



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Training Exit Survey

## RANZCP Fellowship Program

### 2020





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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 2020. 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 July and December 86 trainees who completed all requirements of the RANZCP Fellowship were invited to participate. A total of 47 trainees completed the survey, a 54.6% response rate. In June 2020, the College had conducted a pilot with the same questionnaire where 35 out of 88 trainees participated. The 2020 Exit Survey Report includes all responses from the monthly survey circulated, and the pilot, with a total of 82 out of 174 trainees who completed all requirements of the RANZCP Fellowship (47.1%).

## Fellowship program perception and skills development

There is a high positive perception that the RANZCP Fellowship program was relevant to the trainees' development as a psychiatrist (89%), that there were opportunities to meet the College training requirements of the Fellowship program in their placements (89%) and there was reasonable access to annual and sick leave during the training (93%). There was not a specific area of disagreement with other statements provided (all above 70%).

Multidisciplinary work (85%), communication skills (89%), clinical skills (87%) and ethics (86%) are considered skills developed during the Fellowship program. However, leadership and management (57%), audit and clinical safety (52%), ability to influence (51%), and research (43%) were considered by respondents to have a weaker contribution from the Fellowship program.

## Clinical Supervision

Overall, 84% of trainees rated the quality of their supervisor as 'good' or 'very good'. Accessibility, allowing for an appropriate level of practice autonomy, the regular informal feedback, and meeting their training plan/pathway requirements received the higher ratings, all equal or above 80%. There was not a specific area of bad performance in clinical supervision (all above 70%).

## Assessments

Trainees agreed that College-administered assessments ran smoothly on the day, and all were conducted fairly. There may be opportunities to improve the timeliness and usefulness of examination feedback and the support provided by the College for exams considering that less than three out of ten trainees agreed with the statements.

Workplace assessments were better perceived by respondents than College administered assessments. Entrustable Professional Activities (EPAs) were considered by 74% of trainees to be suitable to their clinical practice, 71% that Workplace Based Assessment (WBA) tools facilitated feedback during the training and 69% that WBAs were suitable for their training. Nearly five out of ten trainees (55%) 'strongly agreed' and 'agreed' that the feedback received about their performance via In-training assessment forms was useful.

## Formal Education Courses

Formal Education courses (FEC) were considered an opportunity for peer support (71%) and the knowledge presented at the Formal Education Course was felt applicable to real-life clinical situations (70%). Less than five out of ten trainees felt that the FEC gave them knowledge that assisted in preparation for examinations.

## College resources

The RANZCP Website (92%) and examination preparation materials (82%) were considered the most useful. InTrain, and participation in Congress and workshops were perceived as the least useful with percentages below 60%.

## College communication and interaction

Communication with the College about the training was considered satisfactory by 72% of respondents, and a similar proportion reported that they knew who to contact at College about the Fellowship program (69%). The College clearly communicated the requirements of the Fellowship program (67%) and the changes in the Fellowship program that affected them (68%).

## College engagement

College engagement shows the lowest positive perceptions related to the statements provided to the trainees. Only 26% of trainees agreed with the provision of access to psychological and/or mental health support services, and a similar proportion agreed that the College sought their views on the Fellowship program. The only positive perception was provided when trainees were asked for the availability to discuss the College Fellowship program with other doctors (79%).

## Trainee satisfaction

This round of evaluation reports a 65% overall satisfaction with the Fellowship program. The Net Promoter Score shows most of the trainees as passively satisfied with the Fellowship program, but they are not supreme promoters. In this group, trainees are more likely to warn others away from the program than recommend it.

## Fellowship program, most positive attributes

The experience provided by the Fellowship program, particularly the variety and flexibility of the program, was the most positive attribute of the Fellowship program. Supervision and assessments (particularly WBAs) were also given as positive attributes of the program.

## Fellowship program, challenges

Conversely, the top challenges were:

- assessments
- personal challenges
- College administration

## Overall

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

1. the essay style examination is a source of significant dissatisfaction amongst the respondents
2. feedback from examinations could be more timely and more useful
3. management and leadership, research, and audit experiences are possibly not meeting respondents' expectations
4. there is a real interest in medical education indicated at the end of Fellowship training that presents an opportunity to be harnessed.

Many of the results are not surprising and relate to known issues such as the essay style examination. However, as recommendations from reviews, such as the ACER review, are implemented by the RANZCP, it is anticipated that future Exit survey results will reflect these changes. This first Exit Survey should be considered as a baseline for future surveys.

# 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 Pilot 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.

1. management and leadership, research, and audit experiences are possibly not meeting respondents' expectations
2. there is a real interest in medical education indicated at the end of Fellowship training that presents an opportunity to be harnessed.

In June 2020 the College conducted a pilot with the same questionnaire where 35 out of 88 trainees and SIMGs who had completed Fellowship requirements between January and June 2020 participated.

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.

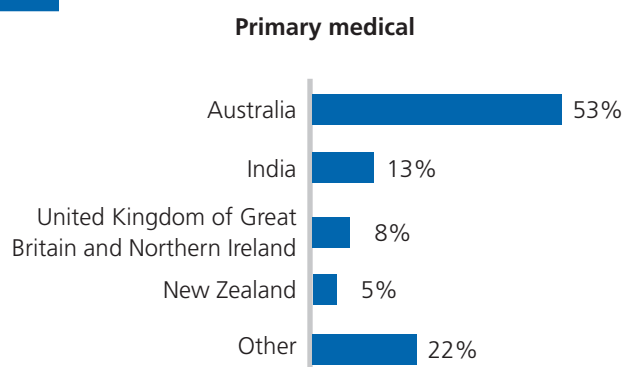
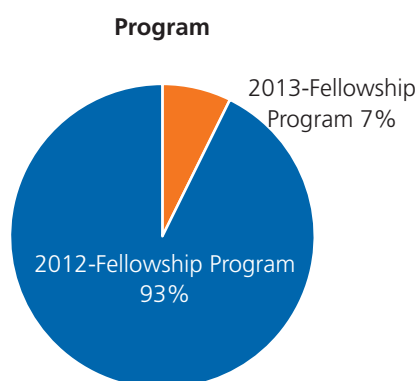
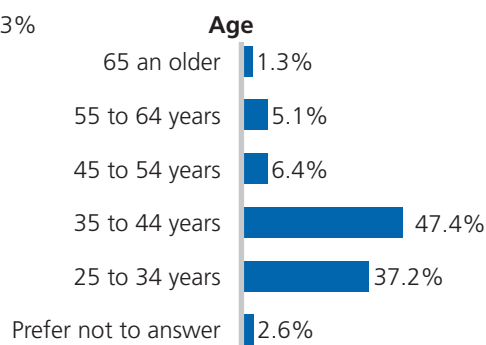
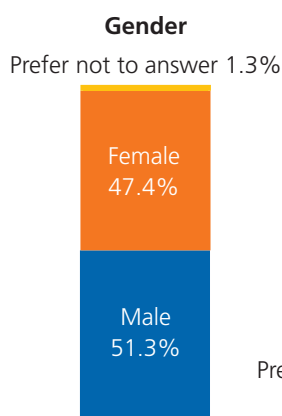
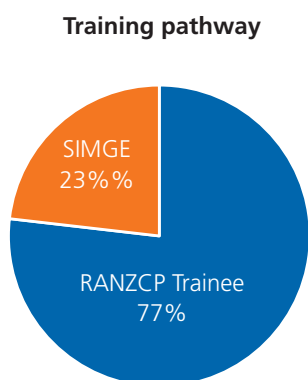
The full data collection was conducted between 22 June 2020 to 15 January 2021. In total, 86 trainees and SIMGs who had completed all requirements of the RANZCP Fellowship between June and December 2020 were invited to participate. Invitations were sent each month to those trainees and SIMGs who were admitted to the Fellowship in that month. The College received responses from 47 trainees. The response rate for the survey was 54.6% (the number of online survey responses/number of survey invitations).

In June 2020 the College conducted a pilot with the same questionnaire where 35 out of 88 trainees and SIMGs who had completed Fellowship requirements between January and June 2020 participated.

The 2020 Exit Survey results reported in this document include all responses from the monthly survey circulated and the pilot with a total of 82 respondents out of the 174 trainees and SIMGs who completed all requirements of the RANZCP Fellowship (47.1%).

The demographics breakdown are as follows:

- most trainees who completed the pilot survey had transitioned from the 2012-Fellowship program (93%)
- distribution by pathway shows 77% trainees and 23% SIMGs
- 51.3% trainees identified as male and 47.4% female
- 84.6% from 25 to 44 years old
- most of the participants (53%) completed their primary medical in Australia.



## 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 negative or positive attitude as the table shows. 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%.

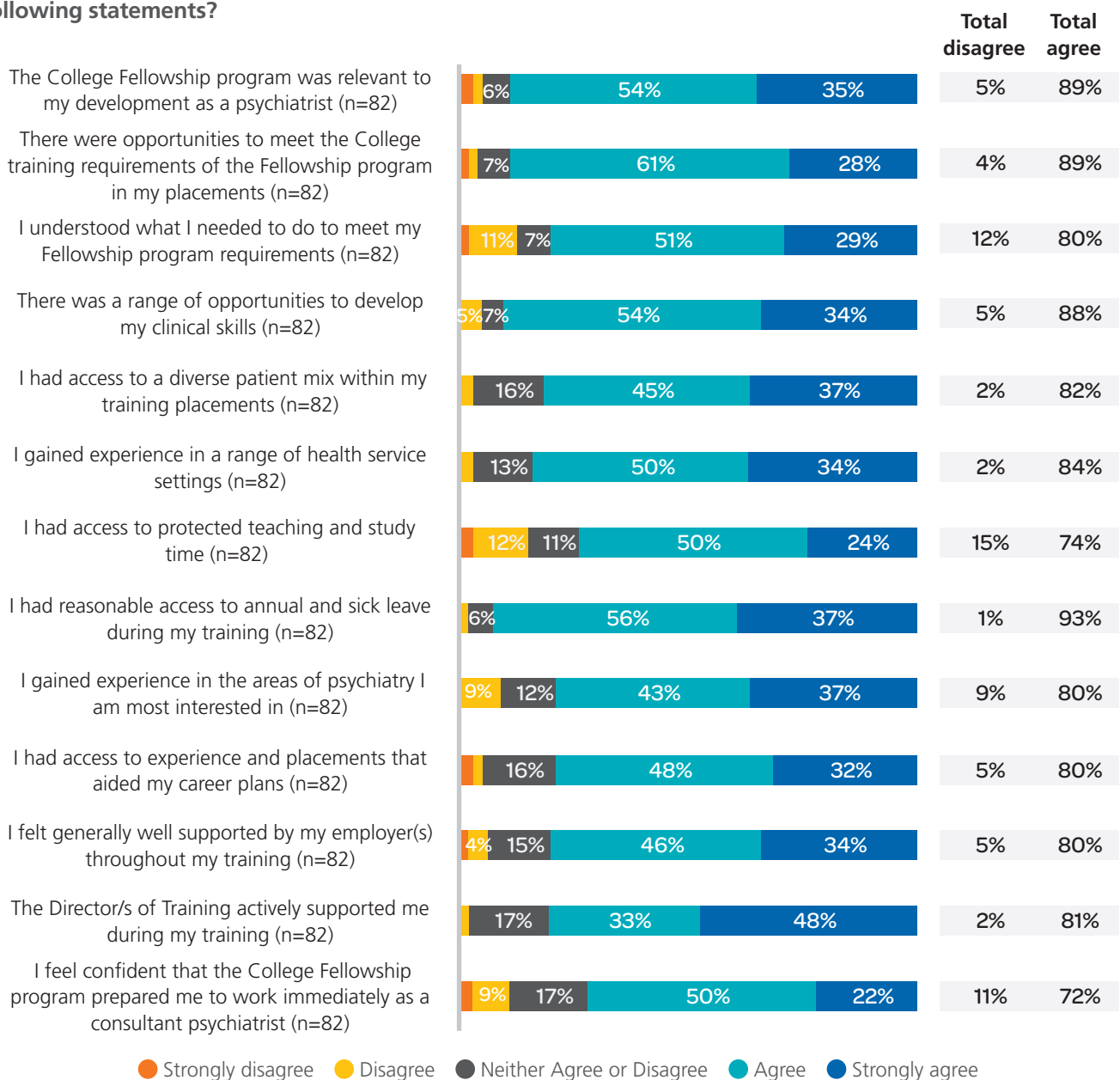
Original Categories	Aggregated
Strongly disagree + Disagree	Total disagree
Strongly agree + Agree	Total agree
Very well + Well	Total Well
Not at all well + Not well	Total not well
Very good + Good	Total good
Very poor + Poor	Total poor
Very useful + Useful	Total useful
Not at all useful + Not useful	Total not 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 the College Fellowship program was relevant to their development as a psychiatrist, that there were opportunities to meet the College training requirements of the Fellowship in their placements and they had reasonable access to annual and sick leave during their training. There was not a specific area of disagreement with other statements provided. Only 15% 'disagreed' that they had access to protected teaching and study time and 12% with the level of understanding of what they needed to do to meet the Fellowship program requirements. Also 11% 'disagree' with their confidence that the College Fellowship program prepared them to work immediately as a consultant psychiatrist.

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

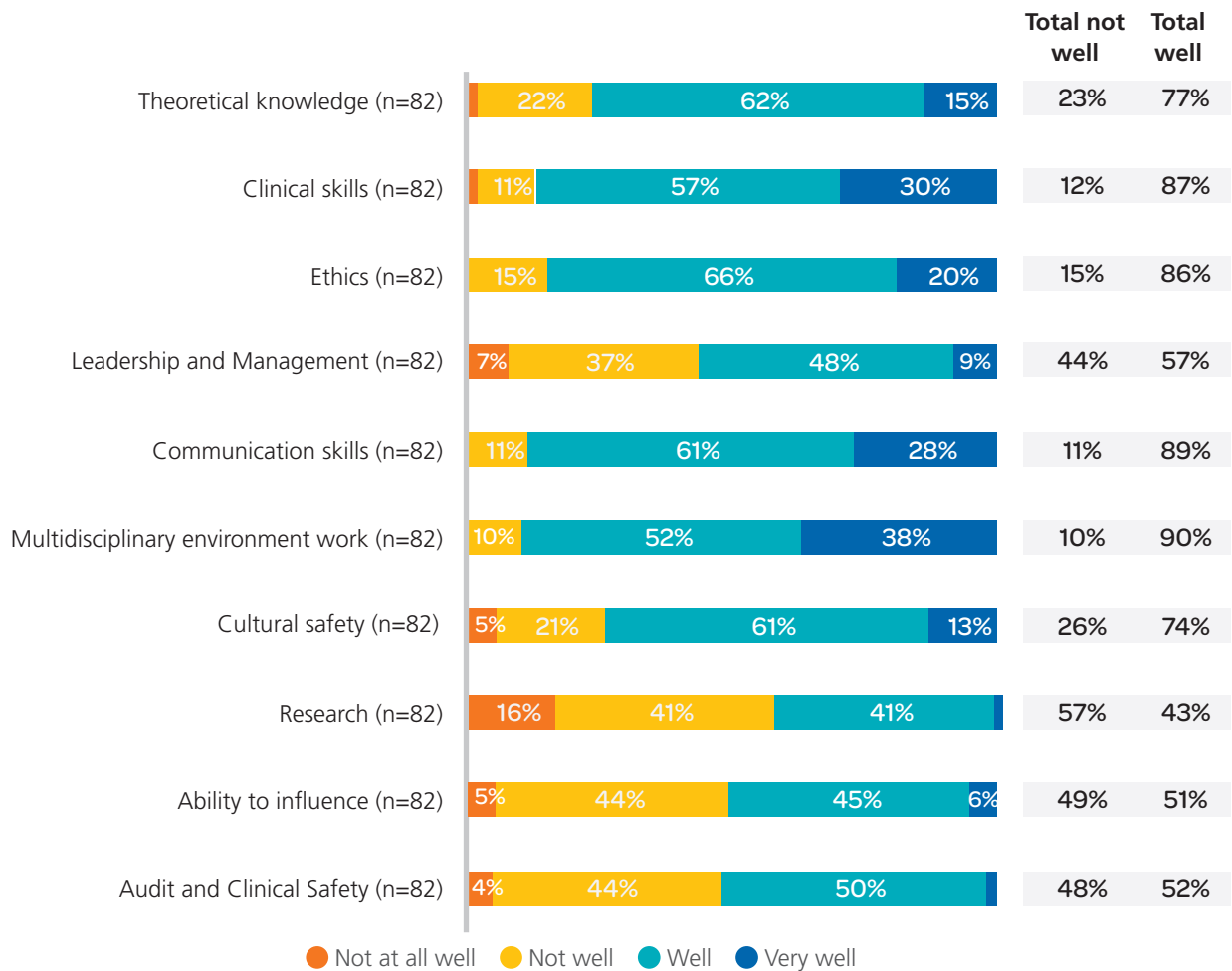


\* Note: Labels 3% and below removed from chart

## 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 (90%), communication skills (89%), clinical skills (87%) and ethics (86%) were well evaluated. However, leadership and management (57%), audit and clinical safety (52%), ability to influence (51%), and research (43%) 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?



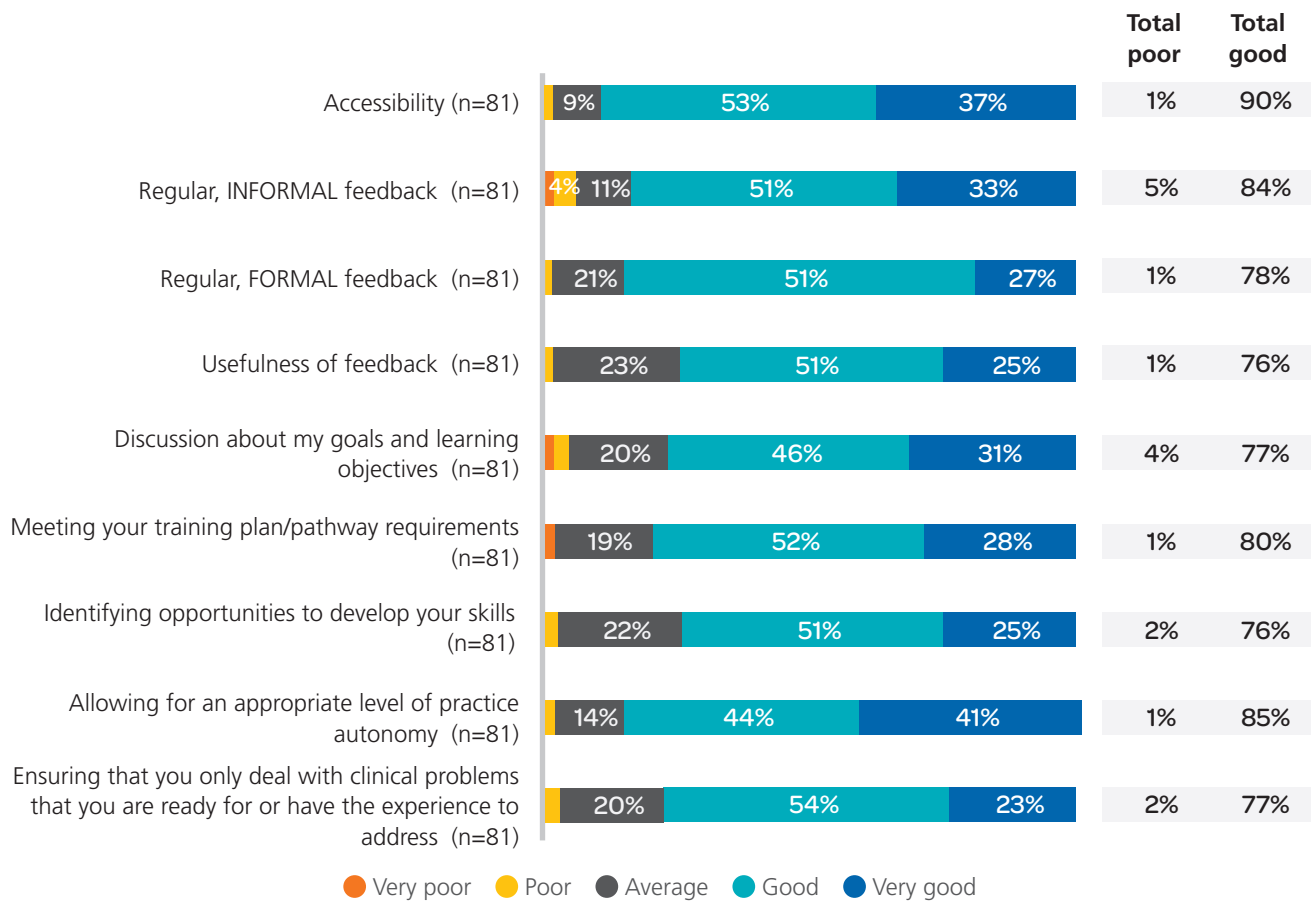
\* Note: Labels 3% and below removed from chart

### 3. Clinical supervision

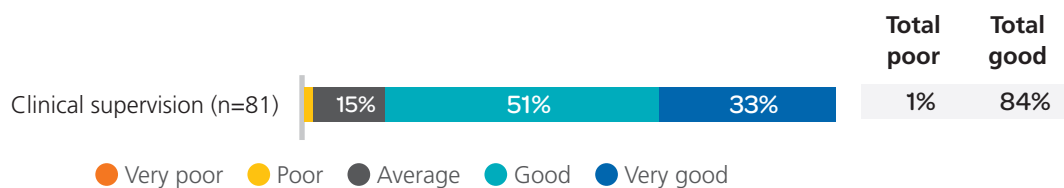
Indicators of quality supervision were rated by trainees on a scale of one to five where one was considered 'very poor' and five 'very good'. Accessibility, allowing for an appropriate level of practice autonomy, regular informal feedback, and meeting their training plan/pathway requirements received the higher ratings, all equal or above 80%. Other indicators were rated between 70% and 80% such as regular formal feedback (78%), the ability to ensure that trainees only deal with clinical problems that they were ready for or have the experience to address (77%), discussion about their goals and learning objectives (77%), identifying opportunities to develop their skills (76%) and usefulness of feedback (76%).

Overall, trainees rated the quality of their supervision as 'good' or 'very good'. A total of 33% of trainees rated the quality 'very good' and 51% 'good'. Only 1% rated with 1 'Very poor' or 2 'poor' quality the supervision and 15% 'average'.

#### 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?

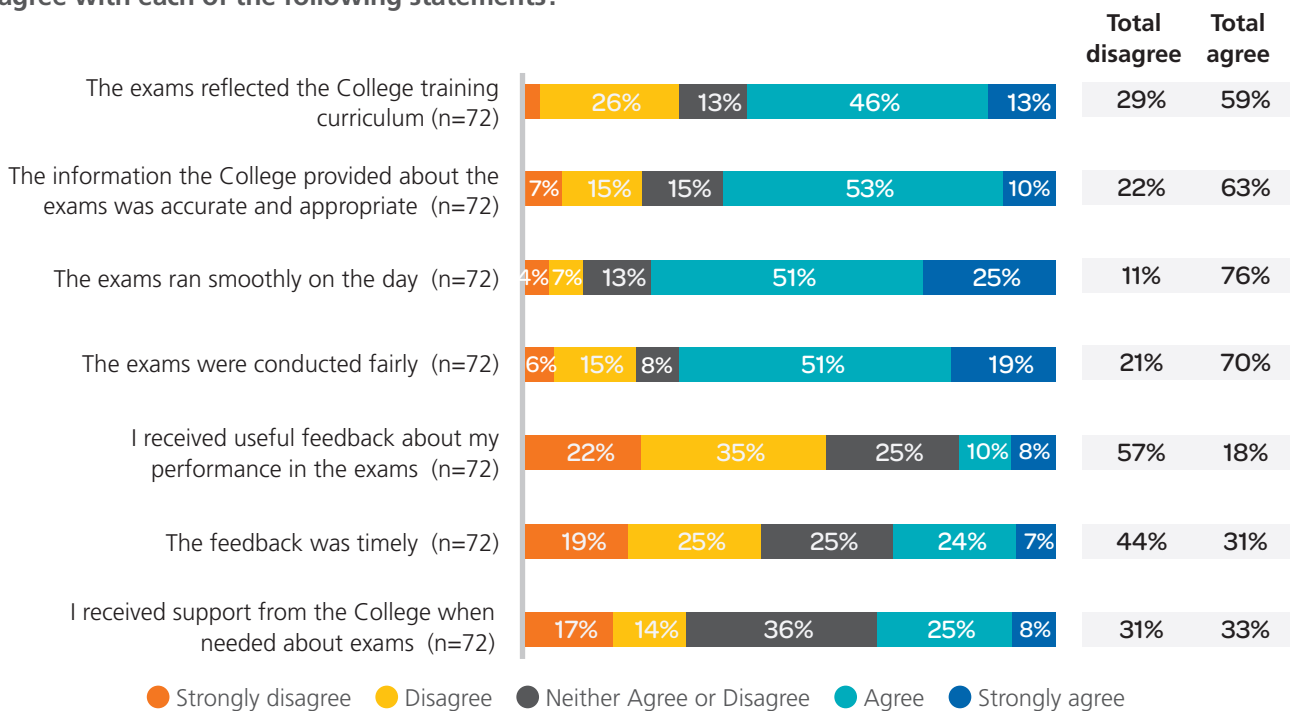


\* Note: Labels 3% and below removed from chart

## 4. Assessments

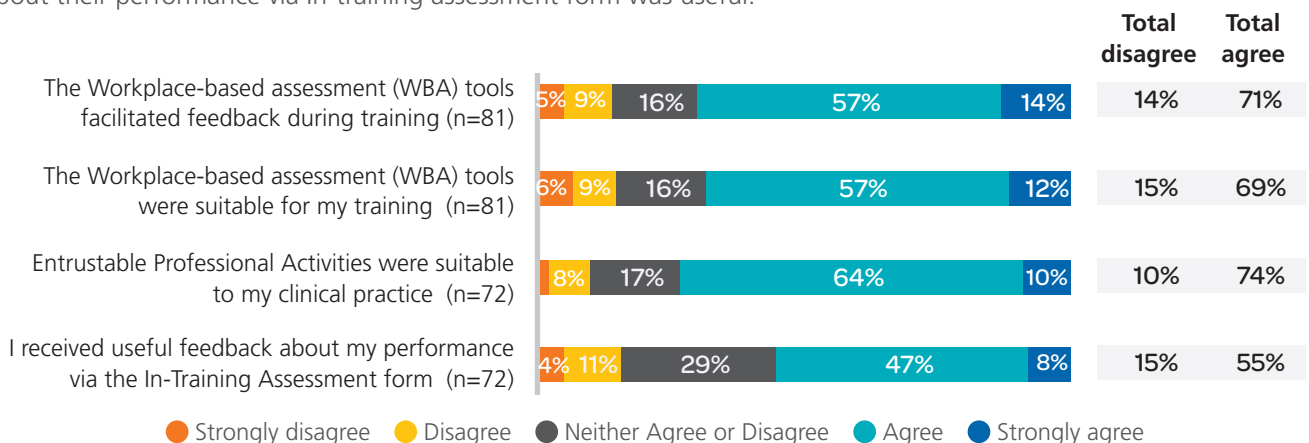
All trainees and SIMGs with partial comparability assessment were asked about College-administered summative examinations. Around seven out of ten (76%) reported that exams ran smoothly on the day and 70% felt that the exams were conducted fairly. A lower proportion found that the information provided about the exams was accurate and appropriate (63%) and exams reflected the College training curriculum (59%). There may be opportunities to improve with the timeliness and usefulness of exam feedback and the support provided by the College for exams where less than three out of ten trainees 'strongly agreed' and 'agreed' with the statements.

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



### 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, 74% of them considered that EPAs were suitable to their clinical practice, 71% that WBA tools facilitated feedback during the training and 69% felt that WBAs were suitable for their training. Nearly five out of ten trainees (55%) 'strongly agreed' and 'agreed' that the feedback received about their performance via In-training assessment form was useful.

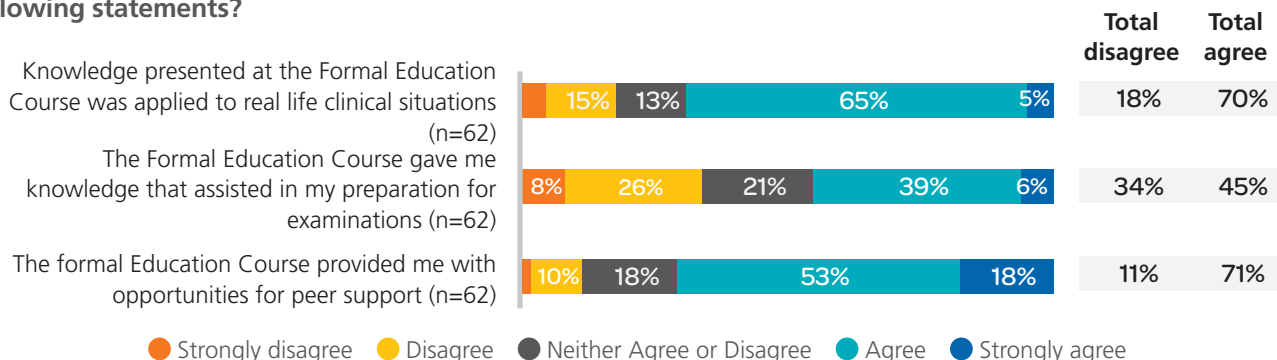


\* Note: Labels 3% and below removed from chart

## 5. Formal Education Courses

Trainees commonly 'agreed' or 'strongly agreed' that Formal Education Courses (FEC) provided them with opportunities for peer support (71%) and that knowledge presented at the Formal Education Course was applicable to real-life clinical situations (70%). However less than five out of ten trainees considered that the FEC gave them knowledge that assisted in preparation for examinations (45%).

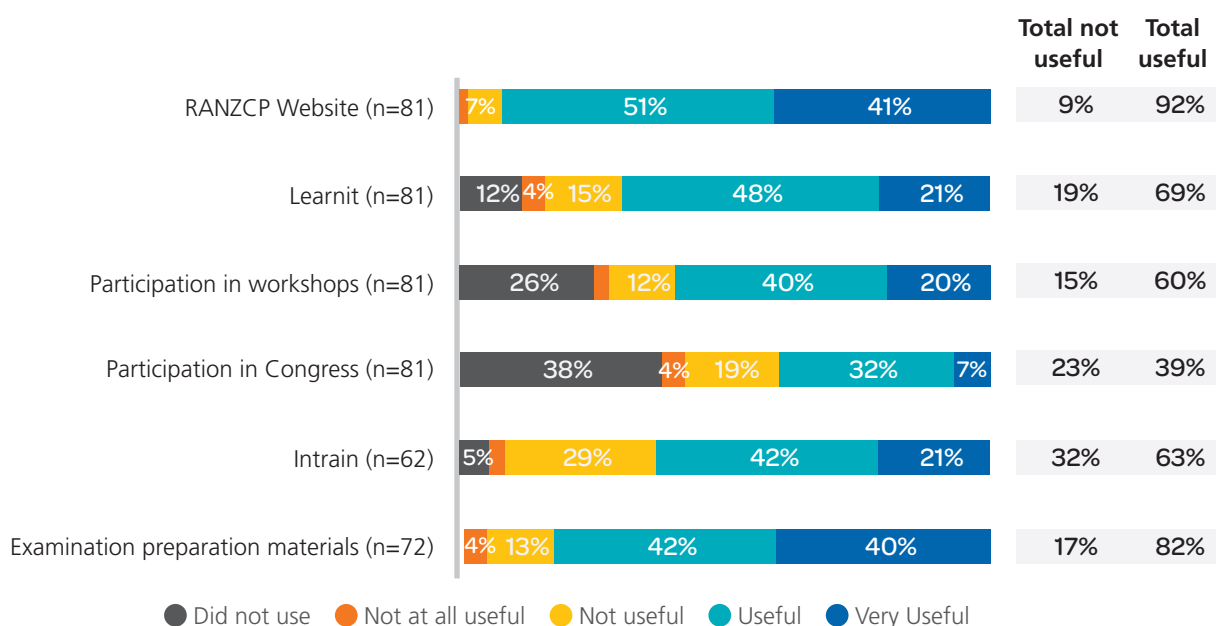
### Q.10 Thinking about Formal Education Courses to what extent do you agree or disagree with each of the following statements?



## 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 26% and 38% respectively. The RANZCP Website and examination preparation materials are considered the most useful, with 'very useful' or 'useful', reported by 92% and 82% of respondents respectively. InTrain, and participation in Congress and workshops are perceived as the least useful with percentages equal or below 60%. InTrain is not currently available for SIMGs, and the question was asked of trainees only.

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

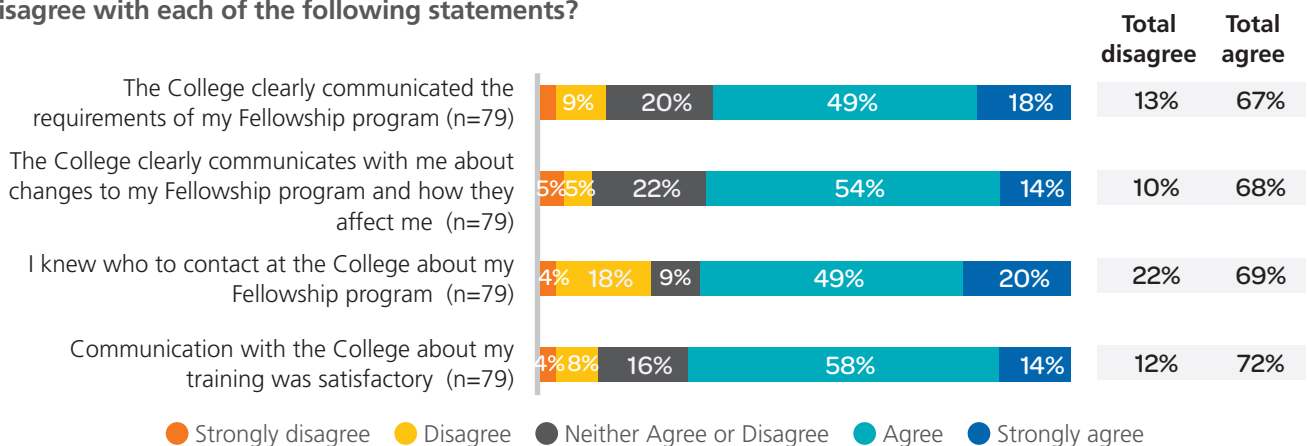


\* Note: Labels 3% and below removed from chart

## 7. College communication and interaction

Trainees were asked about College communication and interaction. Around 7 out of 10 (72%) 'strongly agreed' or 'agreed' that the communication with the College about their training was satisfactory. A similar proportion also reported that they knew who to contact at College about the Fellowship program (69%), the College clearly communicated the requirements of the Fellowship program (67%) and the changes in the Fellowship program that affect them (68%).

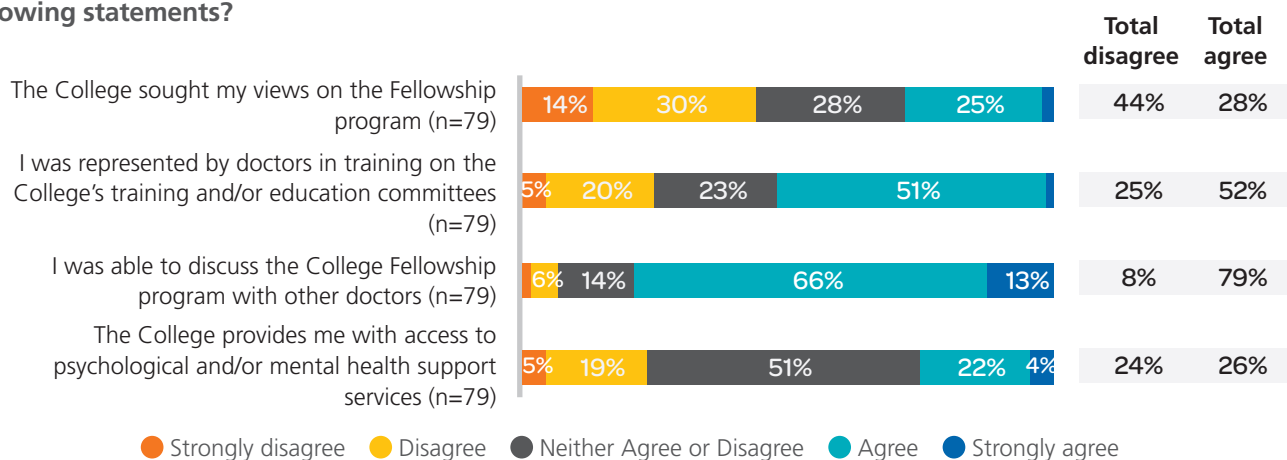
### Q.12 Thinking about how the College communicates and interacts with you to what extent do you agree or disagree with each of the following statements?



## 8. College engagement

College engagement shows the lowest positive perceptions of the statements provided to the trainees. Only 26% of trainees 'strongly agreed' and 'agreed' that the College provided access to psychological and/or mental health support services and a similar proportion (three out of ten) considered that the College sought their views on the Fellowship program. Approximately one in two (52%) felt that they were represented by doctors in training on the College's training and/or education committees. A positive perception, almost eight out of ten (79%) 'strongly agreed' or 'agreed' the ability to discuss the College Fellowship program with other doctors.

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

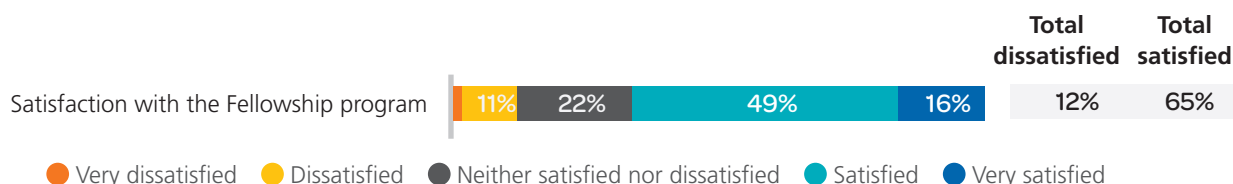


\* Note: Labels 3% and below removed from chart

## 9. Overall satisfaction

The overall satisfaction is represented by the top two response categories (very satisfied or satisfied). This round of evaluation reports a 65% overall satisfaction with the Fellowship program (49% satisfied and 16% very satisfied).

### 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 'promoters' or people who gave a rating of 9 or 10 to calculate the NPS.

Overall, the NPS for the RANZCP Fellowship program for these group shows a relatively higher number of detractors than promoters. Most of the new Fellows from January to December 2020 can be considered as passively satisfied with the Fellowship program but are not supreme promoters. From an absolute perspective, the score below 0 implies that the trainees are more likely to warn others away from the program than recommend it.

### 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
<b>Jan - Dec 2020</b>	
<b>n=</b>	<b>79</b>
Promoters - Rated 9-10	24%
Passives - Rated 7-8	47%
Detractors - Rated 0-6	29%
<b>Net Promoter Score (Promoters - Detractors)</b>	<b>-5</b>

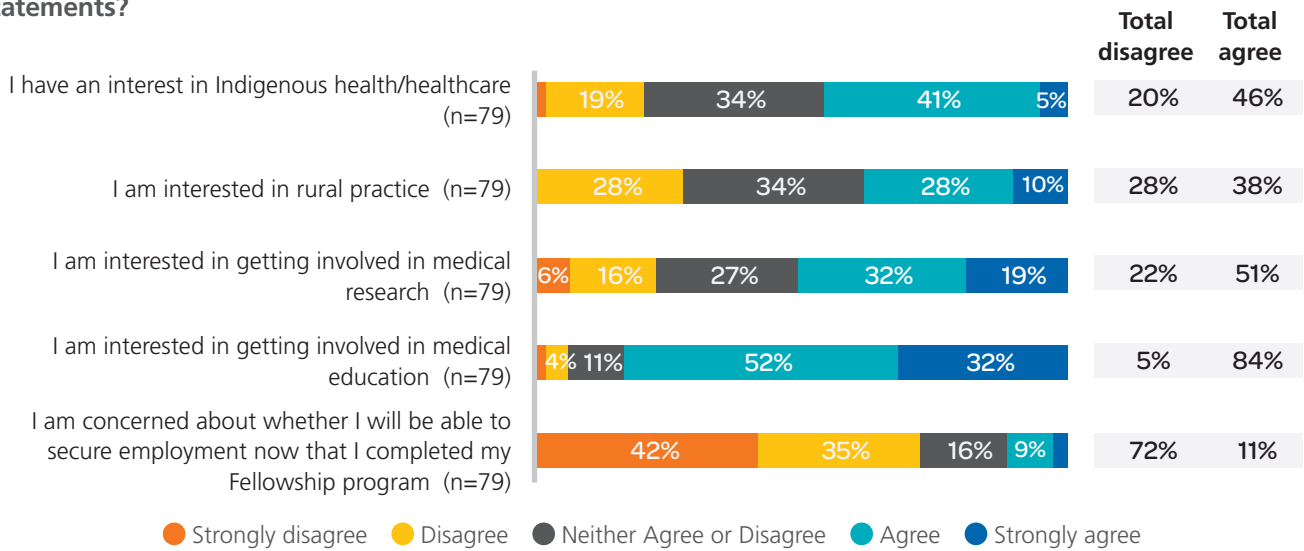
<sup>1</sup> In the Net Promote Score (NPS) respondents are categorised into one of three groups based on their responses. Promoters who respond with score of 9 or 10 are considered likely to exhibit positive referrals to others. Detractors who respond with a score 0 to 6 are believed to be less likely 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 (84%) and one out of two are interested in medical research (51%). When trainees were asked about security of employment, only 11% of trainees reported any concern about obtaining secure employment at the time of completing the Fellowship program.

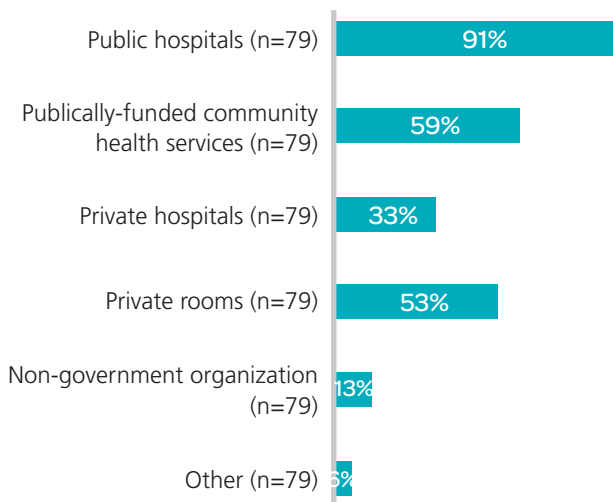
## Q.18 Thinking about your future career, to what extent do you agree or disagree with the following statements?



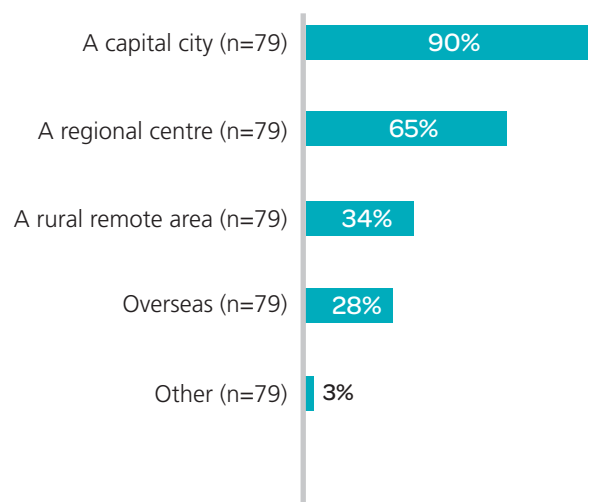
\* Note: Labels 3% and below removed from chart

Public hospitals (91%) and publicly funded community health services (59%) 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 (90% and 65% 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?





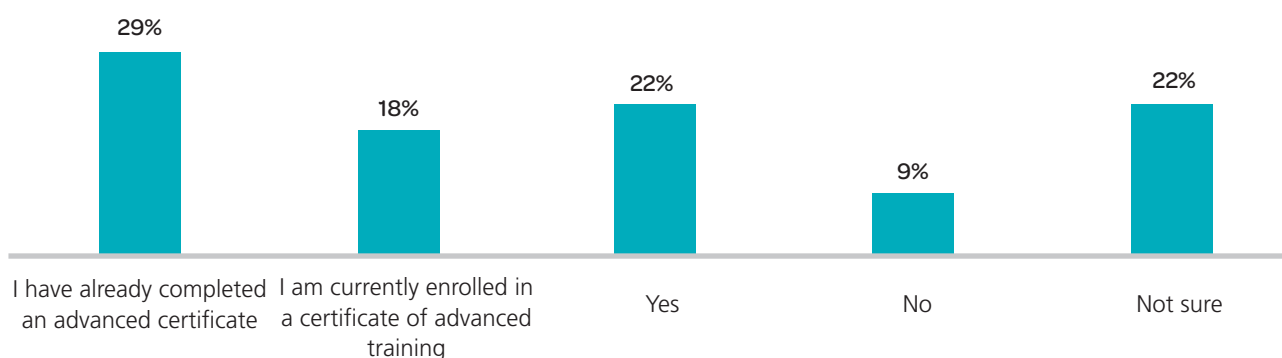
All trainees were asked (prompted) to select the speciality areas of psychiatry in which they intend to work. The most common areas selected were adult psychiatry (63%), community psychiatry (42%) and Psychotherapies (29%). The less popular were intellectual and developmental disabilities (5%) and indigenous (4%).

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

Area	Total
Adult psychiatry	63%
Community psychiatry	42%
Psychotherapies	29%
C-L Psychiatry	27%
Academic/research psychiatry	25%
Psychiatry of old age	20%
Youth	19%
Child and adolescent psychiatry	18%
Trauma	16%
Administration / Management	13%
Addiction	13%
Forensic Psychiatry	11%
Neuropsychiatry	11%
Perinatal and Infant Psychiatry	11%
Eating disorders	10%
Intellectual ad Developmental Disabilities	5%
Indigenous	4%
Other	3%

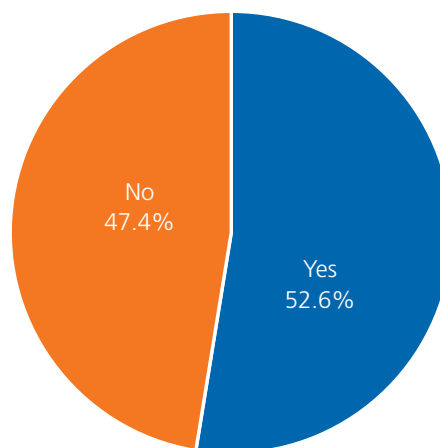
Three out of ten trainees (29%) stated that they had already completed a Certificate of Advanced Training, 18% indicated that they were currently enrolled in a Certificate of Advanced Training and 22% are considering more formal training such as a Certificate of Advance Training. Some of the options mentioned for the last group were Addiction Psychiatry, Adult Psychiatry, Child and Adolescent Psychiatry, Consultation-Liaison psychiatry, Forensic psychiatry, Psychiatry of Old Age and Psychotherapies.

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



One in two trainees (52.6%) reported an intention to undertake additional studies or qualification other than Certificates of Advanced Training. The most frequent response was Leadership and Management, followed by psychotherapy and research. Eleven respondents provided more than one area for further study, and the most frequent secondary focus was research, followed by an intention to undertake PhD studies. These results may reflect a feeling amongst respondents that the areas relating to 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		Secondary focus of intended further study			
		Business skills	Education	PhD	Research
Leadership and management	21	1	1	1	3
Psychotherapy	5	1	-	-	1
Research	5	2	-	1	-
Public Health and Policy	3	-	-	-	-
Forensic Psychiatry	2	-	-	-	-
Family therapy	2	-	-	-	-
Microsoft office and advance computing skills	1	-	-	-	-
<b>Grand Total</b>	<b>39</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>4</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 trainins program? (Open-ended question cathegorized using NVivo)

Attribute	# mentions	Attribute	# mentions
Experience	69	FEC	5
Supervision	31	No response or no comment	4
Assessment	19	Employer conditions or support	3
Progression or trajectory	13	Autonomy	2
Local program support	12	No positives identified	1
Clear expectations	11	COVID	1
Educational resources	10		
Administration	10		
Projected training time	5		

Further breakdown of the category of experience shows that the variety and flexibility of the Fellowship program was considered a positive attribute, as well as the challenging nature of the program. Assessments was the third theme from respondents to this question, with WBA and the OSCE 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=69)
<ul style="list-style-type: none"> <li>• Variety and Flexibility (25)               <ul style="list-style-type: none"> <li>• Challenging (9)</li> </ul> </li> <li>• Preparation for consultant role (6)               <ul style="list-style-type: none"> <li>• Educational (4)</li> <li>• Collegiate (4)</li> </ul> </li> <li>• Leadership and Management (3)               <ul style="list-style-type: none"> <li>• Health care systems (3)</li> <li>• Cultural awareness (3)</li> <li>• Clinical exposure (3)</li> <li>• Program not difficult (2)</li> </ul> </li> <li>• Presenting - journal clubs, etc. (1)               <ul style="list-style-type: none"> <li>• Personally rewarding (1)</li> <li>• Multidisciplinary teams (1)</li> </ul> </li> <li>• Learning from role models (1)               <ul style="list-style-type: none"> <li>• Core rotations (1)</li> <li>• Advanced Training (1)</li> </ul> </li> </ul>

Assessment (n=19)
<ul style="list-style-type: none"> <li>• VWBAs (7)</li> <li>• OSCE (6)</li> <li>• General feedback (3)               <ul style="list-style-type: none"> <li>• PWC (2)</li> </ul> </li> <li>• Case Based Discussions (1)</li> </ul>

# 12. Challenges

Assessments, personal challenges, and College administration were the main themes emerged from this question seeking the challenges faced by respondents. Whilst WBA and the OSCE 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.

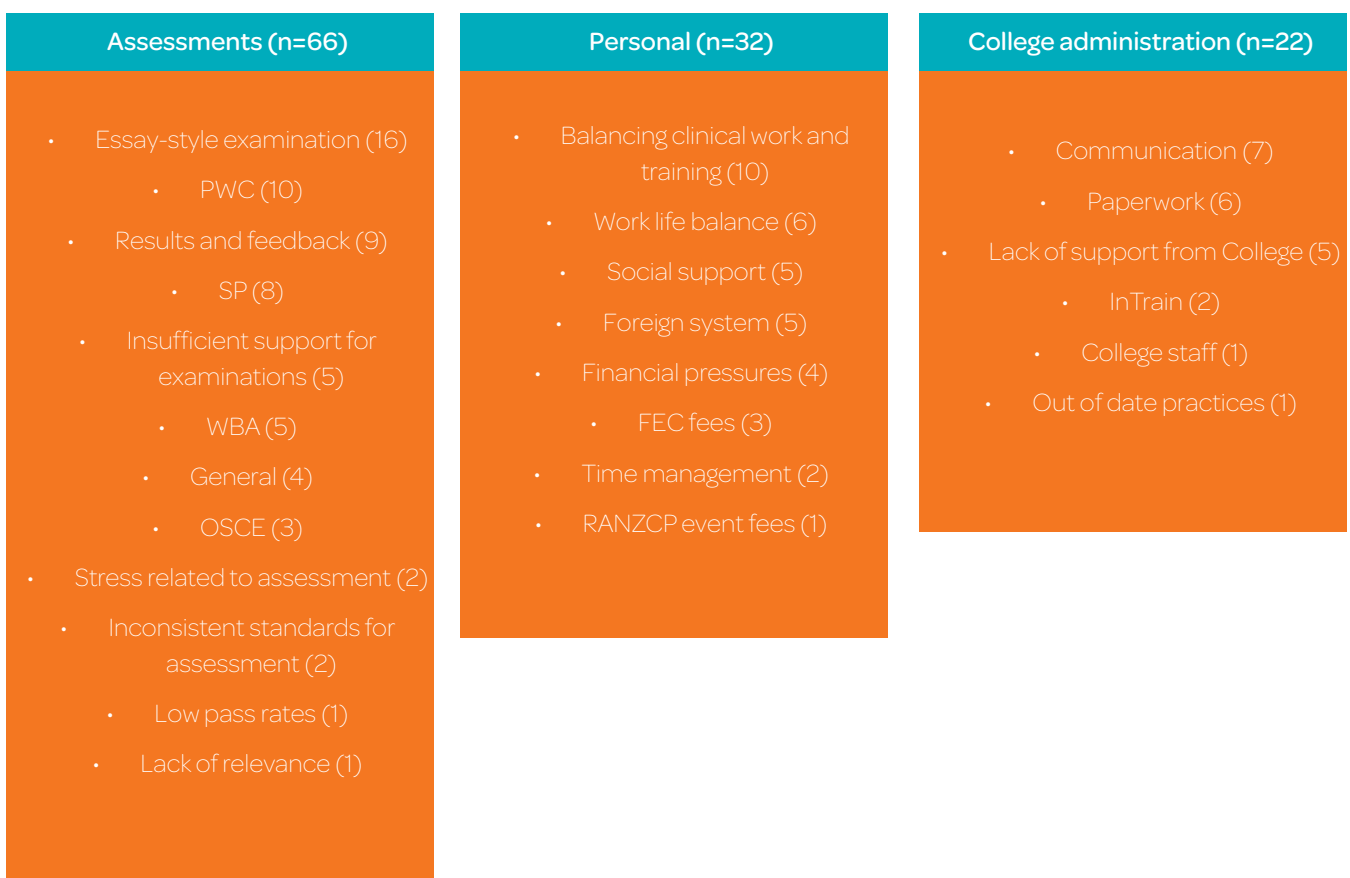


**Q.15 What were the three main challenges you faced in the Fellowship training program? (Open-ended question categorized using NVivo)**

Attribute	# mentions	Attribute	# mentions
Assessments	66	Supervision	7
Personal	32	No comment or no response	7
Administration	22	Transition to 2012 program	3
Training trajectory or progression	14	Transition to consultant	1
Experience	14	Connection to the College	1
Educational resources	12	AHPRA	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 the Psychotherapy Written Case and the Scholarly Project. The timeliness and quality of the results and feedback from assessments is also an issue for respondents. 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. SIMG respondents cited the challenges of a foreign system and a lack of social support. Subthemes in the administration category relate to the burden of paperwork, a perception of a lack of support from the College, 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)**



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

This question was optional, and 57 respondents gave no meaningful response. A number of responses supported an improved voice within the College for trainees and SIMGs, with the three suggestions for action being increased representation on committees, the use of digital platforms for engagement with trainees, and greater opportunity for feedback and discussion.

**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)



**Improved voice (n=9)**

- Digital platforms (5)
- Committee representation (3)
- Feedback and discussion opportunities (1)

'both groups are time poor so engagement will be limited but keen to contribute - use of technology e.g., skype/zoom meetings and increased informal links between trainees and ECPs may foster it'.

'Allow for more positions available on college committees for early career psychiatrists. I was on some committees as a trainee, however after finishing all other positions are usually taken by psychiatrists with established careers and nominating for them is futile. Designating some positions for early career psychiatrists may be a way of keeping us involved'.

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

This question was the last in the survey and 56 respondents gave no meaningful response. A variety of suggestions were provided, with responses relating to assessments being the most numerous. Given that assessments are a significant and stressful component of the pathway to Fellowship this is not unexpected.

The breakdown of responses in the category of assessments shows three main themes:

- improvement in the quality and timeliness of examination feedback
- increased provision of resources to assist trainees in preparing for examinations
- resources and support for trainees requiring remediation following repeated failures.

**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)



Assessments (n=12)
<ul style="list-style-type: none"> <li>• Preparation resources (4)</li> <li>• Examination feedback (3)</li> <li>• Remediation resources (2)               <ul style="list-style-type: none"> <li>• PWC (1)</li> <li>• SP (1)</li> <li>• WBA (1)</li> </ul> </li> </ul>

'More college-supported exam preparation and remedial examination work would be helpful and provide some hope to those who fear their whole career hangs on one exam result'.

'Everyone should have more detailed feedback from exams especially essay'.



# 15. Further feedback to the College?

Respondents were given 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 feedback	33	Trajectory or progression	6
Perception of College	21	Administration	6
Assessments	21	FEC, negative	4
General positive feedback	11	Personal	2
Experience of training	8	Improved supervision	2

## 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)

**Perception of College (n=21)**

- Welfare and support (10)
  - Not supportive (9)
    - Financial (6)
- College costs excessive (5)
  - Little or no impact (2)
- Encouragement of trainee participation (1)
- Certificates of advanced training (1)
- Inequitable access to College resources (1)
  - Peer groups (1)

‘The College talks a lot about the mental health of trainees and offering supports, but when the rubber hits the road and trainees fail an assessment this can be very distressing, and the trainees feel very alone’.

‘College’s decision to not give them membership benefits like access to College journals (unless paid for separately) and college tutorials does not go well alongside the hefty sum it charges for the comparability assessment (the SIMG on PCP pays essentially the same amount of money for the assessment as a trainee does towards fees in Stage 3)’.

**Assessments (n=21)**

- Essay (8)
  - Standards and pass rates (3)
    - PWC (3)
    - SP (3)
    - WBA (2)
    - OSCE (1)
  - Feedback and results (1)

‘I think more clarification around the essay component and perhaps taking it out of the exam (or not making it compulsory to pass) is worthwhile. Also, you could give people 24hrs to write an essay and send it in - I’m not sure why it has to be done under exam pressure/ environment’.

‘Improve the essay exam please, make it fairer and upload all the past questions with model answers rather than being secretive. What is so different between essay and OSCE exam that OSCE exam is happy to publish all the past papers with answers but essay exam does not, very annoying’.





**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