



The Royal
Australian &
New Zealand
College of
Psychiatrists



Training Exit Survey

RANZCP Fellowship Program

2024





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Introduction and Background

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) conducts regular surveys to obtain data from Trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program on their learning experiences and perceptions of the training they received.

The RANZCP Exit Survey was introduced to replace the Admission to Fellowship Survey, which was conducted from 2011 to 2016 but discontinued following the implementation of the 2012 Fellowship program.

The purpose of the Exit Survey is to provide the Education Committee (EC) and its constituent committees with valuable feedback to support the continuous improvement of RANZCP's education and training programs. The survey captures trainees' and SIMGs' perceptions of the program, offering insights into its effectiveness and areas for enhancement.

The findings from this survey contribute to the RANZCP Evaluation and Monitoring Framework, helping to improve learning outcomes and informing evidence-based decision-making.

Report Summary

This report presents the findings from the 2024 RANZCP Trainee Exit Survey, conducted online with trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program. The survey has been administered monthly since July 2020 to gather feedback on participants' learning experiences and perceptions of their training. In 2024, 288 trainees and SIMGs who fulfilled all requirements of the Fellowship Program were invited to participate, with 144 responses (50% response rate).

Trainee satisfaction

In 2024, 63% of respondents expressed satisfaction with the Fellowship Program, marking a slight decline from previous years. The Net Promoter Score (NPS) also decreased to -9, the lowest in five years. The increase in detractors and decline in promoters and passives indicate a shift towards more neutral or negative perceptions, underscoring the need to address concerns and improve key aspects of the program.

Fellowship program perception

Respondents reported concerns, particularly regarding program relevance and professional development support. In 2024, 80% felt the program contributed to their growth as psychiatrists, a decrease from 91% in 2023. Similarly, only 63% felt prepared for independent practice, a decline from 73% the previous year. Perceived clarity of program requirements decreased to 77% in 2024 from 89% in 2021, suggesting a need for better communication. Access to protected teaching and study time dropped to 75%, highlighting growing workload pressures.

Despite these challenges, 84% were satisfied with their training placements, and 88% felt exposed to a diverse patient mix. However, only 52% felt the College supported flexible training, indicating room for improvement.

Skill development

Core clinical and theoretical skills received positive feedback, but gaps remain in leadership, research, and clinical safety training. Confidence in theoretical knowledge and clinical skills remained stable, with 80% and 90% satisfaction, respectively. However, communication skills dropped to 83%, and leadership and management training saw a significant decline to 58%. Research skills sharply declined, with only 38% of respondents rating their training positively, down from 57% in 2021. Addressing these gaps is crucial to maintaining high standards of psychiatric care.

Clinical supervision

While clinical supervision continues to be a strength, there are areas for improvement in feedback, skill development, and accessibility. Access to supervision decreased to 79%, and both informal and formal feedback saw declines. Despite this, 87% of respondents felt they were allowed appropriate autonomy in practice, though only 71% felt adequately prepared to manage certain cases.

Assessments

Satisfaction with summative examinations declined significantly. Only 42% felt the exams accurately reflected the training curriculum, down from 56% in 2023. Perceptions of fairness and smooth exam administration also dropped. Feedback continues to be a challenge, with only 25% finding it useful.

In contrast, workplace-based assessments (WBAs) were viewed more positively, with 76% appreciating the meaningfulness of feedback, although the suitability of WBA tools dropped to 70%.

Formal Education Courses

Formal education courses are perceived as less relevant and effective. Only 51% found the content applicable to clinical practice, down from 69% in 2020–2021. Fewer respondents found the courses useful for exam preparation, and peer learning facilitation also declined. A revision of course content to better align with practical training needs and foster peer collaboration.

College resources

The evaluation of college resources revealed mixed trends. The website remained valued, though slightly less so than in 2023. Engagement with the Learnit platform declined, while workshop participation remained stable, though many trainees opted out. Congress participation was limited, and InTrain, while crucial for tracking progress, requires updates to meet evolving training needs. The usefulness of examination preparation materials also declined, suggesting a need for alignment with updated exam formats.

College communication and engagements

There were slight declines in communication clarity and consistency, with only 64% of respondents feeling that Fellowship program requirements were clearly communicated. Overall satisfaction with communication remained low at 61%.

Engagement with the College showed concerns, with only 29% agreeing that the College actively sought their feedback. Representation on college committees dropped to its lowest point in five years. Access to psychological and mental health support services also declined, with only 23% agreeing that such services were adequately provided.

Workplace environment and culture

Work-life balance showed slight improvement, with 61% reporting a good balance. However, concerns about workplace culture, including bullying, harassment, and discrimination, persist, with only 55% feeling such behaviours were not tolerated. Continued efforts are needed to foster a more inclusive and supportive environment. While awareness and confidence in raising concerns improved, barriers to reporting incidents remain.

Patient safety

Satisfaction with training on raising concerns about patient safety declined slightly, although confidence in reporting remained high at 90%. Cultural safety training was well-received, with 84% of respondents indicating they had received it. However, only 76% indicated a proactive approach to patient safety concerns, highlighting an opportunity for improvement.

Future career intentions

Interest in medical education remains strong, though slightly lower than in previous years. Interest in Indigenous health and rural practice remained stable, while interest in medical research declined. Career concerns have decreased, with only 7% worried about post-Fellowship employment. Most respondents plan to work in public hospitals (69%) or private practice (43%), with a preference for capital cities (73%) or regional centres (56%).

Qualitative insights

The qualitative analysis of open-ended responses provides further context to the trainee experience, highlighting both strengths and areas for improvement.

Positive aspects: Respondents widely appreciated the high quality and structure of the Fellowship Program, with 85 mentions focusing on the well-rounded training, clear learning outcomes, and the breadth of clinical experiences. Supervisory support and feedback were also seen as significant strengths, with 43 respondents emphasising the value of mentorship in trainee development. The flexibility of the program, including diverse placements and tailored development opportunities, was another noted benefit

Challenges and suggested improvements: Assessments emerged as the most significant challenge, with 176 mentions pointing to issues with excessive volume, complexity, lack of clarity, and inconsistent feedback. Trainees also expressed concerns about the rigid structure of the program, which they felt contributed to burnout and increased stress. Many trainees suggested a more flexible, supportive approach to assessments, including revising the structure to better align with clinical competencies and providing more precise expectations. Personal challenges, such as difficulties in balancing work and family life, were frequently mentioned, with some trainees experiencing emotional burnout due to the demands of both clinical responsibilities and personal commitments. There was a strong call for the College to provide more significant support in these areas, particularly in terms of mental health, work-life balance, and family-friendly policies.

Trainees also highlighted the need for better communication and transparency, especially regarding the transition from training to consultancy. Suggestions included more regular communication, such as face-to-face meetings with College representatives and jurisdictional social events to foster a sense of community. Many trainees called for greater involvement in decision-making processes, including the opportunity to serve on College committees.

Support and tailored services: Respondents emphasised the need for improved support mechanisms for new fellows. Suggestions included making the supervision program mandatory for new fellows, offering assistance with contract negotiations, and improving exam preparation. A tailored mentoring program was also recommended as a valuable support resource. Trainees also stressed the need for more resources to assist with assessments, particularly the scholarly project and the psychotherapy written case.

Overall sentiment: While trainees commended the College's commitment to continuous improvement, many expressed a desire for a more flexible, responsive training experience. The importance of fostering an inclusive and supportive environment for trainees, both professionally and personally, was a common theme throughout the feedback. These insights underscore areas where the College can invest to enhance the training experience, particularly by revising the assessment framework, improving communication, and providing more substantial support for mental health and work-life balance.

Methodology

Questionnaire design

The questionnaire was developed based on the previous Admission to Fellowship survey. Core questions assessing perceptions of the training experience remained unchanged, while other items were reviewed and either refined or replaced. To ensure external comparability, selected questions from the Medical Training Survey (MTS) conducted by the Medical Board of Australia were incorporated.

Three versions of the survey were developed, each containing a core set of common questions tailored to different respondent groups:

- trainees who have completed all Stage 1, 2 and 3 training requirements
- SIMGs- Partial comparability
- SIMGs- Substantial comparability.

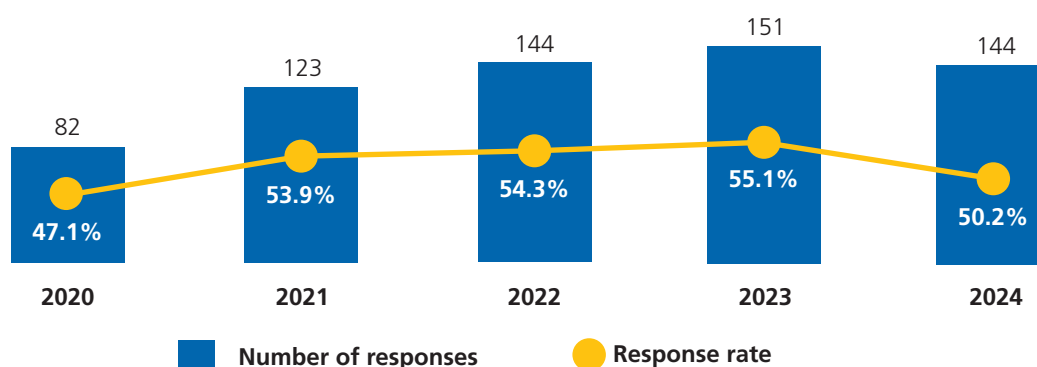
The questionnaire was reviewed in consultation with the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) and approved by the EC.

Sampling and data collection

The in-scope population for the RANZCP Trainee Exit Survey comprised all trainees and SIMGs who have completed the Fellowship Program's training requirements. Participants' details were obtained from the College database, and survey participation was voluntary. No personal information was linked to responses.

The survey was administered online via SurveyMonkey and took approximately 15 minutes to complete. The College sent email invitations to all eligible participants, outlining the survey objectives and privacy provisions. Two reminder emails were sent to encourage participation.

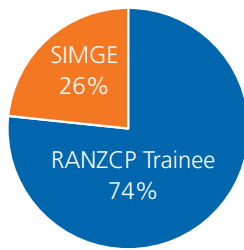
Data collection was between 1 February 2024 and 31 January 2025. Throughout this period, 288 trainees and SIMGs who completed all requirements of the RANZCP Fellowship program between January and December 2024 were invited to participate. Invitations were sent monthly to those who had been admitted to Fellowship that month. A total of 144 responses were received, resulting in a response rate of 50% (number of completed surveys divided by the number of invitations sent).



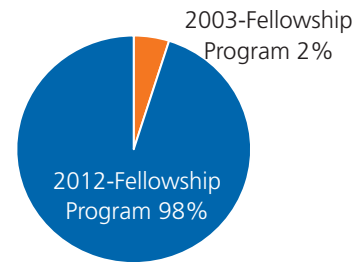
The demographic breakdown of survey participants is as follows:

- Fellowship program completion: The majority of respondents (98%) had completed the 2012 Fellowship program
- Pathway distribution: 74% of respondents were trainees, while 26% were SIMGs
- Gender identity: 49% of participants identified as men, 45% as women and 1% as non-binary or gender diverse
- Age range: 78% of participants were aged between 25 and 44 years.

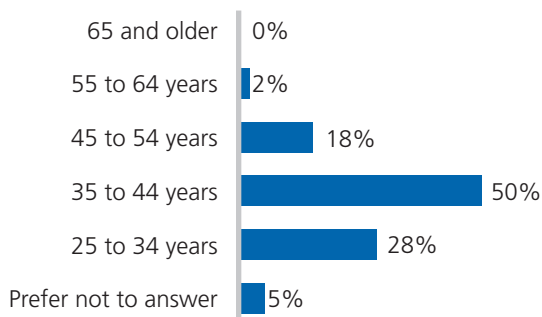
Training pathway



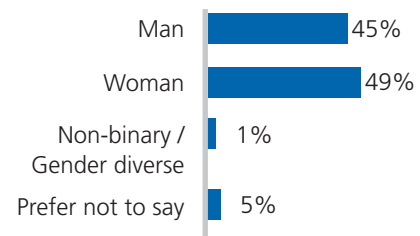
Program



Age



Gender



Data Analysis

Responses to closed-ended questions were processed using the Statistical Package for the Social Sciences (SPSS) to calculate frequencies and valid percentages.

Qualitative data from open-ended questions were analysed using the NVivo software. The coding framework was initially developed during the pilot survey and refined throughout the analysis process. To ensure consistency and reliability, coding was conducted by an experienced member of the Education Department.

How to read this report

This report presents results for both trainees and SIMGs who have completed the Fellowship Program's training requirements. A separate report focusing specifically on SIMGs will be published independently.

The report is structured in alignment with the RANZCP Exit Survey questionnaire, and the report utilises graphs that retain the original response categories. To improve visual clarity, values below 3% have been excluded. Additionally, a summary table has been included to aggregate responses reflecting the positive perception since

All results in this report have been rounded to the nearest whole number, which may result in totals exceeding 100% in some cases.

Responses aggregation:

| Original Categories | Aggregated |
|------------------------|--------------|
| Strongly agree + Agree | Total agree |
| Very well + Well | Total Well |
| Very good + Good | Total good |
| Very useful + Useful | Total useful |

1. RANZCP Fellowship program

Respondents were asked to rate aspects of the training program. One of the most notable findings is the decline in the perceived relevance of the Fellowship Program to professional development. In 2024, 80% of respondents agreed that the program was relevant to their growth as psychiatrists, a significant decrease from 91% in 2023 and 92% in 2022. Similarly, confidence in transitioning to consultant roles has steadily declined, with only 63% of respondents feeling prepared to work independently, compared to 73% in 2023. These results indicate a growing concern about whether the training adequately equips graduates for independent practice.

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



* Note: Labels 3% and below removed from chart

While the overall structure of the training program remains stable, understanding of program requirements dropped to 77% in 2024, down from 89% in 2021, suggesting a need for more straightforward communication. Access to protected teaching and study time also decreased from 80% in 2023 to 75% in 2024, reflecting potential increased workload pressures.

Despite these challenges, certain aspects of the program continue to perform well. Satisfaction with training placements remains steady, with 84% of respondents agreeing that their placements provided sufficient opportunities to meet Fellowship requirements. Access to a diverse patient mix also remains high, with 88% of trainees and SIMGs agreeing that their training environments exposed them to a broad range of clinical cases. Furthermore, the availability of placements that align with career plans has remained consistently strong, with 82% of respondents in agreement. These factors highlight the continued strengths of the program in providing comprehensive and relevant clinical experiences.

2. Skills development

The results on skill development present a mixed picture, with some competencies receiving strong ratings while others indicate areas for improvement. Overall, the program continues to support the development of core clinical and theoretical skills, but challenges remain in areas such as leadership, research, and clinical safety.

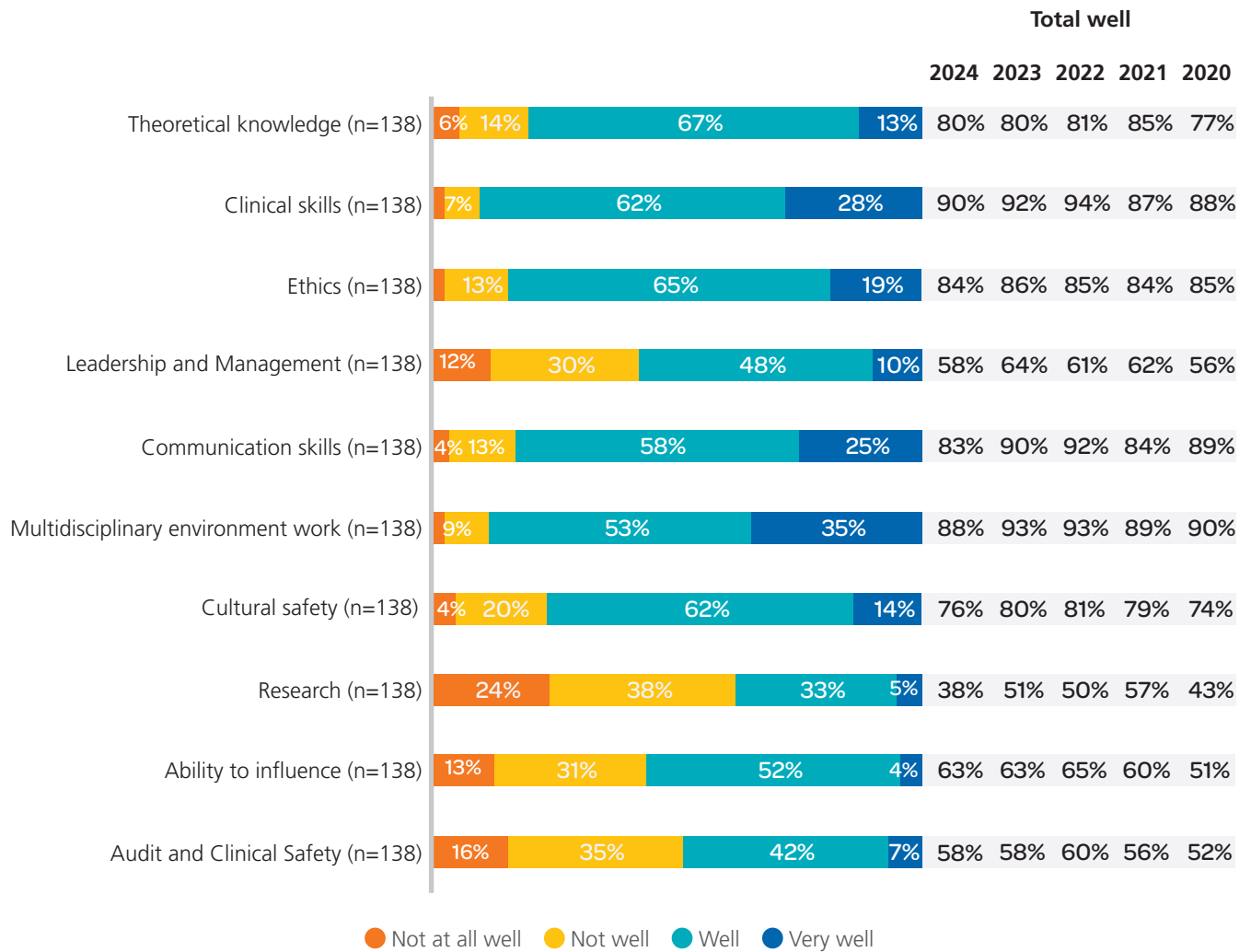
Theoretical knowledge remains stable, with 80% of respondents rating it positively, which is consistent with 2023. Clinical skills also continue to be a strength, with 90% of respondents expressing confidence in their training, although this represents a slight decline from the 94% peak in 2022. Ethics training also remains steady, with 84% of trainees and SIMGs indicating they felt well-prepared in this area.

However, a notable decline is observed in communication skills, which dropped to 83% in 2024, marking a continued downward trend from 92% in 2022. Working within multidisciplinary environments remains a well-supported area of training, with 88% of respondents rating their experience positively. Although this reflects a slight decline from previous years, it continues to be one of the stronger aspects of the program. Cultural safety training also remains relatively stable at 76%, though a slight decline from 80% in 2023 suggests that ongoing attention is required to strengthen this critical competency.

While leadership and management training showed some improvement in previous years, it declined to 58% in 2024, suggesting that trainees and SIMGs may not feel adequately prepared for leadership roles post Fellowship. Similarly, confidence in the ability to influence dropped to 56% from 63% in 2023, reinforcing the need for greater focus on professional development beyond clinical skills.

One of the most concerning trends is the decline in research skills, with only 38% of respondents rating their training positively, a significant drop from 57% in 2021. This downward trend highlights a gap in the program's ability to equip trainees with research competencies. Similarly, training in audit and clinical safety has seen a notable decline, dropping to 49% in 2024 after peaking at 60% in 2022. Given the importance of these skills in maintaining high standards of psychiatric care, this is an area that may require further support and enhancement.

Q.5 How well did the Fellowship program contribute to your skills development in the following areas?

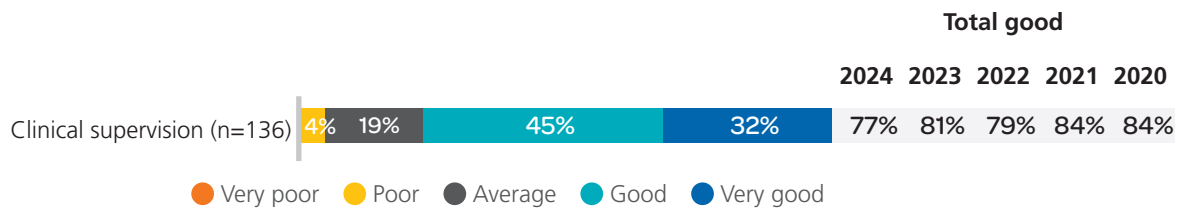


* Note: Labels 3% and below removed from chart

3. Clinical supervision

Respondents consistently reported positive perceptions of clinical supervision, with agreement rates ranging from 77% to 84% over the past five years. Although the number declined from 81% in 2023 to 77% in 2024, clinical supervision remains a strength of the program.

Q.7 In general terms, how would you rate the quality of your clinical supervision?



* Note: Labels 3% and below removed from chart

However, specific areas within clinical supervision showed a decline. While autonomy in practice remains strong, challenges related to feedback, skill development, and accessibility need further attention.

Accessibility to clinical supervision dropped significantly to 79% in 2024, down from 89% in 2023, continuing a downward trend from previous years. This decline suggests that trainees and SIMGs may be facing difficulties in securing regular and reliable supervision, which is crucial for their development and clinical confidence.

Feedback, both formal and informal, was identified as a concern. Informal feedback was rated positively by 74% of respondents, a decline from 86% in 2023. Similarly, regular formal feedback decreased to 69% in 2024, marking the lowest level in five years. The usefulness of feedback followed a similar pattern, dropping to 68% from 78% in 2023.

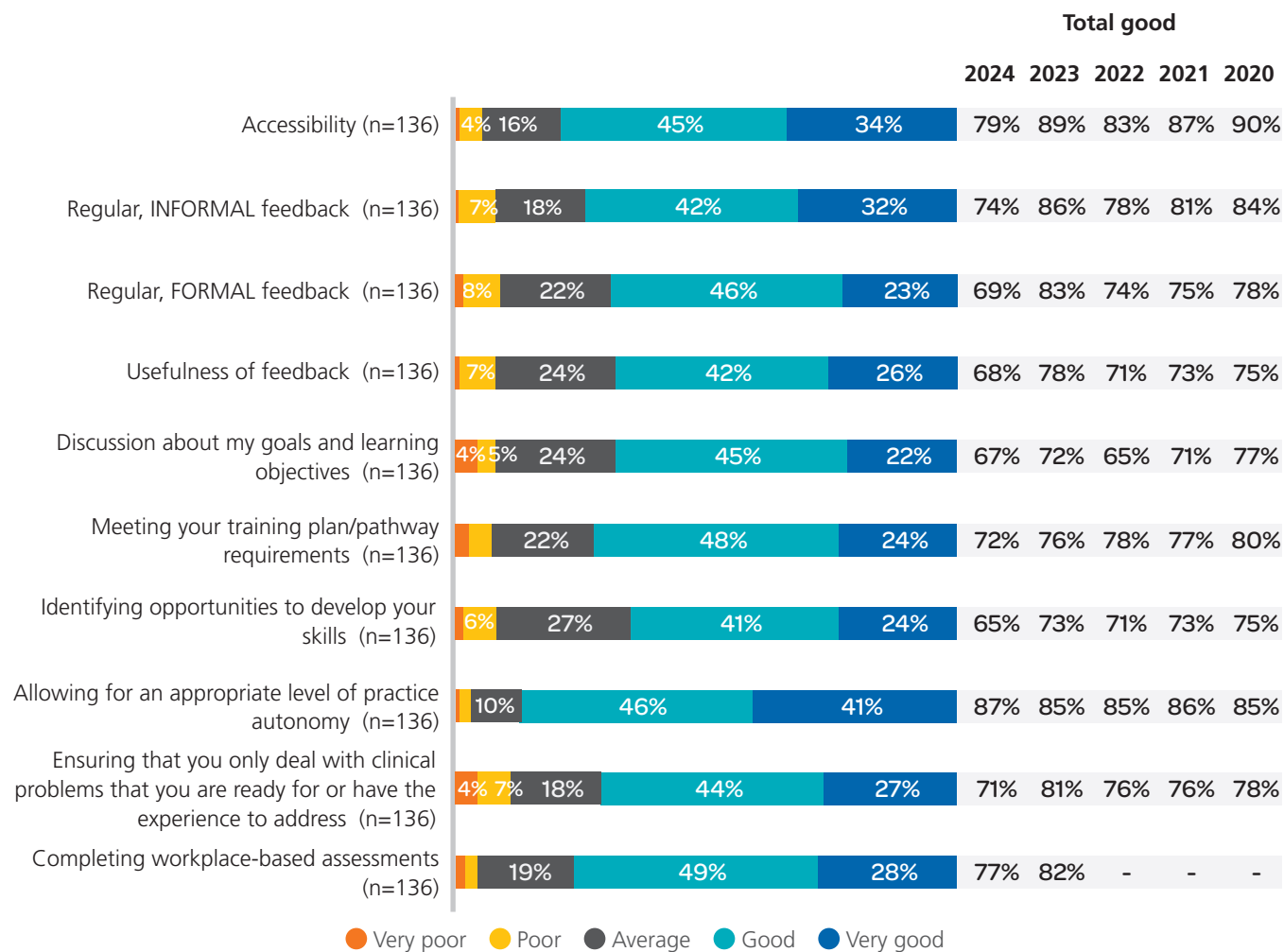
Discussions regarding goals and learning objectives showed a slight decrease from 2023, with 67% of respondents indicating that their supervisors engaged in meaningful conversations about their development. Similarly, the ability to meet training plan and pathway requirements was rated positively by 72% of respondents, slightly lower than in the previous year.

Despite these challenges, the program continues to perform well in ensuring an appropriate level of practice autonomy. In 2024, 87% of respondents reported feeling that they were allowed to practice independently at a suitable level, maintaining stability compared to previous years. However, ensuring that trainees only manage clinical problems they are prepared for has declined to 71%, the lowest level in five years.

The quality of overall supervision for completing workplace-based assessments, introduced as a new metric in 2023, declined from 82% to 77%.

Overall, while clinical supervision continues to support autonomy in practice, declines in feedback, accessibility, and skill development highlight areas requiring attention.

Q.6 In your setting, how would you rate the quality of your overall supervision?



* Note: Labels 3% and below removed from chart

4. Assessments

The 2024 results highlight significant concerns regarding college-administered summative examinations, with marked declines in trainee satisfaction compared to previous years. Both the structure and feedback associated with the College’s exams require attention to improve alignment with the curriculum and overall trainee experience.

A notable decline is seen in the perception of how well the exams reflect the College’s training curriculum. In 2024, only 42% of respondents agreed that the exams accurately represented the curriculum, down from 56% in 2023.

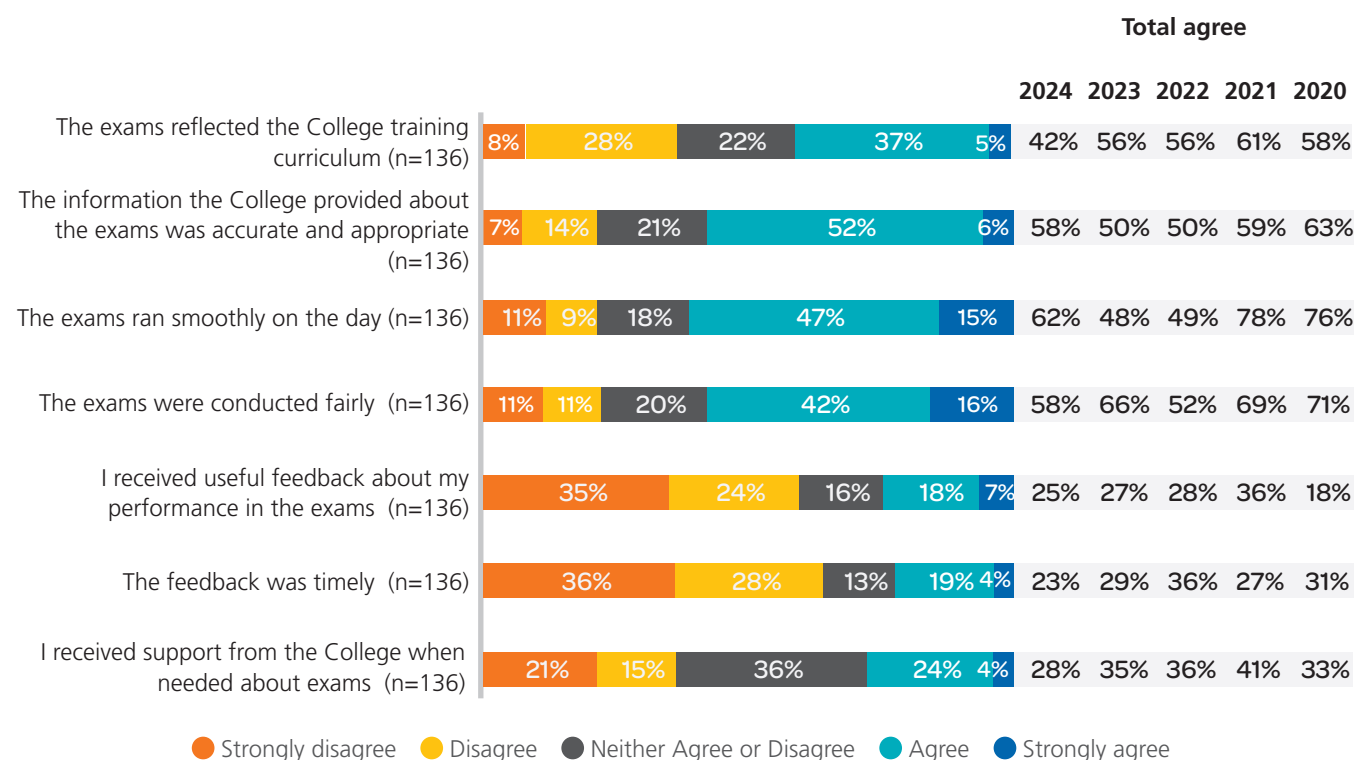
Similarly, perceptions of the accuracy and appropriateness of the information provided by the College about the exams remained low, with 58% of respondents agreeing that the information was accurate, an increase from 50% in 2023. This suggests there is still room for improvement in ensuring trainees receive clear and useful exam-related information.

Logistical aspects of the exams are also a concern. Only 62% of respondents felt the exams ran smoothly on the day, up from 48% in 2023 but still significantly below the 78% in 2021. Additionally, perceptions of fairness in the exam process have dropped to 58% in 2024, compared to 66% in 2023. These figures suggest that trainees may be experiencing difficulties in the exam administration or perceiving inconsistencies in how the exams are conducted.

Feedback continues to be a significant challenge. Only 25% of respondents reported receiving useful feedback about their exam performance, a slight improvement from 27% in 2023 but still far from an acceptable level. This lack of useful feedback may be impacting trainees’ ability to learn from their exam experiences and improve their future performance. Moreover, the timeliness of the feedback has declined even further, with only 23% of respondents agreeing that the feedback was provided in a timely manner, down from 29% in 2023.

Support from the College regarding exams also emerged as an area of concern, with only 28% of respondents agreeing that they received adequate support when needed. This reflects a decline from 35% in 2023 and suggests that trainees may be feeling unsupported when encountering challenges related to the exams.

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



* Note: Labels 3% and below removed from chart

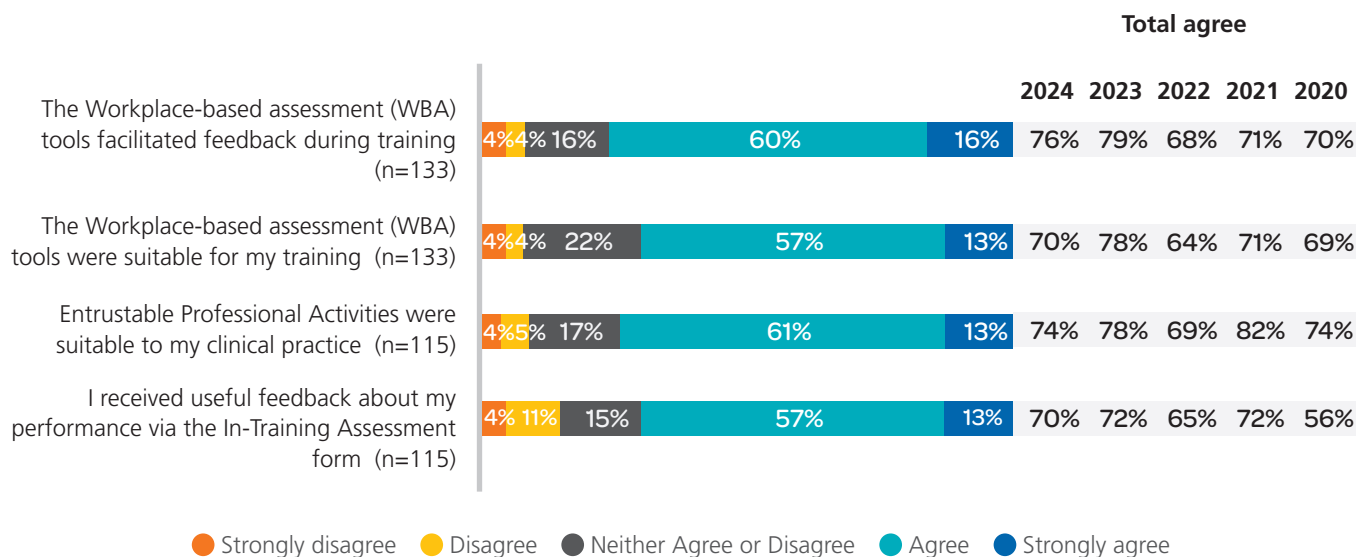
Compared to centralised-administered assessments, which showed lower satisfaction in several areas, the results for Workplace-based assessments (WBAs) generally reflect higher levels of agreement, especially in relation to feedback and their suitability for clinical practice.

Regarding the effectiveness of WBAs in facilitating feedback during training, 76% of respondents agreed that the tools provided meaningful feedback, a slight decline from 79% in 2023 but still a strong result compared to the centralised assessment feedback metrics, where only 25% of respondents reported receiving useful feedback about their exam performance.

The suitability of the WBA tools for training declined in 2024, with 70% of respondents agreeing that the tools were appropriate for their training needs, down from 78% in 2023. While this remains a relatively strong result, the decrease suggests there might be some mismatch between the assessment tools and evolving training requirements. Entrustable Professional Activities (EPAs), a core component of WBAs, received a consistent positive response. 74% of respondents agreed that the EPAs were suitable for their clinical practice.

Feedback from the In-Training Assessment form showed a slight decline, with 70% of respondents agreeing that they received useful feedback, compared to 72% in 2023. While this is a slight dip, it remains a relatively high figure and is still more positive than the feedback metrics from centralised exams, which were much lower.

Q.9 Now, thinking about workplace assessments to what extent do you agree or disagree with each of the following statements?



* Note: Labels 3% and below removed from chart

5. Formal education courses

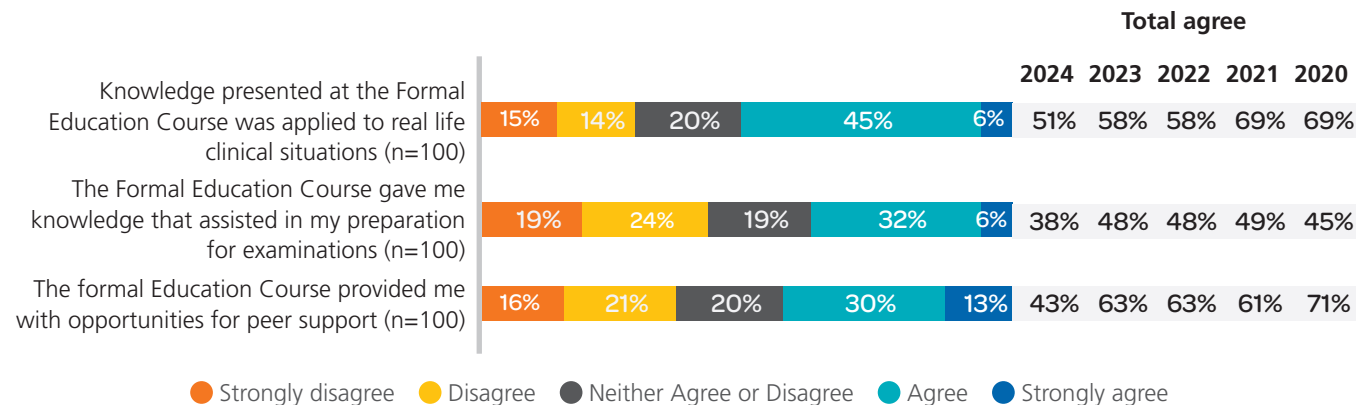
The results highlight challenges regarding the relevance and effectiveness of formal education courses. In 2024, there were notable declines regarding their alignment with real-life clinical situations, their usefulness in exam preparation, and the opportunities they provide for peer support.

Regarding the application of knowledge to clinical situations, only 51% of respondents agreed that the knowledge presented in the formal education courses was applicable to their real-life clinical practice, a significant decrease from 58% in 2023 and 69% in 2020 and 2021. This trend suggests that trainees increasingly find the formal education courses less relevant to the practical, day-to-day demands of their roles.

Similarly, only 38% of respondents felt the courses were useful for exam preparation, down from 48% in previous years, indicating a decline in perceived value for this purpose.

The opportunity for peer support also saw a notable decline, with only 43% of respondents agreeing that the courses facilitated peer support, compared to 57% in 2023 and 63% in 2022. This decline may reflect a reduction in collaborative or interactive elements within the courses, which are essential for fostering connections and shared learning experiences among trainees.

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



* Note: Labels 3% and below removed from chart

6. RANZCP Resources

Six RANZCP resources were evaluated for their usefulness to the trainees during the training program. The data reveals some resources have maintained their value while others have experienced a decline in usefulness, suggesting areas for further improvement.

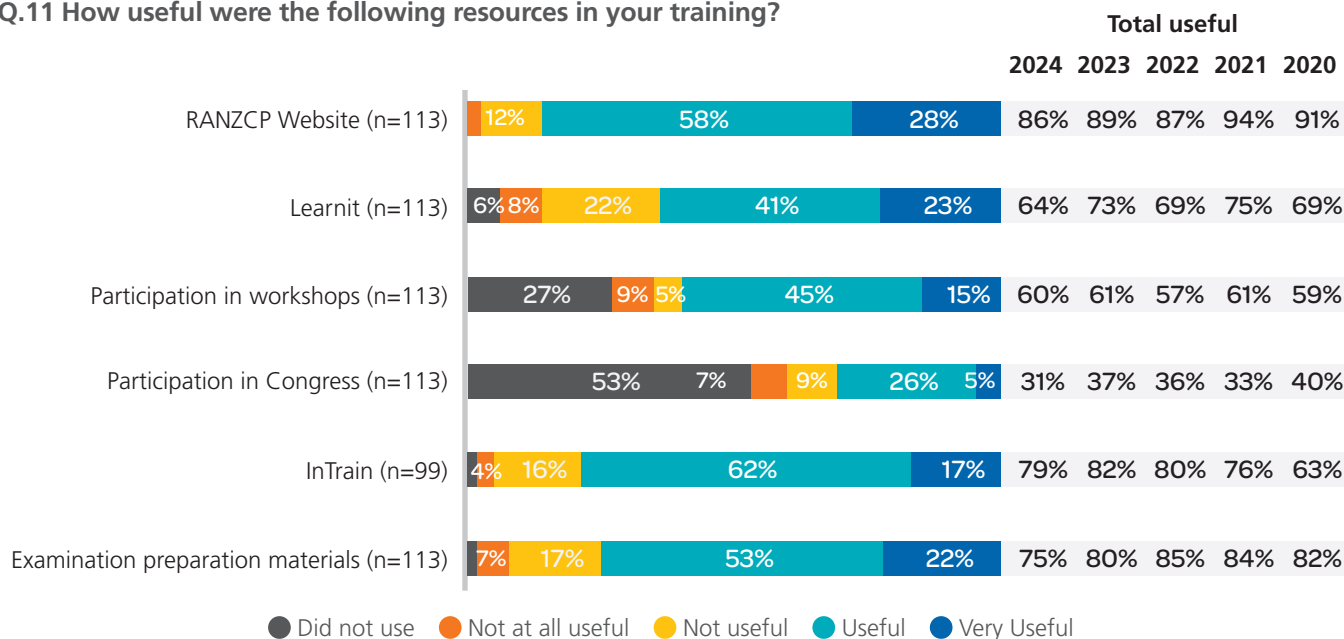
The RANZCP website remains one of the most useful resources, with 86% of respondents finding it beneficial in 2024, slightly down from 89% in 2023. Learnit, the online learning platform, experienced a notable decline, with 64% of respondents in 2024 finding it helpful, compared to 73% in 2023.

While workshop participation remained relatively stable at 60% usefulness in 2024, 27% of respondents indicated they do not use this resource. This suggests that a significant portion of trainees may either find the workshops less relevant to their needs or face barriers to participation. Participation in Congress continues to be the least utilised resource, with only 31% of respondents in 2024 finding it useful, down from 37% in 2023. Furthermore, 53% of respondents reported that they do not use Congress at all, indicating a disconnect between the content of Congress and the needs or interests of trainees.

InTrain, the training management system, remains a highly valued resource. In 2024, 79% of respondents considered it useful, slightly down from 82% in 2023. InTrain has proven to be a critical tool for tracking progress and facilitating communication, though ongoing updates or enhancements could help sustain its value.

Examination preparation materials also saw a decline in usefulness, with only 75% of respondents in 2024 finding them valuable, compared to 80% in 2023 and 85% in 2022. While still considered useful by a majority, the decline suggests that these materials may need to be updated or expanded to address the needs of trainees better, especially as exam formats and content evolve.

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



* Note: Labels 3% and below removed from chart

7. College communication and interaction

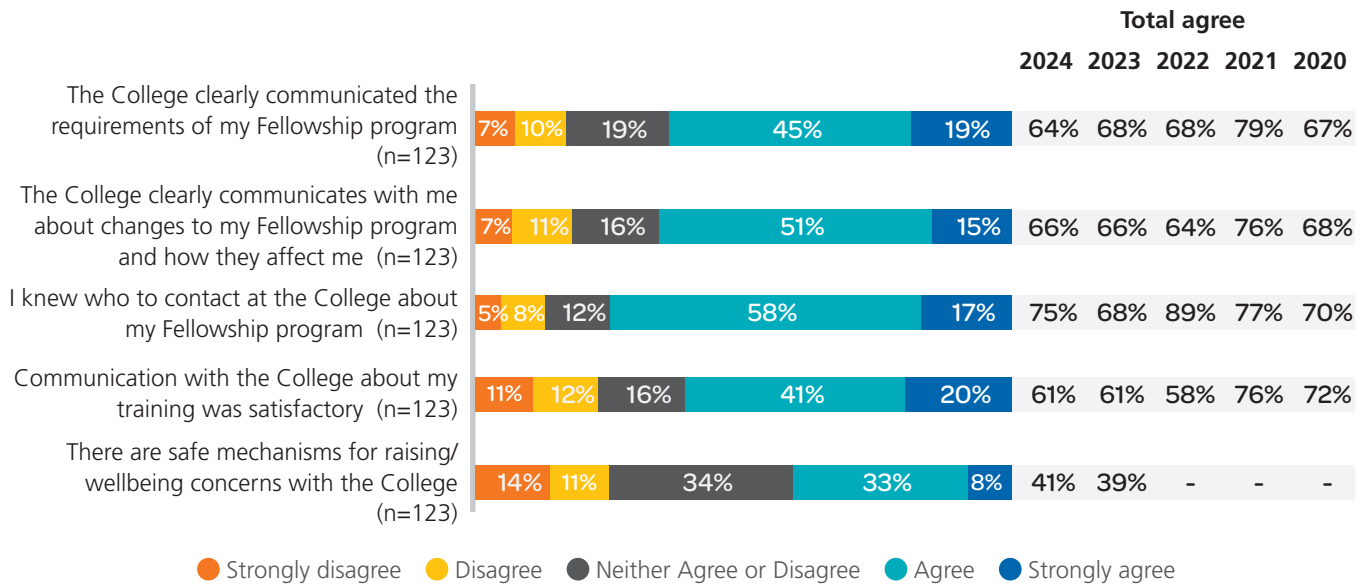
In 2024, 64% of respondents agreed that the College clearly communicated the requirements of the Fellowship program, reflecting a slight decrease from 68% in 2023. This decline highlights a possible area of concern for the College in terms of maintaining consistent clarity in program requirements.

The communication of changes to the Fellowship program and how these changes affect trainees saw 66% of respondents agreeing in 2024, the same percentage as in 2023. The consistency of communication about changes appears to need attention, especially as this aspect is critical for trainees to stay informed about program adjustments.

When asked whether they knew who to contact at the College about the Fellowship program, 75% of respondents agreed in 2024, reflecting a recovery from 68% in 2023. Regarding the overall satisfaction with communication, only 61% of respondents in 2024 felt that communication with the College about their training was satisfactory.

The introduction of a new item in 2023 regarding safe mechanisms for raising training or wellbeing concerns shows a positive step forward, with 41% of respondents agreeing that such mechanisms exist. This represents a foundational aspect of ensuring a supportive and transparent communication environment, and while the percentage is low, it provides an essential baseline for future improvements.

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



* Note: Labels 3% and below removed from chart

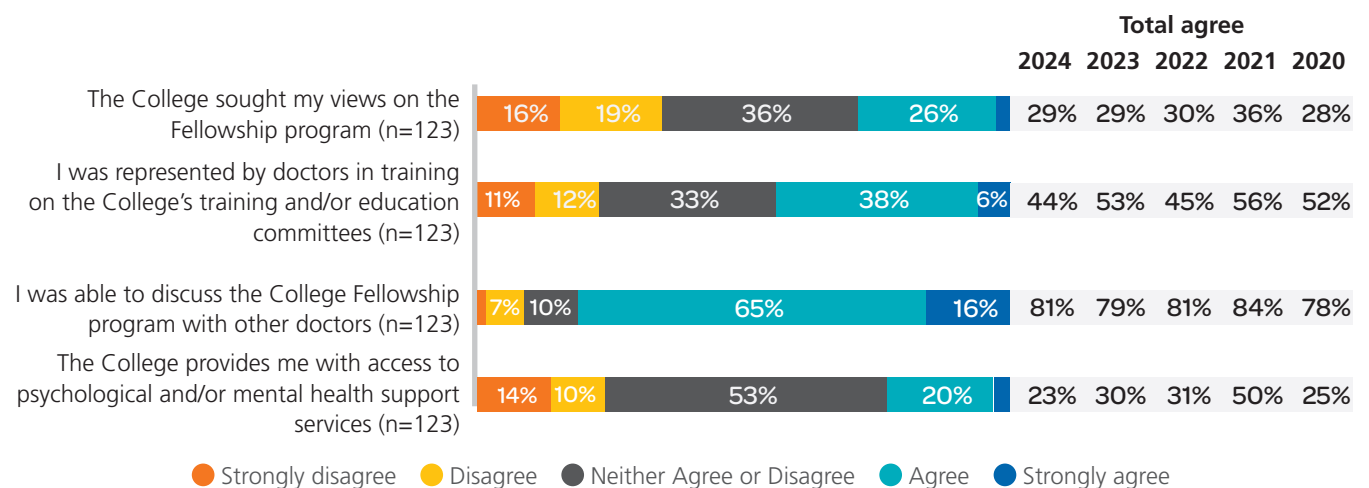
8. College engagement

The 2024 results indicate mixed levels of agreement regarding the College’s engagement with trainees and SIMGs. While the ability to discuss the Fellowship program with peers remained stable at 81%, maintaining a consistent level of engagement, other areas showed lower levels of agreement.

The perception that the College actively seeks trainee views on the Fellowship program remains low at 29%, showing no improvement from 2023 and reflecting a decline from the peak of 36% in 2021. Additionally, representation by doctors in training on College committees decreased to 44%, the lowest in the past five years, suggesting concerns about trainee involvement in decision-making processes.

Access to psychological and mental health support services remains an area of concern, with only 23% agreeing that the College provides such support, a continued decline from 2021 when it peaked at 50%.

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

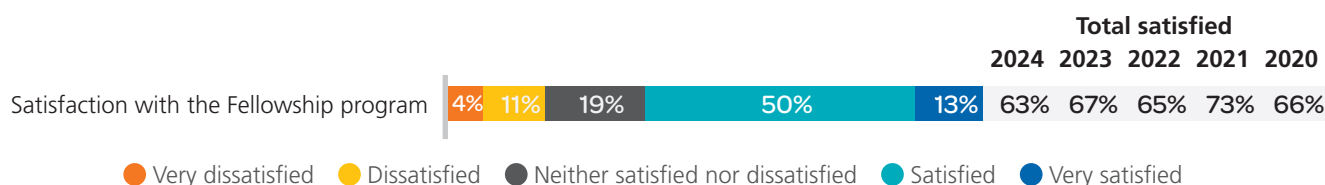


* Note: Labels 3% and below removed from chart

9. Overall satisfaction

In 2024, 63% of respondents expressed satisfaction with the RANZCP Fellowship Program, marking a slight decline from 67% in 2023 and continuing a downward trend from 73% in 2021. This decrease suggests that, while the program continues to meet the needs of most trainees and SIMGs, there may be areas requiring attention to maintain and enhance overall satisfaction.

Q.23 Overall how satisfied or dissatisfied are you with the Fellowship program?



* Note: Labels 3% and below removed from chart

Respondents were also asked how likely they would be to recommend the RANZCP Fellowship program to others, a question used to calculate the Net Promoter Score (NPS), a tool used for gauging customer loyalty to an organisation based on the level of recommendation.

The NPS decreased to -9 in 2024, the lowest recorded in the past five years. This decline was driven by a higher proportion of detractors (36%) compared to 31% in 2023, alongside a decrease in promoters (25% in 2024 compared to 26% in 2023). The proportion of passives also declined from 43% in 2023 to 39% in 2024, suggesting a shift towards more neutral or negative sentiment.

A notable trend is the consistent decline in promoters since 2022, when 32% rated the program highly. This indicates that fewer trainees and SIMGs are actively endorsing the Fellowship. Furthermore, detractors have remained relatively high over the past three years, reflecting ongoing concerns that may be impacting perceptions of the program.

The key challenge remains addressing the concerns raised by detractors while identifying opportunities to strengthen positive engagement and satisfaction. The declining overall satisfaction rate and NPS underscore the need for targeted interventions to improve trainees' and SIMGs' experiences in the Fellowship program.

Q.24 On a scale 0 to 10, how likely is that you would recommend the RANZCP Fellowship program to other potential trainees?

| Likelihood to Recommend | Total | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| | 2024 | 2023 | 2022 | 2021 | 2020 |
| n= | 123 | 146 | 130 | 116 | 79 |
| Promoters - Rated 9-10 | 25% | 26% | 32% | 32% | 24% |
| Passives - Rated 7-8 | 39% | 43% | 32% | 48% | 47% |
| Detractors - Rated 0-6 | 36% | 31% | 36% | 20% | 29% |
| Net Promoter Score (Promoters - Detractors) | -9 | -5 | -4 | 12 | -5 |

1 In the Net Promote Score (NPS) respondents are categorised into one of three groups based on their responses. Promoters who respond with score of 9 or 10 are considered likely to exhibit positive referrals to others. Detractors who respond with a score 0 to 6 are believed to be less likely to exhibit positive referrals. Passives who respond with a score of 7 to 8 fall in the middle of promoters and detractors in terms of their behaviour. The NPS is calculated by subtracting the percentage of respondents who are detractors from the percentage of respondents who are promoters. For the purpose of calculating a Net Promote Score, Passives count towards the total number of respondents, but do not directly affect the overall net score.

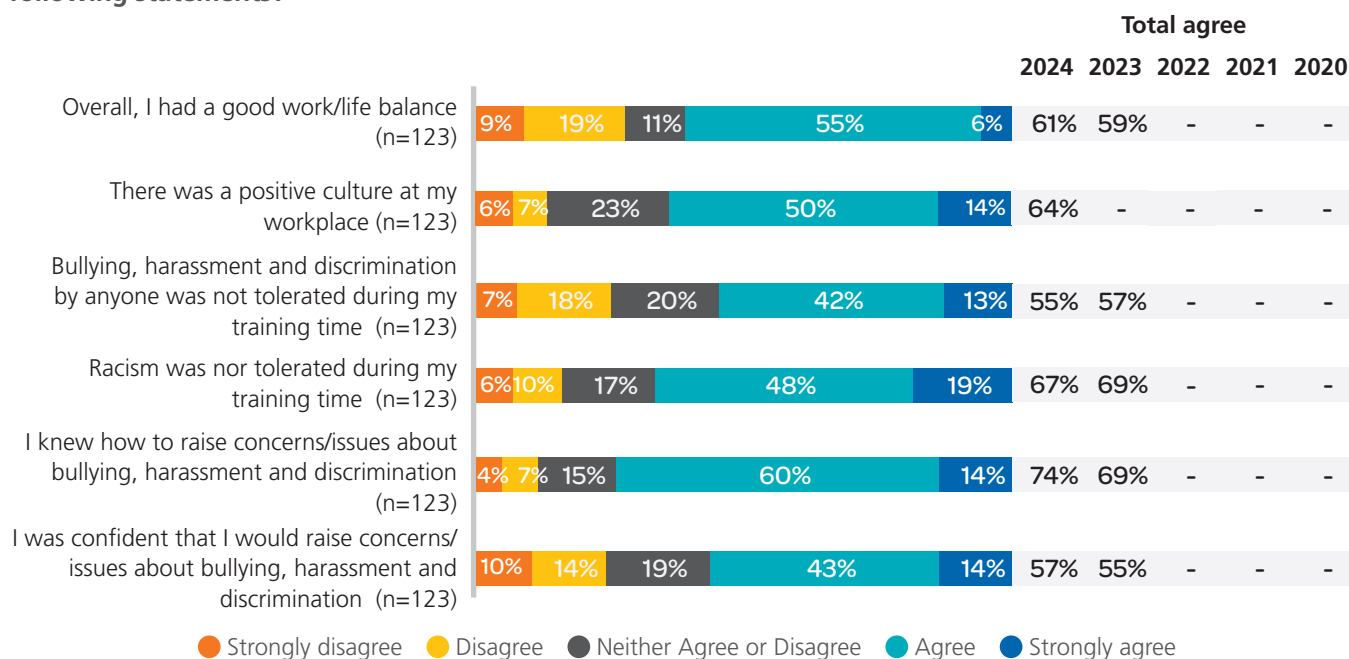
Source: <http://www.netpromotersystem.com/about/measuring-your-net-promoter-score.aspx>

10. Workplace environment and culture

61% of respondents reported a good work-life balance, a slight increase from 59% in 2023. While this indicates some improvement, there remains room to ensure better balance and wellbeing for trainees. The overall workplace culture was rated positively by 64% of respondents, highlighting a generally supportive environment. However, concerns remain regarding bullying, harassment, and discrimination. Only 55% of respondents agreed that such behaviours were not tolerated, showing a slight decline from 57% in 2023. Similarly, 67% believed racism was not tolerated, which is slightly lower than the previous year's 69%. These figures suggest that while efforts to foster inclusivity continue, further work is needed to ensure a zero-tolerance approach to inappropriate workplace behaviours.

Encouragingly, 74% of respondents knew how to raise concerns about bullying, harassment, and discrimination, an improvement from 69% in 2023. However, confidence in raising such concerns remains lower at 57%, although this represents a slight improvement from 55% last year. The gap between awareness and confidence in acting suggests a need for strengthening reporting mechanisms and ensuring that trainees feel safe and supported when addressing workplace issues.

Q.16 Thinking about workplace environment and culture, to what extent do you agree or disagree with the following statements?



* Note: Labels 3% and below removed from chart

The data from 2024 highlights ongoing concerns around workplace behaviour, particularly in relation to bullying, harassment, discrimination, and racism. The survey revealed that 21% of respondents had personally experienced bullying, while a more significant proportion, 41%, had witnessed such behaviour. Harassment affected 23% of participants, with 29% observing it. Discrimination was reported by 18%, and 31% had witnessed it, while 14% experienced racism and 33% observed it in the workplace.

Q.17 Did you experience and/or witness any of the following during your training time?

| | 2024 | |
|------------|-------------|-----------|
| | Experienced | Witnessed |
| Bullying | 21% | 41% |
| Harassment | 23% | 29% |

| | 2024 | |
|----------------|-------------|-----------|
| | Experienced | Witnessed |
| Discrimination | 18% | 31% |
| Racism | 14% | 33% |

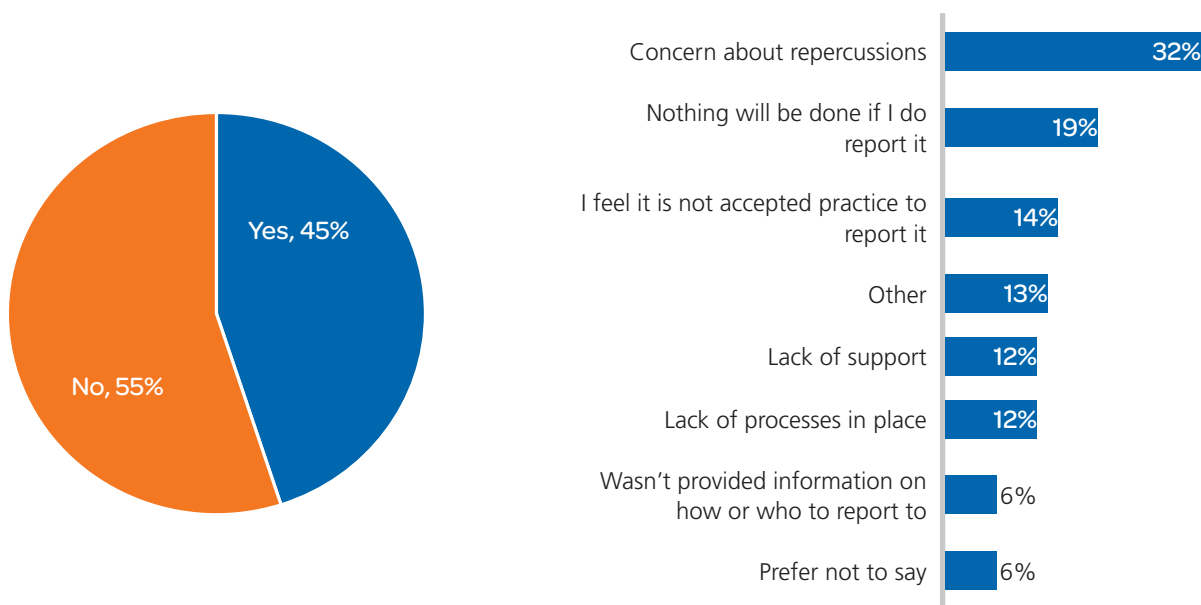
The sources of bullying, harassment, discrimination and/or racism in the workplace revealed concerning trends, with Senior medical staff and Patient and/or patient family/carer being identified as the most prevalent source. This points to a significant area of concern in the work environment. Other sources of inappropriate behaviour included Nurse or midwife (20%), Hospital management and administrative staff (18%), Medical colleagues (16%) and other health practitioners (11%) were less commonly identified reporting incidents involving these groups.

Q.17b Who was responsible for the bullying, harassment, discrimination and/or racism that you experienced/witnessed?

| 2024 | |
|-------------------------------------|-----|
| Responsible | |
| Senior medical staff | 39% |
| Patient and/or patient family/carer | 21% |
| Nurse or midwife | 20% |
| Hospital management/admin staff | 18% |
| Medical colleague | 16% |
| Other health practitioner | 11% |
| Prefer not to say | 9% |

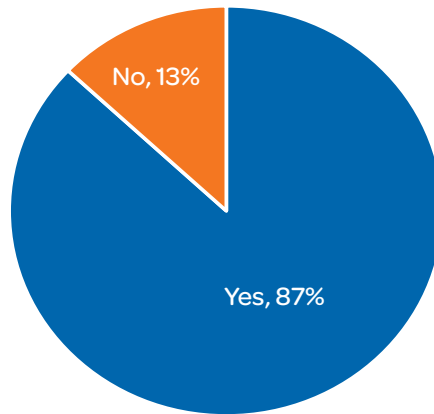
While these statistics reflect serious challenges in fostering a supportive and inclusive work environment, it is important to note that 45% of those who experienced or witnessed these behaviours took steps to report them. For the remaining respondents who did not report such incidents, key barriers to reporting were identified. Specifically, 32% cited concerns about potential repercussions, indicating a perceived risk of negative consequences for raising concerns. Additionally, 19% believed that no action would be taken, revealing a lack of confidence in the efficacy of the reporting process. 14% felt that reporting such behaviour was not culturally accepted, which points to a possible reluctance to engage in formal reporting due to perceived cultural norms.

Q.18/19 Did you report the bullying, harassment, discrimination or racism that you experienced/witnessed? What prevented you from reporting?



On a positive note, the data also highlights that 87% of respondents knew how to access support for their health, including assistance for stress and other distressing issues. This reflects a high level of awareness and accessibility of mental health resources, suggesting that while there are concerns around reporting workplace misconduct, there is a recognised and accessible avenue for health support. This highlights an opportunity to leverage these support structures further to enhance trainees' confidence in the broader institutional environment.

Q.20 Did you know how to access support for your health (including for stress and other psychological distress)?

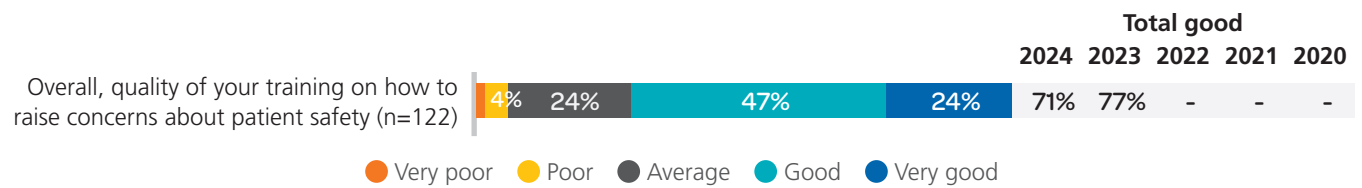


11. Patient safety

The analysis of the patient safety data reveals some key trends and areas for improvement within the training program.

The overall quality of training on raising concerns about patient safety saw a slight decline in 2024, with 71% of respondents indicating satisfaction, down from 77% in 2023. While this still reflects a solid level of training, the decrease suggests an area for attention.

Q.21 How would you rate the quality of your training on how to raise concerns about patient safety?



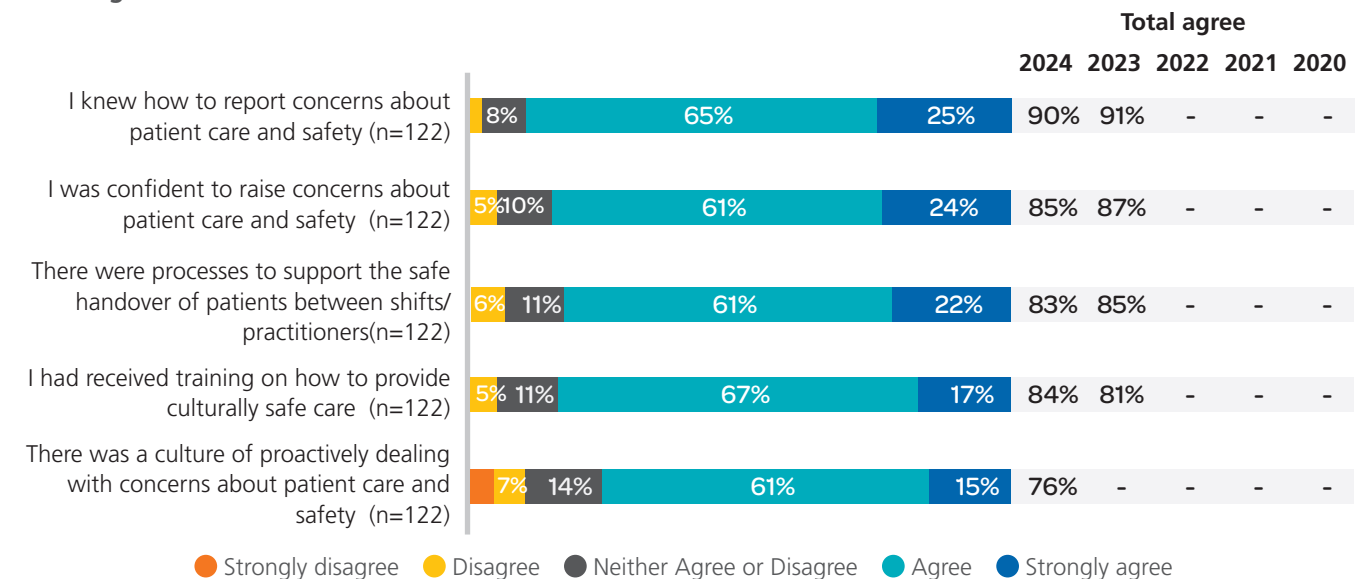
* Note: Labels 3% and below removed from chart

Despite the decline in overall training quality, respondents expressed strong confidence in their ability to report concerns about patient care and safety. An impressive 90% of respondents indicated they knew how to report concerns, while 85% felt confident in raising such issues. These results highlight that, although training on patient safety concerns may need attention, the foundational knowledge and confidence to raise issues are firmly in place.

Additionally, 83% of respondents indicated that processes were in place to support safe handovers of patients between shifts or practitioners. Training on providing culturally safe care also saw positive feedback, with 84% of respondents reporting that they had received training in this area. This is an encouraging sign that cultural safety is integrated into the training, contributing to a holistic approach to patient safety.

However, a notable concern arises from the 76% of respondents who indicated that there was a culture of proactively dealing with concerns about patient care and safety. This was the first year this question was asked, and while a majority of trainees feel this culture is present, it suggests an opportunity to foster further and strengthen proactive systems and open dialogue for addressing concerns effectively.

Q.22 Thinking about patient care and safety overall to what extent do you agree or disagree with the following statements?



* Note: Labels 3% and below removed from chart

12. Future career intentions

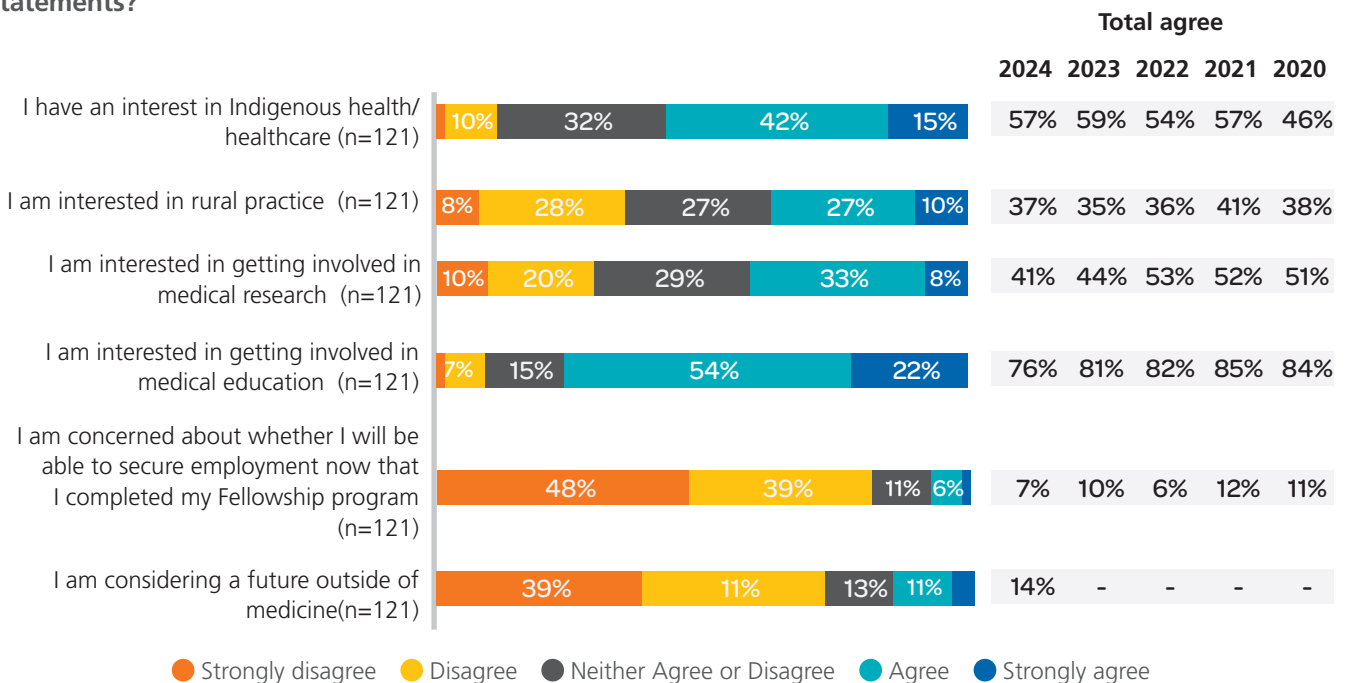
Respondents were asked to respond to general statements related to future career intentions. In terms of interests, there is a strong, consistent enthusiasm for medical education, with 76% of respondents in 2024 indicating an interest in pursuing this area. While there has been a slight decline from previous years (81% in 2023 and 82% in 2022), the interest remains high compared to other career aspects. The data indicates that a significant portion of trainees sees medical education as a crucial element of their future career trajectory.

Interest in Indigenous health/healthcare has remained relatively stable, with 57% of respondents in 2024 expressing interest, slightly down from 59% in 2023 but still reflecting a considerable percentage of trainees considering this area. This suggests a continued recognition of the importance of Indigenous health, though it is not as pronounced as the interest in medical education.

Trainees' interest in rural practice has remained steady but low compared to other career interests, with 37% in 2024 showing interest. This marks a slight decrease from previous years, indicating that while rural practice is a consideration for some, it is not a dominant focus for most trainees. Interest in medical research has experienced a decline over the years, dropping to 41% in 2024 from a peak of 53% in 2022.

Regarding career concerns, the data reflects that only 7% of respondents in 2024 are worried about securing employment post-Fellowship. This decrease in career uncertainty may be attributed to a more stable job market or increasing confidence in securing positions after completing the program. Interestingly, the 2024 data also introduces a new concern, with 14% of respondents considering a future outside of medicine. This marks a significant consideration for a portion of trainees and could point to changing perspectives on career satisfaction, burnout, or evolving personal and professional goals.

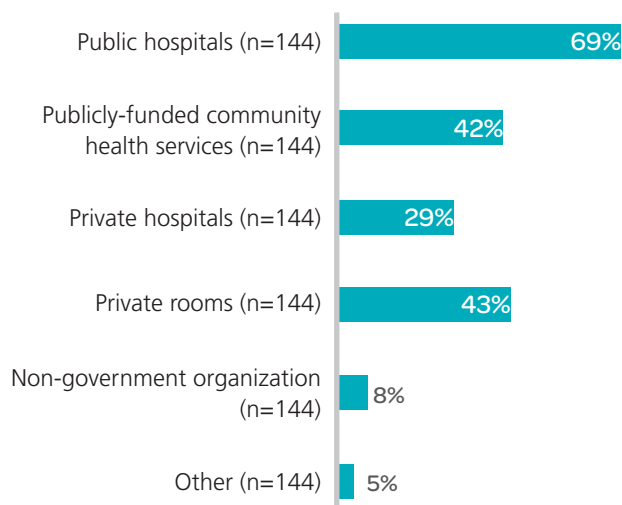
Q.25 Thinking about your future career, to what extent do you agree or disagree with the following statements?



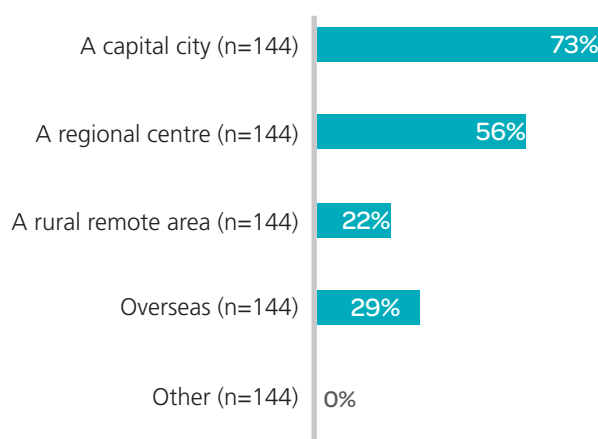
* Note: Labels 3% and below removed from chart

Most respondents expressed intention to practice within the next five years in public hospitals (69%) and private rooms (43%). Moreover, when considering locations, a substantial percentage indicated a preference for either a capital city (73%) or a regional centre (56%).

Q.26 Within the next 5 years, do you intend to practice in?



Q.27 Would you consider working in health services located in?



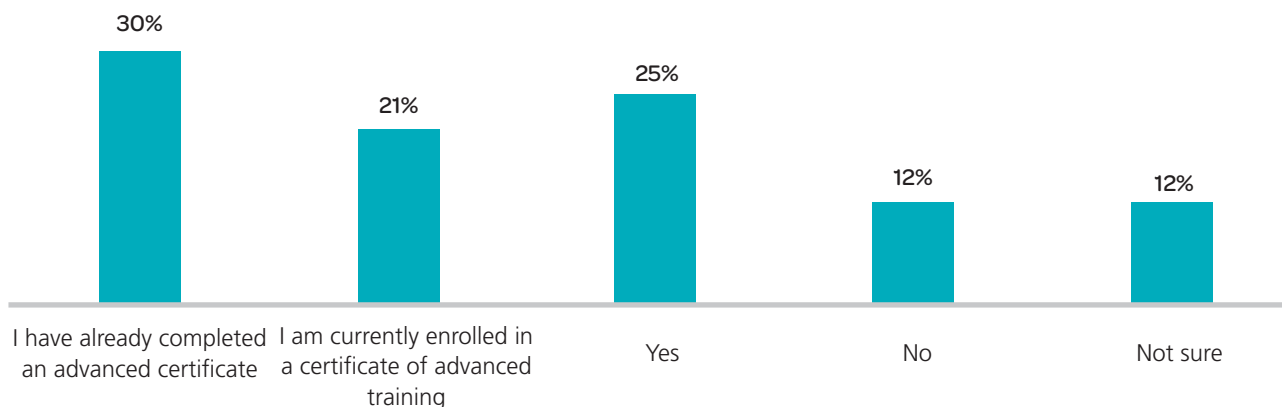
All respondents were asked (prompted) to select the specialty areas of psychiatry where they intend to work. The most common areas selected were adult psychiatry (53%) and community psychiatry (37%). Conversely, neuropsychiatry and Psychiatry of old age were the least popular choice among this cohort of new fellows, with only 10% expressing an interest in this specialisation, respectively.

Q.28 What specialty areas of psychiatry do you intend to work in?

| Area | Total |
|---------------------------------|-------|
| Adult psychiatry | 53% |
| Community psychiatry | 37% |
| Youth | 21% |
| C-L Psychiatry | 20% |
| Child and adolescent psychiatry | 19% |
| Psychotherapies | 18% |
| Trauma | 17% |
| Perinatal and Infant Psychiatry | 17% |
| Eating disorders | 14% |
| Addiction | 13% |
| Academic/research psychiatry | 13% |
| Indigenous | 13% |
| Forensic Psychiatry | 12% |
| Psychiatry of old age | 10% |
| Neuropsychiatry | 10% |
| Administration / Management | 5% |
| Other | 1% |

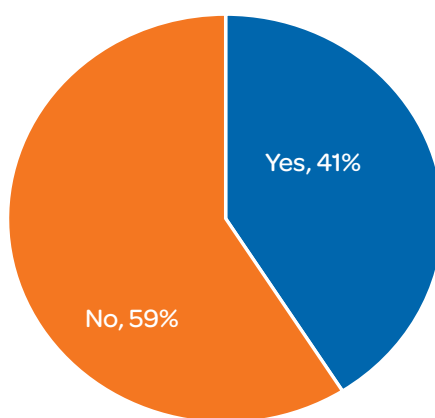
One out of three respondents (30%) stated that they had already completed a Certificate of Advanced Training, 21% indicated that they were currently enrolled in a Certificate of Advanced Training, and 25% are considering more formal training such as a Certificate of Advanced Training.

Q.29 Would you consider more formal training, such as a Certificate of Advanced Training in a sub-speciality



Most respondents (59%) expressed that they did not intend to pursue further academic qualifications. However, among the 41% of respondents who do intend to pursue further academic qualifications, there is interest in a diverse range of skills, primarily focusing on psychotherapy, leadership and management, and research/academic development.

Q.31 Do you intend to undertake additional study or qualification other than advanced certificates such as higher education degrees?



Q.32 What other skills are you seeking to gain undertaking higher education degrees? (Open-ended question categorised using NVivo)

| Primary focus of intended further study | |
|---|----|
| Clinical specialisation - therapy | 11 |
| Leadership and management | 9 |
| Research – Academic development | 7 |
| Health administration and policy | 4 |
| Financial - Business Skills | 3 |

13. Positive attributes

Respondents were asked to provide three positive attributes of the Fellowship program. Training quality emerges as the most frequently mentioned attribute (85 mentions). Respondents widely acknowledged the structured learning and skill development opportunities provided by the program. Supervision and support from supervisors were also a significant positive aspect (43 mentions), emphasising the value of guidance, mentorship, and feedback in trainee development. Additionally, assessments and the variety and flexibility in training (both at 27 mentions) were noted as beneficial, suggesting that the program offers adaptability and a broad learning experience that caters to different professional interests and needs.



Q.14 What were the three main positive attributes of the fellowship training program? (Open-ended question categorized using NVivo)

| Attribute | # mentions | Attribute | # mentions |
|---------------------------------------|------------|---------------------------|------------|
| Training | 85 | Psychoteraphy | 8 |
| Supervision and Supervisors | 43 | Advanced training | 8 |
| Assessments | 27 | Communication from RANZCP | 7 |
| Variety and Flexibility | 27 | Networking | 5 |
| Experience | 19 | Protected teaching time | 5 |
| Access to SCoTs and DoTs | 13 | Trainee representation | 4 |
| RANZCP Resources | 12 | Formal Education Course | 4 |
| Personal and professional development | 12 | Other | 11 |
| Fellowship pathway | 10 | No comments | 8 |
| Peer Support | 9 | | |

A detailed breakdown of the training category reveals a strong endorsement of the training program's comprehensive and well-rounded approach, highlighting its structures and support mechanisms. Key themes include clarity in expectations and a structured pathway that ensures trainees are well-prepared for future roles in psychiatry. Specific mentions of the breadth of clinical experiences, such as exposure to acute psychiatry and a wide variety of rotations, illustrate the program's focus on providing diverse learning opportunities. The emphasis on clear learning outcomes and progress points further reinforces the well-organized framework of the program, which trainees appreciate.

Moreover, the support system within the program, including regular supervision and the provision of ongoing assistance, is noted as a significant strength. Trainees feel encouraged through continuous feedback, particularly highlighting the value of structured assessments that align with current clinical practice. The program's flexibility is also emphasised, offering a range of placements and opportunities for development across different areas.

Q.14 What were the three main positive attributes of the fellowship training program? Main subthemes breakdown of category – Experience and Assessment. (Open-ended question categorised using NVivo)



14. Challenges

The most frequently reported challenge for trainees was assessments, which were mentioned 176 times. This suggests that the current assessment processes are posing significant obstacles. Personal challenges were the second most cited issue, with 44 mentions, which likely include factors such as work-life balance, mental health, and external pressures impacting trainee well-being. Administrative burdens were also highlighted as a concern, with 23 mentions, indicating that procedural and bureaucratic requirements are placing additional strain on trainees.



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

| Attribute | # mentions | Attribute | # mentions |
|-----------------------|------------|---|------------|
| Assessments | 176 | Inflexibility | 5 |
| Personal Challenges | 44 | Inadequate preparation to be a psychiatry | 4 |
| Administration | 23 | Lack of trainee voice | 4 |
| Lack of support | 13 | Limitations | 3 |
| Workplace environment | 10 | Inconsistencies among jurisdiction | 3 |
| Lack of exposure | 8 | Others | 15 |
| Training | 7 | No Comment | 6 |
| Supervisors | 5 | | |

Trainees expressed frustration with the excessive burden and complexity of exams, unclear expectations, and inadequate support from the College. Issues included the high volume of assessments, such as workplace-based assessments (WBAs) and summative exams, which many found overwhelming. There were concerns about the perceived irrelevance of assessments, like the Clinical Examination (CEQ), and the lack of timely, constructive feedback. Inconsistent application of assessment criteria, particularly for the Psychotherapy Written Case and Scholarly Project, added to this. Financial stress from exam fees, with little transparency, also caused delays. Further challenges included lack of centralised resources, inconsistent examiners, and delays in receiving results. Trainees struggled with securing adequate supervision for research projects and lacked clear guidance for assessments like Clinical Case-Based Discussions (CBDs). These issues point to the need for reforms in the assessment framework, focusing on consistency, transparency, and the provision of resources. Aligning assessments with clinical competencies and reducing administrative tasks would improve trainee experience.

The second major challenge involved personal issues, particularly in balancing professional responsibilities with personal life. Trainees, especially those with family responsibilities, reported difficulties managing the demands of the fellowship. Part-time positions, though flexible, often required full-time commitment, impacting family time and well-being. Juggling clinical work, assessments, and personal responsibilities led to burnout, with trainees feeling unsupported by the College, especially during difficult personal phases. The lack of family-friendly policies further exacerbated these challenges.

Additionally, the demanding nature of clinical work, including after-hours shifts and high caseloads, conflicted with the need for study and training progression, leading to emotional and intellectual fatigue. Many trainees reported burnout multiple times. The training program's lack of flexibility and support for personal challenges impacts well-being, emphasising the need for better support for mental health, family life, and work-life balance in the training framework.

Q.15 What were the three main challenges you faced in the Fellowship training program? Main subthemes breakdown of category – Assessments, Personal and College administration. (Open-ended question categorised using NVivo)

| Assessments (n=176) | Personal Challenges (n=44) |
|--|--|
| <ul style="list-style-type: none"> • Burdensome (20) • Psychotherapy (18), Scholarly project (17) • Lack of clarity (15) • Insufficient or useless feedback (13) • Financial burden (12) • Irrelevance (10) • Lack of reliability (8), Lack of information (7), Lack of transparency (7) <ul style="list-style-type: none"> • Preparation for exam (7) • Case based Discussion (7) • Delayed result (6) • Lack of resources (4), Time constrains (4), Difficulty of exam (3) • Work based assessments (3), AVOSCE failure (3), OSCE (3), CEQ (2), Marking exams (2), Timing of exams (2), Abrupt changes (1), Essay style exam (1) <ul style="list-style-type: none"> • Stress of failure (1) | <ul style="list-style-type: none"> • Workload (13) • Impact on wellbeing (12) • Work-life imbalance (11) • Lack of leadership and management skill (2) <ul style="list-style-type: none"> • Lack of leave (2) • Other (4) |
| | Administration (n=23) |
| | <ul style="list-style-type: none"> • Communication with College (12) <ul style="list-style-type: none"> • Paperwork (9) • Approach towards trainees (1) • Response from committees (1) |
| | Workplace environment (n=10) |
| | <ul style="list-style-type: none"> • Bullying (2), Discrimination (2) • Inadequate Physical safety (2) • Cultural incensitivity (2), Assaults (1), Poor cultural safety training (1) |

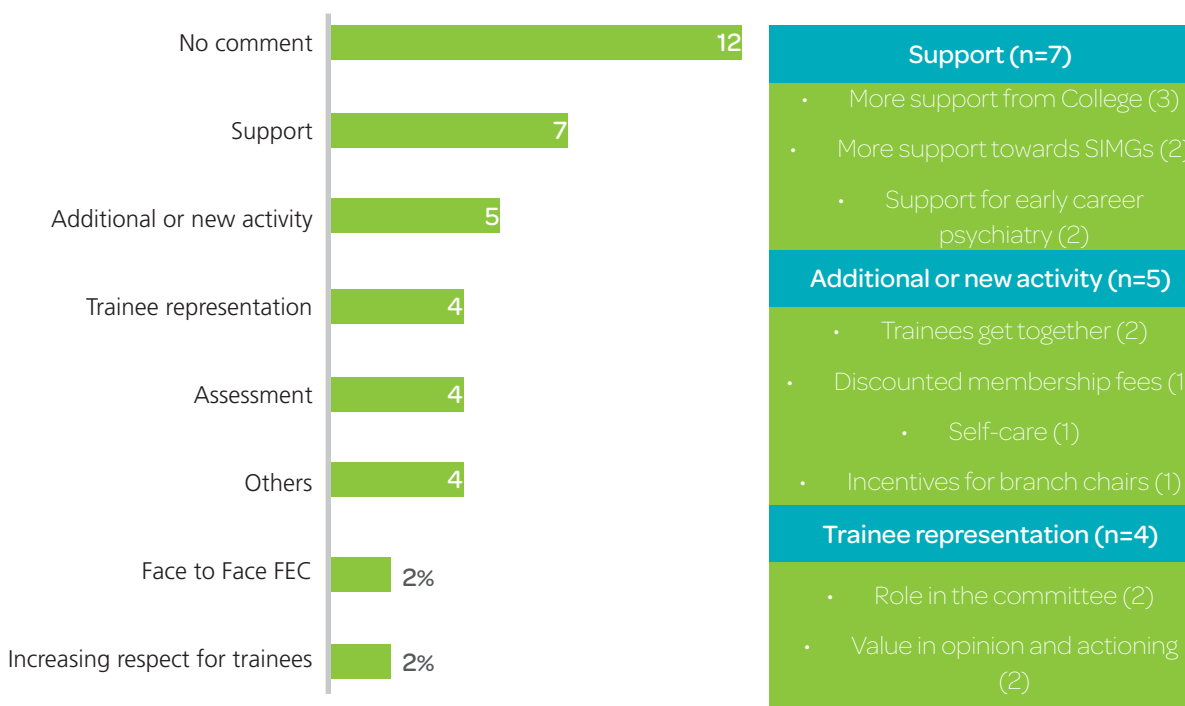
15. (Optional) Suggestions to increase engagement in College activities

Out of the total respondents, 108 chose not to answer this optional question, and 9 provided no meaningful response, leaving 27 responses available for analysis.

A key theme emerging from the responses is the strong call for improved communication and transparency between the College and its trainees. Trainees expressed frustration with the lack of guidance, particularly during the transition from training to consultancy, and suggested that the College provide clearer, step-by-step instructions for this process. Regular and accessible communication, such as face-to-face meetings with College representatives at both central and regional levels, was also recommended. Furthermore, offering social events, particularly for early career psychiatrists, and hosting regionally distributed events would help foster a sense of community and inclusivity, thereby enhancing overall participation.

Respondents also highlighted the need for new initiatives, including discounted membership fees, trainee networking events, and a self-care program integrated into the training process. The mental and physical well-being of trainees has consistently been a concern throughout their Fellowship journey. Additionally, there is a call for greater trainee representation and involvement in College decision-making processes, with suggestions for trainees to hold positions on College committees.

Q.31 Do you have any suggestions as to how the College might further increase the engagement in College activities of trainees and early career psychiatrists? (Open-ended question categorised using NVivo)



“To pay more attention to the welfare of the SIMGs specially making sure they receive adequate orientation.”

“Bringing palpable attention, inviting them to speak. Creating more events in a post Covid world. Bringing people to meet each other. Undoing the dull and weighted academic jargon and bring people to speak as they are. Speak about how they see the world, the arts the cultures they live in and bring them into discussion/ question.”

“Value their opinions. Engage in discussions regarding the assessment standards and number of assessments”

16. (Optional) Suggestions to provide tailored services and support

Out of 144 respondents, 117 respondents chose not to answer this optional question, and 9 gave no meaningful response, leaving 18 responses for analysis.

Respondents emphasised the importance of support mechanisms, particularly for new fellows. Key suggestions included making the supervision program mandatory for new fellows and providing support during contract negotiations, especially regarding FTE and travel arrangements in rural or remote settings. Additionally, respondents called for improved support related to assessments, such as refining the exam structure, offering more assistance with the scholarly project and psychotherapy written case, and enhancing exam preparation. The establishment of a tailored mentoring program was also highlighted as a valuable service the College could develop to better support trainees.

Q.32 Do you have any suggestions as to how the College might provide tailored services and support for trainees and early career psychiatrists? (Open-ended question categorised using NVivo)

| Attribute | # mentions |
|-------------------|------------|
| No comment | 13 |
| Assessments | 6 |
| Mentoring program | 5 |
| Others | 5 |
| Support | 4 |

| Assessments (n=6) |
|--|
| <ul style="list-style-type: none"> Improving exam structure (3) Providing educational material (1) Support for SP and PWC (1) Reinstating OSCE (1) |
| Support (n=4) |
| <ul style="list-style-type: none"> Support for early career psychiatry (3) Support for early contract negotiation (1) |

“Set up a supervision program for new fellows or make supervision mandatory for new fellows”

“Providing more examination support for trainees”

“Exam prep sessions”

“I very much craved more support for completing the PWC and SP, as they presenting daunting training requirements which loomed over all five years for which I procrastinated.”

“Ongoing 1:1 mentoring for early career psychiatrists with specific peer groups to hear about different areas and centres - often peer groups are allocated according to location in the rural regions.”

“Mentor program which is timely”

17. Further feedback to the College?

Respondents were asked to give additional feedback to the College.

Trainees identified several recurring themes and suggestions for improving the training program. Many expressed concerns about the high volume of assessments, including the scholarly project and exams, which they felt were excessive and disconnected from practical clinical competencies. The rigid structure of the program and unclear expectations were also highlighted as significant stressors, contributing to burnout. Some trainees felt that these concerns had not been adequately addressed by the College, calling for a more flexible and supportive approach, clearer guidance on expectations, and a reduction in unnecessary assessments.

The feedback also emphasised the need for improved communication between the College and trainees, particularly regarding exam feedback and responsiveness to trainee suggestions. Several trainees noted the absence of a clinical OSCE-style exam and requested more formative assessments to ensure clinical competence.

On a positive note, trainees praised the supportive environment provided by supervisors, emphasising their guidance and mentorship throughout the training. The quality of clinical training was also highlighted as strong, with trainees valuing the opportunity to engage in diverse and challenging cases. Many trainees commended the College for its commitment to continuous improvement, recognising recent efforts to enhance the training program and provide additional resources for professional development. These positive aspects reflect the College's strengths and areas where continued investment could further enhance the trainee experience.

Q.30 Do you have any further comments or feedback relating to your impressions of the Fellowship program or the RANZCP in general? (Open-ended question categorised using NVivo)

| Attribute | # mentions | Attribute | # mentions |
|--------------------|------------|----------------------------------|------------|
| No comment | 60 | Personal | 3 |
| Training program | 24 | Formal Education | 2 |
| Assessment | 14 | More support | 2 |
| Positive comments | 8 | Allocation of resources | 2 |
| Administration | 5 | Lack of confidence in practicing | 2 |
| Overarching issues | 4 | Others | 4 |

Training program (n=24)

- Poor experience (8)
- Need to restructure (5), Stressful (5)
- Difficult program (3)
- De-link EPA to rotations (1), increasing flexibility (1), Less productive change (1)

Assessments (n=14)

- Improving Clarity (4), Quality of assessments (4)
- Reducing burden of assessment (3), Reinstating OSCE (3)

Positive comments (n=8)

- Grateful to supervisors & College staff (6)
- Improvement over last 5 years (1), Completion zone (1)





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