

Report on the Annual Training Survey for Trainees

Trends 2011-13

working
with the
community

Approved Board

20 March 2016

Executive Summary

Introduction

The annual survey of trainees was designed to inform the College, the Education Committee (EC) and its committees, and accreditation site visitors on aspects of the training program. This survey was distributed annually to all active trainees across Australia and New Zealand. Key aspects such as supervision, the Formal Education Courses, Basic Training, Advanced Training, sub-specialty programs, and workplace conditions were all covered. Results from this survey were used to assist in the continuous improvement of the RANZCP training program.

Objective

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

Background and History

- In 2009, the College made the decision to collate data on trainee and supervisor perceptions of the training program. The purpose of these surveys was to inform the College of key issues affecting trainees and supervisors in the College training program. The data was also to be used to inform accreditation site visitors about teaching and learning issues present in the training program. Data was to be collected over a number of years to allow longitudinal trends to be identified.
- Initially a feasibility study was set up to scope out the requirements and the content of the surveys. This was completed by the College staff, along with an external consultant, an independent psychologist with a background in research and the Accreditation Working Party (AWP, reporting to Board of Education, BOE, at the time, now EC along with a selection of trainees to help develop content.
- The training regulations and accreditation standards were used as guides to develop the survey content along with trainees, supervisors, and Directors of Training (DOTs) input.
- The feasibility study evaluated the surveys with respect to the following:
 - Appropriateness of the Likert scale used in the survey
 - Consistency of items included in the two versions
 - Item content and wording
 - Quality of the data the survey are likely to yield and its suitability for analysis
 - How data from the surveys can be analysed
 - Whether the surveys will achieve the desired objective
- Following the feasibility study, the surveys were revised and a pilot study conducted in late 2009. Results were again reviewed by the independent consultant as well as the AWP, BOE (now the EC) and the Committee For Training (CFT).
- A revised pilot study was then sent to three training regions in late 2010 to NSW, VIC, and WA. These results were again reviewed by all key stakeholders and revisions made. These findings were reviewed by the BOE (now EC), Fellowship Attainment Committee (FAC, functions now completed by the EC), and CFT.
- More Advanced Training questions were included for the 2011 survey. The Subcommittees of Advanced Training (SAT) Chairs and committees provided questions for the Advanced Training sub-specialties.
- The AWP then reviewed and tested the surveys for implementation in 2011. During the data collection the AWP ceased activities as the decision to form the Accreditation Subcommittee (ASC, now the Accreditation Committee) was finalised. The reviewing of the reports were then passed to the Committee for Educational Quality and Reporting (CEQR) in the interim as the ASC was not operational until late 2012.

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- The ASC decided in 2013 that the surveys did not fit with their new objectives and directions. As a result, the ASC decided to stop the surveys being conducted, however, the decision was blocked by the CFT on the grounds that the information was relevant to the current accreditation review procedures. The surveys were run in 2011, 2012, and 2013 as a result.
- The ASC became the Accreditation Committee (AC) during the 2014 governance review. During 2014, the AC finalised new standards and protocols for the accreditation visits. As part of this, they recommended to the EC that the surveys were discontinued in favour of a new mid-cycle review. The trends paper collating results from 2011-13 represents the finalisation of the project.

Methods

The trainee survey was conducted in 2011, 2012 and 2013. The survey was conducted in all training regions in Australia and New Zealand. All active trainees were sent an email containing the details of the survey, an information sheet, and a link to the online survey. Reminder emails were sent to boost the response rate. A prize of an Apple i-pad was offered as an incentive to boost the response rate. Copies of the information sheet, invitation letter, and reminder letters are available in the yearly reports.

Sample and Response Rates

2011

A total of 1206 trainee surveys were sent out with 438 being completed giving a response rate of 36%.

Basic Training Response Rate

A total of 985 surveys were sent out to Basic trainees. A total of 273 or 28% were completed.

Advanced Training Response Rate

A total of 221 surveys were sent out to Advanced trainees and Fellows in Training. A total of 165 or 75% were completed.

2012

A total of 1340 trainee surveys were sent out with 398 being completed giving a response rate of 30%.

Basic Training Response Rate

A total of 1095 surveys were sent out to Basic trainees. A total of 254 or 23% were completed.

Advanced Training Response Rate

A total of 245 surveys were sent out to Advanced trainees and Fellows in Training. A total of 144 or 59% were completed.

It is noted that there are limited numbers of Advanced trainees in each sub-specialty in each training region, thus limiting the ability to generalise the results.

2013

A total of 1401 trainee surveys were sent out with 409 being completed giving a response rate of 30%.

Stage 1 Response Rate

A total of 167 surveys were sent out to Stage 1 trainees. A total of 54 or 32% were completed.

Basic Training Response Rate

A total of 829 surveys were sent out to Basic trainees. A total of 223 or 27% were completed.

Advanced Training Response Rate

A total of 161 surveys were sent out to Advanced trainees and 249 to Fellows in Training. A total of 99 or 61% were completed by Advanced Trainees and 13% by Fellows in Training.

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It is noted that there are limited numbers of Advanced trainees in each sub-specialty in each training region, thus limiting the ability to generalise the results.

Ratings 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 and Recommendations

Service Delivery and Training Requirements

Maintaining a balance between service delivery and meeting training requirements is an ongoing concern that has been raised by trainees in this survey from 2011 to 2013. It is widely acknowledged that there are growing workforce issues and an increasing demand on Psychiatric services, however, being able to complete training requirements is a necessity of the profession and a balanced integrated system is required. Patient care is the primary goal and ensuring that trainees are able to access adequate training to continue to develop their skills is required. The College should continue to monitor this item with a view towards the 2012 Fellowship program.

Feedback to Supervisors

The supervisor - trainee relationship is marked by an ongoing dialogue between both parties to enhance and develop the skills of the trainee. Within this relationship, there must be feedback to and from the supervisor. This process allows for the development of the relationship and can improve the supervisor – trainee relationship as it provides more targeted and directed training. Providing trainees with an avenue to deliver feedback to their supervisor(s) is an essential part of training. Ongoing monitoring of this item is required as the implementation of the 2012 Fellowship program continues.

Access to Supervision Hours

Trainees indicated that they had difficulty accessing supervision hours and that supervision was often variable. Access to supervision forms a key element of training especially in the early stages of the Basic Training program/Stage 1. Whilst the balance between service delivery and training is important, access to adequate training/supervision is also needed to ensure that trainees can provide an appropriate level of care. The move to a competency based training program may help to reduce any gaps in access to supervision through the completion of Entrustable Professional Activities (EPAs) and Workplace-based Assessments (WBAs). Ongoing monitoring of this item is required.

Formal Education Courses (FECs)

The standard of the Formal Education Courses (FECs) was raised by trainees as being an issue. It is acknowledged that the Education Committee (EC) has already taken action on this item through other means. Ongoing monitoring of the FECs is required as changes are made.

Psychotherapies Training

Trainees in this survey from 2011 to 2013 have identified psychotherapies training as a concern. This issue has been raised previously through other means, it is acknowledged that the EC is already in the process of looking at the delivery of Psychotherapies training.

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Appropriateness of Supervision and Negotiation of Goals

Trends from 2011-2013 show that there was a decline in the belief that trainees were receiving supervision that is appropriate for needs. The drop from 82% to 68% should be monitored. It is noted however, that this may reflect the workforce shortages and increase difficulty in meeting service needs whilst delivering training requirements. The negotiation of learning goals showed a higher level of disagreement than other items. This may again be attributed to restricted time. However, it represents a key component of training and further monitoring may be required.

Results: Trends 2011-13

Question 1: Response Rate

The response rate for all training regions is shown Table 1. The response rates have been classified by the stage of training, i.e., Basic or Transitional trainee. Table 1 shows the response rate for individual training regions, i.e., % responded from each region. The response rates varied from 29% to 80% across all branches. The response rate by is shown in Table 2.

Table 1 Response Rate by Training Region – Stage 1 and Basic Training

Answer Options	2011	2012	2013
ACT	47%	33%	57%
NSWN	45%	39%	51%
NSWNEW	43%	36%	47%
NSWNW	36%	33%	65%
NSWSESI	36%	33%	29%
NSWSSW	49%	33%	46%
NT	80%	50%	50%
NZAUCK	33%	42%	49%
NZCHRI	71%	46%	55%
NZDUN	33%	31%	53%
NZUCNI	54%	32%	24%
NZWELL	29%	62%	41%
QLD	37%	34%	37%
SA	65%	47%	47%
TAS	31%	38%	30%
VICN	58%	33%	37%
VICS	44%	32%	49%
VICW	32%	42%	37%
WA	50%	36%	43%

*Note. The response rates do not include those that had incorrect emails, were withdrawn or had not started training at the start of July. Represent completed surveys only.

Table 2 Response Rate by Location – For All Respondents

Location	2011	2012	2013
ACT	43%	33%	50%
NSW	35%	35%	28%
NT	50%	50%	44%
NZ	36%	44%	30%
QLD	32%	34%	28%
SA	53%	47%	33%
TAS	25%	38%	22%
VIC	35%	35%	27%
WA	46%	36%	31%

Results: Trends 2011-13

Question 2: Organisation (Multiple Response)

The type of organisation that the responding trainees were involved in is summarised in Table 3. The most frequently reported organisation type was a public hospital followed by community centre and area health service.

Table 3 Organisation Type - %

Organisation Type	2011*	2012	2013
Hospital - Public	49%	68%	67%
Area Health Service	36%	24%	23%
Community Centre	Not asked in 2011	22%	23%
District Health Board	10%	9%	10%
Hospital – Private/Private Practice	3%	4%	5%
Other	3%	4%	6%
Government	2%	4%	4%
Total Responses	438	398	409

Please select your current organisation/Hospital (Select all that apply) from the following list...

*Note: In 2011, this question was asked as an open-ended question with only one response. The 2011 data was then used to develop categories for the 2012 and 2013 surveys.

Question 3: Clinical Setting (Multiple Response)

The different clinical settings of trainees are shown in Table 4. Table 5 shows the responses from the other please specify category, these responses are uncategorised. Trainees were most commonly situated in acute adult or non-acute adult clinical settings.

Table 4 Clinical Settings of Trainees - %

Organisation Type	2011*	2012	2013
Acute Adult	38%	40%	45%
Non-Acute Adult	24%	25%	29%
Child and Adolescent	14%	24%	15%
Consultation-Liaison	17%	16%	15%
Forensic	6%	5%	6%
Psychiatry of Old Age	12%	15%	14%
Indigenous	4%	4%	3%
Addiction	6%	9%	9%
Other	11%	7%	9%
Total Responses	437	398	405

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

*Note: In 2011, this question was asked as an open-ended question. The 2011 data was then used to develop categories for the 2012 and 2013 surveys.

Results: Trends 2011-13

Table 5 Question 3 - Other responses

Top Themes 2013	Total Responses
Eating Disorders	4
Neuropsychiatry	4
Perinatal	4
Top Themes 2012	Total Responses
Perinatal Psychiatry	4
Maternal Mental Health	3
Neuropsychiatry	2
Top Themes 2011	Total Responses
Community Settings	6
Perinatal Psychiatry	4
Primary Mental Health	4

Question 4: Training Classification

The level of training for all respondents are outlined in Table 6. A transitional trainee is one that has started before the introduction of the amended training regulations in December 2003.

Table 6 Respondents by Training Classification - %

Training classification	2011	2012	2013
Stage 1 or Stage 2	N/A	N/A	13%
Basic	60%	62%	53%
Advanced	29%	28%	24%
Transitional	2%	2%	2%
Fellows in Training	9%	8%	8%
Total Responses	438	398	409

Question: Level of training program

Question 5: Basic Training – Supervision, Clinical Responsibility, and Feedback

The responding trainees' perceptions of Basic Training requirements such as supervision arrangements and feedback are shown in Table 7. Responses to these items were generally positive. Areas of concern include the decreasing trend in understanding the lines of clinical responsibility. The appropriateness of the supervision shows a decline and a higher level of disagreement when compared to other responses and should be monitored. The responses to the negotiation of learning goals item shows that over 20% disagree. This item should be monitored as the 2012 Fellowship is implemented.

Results: Trends 2011-13

Table 7 Basic Training Requirements – Supervision, Clinical Responsibility and Feedback - %

	2011	2012	2013
<i>Including individual supervision, I receive at least 4 hours supervision each week by attending ward reviews and other meetings with supervisor(s) or working alongside supervisor(s)</i>			
True	79%	81%	78%
Neutral	9%	8%	8%
Not true	12%	10%	13%
N/A	0%	1%	1%
Total respondents	385	353	357
<i>I am clear about the line of clinical responsibility for patients in my current placement even when my supervisor is on leave and during after-hour duties</i>			
True	80%	79%	75%
Neutral	8%	11%	10%
Not true	11%	9%	15%
N/A	1%	1%	1%
Total respondents	385	353	357
<i>I can provide feedback on the quality of supervision I receive</i>			
True	90%	92%	89%
Neutral	5%	4%	5%
Not true	5%	3%	5%
N/A	0%	1%	1%
Total respondents	385	353	357
<i>The supervision I receive is appropriate for my training needs</i>			
True	82%	69%	68%
Neutral	8%	10%	13%
Not true	10%	13%	17%
N/A	0%	8%	1%
Total respondents	385	353	357
<i>At the commencement of the rotation/learning experience my supervisor negotiates with me the individual learning goals and rotation objectives</i>			
True	71%	76%	68%
Neutral	12%	11%	10%
Not true	16%	12%	21%
N/A	1%	1%	1%
Total respondents	385	353	357
<i>My supervisor provides feedback on my performance on a regular basis</i>			
True	72%	73%	72%
Neutral	12%	16%	14%
Not true	15%	11%	13%
N/A	1%	1%	1%
Total respondents	385	353	357

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

Results: Trends 2011-13

Question 6: Basic Training – FEC, Remediation, Assessment, and Regulations

Trainee's perceptions of the FEC, remediation, assessment and regulations are outlined in Table 8. The low positive responses to the FEC program are a concern. It is noted that the EC is already in the process of addressing this issue but ongoing monitoring should continue. The increase in satisfaction with the Basic Training program is noted. The slightly raised levels of disagreement on assistance with examination preparation were also noted.

Table 8 Basic Training Requirements – Regulations, Remediation, and Assessments - %

	2011	2012	2013
<i>The formal education course (basic) is meeting my needs</i>			
True	49%	52%	44%
Neutral	16%	15%	18%
Not true	22%	18%	21%
N/A	13%	15%	18%
Total respondents	381	345	353
<i>The overall basic training program meets my training needs</i>			
True	56%	60%	67%
Neutral	18%	16%	7%
Not true	15%	11%	19%
N/A	11%	12%	7%
Total respondents	381	345	353
<i>I receive helpful and timely feedback on my progress</i>			
True	60%	65%	63%
Neutral	17%	16%	18%
Not true	20%	16%	17%
N/A	3%	3%	2%
Total respondents	381	345	353
<i>I have access to remediation assistance as required</i>			
True	34%	38%	36%
Neutral	9%	6%	6%
Not true	13%	9%	14%
N/A	43%	47%	44%
Total respondents	381	345	353
<i>I have access to all mandatory training experiences as required by the Training Regulations</i>			
True	79%	81%	78%
Neutral	9%	8%	10%
Not true	9%	8%	9%
N/A	3%	4%	2%
Total respondents	381	345	353

Results: Trends 2011-13

Table 8 continued

	2011	2012	2013
<i>I have timely access to my local Training Coordinator/Director of Training to discuss my training needs</i>			
True	81%	84%	75%
Neutral	7%	7%	10%
Not true	9%	7%	12%
N/A	2%	2%	3%
Total respondents	381	345	353
<i>Assistance is provided with assessment tasks such as exam preparation that is relevant and useful</i>			
True	69%	74%	67%
Neutral	11%	10%	7%
Not true	12%	9%	19%
N/A	8%	7%	7%
Total respondents	381	62	353

Note: In Question 6d the not applicable (N/A) responses reflect the Trainees that had not utilised the remediation processes. Question: For each of the following statements please indicate your response using the scale provided.

Advanced Training

Question 7: Training Classification

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 9 Training Classification – Basic, Advanced, Fellow in Training or Transitional Trainee - %

Training classification	2011	2012	2013
Basic and Stage 1 or Stage 2	65%	68%	69%
Advanced, Transitional or Fellows in Training	35%	33%	31%
Total Responses	381	345	353

Question: The next section is for Advanced trainees only. Please select your level of training from the options below

Question 8: Advanced Training Streams

The separation of Advanced Trainees into Generalist (only) or Advanced sub specialty streams is outlined in Table 10. The majority of responding Advanced trainees were completing the generalist stream of training.

Table 10 Advanced Training Streams and Sub-Speciality Training Programs - %

Answer Options	2011	2012	2013
Generalist	54%	50%	56%
Child and adolescent psychiatry	14%	24%	11%
Psychiatry of old age	11%	11%	11%
Forensic psychiatry	8%	6%	10%
C-L Psychiatry	10%	6%	9%
Adult psychiatry	4%	9%	8%
Psychotherapies	13%	9%	8%
Addiction	0%	5%	7%
Other (please specify)	1%	2%	1%
Total Responses	165	139	142

Question: Please select the Advanced Training stream(s) you are completing, Tick all that apply.

Results: Trends 2011-13

Question 9: Advanced Training Program and Requirements

Responding Advanced trainees' perceptions of the training program are shown in Table 11. The decreasing level of satisfaction with the FECs is noted. As indicated previously, the EC is already addressing the issues regarding FECs but further monitoring should occur. The dramatic decrease in the level of agreement regarding the clear process of feedback is noted as a concern as is the decrease in the access to mandatory training experiences and access to feedback from their DOT. The latter however, may be due to the running of two training programs and an increased workload of DOTs from 2012 onwards.

Table 11 Advanced Training Program and Requirements - %

	2011	2012	2013
<i>The advanced training program meets my needs</i>			
True	75%	78%	69%
Neutral	14%	12%	15%
Not true	10%	8%	10%
N/A	1%	2%	6%
Total respondents	165	139	142
<i>The sub speciality advanced training program(s) is providing me with the skills I require to be a practicing psychiatrist in my chosen speciality</i>			
True	60%	63%	51%
Neutral	8%	9%	12%
Not true	9%	4%	8%
N/A	22%	24%	29%
Total respondents	165	139	142
<i>The generalist training program is providing me with the skills I require to be a practicing psychiatrist (e.g., application of consulting skills, development of leadership and management)</i>			
True	65%	67%	61%
Neutral	15%	16%	12%
Not true	9%	4%	11%
N/A	11%	14%	17%
Total respondents	165	139	142
<i>The formal education course (advanced) is meeting my academic needs</i>			
True	64%	67%	52%
Neutral	16%	12%	19%
Not true	11%	13%	15%
N/A	9%	9%	14%
Total respondents	165	139	142
<i>I am clear about the training and learning objectives of the advanced training program</i>			
True	70%	79%	71%
Neutral	16%	11%	13%
Not true	13%	8%	11%
N/A	1%	2%	6%
Total respondents	165	139	142

Results: Trends 2011-13

Table 11 continued.

	2011	2012	2013
<i>I have access to all mandatory advanced training experiences</i>			
True	80	78	70
Neutral	11	9	13
Not true	7	9	11
N/A	1	4	6
Total respondents	165	139	142
<i>I receive helpful and timely feedback (from Supervisors/DOT/DOAT) on my progression through advanced training</i>			
True	78	78	65
Neutral	13	7	15
Not true	7	11	13
N/A	1	4	7
Total respondents	165	139	142
<i>There is a clear process for feedback about the advanced training I am enrolled in (whether general or sub-specialty)</i>			
True	73	72	56
Neutral	13	11	19
Not true	12	13	20
N/A	1	4	6
Total respondents	165	139	142
<i>I have opportunities to teach and supervise junior medical staff, students etc.</i>			
True	79	86	76
Neutral	10	7	12
Not true	10	6	9
N/A	1	1	3
Total respondents	165	139	142

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

Results: Trends 2011-13

Advanced Training Sub-Specialties (Questions 10-16)

The results for the Advanced Training sub-specialties are shown in Table 12. The limited numbers in some sub-specialties mean that caution must be used when interpreting the results and generalising them. Overall, the responses were generally positive. Feedback on Psychotherapies, however was notably lower than other sub-specialties. The decrease in satisfaction with the Child and Adolescent Psychiatry and Psychiatry of Old Age items is noted as a concern. The Addiction items have limited numbers and there are variations as a result. Caution must be used when interpreting the results.

Table 12 Advanced Training Sub-Specialities

	2011	2012	2013
Adult			
<i>I have sufficient exposure to a range of adults with complex needs and co morbid problems.</i>			
True	91%	94%	87%
Neutral	7%	3%	3%
Not True	2%	3%	10%
Total Responses	42	32	30
<i>I have opportunities to collaborate with a range of stakeholders including patients, carers, GPs, MDT, other healthcare professionals and community agencies.</i>			
True	88%	94%	83%
Neutral	7%	3%	3%
Not True	5%	3%	13%
Total Responses	42	32	30
Forensic Psychiatry			
<i>I have access to supervised clinical placements in all of the following areas of forensic psychiatry e.g., acute; rehabilitation; prison.</i>			
True	100%	100%	82%
Neutral	0%	0%	12%
Not True	0%	0%	6%
Total Responses	15	9	17
<i>I am able to complete 50 medico-legal reports of various types under supervision over the course of 2 years (FTE).</i>			
True	93%	100%	67%
Neutral	0%	0%	22%
Not True	7%	0%	11%
Total Responses	15	9	18

Results: Trends 2011-13

Table 12 continued.

C-L Psychiatry			
<i>The placement provides a balance between increased clinical autonomy/ opportunity for the development of leadership skills, and the continuance of adequate supervision and support.</i>			
True	84%	91%	79%
Neutral	5%	0%	14%
Not True	10%	9%	7%
Total Responses	19	11	14
<i>There is adequate time (including some devoted in-hours time) and support (e.g. access to statistics programs, discussion at research meetings, assistance with grants and ethics committees) allocated to complete the scholarly project on schedule.</i>			
True	58%	91%	60%
Neutral	16%	0%	20%
Not True	26%	9%	20%
Total Responses	19	11	15
Psychiatry of Old Age			
<i>I have access to appropriate supervision for my FPOA research project.</i>			
True	86%	87%	75%
Neutral	0%	13%	0%
Not True	14%	0%	25%
Total Responses	21	15	16
<i>I have access to a range of clinical settings that provide me with the opportunity to complete my FPOA logbook requirements.</i>			
True	86%	87%	65%
Neutral	0%	0%	6%
Not True	13%	13%	29%
Total Responses	22	15	17
Psychotherapies			
<i>The Formal Education Course specific to my psychotherapies modality is meeting my needs.</i>			
True	60%	69%	60%
Neutral	24%	8%	7%
Not True	16%	23%	33%
Total Responses	25	13	15
<i>Within my current working environment, I am able to access appropriate patients, which allows me to develop the competencies required in my chosen modality of the psychotherapies.</i>			
True	62%	60%	56%
Neutral	12%	7%	11%
Not True	25%	33%	33%
Total Responses	24	15	18

Results: Trends 2011-13

Table 12 continued.

Addiction			
<i>I was able to adequately cover the core areas of advanced training in addiction psychiatry, i.e. opioid substitution treatment, consult/liason aspects of addiction, planned withdrawal treatments, generic AOD treatments, and get experience of the relationship between chronic pain and addiction.</i>			
True	100%	71	71%
Neutral	0%	14	21%
Not True	0%	14	7%
Total Responses	3	7	14
<i>I had adequate support to complete the quality improvement project and the public health components of addiction psychiatry training.</i>			
True	100%	50%	57%
Neutral	0%	33%	21%
Not True	0%	17%	21%
Total Responses	3	6	14
Child and Adolescent Psychiatry			
<i>My sub-specialty training experience is giving me adequate clinical exposure to children across the age bands 0-5 yrs, 6-12 yrs, and 13-17yrs.</i>			
True	70%	82%	71%
Neutral	22%	12%	0%
Not True	9%	6%	29%
Total Responses	23	34	17
<i>My subspecialty training experience is providing me with adequate opportunity to consult with schools, welfare, justice, NGO and other agencies providing services to children and adolescents.</i>			
True	80%	88%	71%
Neutral	17%	3%	18%
Not True	4%	9%	12%
Total Responses	24	34	17

Results: Trends 2011-13

Question 17: Workplace Conditions – Facilities, Environment and Workload

Responses to the workplace conditions for access to facilities, safe and supportive environment, and workload are shown in Table 13. The items on workplace conditions were generally positive and stable across all three years. Noting that over half of the trainees in all three years stated that the workload did not interfere with training, however, over a quarter disagreed. On ongoing monitoring of this item is required.

Table 13 Workplace Conditions – Access to Facilities, Environment, and Workload - %

	2011	2012	2013
<i>I have access to the facilities I need for my work and teaching e.g. teaching spaces, access to computers and learning resources are appropriate for my needs</i>			
True	73%	76%	75%
Neutral	16%	14%	11%
Not True	10%	8%	13%
N/A	2%	2%	1%
<i>I work in a safe environment</i>			
True	84%	84%	81%
Neutral	8%	10%	12%
Not True	7%	4%	7%
N/A	1%	2%	0%
<i>I work in a supportive environment</i>			
True	80%	82%	74%
Neutral	11%	10%	14%
Not True	8%	6%	11%
N/A	1%	2%	0%
<i>My workload does not interfere with my ability to attend scheduled learning activities</i>			
True	53%	60%	52%
Neutral	17%	17%	17%
Not True	26%	19%	28%
N/A	4%	5%	2%
Total Responses	410	368	381

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

Results: Trends 2011-13

Question 18: Additional Comments

The additional responses from responding trainees were coded to produce Table 14 and Table 15. Trainees' could provide more than one comment. The most frequently mentioned concerns were service delivery and training issues and variable supervision. It is notable that trainees referred to the good support that they received over the course of their training. Summaries and examples of comments are provided in Table 15.

Table 14 Additional Comments Regarding the Training Program and Supervision - %

Theme 2011	Percent %	Total Responses
Satisfied with the training program and supervision	25%	24
Issues with services delivery vs. training	15%	19
The workload is excessive	9%	19
Theme 2012	Percent %	Total Responses
Satisfied with support and training provided	18%	32
Difficulties accessing supervision	12%	21
Satisfied with supervision received	11%	20
Theme 2013	Percent %	Total Responses
Service delivery versus training	15%	33
Review training requirements and exams	12%	28
Received good support	12%	28

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

Table 15 Examples of Other Comments and Categories

2011 Examples	Examples of comments
Satisfied with the training program and supervision	Good training program, excellent supervisors and fairly good work arrangements.
	The old-age training program is comprehensive, while still being flexible and leaves me with a sense of competency in my chosen field.
	My positive responses are a reflection of my current circumstances - i.e. in private practice, with my own consulting rooms & staff, and having sought further training in an area of interest at post-fellowship level. Advanced training in psychotherapy has enabled me to finally practise with confidence and I am immensely grateful to all those who have assisted me in achieving this.
Issues with services delivery vs. training	The service requirements supersedes the training, there is little time to reflect on what I have seen clinically. Most of the times it is due to shortage of staff.
	Service provision sometimes limits training and teaching opportunities.
	Service provision demands repeatedly displaced training as the priority, what teaching that was available was limited to the particular predilections of the individuals involved and actively discouraged broader discussions. Consultants were generally avoidant and recalcitrant in situations where trainees required support and advocacy, leaving trainees to deal with highly disturbed and complex patients and dysfunctional teams of allied staff.
The workload is excessive	Workload especially in outpatient clinic is too much and there is little supervision in this area.
	The workload can impact significantly on the ability to complete other training requirements from the college and also attending mandatory Masters of Psychiatry lectures. Although training time is meant to be protected this is not always the case and being paged or called during this time is not unheard of, or having to arrive late/leave early.
	Serious thought needs to be given to workloads for consultants and Registrars / HMOs in the different settings in Psychiatry. Has anyone looked into what is safe for the patients that are being cared for and the impact of unworkable case loads on the physical and mental health of our colleagues? What evidence is there? I wish to highlight the stand taken by our nursing colleagues in such matters. Why is this issue not being looked into? It cannot be ignored or swept under the carpet until catastrophe strikes.
	There is a shortage of supervisors and many of them are part-time employees, some of them working 12 hours weekly. What sort of supervision and teaching you can get from the consultants who are paid and pressured by hospital to provide the service and who is available one and half day only.

Results: Trends 2011-13

Table 16 Examples of Other Comments and Categories - 2012

2012 Examples	Example Comments
Satisfied with support and training provided	<p>My supervisor is very supportive and makes a lot of effort to help me go through the process of learning at work. She takes the extra time to support me through the day's workload and is protective of my time to learn.</p> <p>Have worked in a number of different training regions and have felt very supported in my region, particularly in regards to supervision and preparation for clinical exams.</p> <p>Very happy with the training program.</p>
Difficulties accessing supervision	<p>Once Advanced Training is reached there is very little support or direction and a general sense of floundering.</p> <p>I have responded to the questions based on my first rotation for 2012. This was for the most part a quite disorganized, chaotic, highly aroused environment in which no regular supervision was provided, concerns raised about the relationship with the consultant and the safety of the environment were trivialized or ignored. No orientation was provided. No appropriate or timely feedback was provided. A policy of disempowerment and devaluing was pursued by the consultant, although the consultant seemed to lack insight into this, denying it when the subject was raised.</p> <p>Experience as a trainee is highly supervisor-dependent. Accessing alternative supervision may be required. This requires a proactive response from the trainee, to identify deficits early in a rotation and bring it the attention of a training facilitator so that alternative arrangements can be put in place.</p> <p>Even though I receive 2 hours of formal supervision a week, supervision at this point seems to be sporadic rather than a scheduled time and day. If it was structured to a specific day and time, I would be able to organise my work better around it.</p>
Satisfied with supervision received	<p>Supervision that I have received has always been excellent.</p> <p>Extremely supportive supervisors, both local and state level and managers who accommodate training needs. Can't expect any more.</p> <p>Very good consultant supervision, especially during on call shifts. Very good support from regional training director. Very pleased at the balanced approach taken by including CBT and psychodynamic theory in training - the latter has been extremely valuable in informing work and study.</p>

Results: Trends 2011-13

Table 17 Examples of Other Comments and Categories - 2013

2013 Examples	Example Comment
<p>Service delivery versus Training</p>	<p>Overtime commitments often mean that training and supervision are sacrificed.</p> <p>It has been difficult at times to gain enough time away from clinical workload to study for examinations, but that has been a problem with the service, than with training programme</p> <p>Work arrangements are of the most concerning. I work in an area where we have many staff vacancies. Our workload is excessive and it is very difficult to be trained. We cover on average double the patients that other registrars in NSW cover. It is only successful in cases where the trainee is highly organised, motivated and confident to ensure time for training. A lot of time these opportunities only arise out of hours in our own time.</p> <p>The service has prevented completion of training requirements including observed interviews, observing consultant interviews, therapy requirements, and annual experiences. This has occurred at four different services.</p>
<p>Review training requirements and exams</p>	<p>The new training program is not bad in theory- there are just a few transitional rough patches where a lot of the course was not really ready for starting. There has been a bit of conflict between our DoT and our training division as to the interpretation and implementation of the program.</p> <p>No psychotherapy training. Supervision generally is poor. It should be better regulated. As should exams! Exams are entirely subjective!!! Poor candidates often pass, good candidates often fail. Totally dependent on examiner and their agenda. Do they need to keep more registrars in the system?</p> <p>It is very disappointing that there is so little formal training available relevant to the clinical exams. There seems to be an expectation that the documentation available on the College website is sufficient as a resource to assist trainees in preparing for these exams. However this is far from the case, given the complexity of the task. The amount of other assistance available is heavily dependent on which training program a trainee is in.</p>
<p>Received good support</p>	<p>My supervision sessions have been very helpful and very organised, and my primary supervisor was always available to assist me. However, I did not feel that some other staff members were supportive. Given the nature of our work and that, I am in basic training I did not always feel easily able to talk through issues that arose.</p> <p>Excellent centre for learning both from a clinical and academic point of view. Good support for attendance at conferences. Trainee day provided biannually at FPOA conferences, which allows networking with other trainees and discussion of projects.</p> <p>Training in my area is excellent. All the consultants, whether direct supervisors or not, are available and willing to provide help if needed. I have been given placements that I need for training in a fair manner, and I have had access to very good teaching, including in the psychotherapies.</p>