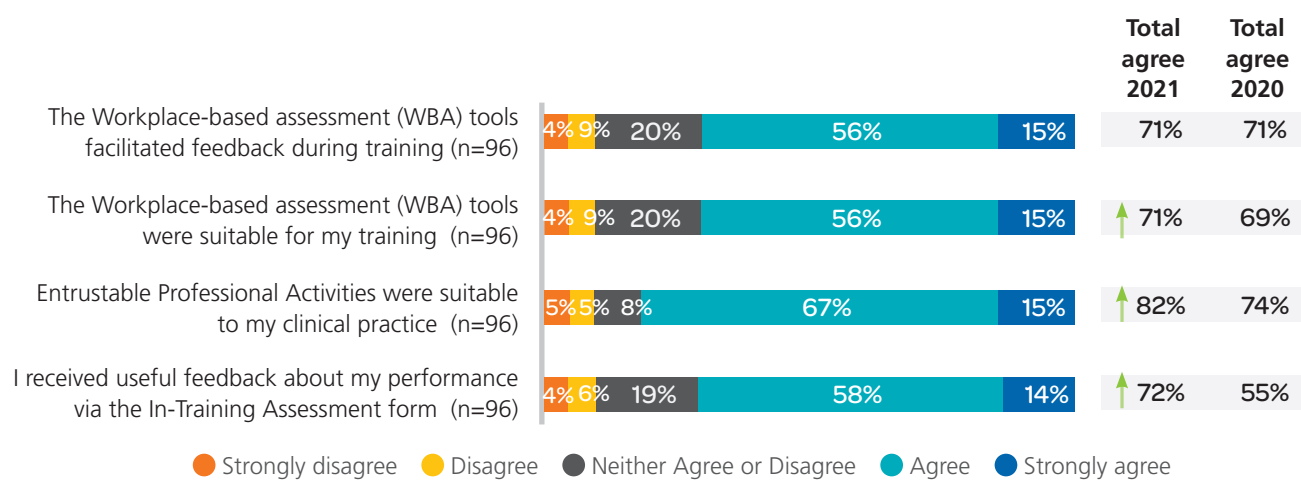
\* Note: Labels 3% and below removed from chart

(a) It is likely that few trainees (if any) were affected for the November 2021 AVOSCE.

**Q.9 Now, thinking about workplace assessments to what extent do you agree or disagree with each of the following statements?**

When trainees were asked about workplace assessments 82% of them considered that EPAs were suitable to their clinical practice, 72% that the feedback received about their performance via In-training assessment forms was useful and 71% that WBA tools facilitated feedback during the training and WBAs were suitable for their training.

There was not a specific area of disagreement and the perception in most aspects increased or remained the same compared to 2021. It is relevant to note that the level of agreement with the statement that the feedback received via the In-Training assessment form is useful increased from 55% in 2020 to 72% in 2021.

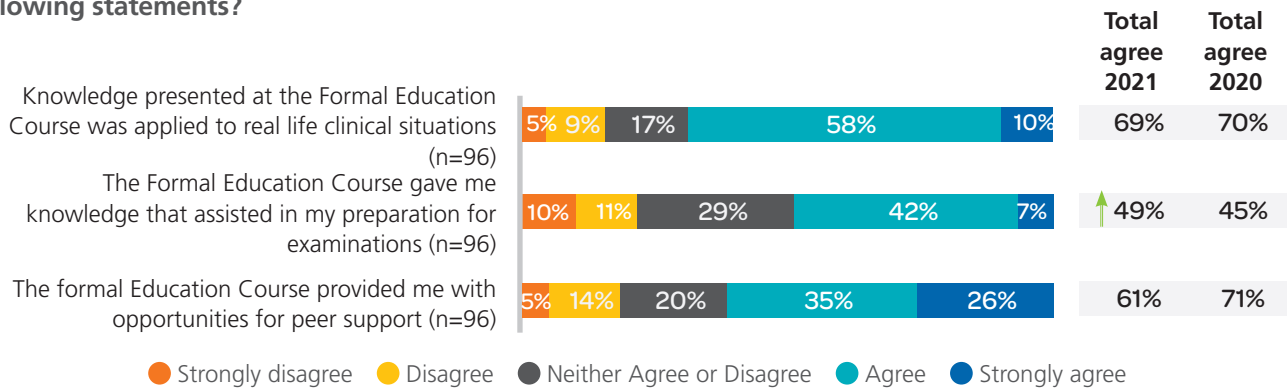


\* Note: Labels 3% and below removed from chart

## 5. Formal Education Courses

Trainees commonly 'agreed' or 'strongly agreed' that the knowledge presented at the Formal Education Course (FEC) was applicable to real-life clinical situations (69%) and provided them with opportunities for peer support (61%). However, less than five out of ten trainees considered that the FEC gave them knowledge that assisted in preparation for examinations (49%).

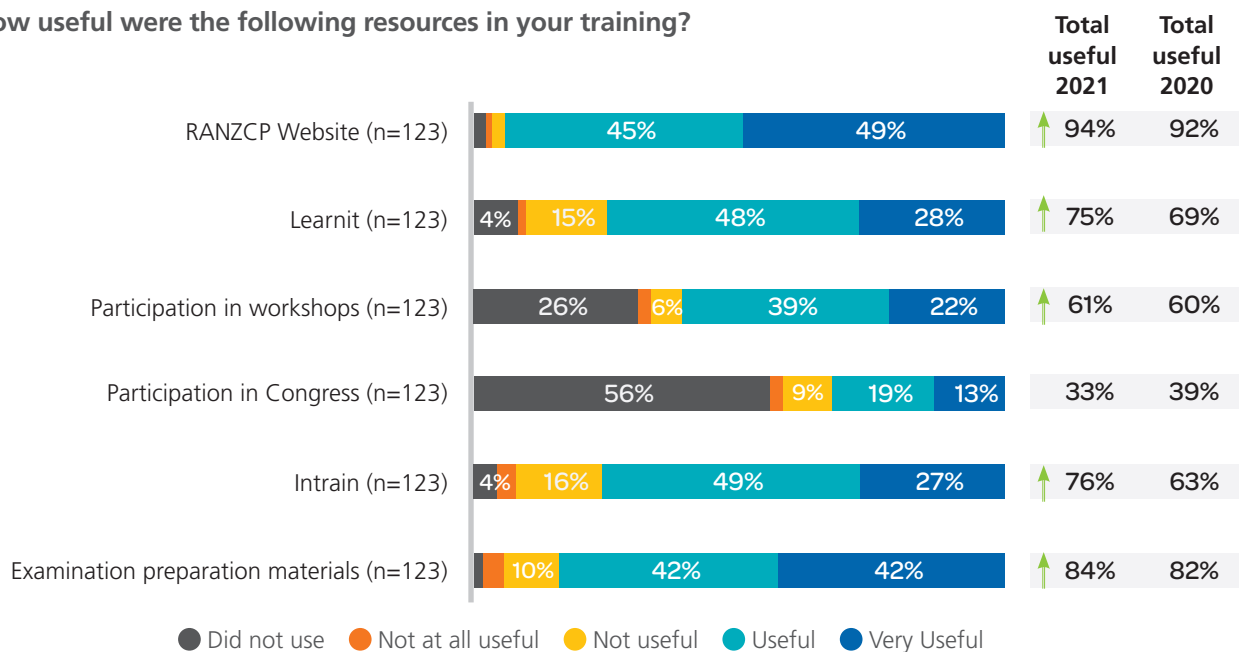
### Q.10 Thinking about Formal Education Courses to what extent do you agree or disagree with each of the following statements?



## 6. RANZCP Resources

Six RANZCP resources were evaluated in terms of usefulness to the trainees during the training program. Most trainees reported that they used each resource with the exceptions of 'did not use' answers being particularly high for participation in workshops and the Congress with 31% and 56% respectively. Compared to 2020, the RANZCP Website and examination preparation materials continue to be considered the most useful, with 'very useful' or 'useful', reported by 94% and 84% of respondents respectively. The 76% of respondents reporting that InTrain is useful relates to trainees only because it is not currently available for SIMGs. Participation in Congress is perceived as the least useful (33%).

### Q.11 How useful were the following resources in your training?

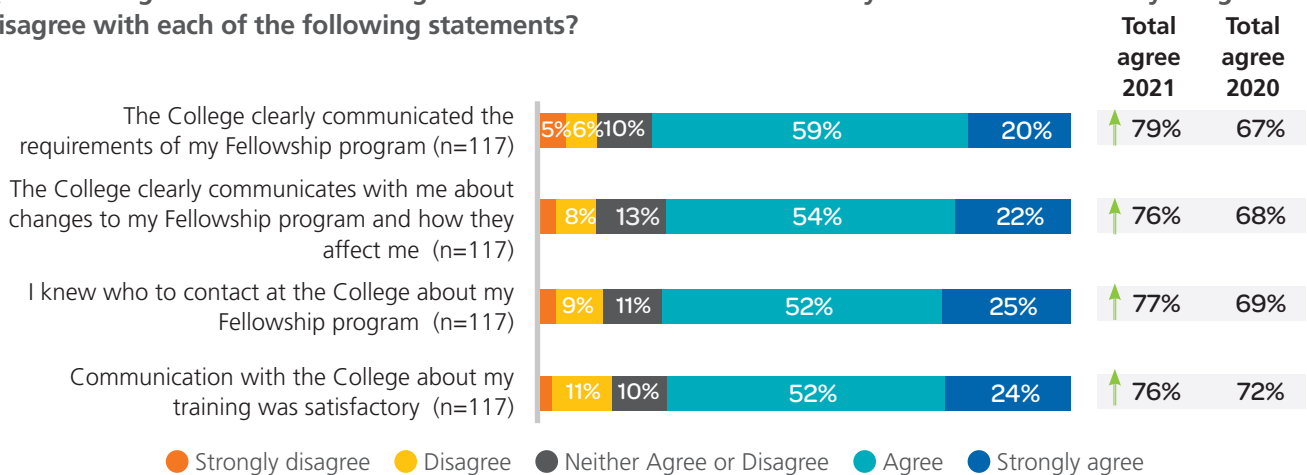


\* Note: Labels 3% and below removed from chart

## 7. College communication and interaction

Trainees were asked about College communication and interaction. Around 8 out of 10 (79%) 'strongly agreed' or 'agreed' that the College clearly communicated the requirements of the Fellowship program. A similar proportion also reported that they knew who to contact at the College about the Fellowship program (77%), that the College clearly communicated the changes in the Fellowship program that affect them (76%) and that the communication with the College about their training was satisfactory (76%). There was not a specific area of disagreement and the perception in all of the aspects increased compared to 2021 (now all above 70%).

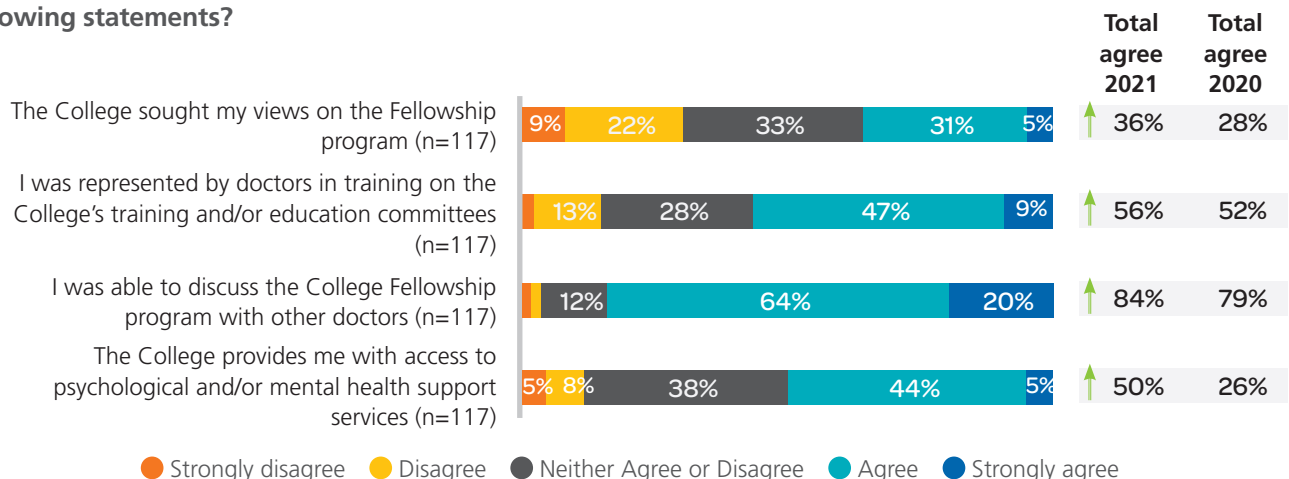
### Q.12 Thinking about how the College communicates and interacts with you to what extent do you agree or disagree with each of the following statements?



## 8. College engagement

College engagement shows a positive improvement in all perceptions of the statements provided to the trainees compared to 2020. A positive perception, eight out of ten (84%) 'strongly agreed' or 'agreed' with the ability to discuss the College Fellowship program with other doctors. Approximately one in two felt that they were represented by doctors in training on the College's training and/or education committees (56%) and the College provided access to psychological and/or mental health support services (50%). There was a considerable improvement in the perception that the College sought their views on the Fellowship program compared to 2020. However, there are opportunities to improve considering that only 36% of trainees 'strongly agreed' and 'agreed' with the statement.

### Q.13 Thinking about how the College engages to what extent do you agree or disagree with each of the following statements?

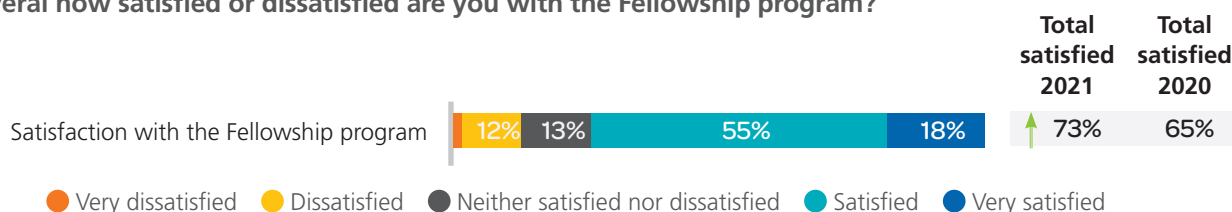


\* Note: Labels 3% and below removed from chart

## 9. Overall satisfaction

The overall satisfaction is represented by the top two response categories (very satisfied or satisfied). This round of evaluation reports a 73% overall satisfaction with the Fellowship program (49% satisfied and 16% very satisfied). The overall satisfaction increased 8 percentage points compared to 2020.

### Q.16 Overall how satisfied or dissatisfied are you with the Fellowship program?



\* Note: Labels 3% and below removed from chart

In this survey, respondents were asked how likely they would be to recommend the RANZCP Fellowship program to other potential trainees. This question has been used to calculate the Net Promoter Score (NPS); a tool used to gauge customer loyalty to an organisation based on the level of recommendation.

The percentage of 'detractors' or people who gave a rating of 0 to 6 are subtracted from the percentage of 'promoters' or people who gave a rating of 9 or 10 to calculate the NPS.

Overall, the NPS for the RANZCP Fellowship program for the 2021 group shows a higher number of promoters than detractors. Most of the new Fellows from January to December 2021 can be considered as passively satisfied with the Fellowship program and there is an increase in the promoters compared with the 2020 cohort. From an absolute perspective, the score of 12 shows that the new Fellows cohort of 2021 are more likely to recommend the program than warn others not to join the program.

### Q.17 On a scale 0 to 10, how likely is that you would recommend the RANZCP Fellowship program to other potential trainees?

Likelihood to Recommend	Total	
	Jan - Dec 2021	Jan - Dec 2020
n=	116	79
Promoters - Rated 9-10	32%	24%
Passives - Rated 7-8	48%	47%
Detractors - Rated 0-6	20%	29%
<b>Net Promoter Score (Promoters - Detractors)</b>	↑ 12	-5

1 In the Net Promote Score (NPS) respondents are categorised into one of three groups based on their responses. Promoters who respond with score of 9 or 10 are considered likely to exhibit positive referrals to others. Detractors who respond with a score 0 to 6 are believed to be less likely to exhibit positive referrals. Passives who respond with a score of 7 to 8 fall in the middle of promoters and detractors in terms of their behaviour. The NPS is calculated by subtracting the percentage of respondents who are detractors from the percentage of respondents who are promoters. For the purpose of calculating a Net Promote Score, Passives count towards the total number of respondents, but do not directly affect the overall net score.

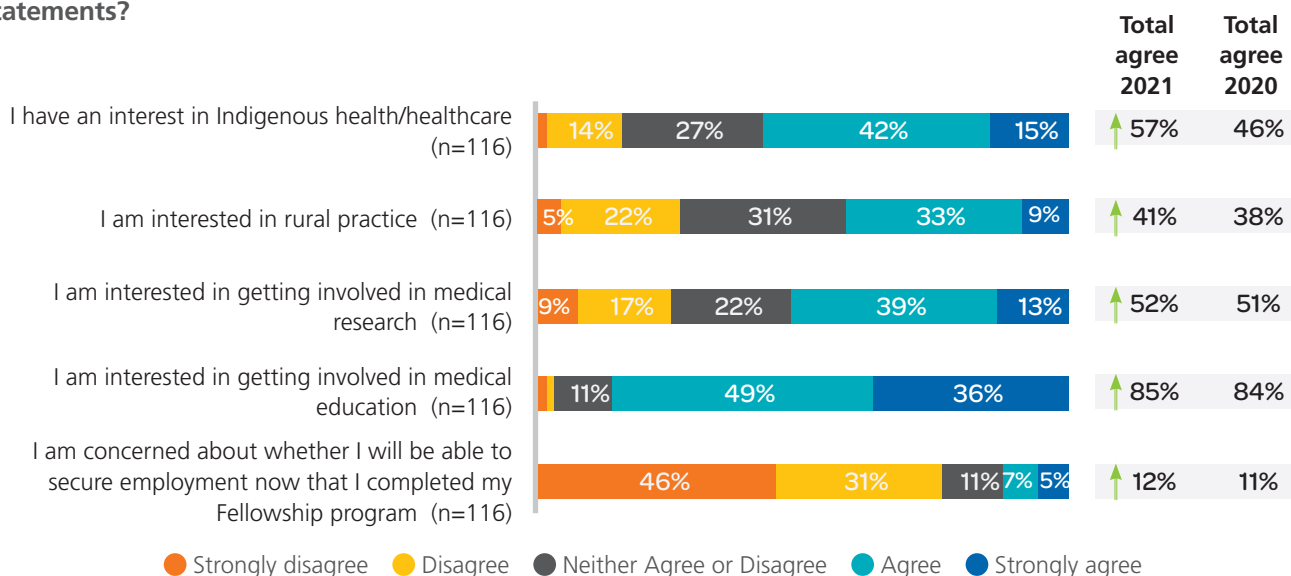
Source: <http://www.netpromotersystem.com/about/measuring-your-net-promoter-score.aspx>



# 10. Future career intentions

Trainees were asked to respond to general statements related to future career intentions. A high percentage of respondents declared interest in getting involved in medical education (85%) and one out of two are interested in indigenous health/healthcare (57%) and medical research (52%). When trainees were asked about security of employment, only 12% of trainees reported any concern about obtaining secure employment at the time of completing the Fellowship program.

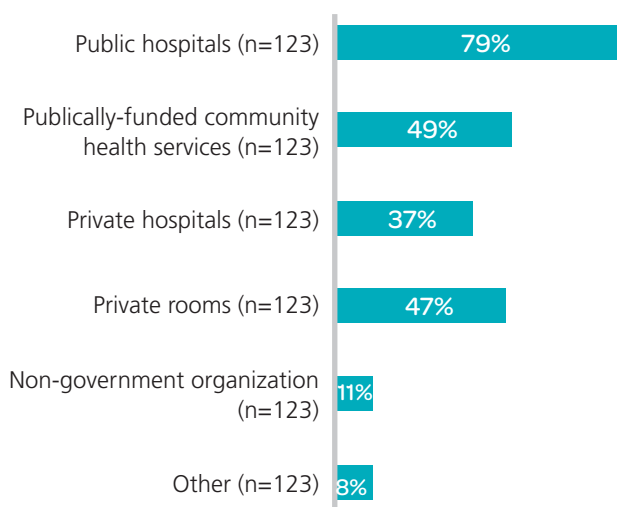
## Q.18 Thinking about your future career, to what extent do you agree or disagree with the following statements?



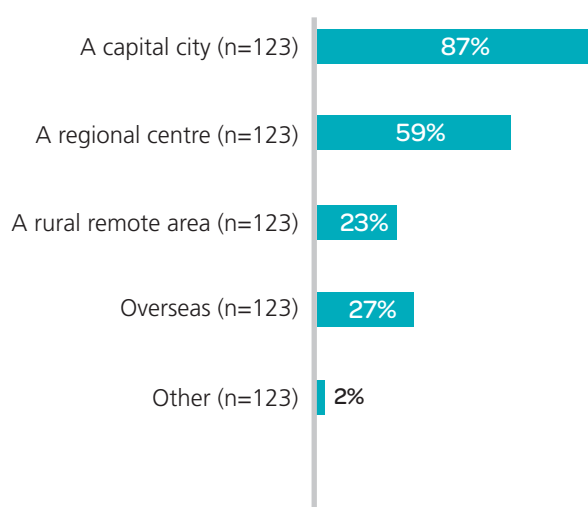
\* Note: Labels 3% and below removed from chart

Public hospitals (79%) and publicly funded community health services (49%) were the most common intended clinical settings within the next five years. When trainees were asked about intended locations, a capital city or regional centre were the more attractive options (87% and 59% respectively).

## Q.19 Within the next 5 years, do you intend to practice in?



## Q.20 Would you consider working in health services located in?



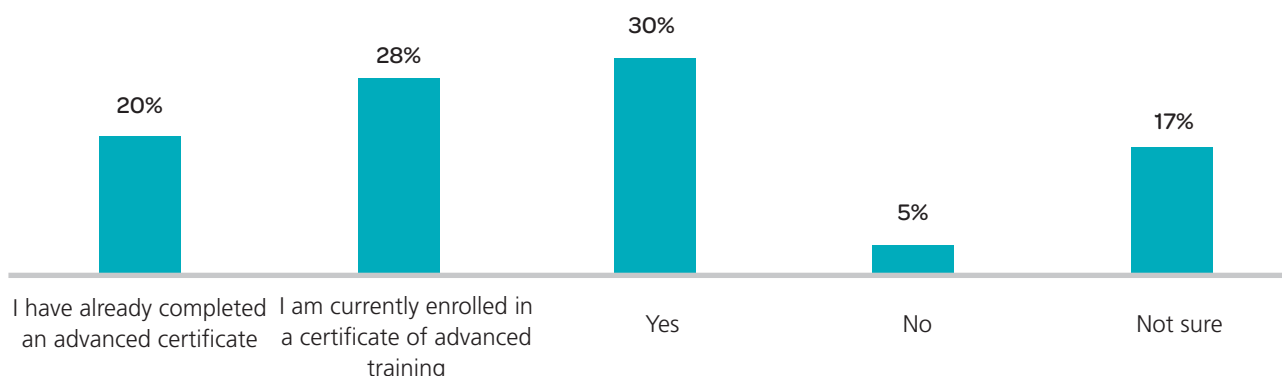
All trainees were asked (prompted) to select the speciality areas of psychiatry in which they intend to work. The most common areas selected were adult psychiatry (71%), community psychiatry (36%) and Psychotherapies (27%). The less popular were administration/management (10%) and intellectual developmental disabilities (10%).

**Q.21 What speciality areas of psychiatry do you intend to work in?**

Area	Total
Adult psychiatry	71%
Community psychiatry	36%
Psychotherapies	27%
C-L Psychiatry	21%
Addiction	19%
Neuropsychiatry	17%
Academic/research psychiatry	16%
Perinatal and Infant Psychiatry	16%
Indigenous	15%
Youth	15%
Child and adolescent psychiatry	15%
Forensic Psychiatry	15%
Trauma	14%
Eating disorders	11%
Perinatal and Infant Psychiatry	11%
Eating disorders	10%
Psychiatry of old age	11%
Administration/Management	10%
Intellectual and Developmental Disabilities	10%
Other	4%

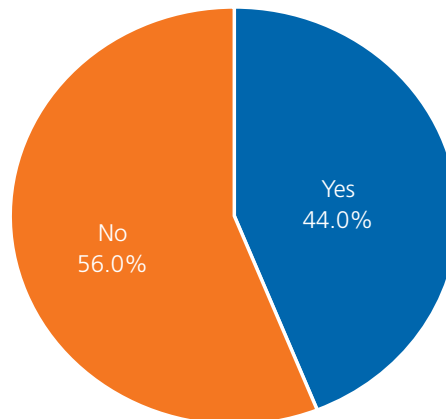
Two out of ten trainees (20%) stated that they had already completed a Certificate of Advanced Training, 28% indicated that they were currently enrolled in a Certificate of Advanced Training and 30% are considering more formal training such as a Certificate of Advanced Training. Some of the options mentioned for the last group were Psychotherapies, Addiction Psychiatry, Adult Psychiatry, Forensic psychiatry and Consultation-Liaison psychiatry.

**Q.22 Would you consider more formal training, such as a Certificate of Advanced Training in a sub-speciality**



56% of trainees reported an intention to undertake additional studies or qualification other than Certificates of Advanced Training. The most frequent responses were Research/Education and Leadership and Management. As in 2020, these results may reflect a feeling amongst respondents that both areas of Leadership and Management, and Research, are not covered to their satisfaction by the Fellowship program.

**Q.24 Do you intend to undertake additional study or qualification other than advanced certificates such as higher education degrees?**



**Q.25 What other skills are you seeking to gain undertaking higher education degrees? (Open-ended question categorized using NVivo)**

Primary focus of intended further study	
Research/Education	14
Leadership and management	13
Psychotherapy	8
Public Health and Policy	4
Forensic Psychiatry	3
Addictions	1
Family therapy	1
Child and adolescent psychiatry	1
New medical speciality	1
<b>Grand Total</b>	<b>47</b>

# 11. Positive attributes

Respondents were asked to provide three positive attributes of the Fellowship program. Supervision, and the experiences provided by the Fellowship program were the major themes.



## Q.14 What were the three main positive attributes of the fellowship training program? (Open-ended question categorized using NVivo)

Attribute	# mentions	Attribute	# mentions
Experience	88	No response	4
Assessment	47	CanMEDS	2
Supervision	38	Autonomy	1
Clear expectations	24	COVID	1
Trajectory or Progression	20	Ethics	1
Educational resources	18		
Administration	16		
FEC	5		
Projected training time	3		

Further breakdown of the category of experience shows that the comprehensive and relevant training was considered a positive attribute, as well as the collegiate nature of the program. Assessments was the second theme from respondents to this question, with positive feedback of a general nature including operations of the assessments and the WBAs being the most frequent responses.

**Q.14 What were the three main positive attributes of the fellowship training program? Breakdown of category – Experience and Assessment (Open-ended question categorized using NVivo)**

Experience (n=88)	Assessment (n=47)
<ul style="list-style-type: none"> <li>• Comprehensive and relevant (38)               <ul style="list-style-type: none"> <li>• Collegiality (7)</li> <li>• Cultural awareness (7)</li> <li>• Personally rewarding (7)</li> </ul> </li> <li>• Preparation for consultant role (6)               <ul style="list-style-type: none"> <li>• Variety and flexibility (6)</li> </ul> </li> <li>• Certificates of advanced training (4)               <ul style="list-style-type: none"> <li>• Challenging (4)</li> </ul> </li> <li>• Leadership and management (3)               <ul style="list-style-type: none"> <li>• Core rotations (2)</li> </ul> </li> <li>• Able to complete in one location (1)               <ul style="list-style-type: none"> <li>• On-Call (1)</li> <li>• Program not difficult (1)</li> </ul> </li> <li>• Learning from role models (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive and relevant (38)               <ul style="list-style-type: none"> <li>• Collegiality (7)</li> <li>• Cultural awareness (7)</li> <li>• Personally rewarding (7)</li> </ul> </li> <li>• Preparation for consultant role (6)               <ul style="list-style-type: none"> <li>• Variety and flexibility (6)</li> </ul> </li> <li>• Certificates of advanced training (4)               <ul style="list-style-type: none"> <li>• Challenging (4)</li> </ul> </li> <li>• Leadership and management (3)               <ul style="list-style-type: none"> <li>• Core rotations (2)</li> </ul> </li> <li>• Able to complete in one location (1)               <ul style="list-style-type: none"> <li>• On-Call (1)</li> <li>• Program not difficult (1)</li> </ul> </li> <li>• Learning from role models (1)</li> </ul>

# 12. Challenges

Assessments, personal challenges, and College administration were the main themes that emerged from this question seeking the challenges faced by respondents. Whilst WBA and operations were given as positive attributes of the Fellowship program, responses indicate that overall, the assessment processes are a challenge. In response to this question, the essay style examination is the most frequently cited as challenging including content time allowed, resources for preparation and access to past questions. Other comments include quality of examination feedback and timeliness of results.

“Exams - I did not have an issue passing exams but this was only because of my own hard work. The college did not provide support particularly for the essay exam. It is a highly unfair and systemically biased exam which essentially acts as a proxy barrier exam. It is grossly unsuitable and needs to be overhauled”

“WBA and EPA seemed to be a ‘tick box’ system which didn’t serve the purpose of training in skills needed for the role.”

“FECs which felt academically pointless”

“More resources regarding the essay exam to help trainees understand what is expected. Sample essays would be helpful”

“limited availability of written exams practice questions”



## Q.15 What were the three main challenges you faced in the Fellowship training program? (Open-ended question categorized using NVivo)

Attribute	# mentions	Attribute	# mentions
Assessments	156	Trajectory or progression	7
Personal	34	Transition to 2012 program	4
Administration	28	Directors of training	3
Experience	25	Overall perception	2
Educational resources	21	No comment or no response	1
Supervision	17	Perception of the college	1
COVID Uncertainty	10	Transition to consultant role	1
Employment issues	10		

Subthemes in the assessment category reveal that the Essay – style examination presents as a significant challenge to the respondents, followed by WBA and the timeliness and quality of the results and feedback. Subthemes in the personal category show that balancing the demands of service delivery and training, along with balancing the demands of personal life (family etc) with work, are challenges for respondents. Subthemes in the administration category relate to the burden of paperwork and issues relating to communication from the College.

**Q.15 What were the three main challenges you faced in the Fellowship training program? Breakdown of category – Assessments, Personal and College administration (Open-ended question categorized using NVivo)**

Assessments (n=156)	Personal (n=34)	College administration (n=28)
<ul style="list-style-type: none"> <li>• Essay-style examination (35)               <ul style="list-style-type: none"> <li>• General (26)</li> <li>• WBA (21)</li> </ul> </li> <li>• Results and feedback (21)</li> <li>• Inconsistent standards (14)               <ul style="list-style-type: none"> <li>• PWC (13)</li> <li>• SP (10)</li> </ul> </li> <li>• Insufficient support for examinations (6)               <ul style="list-style-type: none"> <li>• OSCE (4)</li> <li>• MCQ (2)</li> </ul> </li> <li>• Lack of relevance (1)</li> <li>• Low pass rates (1)</li> <li>• Multi source feedback (1)</li> <li>• Virtual assessment (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing clinical work and training (14)</li> <li>• Work life balance (9)</li> <li>• Stress and burnout (5)</li> <li>• Financial pressures (5)</li> <li>• Challenges of rural (1)</li> <li>• Foreign system(1)</li> <li>• Time management (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Burden of paperwork (15)</li> <li>• Communication (8)</li> <li>• Committees (2)</li> <li>• InTrain (2)</li> </ul>

# 13. (Optional) Suggestions to increase engagement in College activities

67 respondents chose not to answer this optional question and 8 gave no meaningful response, leaving 48 responses for analysis. Several responses suggested activities that the College could consider running that may attract new Fellows (not related to training) and changes to the training program. Other suggestions were related to improve trainees' voice, the College attitude and a better communication.

**Q.31 Do you have any suggestions as to how the College might further increase the engagement in College activities of trainees and early career psychiatrists?**  
(Open-ended question categorized using NVivo)



**Additional or new activities (n=15)**

- Changes to the training program(13)
  - Improved voice (6)
  - College attitude (4)
  - Communications (3)
- Quality assurance of examiners (1)

“Incentivise participation, make it interesting, and work with health services to ensure that they are able to allocate time off to trainees and psychiatrists to be able to attend”

“Would suggest more interstate trainee activities and discussion Perhaps a sporting event etc to improve collegial relationships and build interest”

“Extend/ develop the mentorship program”.



# 14. (Optional) Suggestions to provide tailored services and support

95 respondents chose not to answer this optional question and 6 gave no meaningful response, leaving 22 responses for analysis. A variety of suggestions were provided but responses suggesting mentoring were the most numerous.

**Q.32 Do you have any suggestions as to how the College might provide tailored services and support for trainees and early career psychiatrists?**  
 (Open-ended question categorized using NVivo)



**Mentoring (n=7)**

- New or additional activities (5)
  - Trainee voice (4)
- Support for specific groups (3)
- Improvements in assessments (2)
- Improvements to communication (2)
  - General positive feedback (1)
  - Local training program supports (1)

“Allocate early career psychiatrists (and late-stage trainees) a mentor who can talk them through the complexities of health systems, AHPRA registration, Medicare billing, accounting issues, working in private settings, etc.”

“Offering mentorship opportunities for trainees and ECPs ”

“College may consider to link up a early career psychiatrist with trainees who have similar background and are experiencing difficulties in their trainings. The psychiatrist who recently finished their training can provide valuable practical advice and support for trainees who are struggling.”

# 15. Further feedback to the College?

Respondents were asked to give additional feedback to the College. Most respondents chose not to respond to this question. Two themes that have been explored further are that of assessments, and the perception of the College. The major subtheme in the assessment category was the Essay – style assessment. Analysis of the theme of the perception of the College shows that respondents’ concerns relate to the provision of welfare and support to trainees and SIMGS, the financial burden of training and for a very small number there is a perception that the College played little or no part in their achievement of Fellowship.

## Q.30 Do you have any further comments or feedback relating to your impressions of the Fellowship program or the RANZCP in general? (Open-ended question categorized using NVivo)

Attribute	# mentions	Attribute	# mentions
No comment	54	Personal	2
Assessments	26	Supervision	2
Positive	16	DoTs	1
Trajectory or progression	7	Experience	1
Administration	4	FEC	1

## Q.30 Do you have any further comments or feedback relating to your impressions of the Fellowship program or the RANZCP in general? Breakdown of category – Perception of College and Assessments. (Open-ended question categorized using NVivo)

Assessments (n=26)
<ul style="list-style-type: none"> <li>Welfare and support (10)</li> <li>Essay style examination (6)                             <ul style="list-style-type: none"> <li>SP (3)</li> </ul> </li> <li>Feedback and results (2)</li> <li>SIMG examiners (2)                             <ul style="list-style-type: none"> <li>PWC (2)</li> <li>WBA (2)</li> <li>OSCE (1)</li> </ul> </li> </ul>

“Unfortunately, my general experiences with the assessment process and College have not been too positive. In particular, the poor communication, the clinical irrelevance of the assessment process/ examinations and the sheer volume of WBA/EPAs and examinations we were required to complete”

“Overall, the content of the training is not often reflected in the examination process”

“It would be useful if the College could improve the transparency of expectations regarding exams, in particular the written exams. This was the most difficult and stressful aspect of training.”

“Fix the essay exam - it’s an aberration on an otherwise excellent training program”

Positive feedback (n=16)
<ul style="list-style-type: none"> <li>Relevance of the College (3)</li> <li>Welfare and Support (2)</li> <li>Trainee participation (1)</li> </ul>

“Overall I am satisfied and at the same time proud to be a College Fellow”

“A lot of my colleagues who struggled to pass exams have complained a lot about the program. I’m sure that passing the exams first go has coloured my feedback positively, but I’ve found the exam prep and exam content to be HIGHLY relevant to our profession, including the time pressure because lets face it, we’re under constant pressure to be time efficient in daily clinical practice with a myriad of complex clinical presentations. I would also like to add that the fact that I took over 8 years to complete my training instead of 5 gave me the added clinical experience that helped me pass the exams first go”





**Royal Australian and New Zealand College of Psychiatrists**

309 La Trobe Street, Melbourne VIC 3000 Australia

T: +61 3 9640 0646

F: +61 3 9642 5652

W: [www.ranzcp.org](http://www.ranzcp.org)

ABN 68 000 439 047