Report on the Admission to Fellowship Survey

2015

**Approved Board
26 November 2016**

Executive Summary

Introduction and Background

The admission to Fellowship survey was designed to collect information on the 2003 training program from Fellowship applicants as they commenced practice as an independent psychiatrist. The 2015 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 applicants. One hundred and ninety-eight (198), applications for admission to Fellowship were approved in 2015 for 122 Trainees and 76 Specialist International Medical Graduates, SIMG candidates. At the end of 2015, 45 surveys had been completed giving a response rate of 23%. A total of 30 trainees and 15 SIMG candidates responded, giving response rates of 25% and 20% respectively.

Procedures

Each month in 2015 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 no reminder emails to boost response rates.
- A limited number of applications are received per year with a maximum of 150-200 per annum.
- There maybe a halo effect due to the timing of the survey and responses may be biased positively due to respondents receiving their Fellowship at the time of completion.

Question Development

The questions in this survey were based on the goals and objectives of the RANZCP training program and were developed in consultation with Committee for Educational 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.

Report Structure

- The report is 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".

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

Note on Numbers

Through this survey, the College contacts all new Fellows, which range from 130-200 per year only, the responses rates range from 25% to 66%. This does represent a small number, however, as the entire population of new Fellows is contacted, the potential for any non-response bias is reduced. This means that whilst some results have small numbers the data collected and the information gained is relevant and applicable. Caution must be used however, when interpreting the results[1].

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

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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 (87%, n=26)[2] of all trainees were satisfied or very satisfied with the training program. *(Question 5, pg.8)*

- 90% (n=37) of all respondents agreed that they felt prepared for practice and 82% (n=34) stated that they were prepared to become a supervisor. *(Question 10, pg.19)*

- All (100%) responding trainees and SIMGs agreed or strongly agreed that they were satisfied with their decision to become a psychiatrist. *(Question 10, pg.18)*

- Over 8 in 10 responding trainees (88%) agreed or strongly agreed that they were generally well supported throughout training from their DOT. *(Question 10, pg.18)*

- The perception of examinations (written and clinical) as being difficult was a common theme. It was evident that Fellowship applicants' (all respondents) views of the exams were less favourable than other items. This was attributed to the timing of this cohort who experienced a change in the format of the clinical exams where the Objective Structured Clinical Examination (OSCE) and Observed Clinical Interview (OCI) components were separated. However,

    - More than three-quarters of all respondents (88%, n=32) agreed or strongly agreed that the College written examination was fair (89% of trainees, n=24, 57% of SIMG candidates, n=9). *(Question 10, pg.15)*

    - Close to three-quarters of all respondents (73%, n=30) agreed or strongly agreed that the College OSCE/MOSCE was fair (85% of trainees, n=23, 50% of SIMG candidates, n=7). *(Question 10, pg.15)*

    - Over half of all respondents (51%, n=21) agreed or strongly agreed that the College OCI/MOCI was fair (59% of trainees, n=16, 37% of SIMG candidates, n=6). *(Question 10, pg.16)*

- The main highlights from all respondents were the breadth of experiences (17%, n=10) and the mentoring and peer support provided (16%, n=9). *Note that these responses were from a small number of respondents. (Question 8, pg.10)*

- The biggest challenges for all respondents included passing exams and assessments (18%, n=9) and balancing training and service commitments (12%, n=6). *Note that these responses were from a small number of respondents. (Question 9, pg.12)*

- Thirty percent (30%) of trainees were likely to enrol in an advanced certificate, 32% (n=14) of trainees were already enrolled in an advanced certificate and 9% (n=4) had already completed an advanced certificate. The majority stated that they would complete the Psychiatry of Old Age advanced certificate. *(Question 7, pg.10)*

- An analysis of the Fellowship applicants' comments showed that supervision was supportive but diverse and could be variable e.g., different supervisors had different styles. Responses to the question items showed satisfaction ratings for both basic and advanced training supervision of over 85%. *(Question 10, pg.13 and Question 11, pg. 20)*

Intentions in the Workforce

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

    - Work in public hospitals (81%, n=33) *(Question 13, pg.22)*

    - Work in a capital city (88%, n=36) *(Question 14, pg.22)*

    - Focus on General (81%, n=31) or Community Psychiatry (49%, n=20) *(Question 15, pg.23)*

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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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- The most popular future College involvement focused on becoming a supervisor (81%, n=33), followed by becoming an accredited examiner (56%, n=23). *(Question 17, pg.24-25)*

Differences between SIMG and Training Pathways

- Trainees were more likely to agree that the examinations were fair:
  - Written exam - 89% (n=24) of trainees agreed or strongly agreed that the written examination was fair compared to 57% (n=8) of SIMG candidates. *(Question 10, pg.14-16)*
  - OSCE/MOSCE 85% (n=23) of trainees agreed or strongly agreed that the OSCE/MOSCE was fair compared to 50% (n=8) of SIMG candidates. *(Question 10, pg.14-16)*
  - OCI/MOCI - 59% (n=16) of trainees agreed or strongly agreed that the OCI/MOCI was fair compared to 35% (n=5) of SIMG candidates. *(Question 10, pg.14-16)*
- Almost all trainees, 96% (n=16) agreed or strongly agreed that the OSCE/MOSCE guidelines and information were clear compared to 50% (n=7) of SIMGs
- Fewer SIMG candidates stated that the program had met their learning goals; 29% (n=4) of SIMG respondents compared to 57% (n=17) of trainees. *(Question 6, pg.9)*
- Fewer SIMG candidates were likely to enrol in an advanced certificate of training; 57% (n=8) of SIMGs versus 77% (n=23) of trainees. *(Question 7, pg.9)*
- SIMGs were more likely to agree that the admission to Fellowship process was clear, 93% (n=17) agreed or strongly agreed compared to 63% (n=13) of trainees. *(Question 10, pg. 14)*
- Trainees felt that they received more support from their employer than SIMGs 89% (n=24) of trainees compared to 79% (n=11) of SIMGs. *(Question 10 pg. 18)*
- SIMG candidates were more likely to feel prepared for practice with 57% (n=8) strongly agreeing versus 30% (n=8) of trainees. The same pattern was found with being prepared to be a supervisor, 57% (n=8) strongly agreed versus 33% (n=9) 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.19)*

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Recommendations

1. The perceptions of supervision and the variability of supervision are ongoing concerns that have been mentioned in previous surveys that the College 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 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.

2. Despite over 50% of trainees accepting that the examinations (both written and clinical) as fair there was still some concern in the comments and the rating of the examination items. 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 2015 are most likely to have been affected by the separation of the clinical exams and the completion of multiple OCIs. Ongoing monitoring of this item is suggested.

3. A substantial number of Fellowship applicants indicated that they wish to contribute to the College in the future either through examinations, supervision, congress or committees. Fellowship applicants indicated that more direct and personal communication as well as highlighting the roles that are available would help in increasing their involvement with the College. Further communication to early career psychiatrists on the types of roles available may be required as is direct contact from the College rather than newsletters or material placed on the website.

Results

Results

Assessment Pathway

The breakdown of responding Fellowship applicants by assessment pathway (training or SIMG) are shown in Figure 1. Thirty (30) trainees completed the survey and 15 SIMGs.
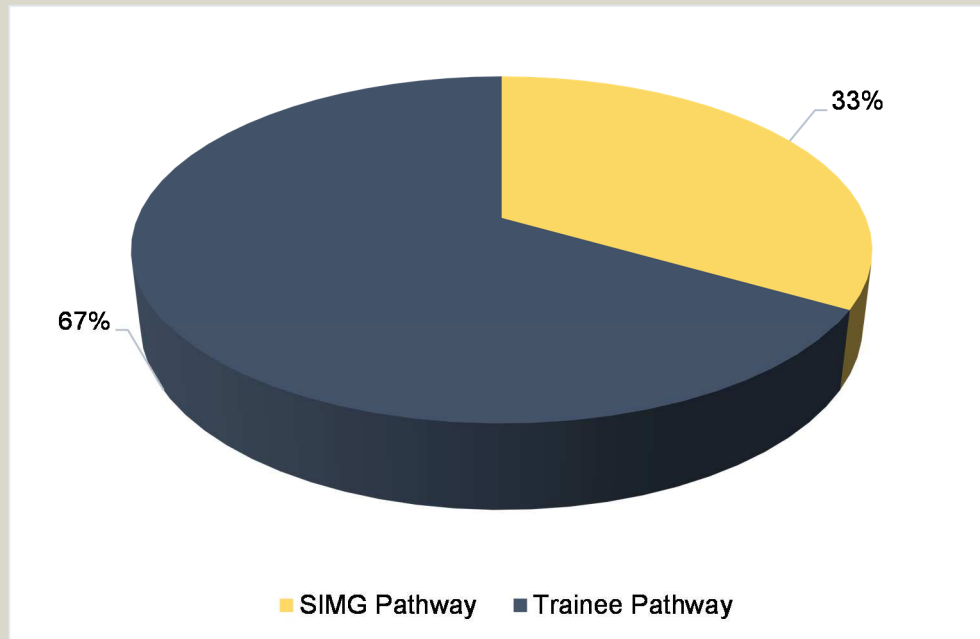
Figure 1 Training Pathway (Percent %)

Medical Training and Experience

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

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

Table 1 Location of Basic Medical Training by Region

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Australia and New Zealand	-	-	17	57%	**17**	**38%**
India, Sri Lanka, Pakistan and Bangladesh	8	61%	2	7%	**10**	**22%**
UK and Ireland	3	23%	3	10%	**6**	**13%**
Europe	1	8%	5	17%	**6**	**13%**
Africa	2	15%	-	-	**2**	**4%**
Asia and Russia	-	-	1	3%	**2**	**4%**
South Africa	-	-	1	3%	**1**	**2%**
Middle East	-	-	1	3%	**1**	**2%**
N/A	1	8%	-	-	**1**	**2%**

Results

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	13	93%	30	100%	**43**	**98%**
Publicly-funded community health services	8	57%	22	73%	**30**	**68%**
Private hospitals	4	29%	16	53%	**20**	**46%**
Private rooms	1	7%	6	20%	**7**	**16%**
Non-government clinical settings	7	50%	12	40%	**19**	**43%**
Other (please specify)	1	7%	4	13%	**5**	**11%**

Overall Impression of the Training Program

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

Overall, 84% of all responding Fellowship applicants' were satisfied or very satisfied with the training program see Table 3 for details. There was a higher rate of satisfaction for trainees compared to SIMG candidates, 87% compared to 78%.

Table 3 Overall Impressions of the Training Program

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Very dissatisfied	0	0%	0	0%	**0**	**0%**
Dissatisfied	1	7%	2	7%	**3**	**7%**
Not sure	2	14%	2	7%	**4**	**9%**
Satisfied	9	64%	18	60%	**27**	**61%**
Very satisfied	2	14%	8	27%	**10**	**23%**

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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 48% of all respondents stated that all of their goals were met. Over forty percent (41%) of all respondents stated that most but not all of their learning goals had been met. 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	4	29%	17	57%	21	48%
Most, but not all	6	43%	12	40%	18	41%
Around half	3	21%	1	3%	4	9%
Only a minority	0	0%	0	0%	0	0%
None of your learning goals	0	0%	0	0%	0	0%
Not sure	1	7%	0	0%	1	2%

Question 6b: Comments on Learning Goals

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

Sample Comments on the Learning Goals of the Training Program

Would have liked a term in a private facility but just ran out of terms!
I could have built on and consolidated my skills in psychotherapeutic modalities.
Psychotherapy, long term treatment of borderline PD
I would have liked to have more exposure to neurology
Would have liked more training experience in private psychiatry, old age psychiatry and neuroscience
Understanding of the private and public service interface. NGO experience, Indigenous mental health clinical experience
I also wanted to work on improving leadership. governance issues, etc.
Clinical experience in a D&A setting
Little eating disorder or drug addiction psychiatry
I think there should be more neuroscience.
Would like to have more psychological therapy competence

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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 5. Over one in three (32%) of all respondents stated that they were currently enrolled in a certificate of training and a further 9% stated that had already completed an advanced certificate. Psychiatry of Old Age was the most frequently mentioned option. Trainees were more likely to complete an advanced certificate than an SIMG candidate.

Table 5 Consideration of Further Training Options via the RANZCP

	SIMG Pathway Only Total	SIMG Pathway Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results %
I have already completed an advanced certificate	3	21%	1	3%	**4**	**9%**
I am currently enrolled in a certificate of advanced training.	0	0%	14	47%	**14**	**32%**
Yes	5	36%	8	27%	**13**	**30%**
No	5	36%	4	13%	**9**	**21%**
Not sure	1	7%	3	10%	**4**	**9%**

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

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

Themes	All Results Total	All Results %
Breadth of experience	10	17%
Mentoring and peer support	9	16%
Passing assessments	6	10%
Advanced training	5	9%
Good supervision	5	9%
The continued progression of skill development	4	7%
Self-directed learning	3	5%
Others	*15*	*22%*
N/A	2	3%

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Examples of highlights in training

Collegial experience with Fellow registrars. Being involved in wider service/organisation activities. Being involved in new services and service development.
Good supervision during most rotations
My advanced training particularly my term in Forensic, which was not only educational but solidified my commitment to holistic treatment, plans.
The study groups that I belonged to for the exams.
Passing exams and case histories
Personal and professional development throughout training
Broad range of experiences
Working along many psychiatrists and observing/managing patients together and as a team has been wonderfully enriching and helpful in developing maturity and almost an intuition into diagnostic processes. I have also had many mentors and have received very generous help from them and many psychiatrists while preparing for my clinical exams, which was invaluable, inspiring and forever memorable. I remain deeply grateful for all the hours and feedback they provided. I loved group learning and being a part of a trainee community, in particular in early years of training and have gained an incredible insight into my own strengths and limitations as a clinician. I also loved the local training body and their friendly and helpful staff members. Above all I gained an incredible amount of knowledge, skills and exciting interest in psychiatry and human predicament and fell in love with psychotherapy,
Being able to direct my own learning/training during the 2 years of AT once all exams were completed.
In addition to a rigorous basic training experience, which I felt provided a firm base, the highlights would include the experiences and exposure in advanced training, particularly in STP/VMSTP roles. My last training rotation, in particular, has provided the ideal platform in making the transition from senior registrar to junior consultancy.
Working in different sub-specialities as part of the training experience
Training placements and mentoring by supervisors.
Child advanced training
The high standards of training
I feel fortunate to have had varied experience during my training, including drug and alcohol term and private hospital experience
Working in Private Settings
My first year was probably the most impressive part of my training. I started my psychiatric training in small rural hospital in New Zealand, which enabled me to have great exposure to acute psychiatry as well as wide range of hands-on experience including the whole process through preparation and delivery of ECT. I was well supported by a small team of specialists and when any issues arose, I felt assured by their responses and collegial supports.
Psychotherapy long-case

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 7. 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 and alignment of the FEC course to RANZCP training.

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

Themes	All Results Total	All Results %
Passing examinations and assessments	9	18%
Maintaining a balance between training and service demands	6	12%
Completing the OCI	6	12%
Variable supervision	4	8%
Access to rotations	3	6%
Paperwork	3	6%
n/a	4	8%
Others	*16*	*32%*

Examples of the biggest challenges in training.

Balancing training and service demands
Mixed experiences with Directors of Training
Making sure I had done all the paperwork required to be credited with a particular term or requirement
The examinations and the paperwork.
Structuring the training in a 5 year time frame
Forms and paperwork. Cost of education program was extreme. Inconsistent with other training areas, where is it free.
Getting time to do psychotherapy, still an issue as an advanced trainee. Having to wait until third year of BT to complete compulsory terms to allow me to sit for exams, due to the large number of PT trainees in our area.
Managing demands of training, ongoing part-time work in general practice, single parenthood and life demands has been hard. I moved from a full-time general practice (psychiatry is my second fellowship) to part-time training/general practice, resulting in a huge drop in income and financial challenges all the way, which has tested my endurance.
I felt the biggest challenge in my training was to do with an external training rotation in Child and Adolescent Mental Health, in terms of systemic issues, but ultimately the nature of the training experience itself.
Gaining access to Neuropsychiatry experiences and needing to commute across the State for these.
Passing the multiple OCI exams. Trying to find a balance between the service needs and training requirements
1. To complete the long psychotherapy case, with limited supervision choices 2. To do after-hours on-call at times, along with other training requirements and family/social life
Completing the long case including it's logistics and the wire up. OCI exams and the inconsistencies of expectations and standards.
The written exam proved to be one of my biggest challenge during training
Trying to hold onto compassion and empathy for the patients I saw daily, while the system seemed often had intense and unrealistic demands. This certainly effected the quality of care I provided and as such effected my current practice. In my AT, I was much better able to hold my own in regard to the service demands and provide better care. I have had to unlearn many of the bad practices that working under these pressures has created.
Sometimes it was a struggle to keep up with the requirements of the college especially when short staffed.
A Previous Director of Training was not only unhelpful, but actively hostile.
The OCI. Very difficult to trust a process with no internal validity. I nearly passed thrice...only to face 2 consequential patients wholly unfit for interview and thus appeared to have defaulted into passing. I agree firmly with the decision to abandon the OCI.
Respectfully, the lack of consistency in staffing has been enormously frustrating.

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 8. It is noted the changes to the examinations may have affected the responses to items 12, 13, 14 and 15. The points below reflect the responses from trainees only.

- 85% of trainees agreed or strongly agreed that supervision in basic training was satisfactory. 89% (37% agreed and 52% strongly agreed) that supervision in advanced training was satisfactory.

- Seventy percent (70%) of trainees agreed or strongly agreed that the balance between clinical responsibilities and training activities allowed them to progress their training.

- Eighty-nine percent (89%) of trainees agreed or strongly agreed that the College written examination was fair. Whilst, eighty-five percent (85%) of trainees agreed or strongly agreed that the College written examination questions were relevant to the practice of psychiatry.

- With regard to the clinical examinations, eighty-five percent (85%) of trainees agreed or strongly agreed that the OSCE was fair. With regards to OSCE guidelines and information 96% agreed or strongly agreed that they were clear. Over half (59%) agreed or strongly agreed that the OCI was fair, whilst 18% disagreed or strongly disagreed, 22% were neutral.

Table 8 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	7%	3	11%	4	10%
Neither Agree or Disagree	2	14%	1	4%	3	7%
Agree	0	0%	9	33%	9	22%
Strongly Agree	2	14%	14	52%	16	39%
N/A	9	64%	0	0%	9	22%
Total	**14**		**27**		**41**	
2. In general, supervision provided to me during advanced training was satisfactory.						
Strongly Disagree	0	0%	0	0%	0	0%
Disagree	0	0%	1	4%	1	2%
Neither Agree or Disagree	3	21%	2	7%	5	12%
Agree	2	14%	10	37%	12	29%
Strongly Agree	3	21%	14	52%	17	41%
N/A	6	43%	0	0%	6	15%
Total	**14**		**27**		**41**	
3. Training requirements were clear.						
Strongly Disagree	1	7%	0	0%	1	2%
Disagree	0	0%	4	15%	4	10%
Neither Agree or Disagree	3	21%	3	11%	6	15%
Agree	6	43%	17	63%	23	56%
Strongly Agree	3	21%	3	11%	6	15%
N/A	1	7%	0	0%	1	2%
Total	**14**		**27**		**41**	

Results

Table 8 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%	1	4%	**1**	**2%**
Disagree	1	7%	4	15%	**5**	**12%**
Neither Agree or Disagree	0	0%	5	19%	**5**	**12%**
Agree	6	43%	11	41%	**17**	**41%**
Strongly Agree	7	50%	6	22%	**13**	**32%**
N/A	0	0%	0	0%	**0**	**0%**
Total	**14**		**27**		**41**	
5. I had access to a diverse patient mix during my training.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	0	0%	1	4%	**1**	**2%**
Agree	7	50%	9	33%	**16**	**39%**
Strongly Agree	5	36%	17	63%	**22**	**54%**
N/A	2	14%	0	0%	**2**	**5%**
Total	**14**		**27**		**41**	
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	0	0%	2	7%	**2**	**5%**
Agree	8	57%	9	33%	**17**	**41%**
Strongly Agree	5	36%	16	59%	**21**	**51%**
N/A	1	7%	0	0%	**1**	**2%**
Total	**14**		**27**		**41**	
7. The balance between clinical responsibilities and training activities allowed my training to progress.						
Strongly Disagree	1	7%	0	0%	**1**	**2%**
Disagree	1	7%	2	7%	**3**	**7%**
Neither Agree or Disagree	2	14%	6	22%	**8**	**20%**
Agree	3	21%	16	59%	**19**	**46%**
Strongly Agree	6	43%	3	11%	**9**	**22%**
N/A	1	7%	0	0%	**1**	**2%**
Total	**14**		**27**		**41**	
8. The College written examinations were fair.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	2	14%	3	11%	**5**	**12%**
Agree	5	36%	17	63%	**22**	**54%**
Strongly Agree	3	21%	7	26%	**10**	**24%**
N/A	4	29%	0	0%	**4**	**10%**
Total	**14**		**27**		**41**	

Results

Table 8 *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. The College written examinations questions were relevant to the practice of psychiatry.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	1	4%	**1**	**2%**
Neither Agree or Disagree	2	14%	3	11%	**5**	**12%**
Agree	6	43%	17	63%	**23**	**56%**
Strongly Agree	2	14%	6	22%	**8**	**20%**
N/A	4	29%	0	0%	**4**	**10%**
Total	**14**		**27**		**41**	
10. The College remediation process was helpful for me.						
Strongly Disagree	0	0%	1	4%	**1**	**2%**
Disagree	0	0%	3	11%	**3**	**7%**
Neither Agree or Disagree	0	0%	2	7%	**2**	**5%**
Agree	5	36%	1	4%	**6**	**15%**
Strongly Agree	2	14%	0	0%	**2**	**5%**
N/A	7	50%	20	74%	**27**	**66%**
Total	**14**		**27**		**41**	
11. Part-time provisions met my needs.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	1	7%	3	11%	**4**	**10%**
Agree	0	0%	4	15%	**4**	**10%**
Strongly Agree	1	7%	4	15%	**5**	**12%**
N/A	12	86%	16	59%	**28**	**68%**
Total	**14**		**27**		**41**	
12. The College OSCE/MOSCE was fair.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	2	14%	1	4%	**3**	**7%**
Neither Agree or Disagree	1	7%	3	11%	**4**	**10%**
Agree	3	21%	13	48%	**16**	**39%**
Strongly Agree	4	29%	10	37%	**14**	**34%**
N/A	4	29%	0	0%	**4**	**10%**
Total	**14**		**27**		**41**	
13. The College OSCE/MOSCE guidelines and information were clear.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	1	7%	0	0%	**1**	**2%**
Neither Agree or Disagree	2	14%	1	4%	**3**	**7%**
Agree	3	21%	16	59%	**19**	**46%**
Strongly Agree	4	29%	10	37%	**14**	**34%**
N/A	4	29%	0	0%	**4**	**10%**
Total	**14**		**27**		**41**	

Results

Table 8 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 %
14. The College OCI/MOCI examination was fair.						
Strongly Disagree	1	7%	3	11%	**4**	**10%**
Disagree	3	21%	2	7%	**5**	**12%**
Neither Agree or Disagree	2	14%	6	22%	**8**	**20%**
Agree	2	14%	14	52%	**16**	**39%**
Strongly Agree	3	21%	2	7%	**5**	**12%**
N/A	3	21%	0	0%	**3**	**7%**
Total	**14**		**27**		**41**	
15. The College OCI/MOCI examination guidelines and information were clear.						
Strongly Disagree	1	7%	2	7%	**3**	**7%**
Disagree	1	7%	0	0%	**1**	**2%**
Neither Agree or Disagree	1	7%	1	4%	**2**	**5%**
Agree	3	21%	17	63%	**20**	**49%**
Strongly Agree	5	36%	7	26%	**12**	**29%**
N/A	3	21%	0	0%	**3**	**7%**
Total	**14**		**27**		**41**	

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 9. The points below reflect the responses from trainees.

- 70% agreed or strongly agreed that the FEC course in basic training was satisfactory. 18% disagreed that the FEC was satisfactory. It is worth noting that the results for the FEC may be location dependent due to the inherent differences of each course.

- Seventy-four percent (74%) agreed or strongly agreed that their training in Psychotherapies was satisfactory, 7% were neutral and 19% disagreed.

- All trainees (100%) agreed or strongly agreed that they gained skills in their area of interest.

- 89% agreed or strongly agreed that they felt prepared for practice and 74% agreed or strongly agreed that they were prepared to become a supervisor.

- All (100%) agreed or strongly agreed that they were satisfied with their choice to become a psychiatrist.

Table 9 Perceptions of Training and Supervision by Training Pathway

	SIMG 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%	3	11%	**3**	**7%**
Agree	2	14%	4	15%	**6**	**15%**
Strongly Agree	0	0%	5	19%	**5**	**12%**
N/A	12	86%	15	56%	**27**	**66%**
Total	14		27		**41**	
13. The Formal Education Course in basic training was satisfactory.						
Strongly Disagree	0	0%	2	7%	**2**	**5%**
Disagree	0	0%	3	11%	**3**	**7%**
Neither Agree or Disagree	1	7%	3	11%	**4**	**10%**
Agree	0	0%	17	63%	**17**	**41%**
Strongly Agree	0	0%	2	7%	**2**	**5%**
N/A	13	93%	0	0%	**13**	**32%**
Total	14		27		**41**	
14. The Formal Education Course in advanced training was satisfactory.						
Strongly Disagree	0	0%	1	4%	**1**	**2%**
Disagree	0	0%	2	7%	**2**	**5%**
Neither Agree or Disagree	1	7%	3	11%	**4**	**10%**
Agree	0	0%	14	52%	**14**	**34%**
Strongly Agree	0	0%	5	19%	**5**	**12%**
N/A	13	93%	2	7%	**15**	**37%**
Total	14		27		**41**	

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 %
15. My training experiences in psychotherapies were satisfactory.						
Strongly Disagree	0	0%	0	0%	0	0%
Disagree	0	0%	5	19%	5	12%
Neither Agree or Disagree	1	7%	2	7%	3	7%
Agree	1	7%	13	48%	14	34%
Strongly Agree	1	7%	7	26%	8	20%
N/A	11	79%	0	0%	11	27%
Total	14		27		41	
16. College secretariat support was satisfactory.						
Strongly Disagree	0	0%	1	4%	1	2%
Disagree	0	0%	0	0%	0	0%
Neither Agree or Disagree	2	14%	4	15%	6	15%
Agree	4	29%	17	63%	21	51%
Strongly Agree	7	50%	5	19%	12	29%
N/A	1	7%	0	0%	1	2%
Total	14		27		41	
17. I gained experience in the areas of Psychiatry I am most interested in.						
Strongly Disagree	0	0%	0	0%	0	0%
Disagree	1	7%	0	0%	1	2%
Neither Agree or Disagree	1	7%	2	7%	3	7%
Agree	4	29%	12	44%	16	39%
Strongly Agree	5	36%	13	48%	18	44%
N/A	3	21%	0	0%	3	7%
Total	14		27		41	
18. I felt generally well supported by my employer(s) throughout my training.						
Strongly Disagree	0	0%	0	0%	0	0%
Disagree	0	0%	2	7%	2	5%
Neither Agree or Disagree	3	21%	1	4%	4	10%
Agree	6	43%	18	67%	24	59%
Strongly Agree	5	36%	6	22%	11	27%
N/A	0	0%	0	0%	0	0%
Total	14		27		41	
19. I felt generally well supported by my DOT(s) throughout my training.						
Strongly Disagree	0	0%	1	4%	1	2%
Disagree	2	14%	1	4%	3	7%
Neither Agree or Disagree	4	29%	1	4%	5	12%
Agree	1	7%	12	44%	13	32%
Strongly Agree	3	21%	12	44%	15	37%
N/A	4	29%	0	0%	4	10%
Total	14		27		41	

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 %
20. The skills I have gained are applicable to my area of interest.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	0	0%	**0**	**0%**
Neither Agree or Disagree	2	14%	0	0%	**2**	**5%**
Agree	3	21%	16	59%	**19**	**46%**
Strongly Agree	8	57%	11	41%	**19**	**46%**
N/A	1	7%	0	0%	**1**	**2%**
Total	14		27		**41**	
21. I feel prepared for independent practice.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	2	7%	**2**	**5%**
Neither Agree or Disagree	0	0%	1	4%	**1**	**2%**
Agree	5	36%	16	59%	**21**	**51%**
Strongly Agree	8	57%	8	30%	**16**	**39%**
N/A	1	7%	0	0%	**1**	**2%**
Total	14		27		**41**	
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%	0	0%	**0**	**0%**
Agree	5	36%	11	41%	**16**	**39%**
Strongly Agree	9	64%	16	59%	**25**	**61%**
N/A	0	0%	0	0%	**0**	**0%**
Total	14		27		**41**	
23. I feel prepared to become a supervisor.						
Strongly Disagree	0	0%	0	0%	**0**	**0%**
Disagree	0	0%	3	11%	**3**	**7%**
Neither Agree or Disagree	0	0%	4	15%	**4**	**10%**
Agree	6	43%	11	41%	**17**	**41%**
Strongly Agree	8	57%	9	33%	**17**	**41%**
N/A	0	0%	0	0%	**0**	**0%**
Total	14		27		**41**	

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

Table 10 Comments on Supervision (Multiple Response)

Themes	All Responses Total	All Responses %
Variable/different supervision experiences	25	35%
Supervision was supportive	19	26%
Supervision helped me to progress through training	8	11%
There was limited assistance available	6	8%
There was limited access to supervision	5	7%
Others	9	12%

Examples of comments on supervision.

Generally good; some supervisors were poorly prepared, or not available due to clinical responsibilities
It was a bit patchy, some supervisors were excellent, some were atrocious.
Supervision was generally adequate for my training requirements. It was , however , entirely dependent on the motivation and interest of the supervisor at each rotation
Whilst the quality and consistency of supervision varied throughout the years of training, overall my perception is that they were satisfactory.
One of the highlights of my training. I had exposure to different supervision styles, but overall supervisors had been very flexible and supportive to suit my training and supervision foci.
BT: generally very good quality supervision. AT: reasonable supervision experience, but less consistent than BT
I have had good supervision supporting my training throughout my training.
Excellent in frequency and quality throughout the majority of my training.
Overall an excellent range of Supervisors who were inspiring and enthusiastic.
The majority of my supervisors were either busy, not available and had no time for weekly supervision.
I learnt more in supervision, than books, along with my clinic experience with the direct contact with patients. However, not all the trainees and supervisors (in some cases) are too keen to get/provide supervision somehow.
Inconsistent and depending on the setting's work load and the supervisors' interest specially during basic training
Was OK. I had good supervisors throughout - each with their own strengths and sometimes, eccentricities.
I had received supervision from my direct supervisors as well as Psychiatrist specialised in Psychoanalysis, both during my basic and advance training. I found this to have been a very comprehensive and eclectic style of supervision where the trainee (basic or advanced streams) feels supported and able to develop further one's understanding of the psyche and the mind.
I had a mix of supervisors from excellent ones, to ones that seemed uncomfortable to sit in the room with me such that supervision always seemed to be shortened or missed. I came to psychiatry with a broad experience of psychology, psychotherapy and medicine. The less capable supervisors seemed unable to supervise me around systemic, psychodynamic, institutional ethical and philosophical issues. There was to much of a focus on diagnosis and medical management that once I was through the first 18 months was limited
The overall quality, readiness, availability and attitude of supervisors varied significantly each run. I particularly enjoyed having very senior staffs, whose insights and supportive stance were so valuable in shaping my overall career. Younger consultants tended to be much more task or problem oriented which were helpful at times too.
Supervision was adequate, valuable in dealing with difficult issues encountered in day to day work and helping me progress through the training requirements.

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 11. Results are not separated into training and SIMG pathways due to the possible identification of respondents. Examples of "Other comments" focused on the FECs, leadership training and research training.

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

Themes	All Responses Total	All Responses %
Satisfied with the program	11	26%
Comprehensive program with achievable goals	6	14%
High quality program with good support	5	12%

Examples of feedback on the training program

I am divided about the external versus internal OCI process. While I found the external OCI process gave me confidence in my abilities when I passed first go, the fact that there was a group of us doing it at the same time meant those who didn't pass struggled with their embarrassment and sometimes became defensive about their abilities. You could argue it is character building of course: "what doesn't kill you makes you stronger" but I noted how some people became more cold and rigid after this; some even became mercenary "I deserve to make a lot of money after getting through that" type of mentality which is not what we should be ethically trying to achieve. On the other hand, the Internal OCI process could lend itself to the bullying. This could make a trainee more susceptible to failure just because of a particular perception by one consultant.
Much better than previous specialist training program, I was part of. Felt like at the end of the training I really did have a specialist's knowledge.
There should be a set protected time for psychotherapy enforced by DOTs or SCOTs, the trainee should not have the task of having to negotiate this every term and rely on the supervisor being reasonable. The FEC teaching was inadequate.
Overall, I was satisfied with the training program. However, as a part time trainee, (which I had to do because of my family circumstances) inflexibility with the currency requirements (i.e. 8 calendar years for full time and part-time trainees) and having to re-fresh past experiences frustrated me as it was distracting me from my exam preparation and process got even delayed. My situation was even further complicated by having to take a break-in-training due to the move from NZ to Australia.
Having graduated to the supervisor side of training, it would be interesting to review the impact of the 2012 regulations especially when compared to the 2003 regulations that I completed my training under.
Generally achievable goals and comprehensive approach.
I really enjoyed my training; that made me a very good clinician esp my exit exams.
I think the formal education course needs re-working both in terms of content and delivery. Well meaning avuncular psychiatrists donating their time just weren't up to the job in many areas.
High standards of training program, one of the best in the world.
I found excellent training supervisors and opportunities. However, I had to seek these out independently. I am unsure that the college structure actually offered much additional help regarding this. Two aspects were of use. The examination process (2003-2012) which although was difficult and anxiety provoking was an excellent opportunity to home first my intellectual knowledge and then my clinical skills in ways I would have never done without the exam pressure. The documentation around what the college requires in a training position was an excellent tool to help we negotiate my training requirements with a service that often was either uninterested or against me taking this space.
Overall I had a wonderful experience as a psychiatry trainee
I have received great support from the DOT and Melbourne RANZCP admin staff throughout my training.

Results

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 12. The majority intended to work in public hospitals (81%) or private rooms (71%). Equal proportions of trainees stated that they would practice in public hospitals (78%) and private rooms (78%).

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

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Public hospitals	12	86%	21	78%	**33**	**81%**
Private rooms	8	57%	21	78%	**29**	**71%**
Private hospitals	6	43%	18	67%	**24**	**59%**
Publicly-funded community health services	6	43%	16	59%	**22**	**54%**
Non-government organisation (e.g. Aboriginal Medical Service)	1	7%	7	26%	**8**	**20%**
Other (please specify)	1	7%	1	4%	**2**	**5%**

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 13. The majority (88%) of all respondents intended to work in a capital city.

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

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
A capital city	10	71%	26	96%	**36**	**88%**
A regional centre	11	79%	17	63%	**28**	**68%**
A rural or remote area	4	29%	8	30%	**12**	**29%**
Overseas	3	21%	13	48%	**16**	**39%**
Other (please specify)	2	14%	1	4%	**3**	**7%**

Results

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

The speciality areas that responding Fellowship applicants plan on working in are shown in Table 14. The majority of all respondents intended to specialise in general psychiatry (81%) or community psychiatry (49%).

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

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
General Psychiatry	10	71%	23	85%	**33**	**81%**
Community Psychiatry	5	36%	15	56%	**20**	**49%**
Academic/Research Psychiatry	2	14%	10	37%	**12**	**29%**
Psychiatry of Old Age	4	29%	8	30%	**12**	**29%**
Neuropsychiatry	4	29%	8	30%	**12**	**29%**
C-L Psychiatry	8	57%	3	11%	**11**	**27%**
Perinatal	3	21%	8	30%	**11**	**27%**
Youth	2	14%	6	22%	**8**	**20%**
Addiction	3	21%	4	15%	**7**	**17%**
Child and Adolescent Psychiatry	3	21%	3	11%	**6**	**15%**
Forensic Psychiatry	1	7%	5	19%	**6**	**15%**
Intellectual Disabilities	0	0%	5	19%	**5**	**12%**
Adult Psychiatry	1	7%	4	15%	**5**	**12%**
Trauma	1	7%	3	11%	**4**	**10%**
Indigenous	1	7%	3	11%	**4**	**10%**
Administration/Management	1	7%	1	4%	**2**	**5%**
Psychotherapies	0	0%	1	4%	**1**	**2%**
Eating Disorders	0	0%	0	0%	**0**	**0%**
Other (Please Specify)	1	7%	2	7%	**3**	**7%**

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 15, over three-quarters (78%) of all respondents intended to undergo additional training.

Table 15 Intentions to Undergo Further Training by Training Pathway

	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Yes, I intend to undergo further training	12	86%	20	74%	**32**	**78%**
No, I do not wish to complete further training	2	14%	7	26%	**9**	**22%**

Results

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

The areas that Fellowship applicants identified as requiring more professional experience in included Psychotherapies training (38%) and research (14%), see Table 16,

Table 16 Areas for Additional Professional Experience (Multiple Response)

	Total	All Results %
Psychotherapies training	**16**	**38%**
Research	**6**	**14%**
Leadership, management, and administration	**4**	**10%**
No, No further skills	**4**	**10%**
Supervision	**2**	**5%**
Other	**6**	**14%**

College Involvement

Question 17a: As a new fellow, would you be interested in contributing your skills and expertise to the membership? Would you consider…. *(Multiple Response)*

Future College involvement is outlined in Table 17. The majority of responding applicants both training and SIMG indicated that they would become involved in the College as an accredited supervisor (81%), an accredited examiner (56%), or become involved in congress (46%). A considerable number of applicants are interested in becoming involved in a committee.

Table 17 Future College Involvement (Multiple Response)

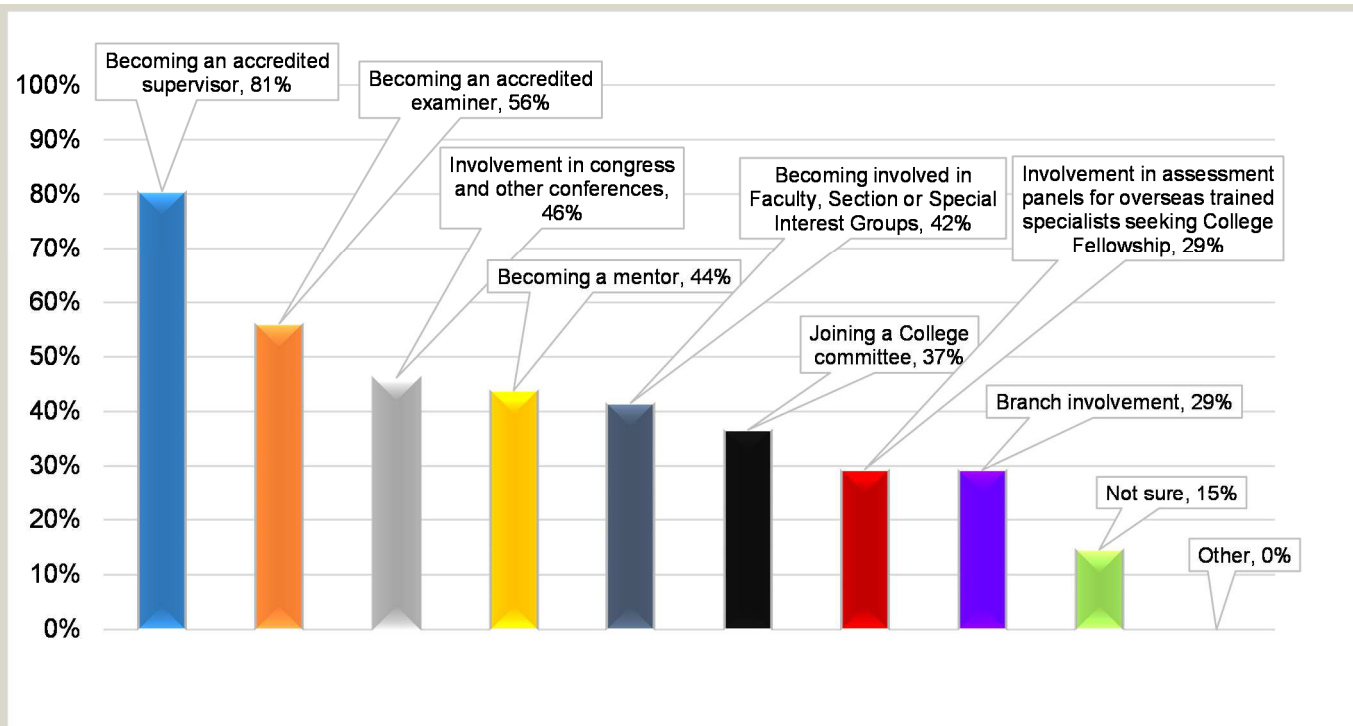|	SIMG Pathways Only Total	SIMG Pathways Only %	Training Pathway Only Total	Training Pathway Only %	All Results Total	All Results Percent %
Becoming an accredited supervisor	9	64%	24	89%	**33**	**81%**
Becoming an accredited examiner	7	50%	16	59%	**23**	**56%**
Involvement in congress and other conferences	7	50%	12	44%	**19**	**46%**
Becoming a mentor	8	57%	10	37%	**18**	**44%**
Becoming involved in Faculty, Section or Special Interest Groups	7	50%	10	37%	**17**	**42%**
Joining a College committee	8	57%	7	26%	**15**	**37%**
Involvement in assessment panels for overseas trained specialists seeking College Fellowship	7	50%	5	19%	**12**	**29%**
Branch involvement	4	29%	8	30%	**12**	**29%**
Not sure	3	21%	3	11%	**6**	**15%**
Other (please specify)	0	0%	0	0%	**0**	**0%**

Results

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

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
Time availability outside of clinical/academic commitments. Remuneration for involvement with College
My family circumstances as finding time and being away from home is difficult for me at this stage.
Attaining assessors and supervisor trainings and familiarisation with relevant College Committees activity
Knowledge of application pathways and available positions.
Perhaps an understanding of how to approach this as well as opportunities for the same.
Attending workshops
Supervision
Being asked to perform a role.

Results

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

Table 18 Other Comments and Suggestions for Improvement

My comments above are quite negative. Despite this, I realise that the college has a limited capacity to effect or change the way training occurs in the public system. However, I think it is important to continue to debate and discussion around the effects it may be having when psychiatrist are trained in a settling that is under pressure to see more and more patients in shorter time frames with less and less space for reflection. Does this lead to detached, avoidant clinicians?
More specific 'Supervisor' training
A designated but voluntary mentor from outside the current area health service within which the trainee works
More consistently with the academic part of the program, including costs relating to this.
Online forms
College should audit the compulsory basic training education courses to see that they are of a reasonable standard.
Ensure consistency in supervision. Foster training in psychotherapies and special interests. Improve training in psychiatry of old age during basic training as not everyone gets to do a term dedicated to this area. Ensure holistic approach and understanding of mental health, fostering general medical knowledge and understanding. Environmental and life-style influences and changes. Learning would need to be on a deeper level (cardiology is a very good model for the acceptance of holistic approach). Ensure training provides more neuroscience learning and better use and understanding of imaging and functional brain studies.
Continuing to review existing processes with a view to continuous improvement; I believe such an approach is currently being fostered at our College.
I believe that the formal education course, tailored to the training program and exams will help the trainees to improve their training experience and their satisfaction with the College.
Changes currently being implemented are positive. Reduce form overload. More formal psychotherapy training support
I make the same point about formal education course. Professional teachers in specialist areas would be better, so maybe with greater collaboration with universities. Maybe work in a masters? That means the increased cost could be offset by FEE HELP or HECS.
Need more and more help from supervisors