The Royal Australian & New Zealand College of Psychiatrists

# Report on the Annual Training Survey for Supervisors

Trends 2011-13

working with the community

**Approved Board**

**20 March 2016**

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# Executive Summary

## Introduction

The annual survey of supervisors was designed to inform the College, the Education Committee and its committees, and accreditation site visitors on aspects of the training program. The survey was distributed annually between 2011-13 to all active supervisors across Australia and New Zealand. Key aspects such as supervision, Basic Training, Advanced Training, sub-specialty programs, and workplace conditions were all covered. Results from the surveys were be used to assist in the continuous improvement of the RANZCP training program.

## Objective

The objective of the survey was to gather anonymous data about teaching and learning issues across training program sites.

## Methods

The survey was conducted in 2011, 2012, and 2013 across all training regions in Australia and New Zealand. Each year, a list of active supervisors was obtained from the branches/training regions with any inactive supervisors or incorrect emails being removed. All remaining active supervisors were then sent an email containing the details of the survey, an information sheet, and a link to the online survey. Reminder emails were sent to help boost the response rate. A prize of an Apple iPad mini was included to boost the response rate in each year. The survey was anonymous with no names or personal details linked to the results. Copies of the survey questions, the information sheet, survey invitations, and reminder emails are located in the previous annual reports.[1]

### Question Development

The questions were devised by the Accreditation Working Party (AWP, now the Accreditation Committee (AC) and based on the training regulations and accreditation standards. An external consultant conducted a feasibility study and a pilot study. The questions were then refined by the AWP and pilot tested in three training regions in 2010 and across all training regions in July 2011 and September 2012. Refinements were made in conjunction with the Committee for Educational Quality and Reporting (CEQR), Committee For Training (CFT), Education (EC), and DOT/Director of Advanced Training (DOATs). The questions for the Advanced Training sub specialties were devised by the Subcommittee Advanced Training (SAT) Chairs for each particular sub-specialty.

### Sample and Response Rate

***2011***

A total of 930 supervisor surveys were sent out with 341 being completed giving a response rate of 37%. A total of 15 respondents said that they were not currently supervisors and a further 2 said that they were not accredited. These were removed from the survey.

***2012***

A total of 1380 surveys were sent out to all listed supervisors with 384 being completed. A total of 2 respondents said that they were not currently supervisors, a further 3 said that they were not accredited and 7 stopped at this question (i.e., did not go any further). These were removed from the survey. A total of 19 stopped at the training region question leaving 353 completed surveys or 26%.

***2013***

A total of 1617 surveys were sent out to all listed supervisors with 405 being completed. A total of 9 respondents said that they were not currently supervisors, a further 2 said that they were not accredited and 13 stopped at this question. These were removed from the survey. A total of 16 stopped at the training region question leaving 365 completed surveys or 23%.

The College is looking into improving the contact list of all active supervisors and their contact details, this is a work in progress. Difficulties with firewalls and email systems were acknowledged as a problem that affected the ability of supervisors to receive emails with weblinks. To counter this, the survey was available on the College website and promoted through newsletters and through the Directors of Training (DOTs).

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[1] A summary of the surveys development is provided in the corresponding trainee report.

# Executive Summary

## Rating Scales

Respondents ranked items on a 7 point Likert scale where 1 = Never true, 2 = Rarely true, 3= Occasionally true, 4= Sometimes true, 5 = Mostly true, 6 = Almost always true, 7= Always true, and 8= Not Applicable/Preferred not to say. For reporting purposes the scale was collapsed to represent positive, neutral, and negative views. These are outlined below:

- *Never True, Rarely True* or *Occasionally True* was combined to form the category of *Not True*.
- *Sometimes True* was the midpoint and termed *Neutral*.
- *Mostly True, Almost Always True,* and *Always True* were combined to form the category of *True*.

The category of Not Applicable also refers to prefer not to say and was included as a response.

## Key Findings

### *Service Delivery and Training Requirements*

Supervisors indicated that they found it difficult to meet service demands and training requirements. The difficulties of service demands and workforce shortages are well documented. These issues are however, often beyond the control of the College. It is acknowledged as a key issue facing the College now and in the future. Being able to balance both without affecting patient care is a primary concern. As a result, ongoing monitoring of service demands and training requirements is needed as the 2012 Fellowship program is continued to be implemented. It is acknowledged that this result may vary depending on the location, the site, and other factors, further analysis may assist in providing a deeper understanding of the workload issues.

### *Communication*

Communication from the College was highlighted as a primary concern. It is possible that the changes made to training programs and assessments, over the preceding years have had an impact on supervisors. The volume of changes may have made it difficult for all to keep up with what was new and what was required, for example, changes to the clinical exams and separation of the OSCE and OCI. A review of communication to supervisors is required to ensure that all key messages are delivered and passed on. The issue of communication has also presented in other projects and processes are already underway to address this issue. The ongoing improvement of communication is required to ensure that all key stakeholders have adequate information to continue to implement the College Fellowship program.

### *Feedback from Trainees and DOTs*

Supervisors stated that there was often not enough feedback from trainees or Directors of Training (DOTs) to assist in their understanding of how their supervision was progressing. Feedback to and from both the supervisor and trainee forms an important part of the training program. Interactive feedback between both parties can often allow for more directed and specific training to occur. In addition, supervisors indicated that they need feedback from DOTs to progress their own professional development in regards to the provision of supervision. This is especially true when reflecting on the changes to supervision under the 2012 Fellowship program.

### *Notes on Social Desirability in Surveys*

It is worth noting that there are some questions within these surveys have very high positive responses (i.e., greater than 90% of respondents agreed). This may be attributed to a high degree of social desirability. In other words, respondents have provided what they believe is the most appropriate answer rather than answering honestly. This can often positively skew the responses and hide any potentially negative answers. This needs to be taken into context when reviewing the results. The differences to the trainee results (see separate report) need to be noted as they provide some contradiction.

# Results: Supervision Currency, Supervision Accreditation and Demographics

## Question 1 and Question 2: Supervision Currency and Accreditation

The results of this report represent the overall results for the annual training survey of supervisors. Questions 1 and 2 (supervision currency and accreditation) were designed to filter out ineligible supervisors. In each year there was between 2 and 9 respondents that were removed because their training was not current and between 2 to 7 they were not accredited. For results on these questions please refer to the yearly reports.

## Question 3: Response Rate

The response rate for the surveys are shown by training region in Table 1 and Table 2. These figures represent the response rate for all completed responses, i.e., 20% of all the responses received were from Qld. Table 1 shows the response rate for each training region. Table 2 shows the response rate by state/territory/NZ. The findings are not presented by response rates for individual training regions (i.e., 40% of WA supervisors responded) as a comprehensive collated list of supervisors was not available.

**Table 1: Response Rates by Training Region**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| ACT | 3% | 3% | 2% |
| NSWN | 4% | 4% | 3% |
| NSWNEW | 3% | 4% | 4% |
| NSWNW | 2% | 1% | 1% |
| NSWSESI | 7% | 9% | 4% |
| NSWSSW | 6% | 5% | 5% |
| NT | 1% | 1% | 1% |
| NZAUCK | 10% | 7% | 7% |
| NZCHRI | 3% | 2% | 5% |
| NZDUN | 1% | 2% | 1% |
| NZUCNI | 5% | 2% | 2% |
| NZWELL | 4% | 7% | 5% |
| QLD | 19% | 9% | 20% |
| SA | 1% | 9% | 10% |
| TAS | 5% | 2% | 2% |
| VICN | 10% | 10% | 10% |
| VICS | 5% | 6% | 3% |
| VICW | 2% | 6% | 9% |
| WA | 12% | 10% | 11% |

*****Note*: These figures for sample size does not include those that had emails which bounced back or those that stated they were note accredited or supervising. At the time of the survey, NSWNW did not provide a complete list of supervisors and the response rate for this location is inaccurate*.

**Table 2: Response Rates by Location**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| ACT | 3% | 3% | 2% |
| NSW | 22% | 23% | 17% |
| NT | 1% | 1% | 1% |
| NZ | 22% | 21% | 20% |
| QLD | 19% | 9% | 20% |
| SA | 1% | 9% | 10% |
| TAS | 5% | 2% | 2% |
| VIC | 16% | 21% | 22% |
| WA | 12% | 10% | 11% |

# Results: Supervision Currency, Supervision Accreditation and Demographics

## Question 4: Level of Supervision

The majority of responding supervisors stated that they supervised Stage 1, Basic and Advanced trainees, accounting for 28%, followed by Basic Training only 35% and Advanced Training only 27%. These results are shown in Table 3.

**Table 3 Level of Supervision**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| Stage 1 | - | - | 11% |
| Basic | 24% | 26% | 35% |
| Advanced | 7% | 6% | 27% |
| Both or all (for 2013 only) | 69% | 68% | 28% |
| **Total** | **307** | **322** | **365** |

*Question: What level of trainees do you supervise?*

## Question 5: Length of Supervision

The majority of respondents had been a supervisor for 0-5 years, followed by 11-20 years (see Table 4). It is evident that the highest respondents are those that have been supervising for a shorter period of time.

**Table 4 Length of Time as a Supervisor**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| 0-5 years | 19% | 32% | 36% |
| 6-10 years | 34% | 26% | 27% |
| 11-20 years | 28% | 27% | 25% |
| 20+ years | 18% | 14% | 12% |
| **Total** | **307** | **332** | **365** |

*Question:* How long have you been a supervisor?

# Results: Supervision Currency, Supervision Accreditation and Demographics

## Question 6: Organisation

The type of organisation that the responding supervisors were employed at are listed in Table 5. The majority (62%) were located in public hospitals, followed by Area Health Services (35%). In 2011, this question was asked as an open-ended question in 2012 and 2013 it was asked as a defined list.

**Table 5 Organisation Type**

| Organisation Type | 2011* | 2012 | 2013 |
|---|---|---|---|
| Hospital - Public | 36% | 60% | 62% |
| Area Health Service | 37% | 38% | 35% |
| Community Centre | N/A | 28% | 29% |
| District Health Board | 20% | 16% | 10% |
| Hospital – Private/Private Practice | 5% | 3% | 14% |
| Government | N/A | 4% | 5% |
| University or other institution | - | - | 13% |
| Other | 1% | 5% | 0% |
| **Total Responses** | **307** | **332** | **365** |

*Question: Current Organisation/DHB/Hospital setting (Select all that apply)*

## Question 7: Clinical Setting

The clinical setting of the supervision is shown in Table 6. Overall, the majority of respondents were working in acute adult or non-acute adult settings. Table 7 includes the other responses for question 7, Perinatal was the most common.

**Table 6 Clinical Settings of Trainees - %**

| Organisation Type | 2011* | 2012 | 2013 |
|---|---|---|---|
| Acute Adult | 43% | 51% | 54% |
| Non-acute Adult | 32% | 38% | 35% |
| Child and Adolescent | 23% | 20% | 19% |
| Consultation-Liaison | 25% | 24% | 23% |
| Forensic | 13% | 10% | 10% |
| Psychiatry of Old Age | 15% | 18% | 15% |
| Indigenous | 6% | 8% | 6% |
| Addiction | 9% | 8% | 9% |
| Other | 21% | 12% | 14% |
| **Total Responses** | **307** | **332** | **365** |

*Question: Please include information on your current clinical setting. Tick all that apply.*

**Table 7 Question 7 Clinical Setting - Other Please Specify Responses**

| Category | 2011 | 2012 | 2013 |
|---|---|---|---|
| Perinatal | 4 | 8 | 13 |
| Psychotherapy | 6 | 8 | 5 |
| Community Clinic | - | - | 4 |
| Primary Mental Health | 3 | - | - |
| Youth | - | 4 | - |
| **Total** | **26** | **50** | **49** |

## Supervision Arrangements

### Question 8: Supervision, Clinical Responsibility and Feedback

The responses on meetings with trainees, clinical responsibility, learning objectives, and feedback are shown in Table 8.

- The provision of supervision forms a key component of the College training program. During the first year of Basic Training a total of two hours of individual supervision is required followed and one hour per week after that. Almost 9 in 10 (87% - 90%) for each year stated that they could meet the requirements regarding individual supervision (2 hours per week for full time trainees). Additionally, over 8 in 10 (81% - 86%) responding supervisors stated that they could provide at least 4 hours supervision through ward reviews and other meetings.

- Over 9 in 10 (91% - 93%) responding supervisors stated that the learning goals and objectives were negotiated with trainees at the commencement of the rotation/learning experience.

- A clear path for communication to and from trainees is an essential element of the supervisor – trainee relationship and is linked to continued progression through Fellowship. Only half of responding supervisors (49% - 50%) said that they received feedback on the quality of the supervision they provide and 24 to 27% said that they did not get any feedback.

**Table 8 Supervision Arrangements, Clinical Responsibility and Feedback - %**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I provide my trainee individual supervision for at least 2 hours per week (1st year trainees)/1 hour per week (trainees beyond 1st year)* | | | |
| True | 87% | 89% | 90% |
| Neutral | 4% | 2% | 2% |
| Not true | 4% | 3% | 3% |
| N/A | 6% | 5% | 5% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |
| *I provide at least 4 hours supervision each week through ward reviews and other meetings with trainee(s) or working alongside trainee(s) including the individual supervision* | | | |
| True | 81% | 84% | 86% |
| Neutral | 6% | 7% | 3% |
| Not true | 5% | 3% | 6% |
| N/A | 8% | 6% | 5% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |
| *There is a clear line of clinical responsibility for patients even when I am on leave and after-hours* | | | |
| True | 93% | 95% | 95% |
| Neutral | 2% | 1% | 1% |
| Not true | 1% | 4% | 1% |
| N/A | 4% | 4% | 3% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |

*Table 8 continued*

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *At the commencement of the rotation/learning experience I negotiate with the trainee their individual learning goals and rotation objectives* | | | |
| True | 91% | 93% | 92% |
| Neutral | 4% | 2% | 3% |
| Not true | 1% | 1% | 2% |
| N/A | 4% | 3% | 5% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |
| *I provide regular feedback on the trainee's performance on a regular basis* | | | |
| True | 91% | 94% | 92% |
| Neutral | 3% | 2% | 4% |
| Not true | 3% | 1% | 1% |
| N/A | 4% | 3% | 3% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |
| *I receive feedback on the quality of supervision I provide* | | | |
| True | 49% | 49% | 50% |
| Neutral | 23% | 22% | 22% |
| Not true | 24% | 27% | 26% |
| N/A | 4% | 2% | 2% |
| ***Total respondents*** | ***293*** | ***337*** | ***346*** |

*For each of the following statements please indicate your response using the scale provided*

## Training Program – Basic

### Question 9: Supervision in Basic Training

The responses for supervision issues in Basic Training are shown in Table 9.

- To ensure that supervisors are kept up to date with changes and amendments to the training program they are required to complete a workshop within the past five years as well as attend peer review meetings. Between ninety-three (93%) and ninety five percent (95%) had attended a supervisor workshop in the past five years.
- The communication of changes to supervisors was seen as an issue requiring further attention. The College has made significant changes to the training program and assessments making communication a key element to ensuring that the appropriate policies are implemented. Between eighty-one percent (81%) and eight two percent (82%) stated that they were informed about changes in regulations on a regular basis. Whilst this number is high, it still leaves 18-19% without adequate communication on changes.
- Between eighty five (85%) and eighty-seven percent (87%) had timely access to Coordinators/DOTs to discuss trainees. The spread of supervisors across a training region and conflicting schedules highlights that this is a good result, indicating that supervisors find their DOTs easy to contact regarding trainee issues.

**Table 9 Supervision in Basic Training**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I have assistance to organise remediation as required* | | | |
| True | 78% | 70% | 68% |
| Neutral | 6% | 7% | 9% |
| Not true | 15% | 9% | 8% |
| N/A | 1% | 14% | 15% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I have attended a supervisor workshop within the last five years* | | | |
| True | 95% | 93% | 94% |
| Neutral | 1% | 2% | 1% |
| Not true | 3% | 4% | 4% |
| N/A | 1% | 2% | 1% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I attend at least three supervisor peer meetings per year* | | | |
| True | 78% | 79% | 75% |
| Neutral | 6% | 5% | 8% |
| Not true | 15% | 14% | 15% |
| N/A | 1% | 2% | 1% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |

*Table 9 continued*

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I am informed about changes in training regulations on a regular basis* | | | |
| True | 81% | 82% | 81% |
| Neutral | 8% | 9% | 11% |
| Not true | 10% | 9% | 8% |
| N/A | 1% | 0% | 1% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I have timely access to the Coordinators/Director(s) of Training to discuss individual trainee issues and performance* | | | |
| True | 85% | 87% | 87% |
| Neutral | 6% | 4% | 3% |
| Not true | 8% | 6% | 7% |
| N/A | 2% | 3% | 3% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I am familiar with the various College trainee assessments* | | | |
| True | 80% | 88% | 85% |
| Neutral | 14% | 8% | 8% |
| Not true | 6% | 5% | 6% |
| N/A | 1% | 0% | 1% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I provide assistance for preparing for examinations or advanced training projects* | | | |
| True | 76% | 83% | 76% |
| Neutral | 10% | 7% | 10% |
| Not true | 12% | 8% | 10% |
| N/A | 2% | 2% | 4% |
| ***Total respondents*** | ***287*** | ***332*** | ***342*** |
| *I have completed a workshop on the new 2012 Fellowship Program* | | | |
| True | N/A | N/A | 80% |
| Neutral | N/A | N/A | 1% |
| Not true | N/A | N/A | 17% |
| N/A | N/A | N/A | 2% |
| ***Total respondents*** | | | ***342*** |

*Question: For each of the following statements please indicate your response using the scale provided.*

# Results: Supervision and Basic Training

## Question 10: Supervision in Advanced Training

This question was used as a separation point for those in Stage 1 or Basic Training and Advanced Training. Transitional trainees were advised to complete the Advanced Training sections and answer N/A if the question was not relevant.

**Table 10 Training Classification – Basic, Advanced, Fellow in Training or Transitional Trainee - %**

| Training classification | 2011 | 2012 | 2013 |
|---|---|---|---|
| Basic and Stage 1 or Stage 2 | 59% | 60% | 63% |
| Advanced, Transitional or Fellows in Training | 41% | 40% | 37% |
| **Total Responses** | **287** | **332** | **342** |

*Question: The next section is for supervisors of Advanced Trainees only. I am currently supervising advanced trainees/Fellows in training?*

## Question 11: Supervision – Advanced Training Sub-Specialities

The supervision sub-specialties are summarised in Table 11. Generalist was the most frequent followed by Adult Psychiatry. This question was not asked in 2011.

**Table 11 Supervision Sub-Specialities**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| Generalist only | N/A | 33% | 30% |
| Adult Psychiatry | N/A | 21% | 27% |
| Psychiatry of Old Age | N/A | 15% | 15% |
| Child and Adolescent Psychiatry | N/A | 11% | 14% |
| Forensic Psychiatry | N/A | 7% | 11% |
| C-L Psychiatry | N/A | 9% | 10% |
| Psychotherapies | N/A | 11% | 10% |
| Addiction | N/A | 1% | 6% |
| Other (please specify) | N/A | 5% | 5% |

## Question 12: Supervision – Advanced Training

The supervisors' responses to issues in Advanced Training are shown below in Table 13.

- Positive feedback was received regarding the training and learning objectives of the Advanced Training program, with over 9 in 10 (92% to 93%) agreeing that they were clear. Furthermore, over eighty five percent (85 to 90%) said they had adequate access to resources to provide supervision to Advanced trainees.
- Nine in ten (90% to 98%) stated that they provide helpful and timely feedback on trainees' progression.
- Only four in ten each year (45% to 59%) said that they receive sufficient feedback from their DOT/DOAT regarding their supervision of advanced trainees. Over a quarter (26% to 30%) stated that did not receive sufficient feedback for DOT/DOAT. This finding may reflect the busy schedules and focus on trainees and patients. This is an item that requires ongoing monitoring as the continuous improvement of supervision standards requires a feedback loop from DOTs and trainees. The workload of the DOTs must also be considered when assessing this item.

**Table 12 Supervision in Advanced Training – Learning Objectives, Resourcing, and Feedback**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I am clear about the training and learning objectives of the advanced training program* | | | |
| True | 92% | 93% | 92% |
| Neutral | 5% | 4% | 4% |
| Not true | 2% | 2% | 4% |
| N/A | 1% | 2% | 0% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *I have access to adequate resources to provide supervision to trainees for all mandatory advanced training requirements* | | | |
| True | 90% | 85% | 86% |
| Neutral | 4% | 8% | 10% |
| Not true | 4% | 6% | 4% |
| N/A | 2% | 2% | 0% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *I am able to provide helpful and timely feedback on trainees progression through advanced training* | | | |
| True | 90% | 92% | 98% |
| Neutral | 8% | 4% | 1% |
| Not true | 2% | 3% | 1% |
| N/A | 1% | 1% | 0% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *There is a clear process for feedback about the advanced training I am supervising (whether general or sub-specialty)* | | | |
| True | 83% | 87% | 90% |
| Neutral | 11% | 8% | 6% |
| Not true | 5% | 4% | 4% |
| N/A | 1% | 2% | 1% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |

*Table 12 continued*

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I receive sufficient feedback from the DOT/DOAT about my Supervision of Advanced trainees* | | | |
| True | 54% | 45% | 59% |
| Neutral | 10% | 14% | 13% |
| Not true | 30% | 35% | 26% |
| N/A | 5% | 7% | 2% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *There are adequate procedures to monitor the progression of trainees in advanced training* | | | |
| True | 71% | 69% | 72% |
| Neutral | 14% | 12% | 14% |
| Not true | 14% | 15% | 14% |
| N/A | 2% | 3% | 0% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *There is an appropriate avenue for providing advanced trainees with informal and formal feedback* | | | |
| True | 86% | 86% | 93% |
| Neutral | 10% | 5% | 3% |
| Not true | 3% | 7% | 4% |
| N/A | 1% | 2% | 0% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |
| *I can provide trainees with opportunities to teach and supervise junior medical staff, students etc.* | | | |
| True | 76% | 82% | 87% |
| Neutral | 13% | 8% | 5% |
| Not true | 4% | 6% | 6% |
| N/A | 7% | 4% | 2% |
| ***Total respondents*** | ***116*** | ***130*** | ***125*** |

*For each of the following statements please indicate your response using the scale provided.*

## Training Program – Advanced Sub-Specialty

The following section provides detailed results for the supervision of Advanced Training sub-specialty programs. Due to the limited numbers for these questions the answers can be used a guide only.

**Table 13 Advanced Sub-Speciality Questions and Results**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **Adult Psychiatry** | | | |
| *I can provide trainees with sufficient exposure to a range of adults with complex needs and co morbid problems* | | | |
| True | 94% | 94% | 92% |
| Neutral | 6% | 4% | 6% |
| Not True | 0% | 2% | 2% |
| **Total respondents** | **47** | **49** | **53** |
| *I can provide trainees with enough opportunities to collaborate with a range of stakeholders including patients, carers, GPs, MDT, other healthcare professionals and community agencies* | | | |
| True | 98% | 94% | 93% |
| Neutral | 2% | 4% | 6% |
| Not True | 0% | 2% | 2% |
| **Total respondents** | **17** | **49** | **54** |
| **Forensic Psychiatry** | | | |
| *I can provide adequate access to supervised clinical placements in all of the following areas of forensic psychiatry: acute; rehabilitation; prison.* | | | |
| True | 92% | 100% | 94% |
| Neutral | 0% | 0% | 6% |
| Not True | 8% | 0% | 0% |
| **Total respondents** | **13** | **7** | **16** |
| *The program has the capacity to provide 50 medicolegal reports of various types under supervision over the course of 2 years (FTE).* | | | |
| True | 92% | 100% | 88% |
| Neutral | 8% | 0% | 6% |
| Not True | 0% | 0% | 6% |
| **Total respondents** | **13** | **8** | **16** |

*Table 12 Advanced Sub-Speciality Questions and Results continued.*

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **C-L Psychiatry** | | | |
| *I can provide trainees with a balance of increased clinical autonomy/ development of leadership skills, and continue providing adequate supervision and support.* | | | |
| True | 95% | 88% | 94% |
| Neutral | 5% | 6% | 6% |
| Not True | 0% | 6% | 0% |
| **Total respondents** | **21** | **17** | **18** |
| *I have adequate time (including in-hours time) to provide support (e.g. access to statistics programs, discussion at research meetings, assistance with grants and ethics committees) and to help trainees complete the scholarly project on schedule.* | | | |
| True | 67% | 59% | 74% |
| Neutral | 5% | 12% | 16% |
| Not True | 29% | 29% | 11% |
| **Total respondents** | **21** | **17** | **19** |
| **POA** | | | |
| *I am able to provide appropriate supervision on FPOA research projects.* | | | |
| True | 77% | 67% | 77% |
| Neutral | 8% | 24% | 14% |
| Not True | 15% | 10% | 9% |
| **Total respondents** | **13** | **21** | **22** |
| *I can provide trainees with access to a range of clinical settings in accordance with FPOA logbook requirements.* | | | |
| True | 100% | 100% | 91% |
| Neutral | 0% | 0% | 9% |
| Not True | 0% | 0% | 0% |
| **Total respondents** | **13** | **21** | **12** |
| **Psychotherapies** | | | |
| *The Formal Education Course specific to the psychotherapies modality is meeting trainees' needs and links well with their clinical supervised casework.* | | | |
| True | 73% | 65% | 75% |
| Neutral | 13% | 12% | 0% |
| Not True | 13% | 24% | 25% |
| **Total respondents** | **15** | **17** | **12** |
| *I can encourage trainees to develop increased clinical autonomy with their chosen psychotherapy modality and continue providing adequate supervision and support.* | | | |
| True | 82% | 83% | 93% |
| Neutral | 18% | 11% | 7% |
| Not True | 0% | 6% | 0% |
| **Total respondents** | **17** | **18** | **14** |

*Table 12 Advanced Sub-Speciality Questions and Results continued.*

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| **Addiction** | | | |
| *I am able to adequately cover and supervise the core areas of advanced training in addiction psychiatry (opioid substitution treatment, consult/liaison aspects of addiction, planned withdrawal treatments, generic AOD treatments) and teach trainees about the relationship between chronic pain and addiction.* | | | |
| True | 100% | 75% | 70% |
| Neutral | 0% | 0% | 20% |
| Not True | 0% | 25% | 10% |
| **Total respondents** | **7** | **4** | **10** |
| *I can provide adequate support to help trainees complete the quality improvement project and the public health components of advanced training.* | | | |
| True | 75% | 33% | 91% |
| Neutral | 12% | 33% | 0% |
| Not True | 12% | 33% | 9% |
| **Total respondents** | **8** | **3** | **11** |
| **Child and Adolescent** | | | |
| *The training program provides trainees with adequate clinical exposure training with children across the age bands 0-5 yrs, 6-12 yrs, and 13-17yrs.* | | | |
| True | 81% | 100% | 89% |
| Neutral | 15% | 0% | 0% |
| Not True | 4% | 0% | 11% |
| **Total respondents** | **27** | **28** | **18** |
| *Trainees receive enough opportunity to consult with schools, welfare, justice, NGO and other agencies providing services to children and adolescents.* | | | |
| True | 93% | 93% | 89% |
| Neutral | 4% | 7% | 6% |
| Not True | 4% | 0% | 6% |
| **Total respondents** | **27** | **28** | **18** |

## Question 20: Workplace Conditions – Workload, Environment, and Facilities

Responding supervisors' responses to workplace conditions are shown in Table 14.

- Between eight-one (81%) and eighty-seven (87%) said that they had access to the required resources and facilities.
- Over 8 in 10 (83% to 87%) stated that they worked in a supportive environment and 92% said they worked in a safe environment.
- Over half (51% to 61%) stated that their workload did not interfere with their ability to attend scheduled work activities. Between 21% and 27%, however, stated that their workload did interfere with the supervision. This finding shows that over a quarter have difficulty providing time for supervision and training requirements. The ongoing monitoring of workforce trends, service delivery and training requirements is needed to ensure that supervisors are able to provide the training necessary to develop new psychiatrists. It is noted that the College does not control service delivery and patient care is a priority. The ongoing monitoring of service and training requirements however may assist in providing a more achievable balance. This is especially true when evaluating the 2012 Fellowship program.

**Table 14 Workplace Conditions – Workload, Supportive Environment, Safe Environment, and Facilities**

| | 2011 | 2012 | 2013 |
|---|---|---|---|
| *I have access to the facilities I need for my work and teaching e.g. teaching and clinical spaces, access to computers and learning resources are appropriate for my needs* | | | |
| True | 81% | 87% | 86% |
| Neutral | 11% | 6% | 7% |
| Not True | 7% | 5% | 7% |
| N/A | 1% | 1% | 0% |
| **Total** | **283** | **330** | **336** |
| *I work in a safe environment* | | | |
| True | 92% | 92% | 92% |
| Neutral | 5% | 4% | 5% |
| Not True | 2% | 3% | 3% |
| N/A | 1% | 0% | 0% |
| **Total** | **283** | **330** | **336** |
| *I work in a supportive environment* | | | |
| True | 83% | 85% | 87% |
| Neutral | 9% | 7% | 9% |
| Not True | 7% | 7% | 4% |
| N/A | 1% | 0% | 0% |
| **Total** | **283** | **330** | **336** |
| *My workload does not interfere with my ability to provide supervision and training* | | | |
| True | 61 | 60 | 51 |
| Neutral | 16 | 18 | 22 |
| Not True | 21 | 21 | 27 |
| N/A | 0 | 0 | 0 |
| **Total** | **283** | **330** | **336** |

*For each of the following statements please indicate your response using the scale provided.*

## Other Comments

### Question 21: Further Comments on the Program and Supervision Issues

Supervisors were asked to provide any further comments regarding the program and supervision related issues, these are shown in Table 15. Respondents could provide more than one comment. Summaries and examples of comments are provided in Table 16, Table 17 and Table 18. The most frequent comments focused on balancing service delivery and training requirements, increased supervision time in the new program, and the lack of resources to supervise.

**Table 15 Additional Comments Regarding the Training Program and Supervision - %**

| **Theme 2011** | **Percent %** | **Total Responses** |
|---|---|---|
| Supervision and training provision versus service delivery | 15% | 33 |
| The workload is too high | 13% | 28 |
| Satisfied with the program | 13% | 28 |
| | | **214** |
| **Theme 2012** | **Percent %** | **Total Responses** |
| Supervision and training provision versus service delivery | 20% | 29 |
| Lack of resources and time to supervise | 17% | 26 |
| Satisfied with program and trainees | 11% | 17 |
| | | **149** |
| **Theme 2013** | **Percent %** | **Total Responses** |
| Supervision and training provision versus service delivery | 8% | 34 |
| Increased supervision in new program | 5% | 21 |
| Lack of resources to supervise | 5% | 20 |
| | | **166** |

*Question: What additional comments would you like to make regarding your training program, supervision and work arrangements?*

**Table 16 Examples of Comments by Theme - 2011**

| 2011 Examples | Examples of comments |
|---|---|
| Supervision – training provision versus service delivery | The tension between clinical workload and meeting training demands is high. |
| | Clinical commitments and the expected workload can be challenging in regards to supervision time management. |
| | It is too heavily weighted service needs. The registrars have excessive exposure to only acute psychiatry in order to service the needs of the service and not enough exposure to the rest of psychiatry such as community and the subspecialty areas. |
| The workload is too high | There is a discrepancy in workload distribution within city based mental health services. Tertiary teaching hospitals are overloaded with consultants and trainees while busy peripheral city hospitals have all the difficult patients and not enough resources. |
| | In our program, it is still common for the supervisor and the trainee to struggle to find time for regular supervision. This can be improved if supervision time is loaded upfront not only into our job descriptions but also into our job sizing. |
| | The time available for formal supervision has decreased over the years because of increased work load for both supervisors (psychiatrists) and trainee. |
| Satisfied with program | Currently very happy with present arrangements. Quality of registrars has been almost always good |
| | It is generally a positive experience over the years being challenged by trainees |
| | The training program is well developed and has a comprehensive academic program. I feel that supervisors are well informed of content of these sessions. There are very good opportunities for trainees to gain a broad range of experience across the developmental span in this subspecialty. |

**Table 17 Examples of Other Comments by Theme – 2012**

| 2012 Examples | Examples of comments |
|---|---|
| Supervision – training provision versus service delivery | There are always difficulties with high workload demands intruding on dedicated supervision times. |
| | Very busy centre, 100% increase in patient load over last 6 years, with 10% increase total staffing only, and several posts unfilled at present secondary to problems recruiting experienced staff. |
| | At times I'm quite thinly spread, which makes supervision (which I enjoy being part of) challenging. Service needs are often seen by my organisation as taking precedence over training / supervision needs, and it requires constant vigilance to ensure registrar training is prioritised. |
| Lack of resources and time to supervise | More and more expectation on supervisors with not adequate resources. |
| | While our area is supportive of training, there is 'no time' to prepare teaching during work hours. |
| | Teaching is of the lowest priority in public mental health services. All services are pressured to maintain a high turnover and meet targets set by bureaucrats who are not concerned about training quality. I would always like more time to supervise and support trainees, work facilities are substandard which employer recognises but no quick fix available |
| Satisfied with program and trainees | Very stable environment to nurture and support trainees.<br>I find the local training program to be of high quality and easily accessible for assistance.<br>Feedback regarding supervision provided would be helpful. |
| | I have been fortunate in working with an excellent multidisciplinary team that provides significant input into the registrar's experience. I have also been blessed with extremely good registrars for whom I have provided supervision. |
| | The training program offers assistance to the trainees to progress through their training in a timely manner. |

**Table 18 Examples of Other Comments by Theme - 2013**

| 2013 Examples | Examples of comments |
|---|---|
| Supervision – training provision versus service delivery | Service delivery drives the agenda of the day. |
| | In addition to high acute workload, there has been ongoing shortage of psychiatrists and delay in recruitment due to budgetary reasons. |
| | It is an ongoing challenge to work in QLD under enormous workload with limited FTE, dealing with complex high needs and risk issues with significant legislative, medico-legal/MHA requirements to be met. |
| Increased supervision time in the new program | The new CBFP changes the supervisor - supervisee relationship in a potentially negative way, I find they are unlikely to come for the emotional support / mentoring that is valuable because so much time and attention is given to assessments (WBA / EPAs) |
| | The new competency based paperwork is over inclusive and repetitious. Supervisors find them difficult and there should be a concise explanation of what is needed for every stage and a regular newsletter outlining ways of doing the WBA's in an efficient manner. There is a great overlap and some of the EPA's will not be achievable unless done in the first year (E.C.T). Overall the implementation training of supervisors have not equipped them to deal with the large admin tasks needed. |
| | The progressive changes that have relentlessly increased the non clinical and administrative burden on experienced clinicians and supervisors is ridiculous and in my view has done nothing to improve the outcome for the trainees |
| Lack of resources | An online CME program would be good for an update on the new curriculum. A combination of video presentations, explanatory notes and some basic test questions could potentially take the place of a workshop |
| | I have a shared office and which can often make it difficult to find a private space for supervision |
| | Resourcing is affected by the lack of funding. Stressful for trainees as well.<br><br>As a new consultant I need support, secured space and time to perform well in my role as a supervisor which is hard to get. |