



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

## Report on the Trends in Admission to Fellowship Survey

2011-2013

working  
with the  
community

**Approved RANZCP Board and Education Committee  
Monday, 1 September 2014**

# Executive Summary

## Introduction and Background

The Admission to Fellowship survey was designed to collect information on the training program from Fellowship applicants as they commenced practice as an independent psychiatrist. The 2011 to 2013 surveys were sent to Fellowship applicants that had completed all requirements for admission to Fellowship during that year. The aim being 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, and
- Evaluate the experiences and perceptions of the training program.

The key areas covered in the survey were:

- Supervision arrangements, placements, training specialties.
- Impressions of the training program
- The content of the course(s), delivery methods, and intentions in the workforce.

## Approvals

Approval from the following committees was granted:

- Committee for Educational Quality and Reporting (CEQR).
- Committee for Training (CFT).
- Fellowship Attainment Committee (FAC), original approvals came through FAC, in 2014 the EC has taken over this function.
- Education Committee (EC).
- Executive Officers of the College.

## Methods

### Sample

The samples consisted of Trainees that had completed all training requirements for Fellowship and had applied for admission to Fellowship. Details of the participants were provided by the RANZCP Membership Services department. The response rates are shown in Table 1. Specialist International Medical Graduates and Overseas Trained Psychiatrists completing the exemption pathways were included from 2012 onwards. A response rate over 30% is viewed in a favourable light; however the results must be viewed with caution. For full details on the surveys including the questions please see the report from 2013. A methodology report can also be provided on request.

**Table 1 Response Rates by Year**

Year	Fellowship Application	Surveys Completed	Response Rate
2011*	101	66	66%
2012	118	67	57%
2013	153	62	41%

\*SIMG/OTPs not included in survey in 2011.

## Procedures

Each month in 2011-2013 the Fellowship Attainment Committee (FAC) reviewed new applications from Trainees applying for Fellowship<sup>1</sup>. 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

<sup>1</sup> The FAC was discontinued in 2014 and the processes have been moved to the Education Committee.

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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. No incentives were used.

## Limitations

There were a number of limitations with this study:

- In using the FAC/EC meetings and application process there was only one contact and no reminder emails to boost response rates.
- There are a limited number of applications per year with a maximum of 100-150 per annum.
- There was evidence of a Halo effect due to the timing of the survey and responses may have been 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), Education staff members, Membership Services staff, the Committee for Training (CFT), the Trainee Representative Committee (TRC) and the Fellowship Attainment Committee (FAC). The survey was tested with staff members, members of the TRC and CEQR. As the survey progressed questions on preparation for supervision and working overseas were included. OTPs and IMGs training under the exemption pathways were included from 2012 and 2013 onwards.

## 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. For reporting purposes the scales were collapsed to represent positive, neutral, and negative views. These are outlined below:

- *Strongly Disagree and Disagree* were combined to form the category of *Disagree*.
- *Neither Agree nor Disagree* was the midpoint and termed *Neutral*.
- *Strongly Agree and Agree* were combined to form the category of *Agree*.

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

## Report Structure

To allow for comparisons by year data will be presented in tables, where possible all results will be included, however, due to space requirements not all responses are shown in this report. This means that the percentages and numbers may not add up to 100%. For full results please see the relevant yearly reports. This paper is aimed at summarising the primary trends only.

## Key Trends

The key trends arising from the Admission to Fellowship survey from 2011 to 2013 included:

- Psychotherapies training. This theme emerges often in questions where fellowship applicants are asked about further training or completing advanced certificates. This theme emerged consistently throughout 2011 to 2013 in multiple locations and is an obvious concern of the Fellowship applicants. It is worth noting however, that the number of Fellowship applicants that were dissatisfied with Psychotherapies training has dropped from 26% in 2011 to 13% in 2013.
- The standard of the Formal Education Courses (FECs) is a recurring theme. Across 2011-2013 only half of the respondents stated that the FECs were satisfactory. It is acknowledged that this may be a localised issue due to the varying nature of the FECs in each branch.
- The difficulty with supervision was seen as a key issue facing Fellowship applicants. They stated that they often had difficulty accessing supervision throughout training and that the supervision was variable. It was worth noting that when supervision or mentoring did occur it was perceived as being beneficial to training

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progression. Supervision was also seen as being variable throughout training with supervisors being portrayed as good and accessible to poor and having limited time for trainees.

- Finding time to complete training requirements whilst meeting service demands with patients was perceived as a key issue in all three years. It is acknowledged that this is an issue that the College does not have control over. The College, however, can advocate and support trainees where required.
- The changes in exams and difficulties with clinical exams were common themes in all three years. The separation of the clinical exams was conducted in a staged manner with a partial uncoupling of the OSCE and OCI followed by a completed separation. These changes have caused difficulties for Fellowship applicants due to the different examination formats and were viewed as an area of concern for the College.

## Intentions in the Workforce

- There were strong trends in the Fellowship applicants' intentions in the workforce.
  - There was a particular focus on becoming involved in mentoring and supervising of trainees across all three years.
  - Becoming involved in exams and an accredited examiner were also key themes.
  - Fellowship applicants were interested in becoming involved in a committee but were less likely to do so.
- With regards to clinical settings and locations the majority of Fellowship applicants indicated that they would work in Public Hospitals in Metropolitan areas. Despite this around 4 in 10 stated that they would work in a rural setting.
- With regards to the specialities that Fellowship applicants would work in General or Adult were the main options. However, across the three years of data collection the following changes were noted;
  - An increased interest in Forensic Psychiatry.
  - A decreased interest in Psychotherapies and Psychiatry of Old Age.
  - An increased interest in Community Psychiatry.

## Recommendations

Recommendations based on the trend from 2011-2013 are described below.

### 1. Psychotherapy Training.

It is recommended that the Education Committee (EC) consider how psychotherapy training can be enhanced throughout pre- and post Fellowship training.

### 2. Formal Education Course (FEC) Alignment and Standardisation.

It is suggested that the EC and Accreditation Committee (AC) need to continue to work actively on standardising the Formal Education Courses (FEC) and assess the possibility of a College-endorsed online course.

### 3. Supervision.

The EC needs to ensure that any evaluation of the 2012 programme includes in-depth examination of supervision and supervision arrangements.

# Results: Medical Training and Experience

## Medical Training and Experience

### Question 2a: Where did you receive your medical training? (*Continent*)

The Fellowship applicants' location of medical training is outlined below in Table 2. There was a consistent pattern of recruitment for new fellowship applicants.

**Table 2 Location of Medical Training by Continent**

Continent	2011	2012	2013
Australia and New Zealand	56%	59%	58%
India, Sri Lanka, Pakistan and Bangladesh	23%	20%	19%
UK and Ireland	3%	6%	6%
South Africa	3%	2%	5%
Europe	10%	6%	3%
Russia, The Baltic States, and Ukraine	-	3%	-
Asia	2%	2%	2%
Pacific Islands	-	-	2%
Prefer not to say	3%	-	5%

### <sup>2</sup>Question 4: During your training, in which of the following posts did you gain experience (multiple response)

The different clinical settings that Applicants' experienced are listed in Table 3. Patterns were consistent across all three years of the survey; a slight increase in experience in non government clinical settings and publically funded community health services were noted. Respondents could tick more than one response.

**Table 3 Different Clinical Settings Completed in Training**

	2011	2012	2013
Public hospitals	100%	99%	100%
Publically-funded community health services	68%	71%	81%
Non-government clinical settings	27%	32%	36%
Private hospitals	29%	37%	26%
Private rooms	11%	8%	10%
Other (please specify)	3%	5%	10%

<sup>2</sup> Question 2b on institute of qualification was not reported on and q3 year of medical graduation was not included.

# Perceptions of The Training Program

## Overall Impression of the Training Program

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

The overall satisfaction with the training program is shown in Table 4. Generally, fellowship applicants were satisfied with training.

**Table 4 Overall Impressions with the Training Program**

	2011	2012	2013
Very Satisfied	14%	14%	12%
Satisfied	56%	60%	66%
Not sure	16%	9%	12%
Dissatisfied	10%	12%	10%
Very Dissatisfied	5%	5%	0%

## 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 the Fellowship applicants answered that most but not all of their goals were met. This pattern is consistent across all three years with a slight drop from 56% to 45%. Comments on areas that were not covered included Psychotherapies training, which was consistent cross all three years (see question 6b).

**Table 5 Extent to Which the Training Program Met Applicants' Personal Learning Goals**

	2011	2012	2013
All of your learning goals	25%	35%	33%
Most, but not all	56%	46%	45%
Around half	14%	11%	12%
Only a minority	5%	3%	2%
None of your learning goals	0%	1%	0%
Not sure	0%	3%	9%

# Perceptions of The Training Program

## Question 6b: Comments on Learning Goals

The comments on learning goals that were not met are listed in Table 6. A key theme to emerge in this question focused on additional training in Psychotherapies and high prevalence disorders. The lack of Psychotherapy training is a recurring issue that has been highlighted in previous surveys. Please see full reports for all details.

**Table 6 Comments on the Learning Goals of the Training Program**

Top 3 Themes 2013	Total	Overall
More Psychotherapy Training	12	44%
More Addiction Training	2	7%
More training in High Prevalence Disorders	2	7%
Top 3 Themes 2012	Total	Overall
More Psychotherapy Training	12	43%
More Addiction Training	2	7%
More training in administration and Management	2	7%
More training on being in independent practice	2	7%
More training in Private Practice	2	7%
Top 3 Themes 2011	Total	Overall
More Psychotherapy Training	7	39%
More training in High Prevalence Disorders	2	11%
More Neuro-Psychiatry	2	11%

# Perceptions of The Training Program

## 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 below in Table 7. Generally, Fellowship applicants stated that they were currently enrolled in a certificate of Advanced training with an increasing percentage across 2011-2013 stating that they had already completed an advanced certificate. Psychotherapies and Child and Adolescent Psychiatry training were the most frequently mentioned options. The annual Education Activities Report<sup>3</sup> shows that more Fellows complete additional training in Child and Adolescent Psychiatry than Psychotherapies. However, in NSW the completion of the Child and Adolescent advanced certificate is a requirement to work with those under the age of 18.

**Table 7 Consider Further Training Options via the RANZCP**

	2011	2012	2013
I have already completed an advanced certificate*	-	6%	21%
I am currently enrolled in a Certificate of Advanced Training.	48%	37%	34 %
Yes	32%	21%	22%
No	11%	14%	14%
Not sure	10%	21%	9%

\*Note: Not asked in 2011 survey.

<sup>3</sup> <https://www.ranzcp.org/Publications/Education-publications-and-reports.aspx>



# Perceptions of The Training Program

## Highlights and Challenges

### Question 8: What was the *highlight* of your College training experience?

The Fellowship applicants' highlights of the training program are summarised in Table 8. Only the more frequent responses are presented here, as a result the tables will not add up to 100%. Please see the yearly reports for full results. The recurring themes from 2011-2013 include:

- The completion of the exams and assessments, specifically the clinical exams.
- The quality and helpfulness of the supervision or mentoring received.
- The variety and diversity of training provided.
- Psychotherapies training.
- Networking with other Psychiatrists.

**Table 8 Highlights of the College Training Program** (*most frequent responses only*)

Themes 2013	Total Comments	Percent % of all Themes in 2013
Completing the exams and assessments.	10	14%
Supervision and mentoring provided throughout training.	7	10%
Psychotherapy long case and Psychotherapy training.	7	10%
Variety of experiences provided through training.	7	10%
Sub-speciality advanced training.	4	6%
Rural Experience.	4	6%
Completing the training program.	4	6%
	<b>Total</b>	<b>Percent (%) of all Themes in 2012</b>
Themes 2012		
Diverse experiences and patients	11	15%
Achieving a professional qualification	7	10%
Passing the clinical exams	7	10%
Support from supervisors	7	10%
Psychotherapies training	6	8%
Private hospital rotation	4	6%
Pass the written exams	2	3%
	<b>Total</b>	<b>Percent % of all Themes in 2011</b>
Themes 2011		
Received good supervision and support	14	18.9
Received good teaching and mentoring	8	10.8
Psychotherapies training	8	10.8
Passing exams	7	9.5
Child and Adolescent Psychiatry	5	6.8

# Perceptions of The Training Program

## Question 9: What were your *biggest challenges* in the College Training Program?

The biggest challenges of the training program perceived by Fellowship applicants are summarised in Table 9. Only the more frequent responses are presented here, as a result the tables will not add up to 100%. Please see the yearly reports for full results. The recurring themes included:

- Completing the clinical exams.
- Achieving a balance between service delivery and training.
- The quality of the FEC course.
- Changes in the training program.

**Table 9 Biggest Challenges of the Training Program** (*most frequent responses only*)

<b>Themes 2013</b>	<b>Total</b>	<b>Percent % of all Themes in 2013</b>
Completing the clinical exams and meeting assessment expectations.	18	24%
Balance between training and service commitments	15	20%
Lack of supervision support and resources	14	18%
Administration issues	6	8%
Quality of training and FEC Course	6	8%
Travel for training and transferring branches	4	5%
<b>Themes 2012</b>	<b>Total</b>	<b>Percent % of all Themes in 2012</b>
Training versus service delivery conflict	16	18%
Clinical exam requirements and regulations	15	16%
Too much paperwork and regulations	12	13%
Exams	7	8%
Maintaining a personal life	6	7%
Lack of support from supervisors	4	4%
<b>Themes 2011</b>	<b>Total</b>	<b>Percent % of all Themes in 2011</b>
Examination process and completing exams	24	26%
Workload and service delivery	12	13%
Administration aspects of training program	6	7%
Completing the case histories	8	9%
Lack of supervision and support	7	8%
Meeting all training requirements	5	5%
Access to training posts and requirements	5	5%

# Perceptions of The Training Program

## Perceptions of Training Program

**Question 10a: Considering your overall training experience, for each of the following statements please indicate your response using the scale provided: items 1-11**

The Fellowship applicants' perceptions of the training program are outlined in Table 10. The changes to the clinical examinations may have affected the responses to items 8 and 9. For the perceptions of the training program the following patterns were noted:

- There was a decrease in satisfaction with basic training supervision 70% in 2011 to 64% in 2013.
- There was an increase in belief that the training requirements were clear. This may reflect the improvement in the communication.
- There was marked difference in the perceived balance between clinical responsibilities and training, 68% in 2011 to 52% in 2013.

**Table 10 Perceptions of Training and Supervision by Training Pathway**

	2011	2012	2013
<b>1. In general, supervision provided to me during Basic Training was satisfactory.</b>			
Strongly Disagree	5%	0%	0%
Disagree	6%	10%	7%
Neither Agree or Disagree	3%	2%	9%
Agree	39%	55%	34%
Strongly Agree	31%	18%	30%
N/A	16%	16%	20%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>2. In general, supervision provided to me during Advanced Training was satisfactory.</b>			
Strongly Disagree	2%	0%	0%
Disagree	8%	5%	4%
Neither Agree or Disagree	5%	5%	4%
Agree	29%	45%	34%
Strongly Agree	47%	34%	39%
N/A	10%	11%	20%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>3. Training requirements were clear.</b>			
Strongly Disagree	6%	3%	0%
Disagree	15%	6%	14%
Neither Agree or Disagree	13%	11%	7%
Agree	39%	55%	50%
Strongly Agree	23%	18%	21%
N/A	5%	6%	7%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>

# Perceptions of The Training Program

Table 10 Perceptions of Training and Supervision by Training Pathway Continued

	Training pathway		
	2011	2012	2013
<b>4. The process for application for admission to Fellowship was clear.</b>			
Strongly Disagree	6%	2%	7%
Disagree	15%	10%	9%
Neither Agree or Disagree	13%	16%	9%
Agree	34%	45%	46%
Strongly Agree	31%	27%	27%
N/A	2%	0%	2%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>5. I had access to a diverse patient mix during my training.</b>			
Strongly Disagree	3%	0%	0%
Disagree	16%	10%	7%
Neither Agree or Disagree	2%	11%	5%
Agree	34%	42%	48%
Strongly Agree	44%	29%	36%
N/A	2%	8%	4%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>6. I gained experience in a range of health service settings during my training.</b>			
Strongly Disagree	2%	0%	0%
Disagree	10%	5%	0%
Neither Agree or Disagree	10%	13%	9%
Agree	44%	50%	48%
Strongly Agree	32%	23%	36%
N/A	3%	10%	7%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>7. The balance between clinical responsibilities and training activities allowed my training to progress.</b>			
Strongly Disagree	6%	2%	4%
Disagree	16%	24%	11%
Neither Agree or Disagree	10%	19%	21%
Agree	52%	35%	32%
Strongly Agree	16%	13%	20%
N/A	0%	6%	13%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>8. College examinations were fair.</b>			
Strongly Disagree	6%	8%	2%
Disagree	16%	18%	20%
Neither Agree or Disagree	19%	21%	13%
Agree	40%	40%	46%
Strongly Agree	18%	8%	14%
N/A	0%	5%	5%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>

# Perceptions of The Training Program

Table 10 Perceptions of Training and Supervision by Training Pathway Continued

	Training pathway		
	2011	2012	2013
<b>9. College examinations were a transparent process.</b>			
Strongly Disagree	10%	10%	7%
Disagree	6%	16%	18%
Neither Agree or Disagree	27%	24%	16%
Agree	42%	40%	45%
Strongly Agree	15%	5%	9%
N/A	0%	5%	5%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>10. The College remediation process was helpful for me.</b>			
Strongly Disagree	3%	3%	5%
Disagree	8%	11%	11%
Neither Agree or Disagree	11%	10%	9%
Agree	5%	8%	4%
Strongly Agree	5%	2%	5%
N/A	68%	66%	66%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>
<b>11. Part-time provisions met my needs.</b>			
Strongly Disagree	5%	0%	0%
Disagree	2%	2%	4%
Neither Agree or Disagree	8%	10%	5%
Agree	13%	16%	9%
Strongly Agree	11%	3%	9%
N/A	61%	69%	73%
<b>Total respondents</b>	<b>62</b>	<b>62</b>	<b>56</b>

# Perceptions of The Training Program

## Question 10b: Considering your overall training experience, for each of the following statements please indicate your response using the scale provided: items 12-23

The Fellowship applicants' perceptions of the training program, Formal Education Courses (FEC), support and preparation for practice are outlined in Table 11. The following patterns were noted:

- The satisfaction with the FEC courses has increased slightly since 2011 but remains an issue with higher rates of dissatisfaction and lower levels of satisfaction when compared to other items, between 22% and 17% dissatisfied; 41% to 54% satisfied.
- A similar pattern is found with the perceptions of Psychotherapies training. However it is noted that there is a substantial increase in the perceived level of satisfaction rising from 40% to 62%; the corresponding rate of dissatisfaction halved from 26% to 13%.
- Generally, Fellowship applicants perceive the training program to provide them with the skills they require and adequate preparation to practice and become a supervisor. Over 75% agreed on all of these items.

**Table 11 Perceptions of Training and Supervision by Training Pathway**

	2011	2012	2013
<b>12. Break-in-training provisions met my needs.</b>			
Strongly Disagree	2%	0%	2%
Disagree	2%	2%	2%
Neither Agree or Disagree	3%	6%	9%
Agree	13%	19%	7%
Strongly Agree	16%	13%	15%
N/A	65%	60%	65%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>13. The Formal Education Course in Basic Training was satisfactory.</b>			
Strongly Disagree	11%	10%	2%
Disagree	11%	8%	15%
Neither Agree or Disagree	18%	10%	5%
Agree	31%	48%	42%
Strongly Agree	11%	6%	9%
N/A	18%	18%	27%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>14. The Formal Education Course in Advanced Training was satisfactory.</b>			
Strongly Disagree	3%	2%	4%
Disagree	6%	10%	7%
Neither Agree or Disagree	6%	18%	13%
Agree	42%	34%	40%
Strongly Agree	19%	18%	16%
N/A	23%	19%	20%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>

# Perceptions of The Training Program

Table 11 Perceptions of Training and Supervision by Training Pathway Continued

	2011	2012	2013
<b>15. My training experiences in psychotherapies were satisfactory.</b>			
Strongly Disagree	10%	5%	2%
Disagree	16%	21%	11%
Neither Agree or Disagree	18%	10%	5%
Agree	27%	35%	47%
Strongly Agree	13%	16%	15%
N/A	16%	13%	20%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>16. College secretariat support was satisfactory.</b>			
Strongly Disagree	8%	2%	5%
Disagree	2%	6%	5%
Neither Agree or Disagree	11%	26%	13%
Agree	50%	40%	49%
Strongly Agree	27%	21%	24%
N/A	2%	5%	4%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>17. I gained experience in the areas of Psychiatry I am most interested in.</b>			
Strongly Disagree	2%	0%	0%
Disagree	8%	2%	2%
Neither Agree or Disagree	13%	18%	0%
Agree	52%	48%	56%
Strongly Agree	26%	24%	36%
N/A	0%	8%	5%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>18. I felt generally well supported by my employer(s) throughout my training.</b>			
Strongly Disagree	5%	5%	4%
Disagree	6%	10%	13%
Neither Agree or Disagree	23%	26%	11%
Agree	34%	45%	40%
Strongly Agree	32%	11%	29%
N/A	0%	3%	4%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>19. I felt generally well supported by my DOT(s) throughout my training.</b>			
Strongly Disagree	3%	2%	4%
Disagree	10%	3%	4%
Neither Agree or Disagree	15%	16%	9%
Agree	26%	44%	38%
Strongly Agree	42%	26%	35%
N/A	5%	10%	11%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>

Table 11 Perceptions of Training and Supervision by Training Pathway Continued

# Perceptions of The Training Program

	2011	2012	2013
<b>20. The skills I have gained are applicable to my area of interest.</b>			
Strongly Disagree	2%	0%	0%
Disagree	5%	3%	2%
Neither Agree or Disagree	6%	8%	2%
Agree	50%	55%	55%
Strongly Agree	37%	26%	38%
N/A	0%	8%	4%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>21. I feel prepared for independent practice.</b>			
Strongly Disagree	2%	2%	0%
Disagree	3%	5%	4%
Neither Agree or Disagree	10%	16%	9%
Agree	48%	48%	42%
Strongly Agree	35%	27%	44%
N/A	2%	2%	2%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>22. I am satisfied with my choice to become a psychiatrist.</b>			
Strongly Disagree	2%	2%	0%
Disagree	2%	2%	2%
Neither Agree or Disagree	2%	10%	2%
Agree	32%	31%	27%
Strongly Agree	61%	55%	67%
N/A	2%	2%	2%
<b>Total Respondents</b>	<b>62</b>	<b>62</b>	<b>55</b>
<b>23. I feel prepared to become a supervisor.</b>			
Strongly Disagree	-	0%	0%
Disagree	-	6%	5%
Neither Agree or Disagree		21%	9%
Agree	-	39%	40%
Strongly Agree	-	33%	44%
N/A	-	0%	2%
<b>Total Respondents</b>	<b>-</b>	<b>33*</b>	<b>55</b>

\*Note: Item 23 was added in mid way through 2012 data collection and was not included in 2011.



# Perceptions of The Training Program

## Question 11: Please comment further on supervision provided to you during Basic and Advanced Training?

The coded comments on supervision are provided in Table 12. Only the more frequent responses are presented here, as a result the tables will not add up to 100%, see the yearly reports for full results. The main themes and comments that recurred throughout the three years of data collection were:

- The variability of supervision received across training.
- The limited time and access to supervision.
- The beneficial support and mentoring received throughout the supervision process.

**Table 12 Comments on Supervision** (most frequent responses only)

Themes 2013	Total	Percent % of all Themes in 2013
Supervision was varied and differed in quality.	17	24%
Supervision provided great support and mentoring.	14	20%
Received high quality supervision in basic training.	12	17%
Limited time to access supervision.	8	10%
Received high quality supervision in Advanced training.	7	8%
Regular supervision was beneficial to progression through training.	6	8%
Good availability of supervisors.	6	1%
Themes 2012	Total	Percent % of all Themes in 2012
Received good or satisfactory support from supervisors	23	30%
Issues with variability and inconsistent supervision	19	25%
Average or unsatisfactory supervision received	7	9%
Lack of time for supervision and support	5	7%
Preparation for exams was valuable	3	4%
Service delivery vs. training conflict	3	4%
Themes 2011	Total	Percent % of all Themes in 2011
Received good supervision	19	28%
Supervision quality was variable (i.e., some were good some were poor)	14	21%
Received limited supervision and support	12	18%
Limited avenues to complain to improve supervision quality	6	9%
Supervision was supportive	3	5%
Supervision helped pass exams	3	5%
Provided good learning opportunities	3	5%

# Perceptions of The Training Program

## Question 12: Do you have any comments or feedback relating to your impressions of the Training Program?

Fellowship applicants' comments and feedback relating to their impressions of the training program are shown in Table 13. Only the more frequent responses are presented here, as a result the tables will not add up to 100% see the yearly reports for full results.

The open nature of this question means that a variety of different responses are received and small numbers for each theme occurred. The recurring themes include:

- Fellowship applicants are generally satisfied with the training provided.
- Service delivery versus training is an ongoing issue that causes conflict.
- The inconsistency in the delivery of the program can cause difficulties.
- The FEC courses require a review and standardising the programs would assist training.

**Table 13 Main Themes on the Feedback for the Training Program** (most frequent responses only)

<b>Themes 2013</b>	<b>Total</b>	<b>Percent % of all Themes in 2013</b>
Satisfied with training program	10	18%
Training has benefited development	6	11%
Flexibility of program	4	7%
Standardise program across Australia and New Zealand	4	7%
Improve communication on training requirements	3	5%
Issues with clinical exams	3	5%
Received good support	3	5%
Variable treatment and support	3	5%
<b>Themes 2012</b>	<b>Total</b>	<b>Percent (%)of all Themes in 2012</b>
Satisfied with the training program (e.g., structure and clarity)	12	17%
Service delivery vs. Training conflicts need to be addressed	9	13%
Continue improving the program	8	11%
Difficulties with clinical exams	6	9%
More psychotherapies training is required	6	9%
Variability in services and rotations caused problems	6	9%
Better appeals and complaints process	4	6%
Lack of support	3	4%
Too much administration and paper work required	3	4%
Improve the FEC programs	2	3%
<b>Themes 2011</b>	<b>Total</b>	<b>Percent % of all Themes in 2011</b>
Satisfied with program and support received	12	24%
Improve consistency in the delivery of the training programs	5	10%
Review psychotherapies training	4	8%
Look at different delivery methods for training (e.g., workshops)	4	8%
Review FEC course	3	6%
Service delivery vs. training	3	6%

# Intentions in the Workforce

## Intentions in the Workforce

### Question 13: Do you intend to practice in...(Multiple response)

The applicants' intentions in the workforce or the intended clinical settings are outlined in Table 14. The majority intended to work in Public hospitals or Private rooms. There were limited variations in the intentions in the workforce, however an increase in the Public Hospitals option was noted.

**Table 14 Intentions in the Workforce – Clinical Setting**

	2011	2012	2013
Public hospitals	77%	84%	87%
Publically-funded community health services	50%	43%	49%
Private hospitals	32%	33%	23%
Private rooms	63%	57%	67%
Non-government organisation (e.g. Aboriginal Medical Service)	16%	8%	18%
Other (please specify)	5%	2%	8%

### Question 14: Would you consider working in health services and facilities located in... (Multiple response)

The intended location of the applicants' workplace is shown in Table 15. The majority (82%) intended to work in a capital city. An increasing number wish to work in an overseas location, however, this question was not asked in 2011.

**Table 15 Intentions in the Workforce – Location**

	2011	2012	2013
A capital city	87%	89%	82%
A regional centre	61%	56%	65%
Overseas*	-	23%	39%
A rural or remote area	36%	26%	37%
Other (please specify)	8%	5%	2%

\*Note: Not asked in 2011 survey.

## Intentions in the Workforce

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

The specialities that the Fellowship applicants plan on working in are shown in Table 16. The majority intended to specialise in General Psychiatry (70%). Across the three years of data collection the following changes were noted:

- An increased interest in Forensic Psychiatry.
- A decreased interest in Psychotherapies and Psychiatry of Old Age.
- An increased interest in Community Psychiatry.

**Table 16 Intention in the Workforce – Speciality Area**

	2011	2012	2013
General Psychiatry	66%	74%	70%
Addiction	16%	8%	22%
Adult Psychiatry	40%	49%	56%
C-L Psychiatry	31%	13%	30%
Forensic Psychiatry	8%	7%	17%
Neuropsychiatry	18%	10%	15%
Psychotherapies	36%	38%	26%
Child and Adolescent Psychiatry	28%	20%	24%
Psychiatry of Old Age	24%	8%	13%
Academic/Research Psychiatry	24%	28%	20%
Youth Mental Health	24%	13%	20%
Community Psychiatry	32%	28%	43%
Administration/Management	11%	7%	26%
Perinatal	20%	20%	17%
Indigenous/Maori Mental Health	8%	5%	15%
Intellectual disabilities	8%	12%	11%
Eating disorders	16%	8%	9%
Trauma	13%	13%	15%
Other (please specify)	3%	5%	4%

### 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, i.e., a postgraduate degree in Management?

The applicants' intentions regarding additional training are shown in Table 17. Over half (52%) intended to undergo additional education. A significant decrease in those wanting to undergo further training was noted with a drop from 79% to 52%. This may reflect the changes in the training program and advanced certificates providing the required training or a wish for Fellowship applicants to abstain from training in the immediate time following Fellowship.

**Table 17 Intentions to Undergo Further Training by Training Pathway**

	2011	2012	2013
Yes, I intend to undergo further training	79%	62%	52%
No, I do not wish to complete further training	21%	38%	48%

## Intentions in the Workforce

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

The areas identified as requiring more professional experience are shown in Table 18. The most common areas for more professional experience were Psychotherapies, Child and Adolescent Psychiatry, as well as Leadership, Management and Administration skills, noting that not all responses are shown in this table. For full results please see the relevant yearly reports.

**Table 18 Areas for Additional Professional Experience**

Themes 2013	Total	Percent % of all Themes in 2013
Psychotherapies	16	28%
Leadership, Management and Administration	15	26%
Research	6	10%
ECT	3	5%
Themes 2012	Total	Percent % of all Themes in 2012
Psychotherapies	28	52%
Management and Leadership	6	11%
Forensic Psychiatry	4	7%
Public health and funding	2	4%
Supervision	2	4%
Themes 2011	Total	Percent % of all Themes in 2011
Psychotherapies	30	40%
Management, legal, and business skills	17	23%
Neuropsychiatry	4	5%
POA and Psycho geriatrics	4	5%
All areas of psychiatry	3	4%
C-L Psychiatry	3	4%
Research	3	4%
Anxiety disorders	3	3%

## College Involvement

**Question 17: 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 19. The majority of Fellowship applicants indicated that they would become involved in the College as an accredited supervisor, an accredited examiner, or as a mentor. Increases in those wanting becoming involved as a supervisor and a mentor were notable.

**Table 19 Future College Involvement**

	2011	2012	2013
Joining a College committee.	45%	36%	48%
Becoming an accredited examiner.	52%	57%	65%
Becoming an accredited supervisor.	73%	82%	83%
Involvement in assessment panels for overseas trained, specialists seeking College Fellowship.	36%	26%	37%
Becoming a mentor.	50%	51%	59%
Branch involvement.	32%	15%	28%
Becoming involved in Faculty, Section or Special Interest Groups.	57%	43%	54%
Involvement in congress and other conferences.	44%	26%	39%
Not sure	15%	8%	11%
Other (please specify)	10%	3%	6%

# Intentions in the Workforce

## Question 18: Do you have any recommendations of how the College can improve its Training Program or additional comments?

Fellowship applicants' recommendations to improve the training program are summarised in Table 20. Only the most frequent responses are presented here, as a result the tables will not add up to 100% please see the yearly reports for full results. The small number of comments for this question means that results must be viewed with caution as not all respondents provided an answer for this question. The common themes for all three years of data collection include:

- Reviewing and improving the FEC programs.
- Reviewing the clinical exams.
- Provide more psychotherapies training.

**Table 20 Recommendations to Improve the Training Program** (*most frequent responses only*)

<b>Themes 2013</b>	<b>Total</b>	<b>Percent % of all Themes in 2013</b>
Review IMG Exams and Support	5	22%
Standardise exams and assessments	4	17%
Improve FEC course and lectures	3	13%
Improve website and communication	2	9%
More support for trainees	2	9%
Too many changes	2	9%
Too much administration and paperwork	2	9%
<b>Themes 2012</b>	<b>Total</b>	<b>Percent % of all Themes in 2012</b>
More psychotherapies training	6	13%
College to advocate more for trainees in the workplace.	3	8%
Review Clinical Exams and Case History Requirements	3	8%
The 2012 Fellowship Program is welcome.	3	8%
<b>Themes 2011</b>	<b>Total</b>	<b>Percent % of all Themes in 2011</b>
Look at FEC programs	5	11%
Look at different training models	5	11%
Make the training requirements consistent	4	9%
Look at service delivery vs. training issue	4	9%
More psychotherapies training	4	9%
Satisfied with the current direction the college is heading	4	9%
Limit administration and paperwork	3	7%
Review the examination processes	3	7%
Increase mentoring and support	3	7%