

2024 RANZCP Trainee Support Needs Survey – Report

Final report

Approved by the Membership Engagement Committee

Dated: 8 August 2025

Executive summary

The purpose of this survey was to better understand the personal and professional difficulties that trainees are experiencing right now, and their needs when it comes to their wellbeing.

Knowing more about trainees' experiences of the support systems that are currently in place or have helped their wellbeing on the pathway to Fellowship, is key to ensuring that they are fit for purpose and reflective of their needs.

This survey has formed part of the College's work to meet Condition 36(ii) from the Australian Medical Council (AMC) relating to Standard 7.4: trainee welfare. The condition required an evaluation of the utility of current College mechanisms for trainee support, and a trainee needs analysis that would inform strategies to support trainees experiencing personal and/or professional difficulty. This survey was designed to enable the College to acquire information not available through other surveys or datapoints available, such as the Ahpra Medical Training Survey, and the questions were designed in consultation with the Trainees' Advisory Council, the Member Wellbeing Subcommittee, and the Membership Engagement Committee.

The survey comprised 45 questions (37 quantitative and eight qualitative), structured into five sections, and was open from 16 October to 10 November 2024 and promoted extensively to current trainees. In total, the survey received 148 responses - 98 complete, 33 incomplete, and 17 opted out (respondents were opted out of the survey after reviewing information about the survey purposes and uses) – representing a response rate of 5.98%.

This survey was the first of its kind initiated by the College specifically for trainee support needs. Despite the relatively small sample size of survey respondents, feedback relating to trainee wellbeing and supports received via this survey and report is considered an ongoing area for College action and leadership. The findings highlight many challenges for trainees relate to long-term workforce and workplace conditions/service demands or systemic factors that sit beyond the direct control of the College.

Some of the themes and issues shared by trainees through this survey are uncomfortable and negative for stakeholders and committee members to receive and hear. However, this process is necessary as a means of listening with purpose, understanding where the difficult gap areas are, and importantly, directing the College and members' energy and efforts towards recommended actions that are designed to address these.

The feedback received from psychiatry trainees through this survey and from representatives on both the Trainees' Advisory Council and Bi-national Committee for Trainees have informed recommendations designed to address areas of need. These final recommendations are separate to this report.

The College plans to repeat this survey in two-years' time.

The following is a **snapshot overview** of the survey results:

- The top five rated categories of challenges or difficulties trainee respondents had experienced in the last 12-months included: training and assessments (67.8%), fatigue or burnout (65.25%), personal life (43.22%), medical colleagues/hospital staff relationships (36.44%) and personal health (34.75%).

- Respondents said that these had a high impact on them in the last 12-months, with the three highest scores on a scale of 0-10 being: 10 (23.9%), 8 (26.55%) and 9 (14.16%).
- 20.51% told us that this resulted in them taking less than a week off work, 28.21% took more than a week off, and 48.72% did not take time off because of the challenges or difficulties they experienced.
- Trainees are most likely to find themselves needing support when they are: preparing for exams (66.67%), working more overtime/have less personal time (61.54%) and when they are experiencing professional difficulties in the workplace (56.41%).
- Trainee's top five points of first contact when experiencing personal or professional challenges are: family (73.5%), friends (70.94%), their supervisor (36.75%), peers (35.04%), and their GP/Health Service (27.35%).
- 'Time off from work' (18) and 'trusted supervisors' (13) rated the most highly for trainees when it came to what works best for them when experiencing challenges or difficulties.
- When it comes to knowledge of College provided resources, services or supports, the highest rated was: none of those listed (61.29%), the RANZCP Mentoring Program (44.83%), and the RANZCP Find a Psychiatrist tool (42.24%).
 - The highest used College options was the trainee fee relief/part-time fee options (13.96%), followed by the RANZCP Mentoring Program (12.9%).
- Trainees were most aware of the following external options that are promoted by the College: Doctors Health Advisory Services (e.g. Drs4Drs) (62.5%), their workplace EAP (58.04%), medical indemnity insurers (50.89%), Balint groups (40.18%), and online CBT programs (34.82%).
 - The highest used external options were none of those listed (56.86%), medical indemnity insurers (19.61%), and Balint Groups (8.82%)
- External supports were more likely to meet user's needs than those that were provided by the College, and they were easier to find and access as well. 'Ease of access' was the highest rated barrier theme for not accessing College supports, whereas 'time' was the highest rated barrier theme for not accessing external supports.
- Trainee respondents shared these clustered qualitative themes about College supports offered, noted that a lack of trust in the College was present, increasing awareness of these services was needed, and that they had confidentiality and privacy concerns. The feedback themes were rated as 67% citing areas for improvement, 29% neutral, and 5% positive.
- There was a low number of respondents for the external support options when respondents were asked for their qualitative views on these services.
- 14.13% of trainee respondent had referred a peer or colleague to a College provided support, whereas 24.75% had made a similar referral for an external support option.
- The highest rated ways that trainee respondents found out about services and wellbeing support options was from: peers/colleagues/other trainees (55.56%), followed by the College's communication channels (35.19%), and then DoTs/Supervisors/SCoTs (18.52%). Other ways included social media, and web searches.

- The most effective ways for trainee respondents to find out about these services was either direct email from the College (65.74%) or verbally from supervisors/DoTs (62.96%) or verbally from peers or other trainees (62.96%).
- About one in five trainee respondents said that either their College or workplace orientation event or early induction activities provided information about welfare, wellbeing or personal support options.
- Stage one training was rated most highly as the best time information about services and support options to be shared with trainees (50.47%) or anytime (40.19%). Targeted reminders would be welcomed and supported with 86.92% indicating support for this, and that they can be provided at any time during training (63.44%).
- Generally speaking, these types of supports or information was rated highest for trainee respondents experiencing professional or personal difficulties:
 - Engaging with a mentor (53.77%)
 - Personal cognitive based therapies (e.g. psychology/counselling) (50%)
 - Peer support options (either as an individual or a group) (48.11%)
- Local support initiatives that that were shared by survey respondents and considered beneficial included: Balint Groups, opportunities for peer support/local connection, and social networking events.
- Ideas for future innovations in the area of trainee wellbeing was asked, with 67 qualitative responses received. The highest rated themes included: assessment reform, training for supervisors/DoTs/senior staff to provide practical support and facilitate intentional connection with trainees, work conditions/equitable access, increased peer contact and social/wellbeing events, as well as increasing awareness and embedding wellbeing efforts in the training program.
- The top three areas that trainee respondents felt the College could focus more on when it comes to trainees who are experiencing professional and/or personal difficulties included: addressing the burden of assessment, flexibility in the training program and processes, and personalised, empathetic support and engagement.

At the end of the survey, trainee respondents were asked on a scale of 0-10 how likely they would recommend the RANZCP Fellowship program to potential trainees. 101 responses to this question were received, with a neutral overall score of 5.25/10 received. The clustered percentage totals of likely (scores 6-10) were 48.51%, neutral (scores of 5) were 17.82%, and total unlikely (scores of 0-4) were 33.66%. A net promoter score (NPS) measure of -60 was received for this question.

Trainee sentiment towards the RANZCP Fellowship Program, as measured by the NPS reflects significant dissatisfaction, with detractors (those unlikely to recommend the program) substantially outnumbering promoters (those highly likely to recommend it). The weighted average response further reinforces a neutral to negative perception and experience amongst trainees who completed this survey.

The **next steps for this report** are to:

- Provide this draft report to the Chairs of the Bi-national Committee for Trainees and the Member Wellbeing Subcommittees for review and comment.
- Provide the draft report to for comment and views on draft recommendations to the:
 - Bi-national Committee for Trainees

- Member Wellbeing Subcommittee
- Membership Engagement Committee
- Plan and implement the final recommendations and monitor annual evaluation data.

Contents

| | |
|---|-----------|
| Executive summary | 2 |
| Introduction | 6 |
| About this survey | 6 |
| Who responded? | 9 |
| Survey results | 13 |
| Experiencing difficulties | 13 |
| Have you experienced challenges or difficulties with any of the following in the last 12-months?..... | 13 |
| Did you need to take any time off from work/training due to any challenges or difficulties you experienced in the last 12-months?..... | 16 |
| When are you more likely to find yourself needing help or support?..... | 17 |
| Who/where is usually your first point(s) of contact when you experience personal or professional challenges?..... | 19 |
| Knowledge, access, and experiences using available supports | 24 |
| College supports..... | 24 |
| External supports..... | 26 |
| Did these supports meet your needs?..... | 28 |
| How easy or difficult was it for you to find and access the support you wanted to use?..... | 29 |
| From your perspective, what barriers did you experience to locating or accessing this? | 30 |
| Is there anything else you would like to share about these <i>[College/external]</i> services and support options you used? | 31 |
| Have you referred a peer or colleague to any of these supports? | 36 |
| Can you tell us the primary ways that you found out about these services or wellbeing support options? | 37 |
| For you, what are the most effective ways to know about what services or wellbeing supports are available?..... | 40 |
| Communications and finding out about support resources | 41 |
| Going forward, who do you think are the best sources for informing trainees about options and supports that are available for them?..... | 41 |
| When do you think is the best time for information about options and supports to be shared with trainees? | 42 |
| Targeted reminder information..... | 43 |
| Solutions-focused: getting it right for psychiatry trainees | 44 |
| Generally speaking, what types of support or information works best for you when experiencing professional and/or personal difficulties?..... | 44 |

| | |
|--|-----------|
| Have you noticed any local wellbeing or other support initiatives either within your own health service or from other trainees or psychiatrists that you have found beneficial or innovative?..... | 46 |
| Could you please share with us any details about these initiatives, if you are comfortable to do so? | 47 |
| Thinking beyond what is already offered both from the College and from external providers, what are your ideas for future innovations in the area of trainee wellbeing or other supports that could assist either yourself or your peers who are experiencing professional and/or personal difficulties? | 49 |
| Re-focusing back on just the College, what's the one area of support that you feel the College should focus on when it comes to trainees who are experiencing professional and/or personal difficulties? | 54 |
| On a scale of 1-10, how likely is it that you would recommend the RANZCP Fellowship program to potential trainees?..... | 59 |
| Appendix: Participant information and survey questions | 61 |

Introduction

Knowing more about trainees' experiences of the support systems that are currently in place or have helped their wellbeing on the pathway to Fellowship, is key to ensuring they are the right fit for supporting the next generation of trainees through the Fellowship program and setting them up for a career in psychiatry.

The views, feedback, and ideas that trainees express in surveys such as this one, and how they are used, can help the College refine, better design, and implement support systems, wellbeing measures and processes that are what psychiatry trainees need.

About this survey

The purpose of this new survey was to better understand the personal and professional difficulties that trainees are experiencing right now, and their needs when it comes to their wellbeing. This survey formed part of the College's work to meet Australian Medical Council (AMC) Condition 36 (ii):

Enhance the culture of the College, guided by College leadership, that manifests genuine attention, transparency, and responsiveness to trainee concerns by:

- (ii) Demonstrating central College support for those experiencing personal/and or professional difficulties (Standard 7.4)

AMC Condition 36 required an evaluation of the utility of current College mechanisms for trainee support, and a trainee needs analysis that would inform strategies to support trainees experiencing personal and/or professional difficulty. The survey was also an opportunity to inform other areas of the College's wider member wellbeing and trainee engagement work.

This survey is the first of its kind in the College and was developed in consultation with the Trainee Advisory Council (TAC), the Bi-national Committee for Trainees (BcT), Directors of Training (DoT), the Member Wellbeing Subcommittee (MWSC) and the Membership Engagement Committee (MEC).

Emphasis was placed on the consultative process and co-development with trainee representatives in these groups, to ensure it was appropriate and adapted to enable all trainees to share their own personal and/or professional challenge experiences and needs in a safe, and secure way.

Current, available data sources were reviewed – including the 2023 Medical Training Survey, the 2023 RANZCP Trainee Exit Survey, the 2024 Membership Engagement Survey, and the 2020 RANZCP Member Wellbeing Survey – and a gap analysis was conducted to inform the survey design. It was determined from these data points that gaps in knowledge existed around the types of difficulties or stressors trainees have experienced, the supports or wellbeing services they've interacted with, what their experience was like using or engaging with these supports, and what could be better.

A combined 'need' (deficits) and 'assets' (strengths) based approach was taken to developing the survey questions, to define and bridge the gap from what is currently in place to 'what should be' according to the trainees' perspective.

The survey comprised 45 questions (37 quantitative and eight qualitative), structured into five sections: demographics, understanding the difficulties trainees have experienced, trainees' knowledge of available supports, trainees' access to and experiences using these supports, communications, and solutions.

The survey was open from 16 October to 10 November 2024 and was promoted across several College communication channels – including the October edition of *Psyche* and the November edition of the Training and Assessment newsletter. The survey link was also featured on the MyRANZCP trainee member dashboard, and Association of Psychiatry representatives were contacted and provided with drafted text to share in Whatsapp groups, to encourage their peers and colleagues to take part.

In total, the survey received 148 responses - 98 complete, 33 incomplete, and 17 opted out (respondents were opted out of the survey after reviewing information about the survey purposes and uses) – representing an overall response rate of 5.98%. Both complete and incomplete responses were included in the analysis to ensure that as many views of trainees as possible were reflected in the results.

It should be noted that qualitative responses that were not relevant to the question, left blank or marked with 'N/A' or other special characters (i.e. '.') were counted in the total number of free text responses to an individual question, but not included in the analysis.

Total numbers of responses to individual questions are included throughout this report.

Limitations and areas for improvement

- Trainees are a highly surveyed group within the College, resulting in an associated level of survey-fatigue when considering the overall response rate.
- On the survey's timing, it was released in the period shortly after the annual Medical Training Survey (MTS). As it is a new survey, it may have been viewed as less essential for members to complete in comparison to the MTS which is promoted widely and has a strong response rate annually.

- The College has not previously surveyed trainees on the topics covered in this survey but plans to on a biennial basis (once every two years) going forward.
- Respondents were opted out of the survey after reviewing information about the survey purposes and potential use of anonymised quotations. In future editions of this survey, this could be improved and adjusted to enable respondents who have not consented to their anonymised quotations being re-produced in College reports, publications or scientific journals to continue with completing the survey and providing their feedback, so as many trainee views as possible are recorded.

Analysis method

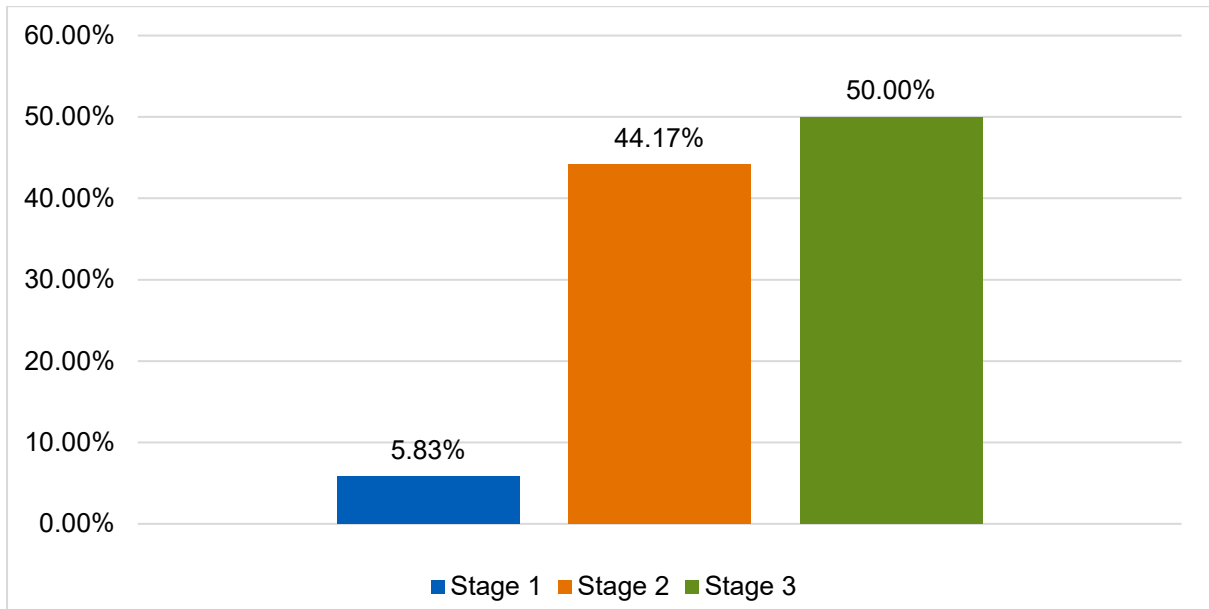
This survey was conducted using the SurveyMonkey platform. The survey was offered to members to complete on an anonymised basis; however, member consents were requested for all respondents regarding the use of any qualitative (free text) responses in any future College publications.

Quantitative data has been reproduced. Qualitative (free text) responses were manually themed and coded. Illustrative quotes have been selected for inclusion that were reflective of overall responses.

Who responded?

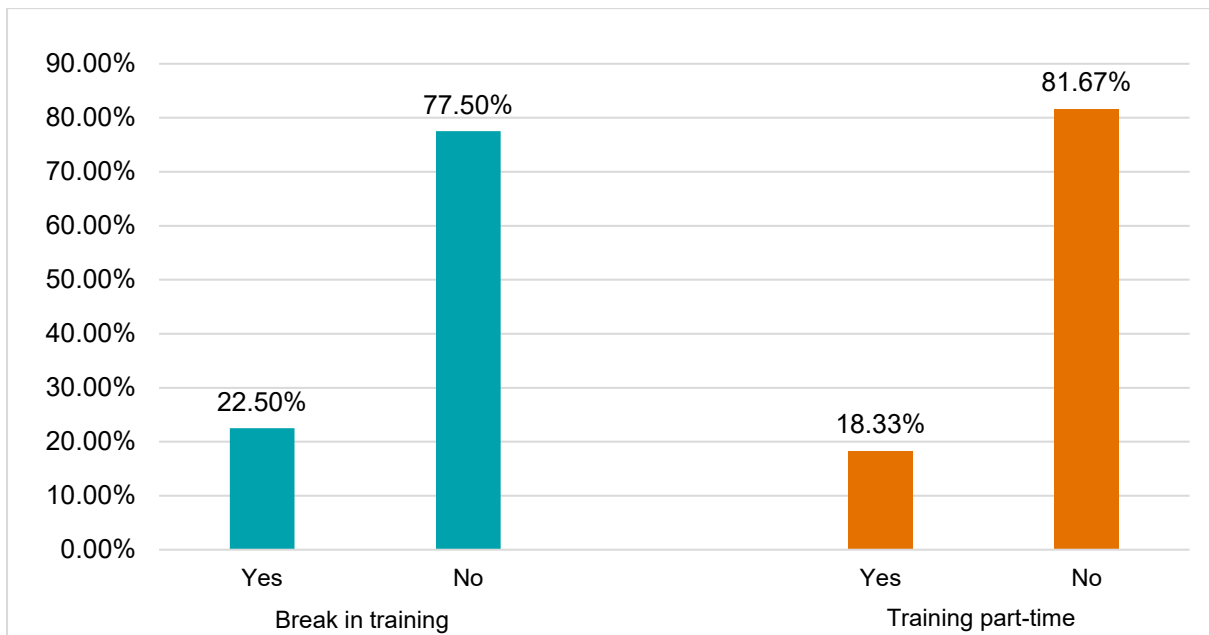
Training stage

120 responses received.



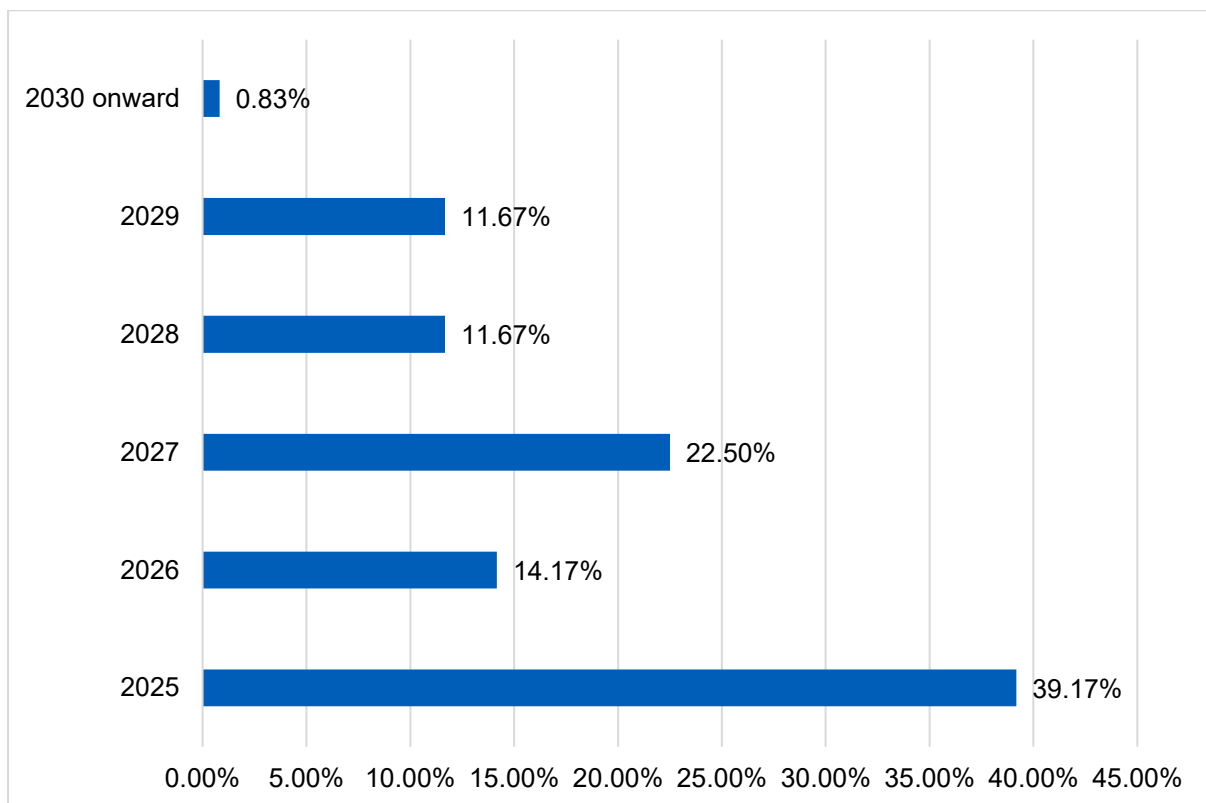
Combined responses to questions enquiring:

- If they are on a break in training (120 responses)
- If they are currently training part-time location (120 responses)



Expected year of completion of the Fellowship program

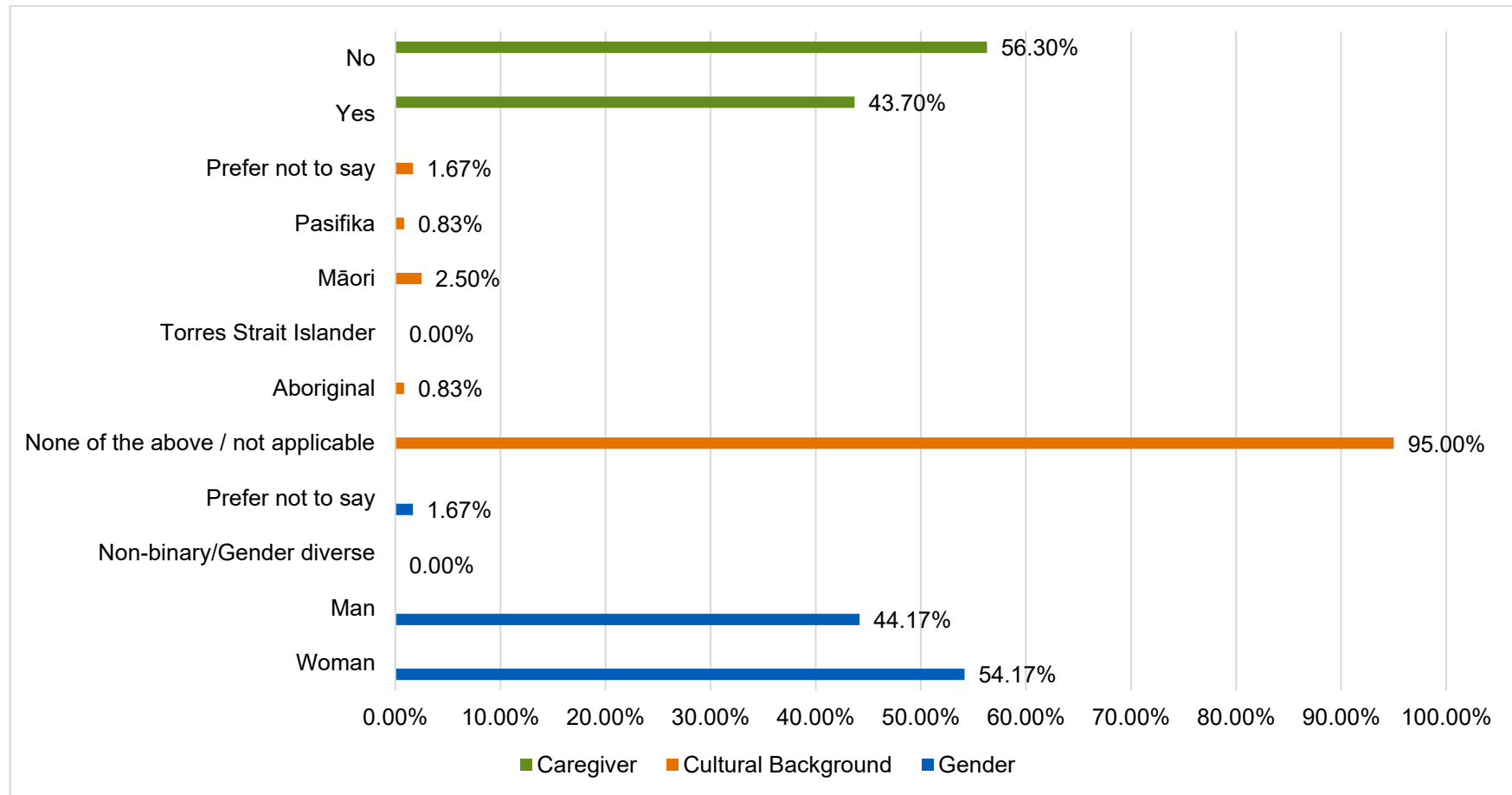
120 responses received.



Gender, cultural background, and caregiver responsibilities

Combined responses to questions enquiring:

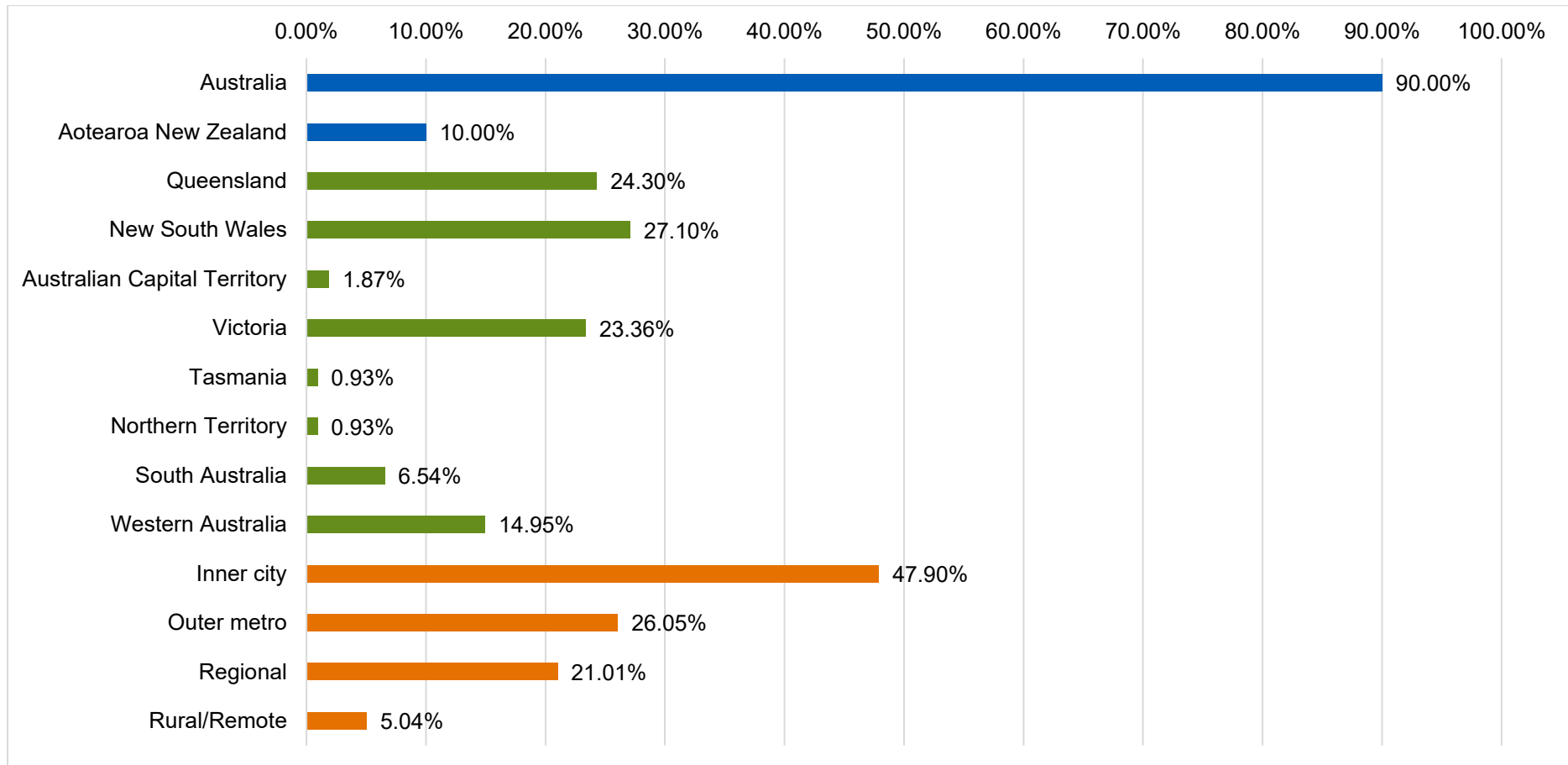
- Gender (120 responses)
- Identify as First Nations (120 responses)
- Are a parent, primary carer or have carer responsibilities (119 responses)



Location

Combined responses to questions enquiring:

- Country located (120 responses)
- State primarily reside/work in (Australia only) (107 responses)
- Current training location (inner city – rural/remote) (119 responses)

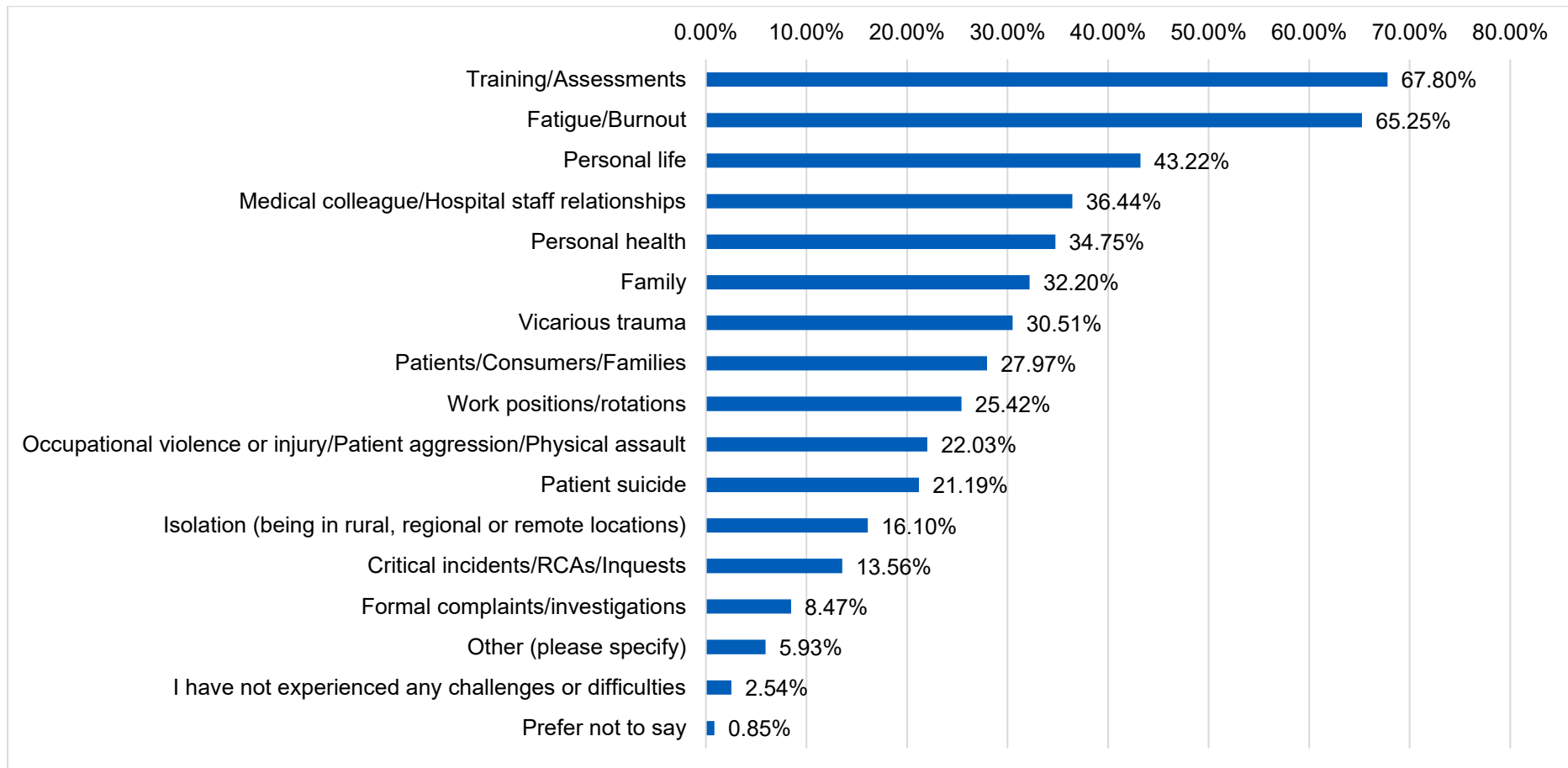


Survey results

Experiencing difficulties

Have you experienced challenges or difficulties with any of the following in the last 12-months?

Trainees were asked to select all options that apply. 118 responses were received.



- **Other responses received to this question:**

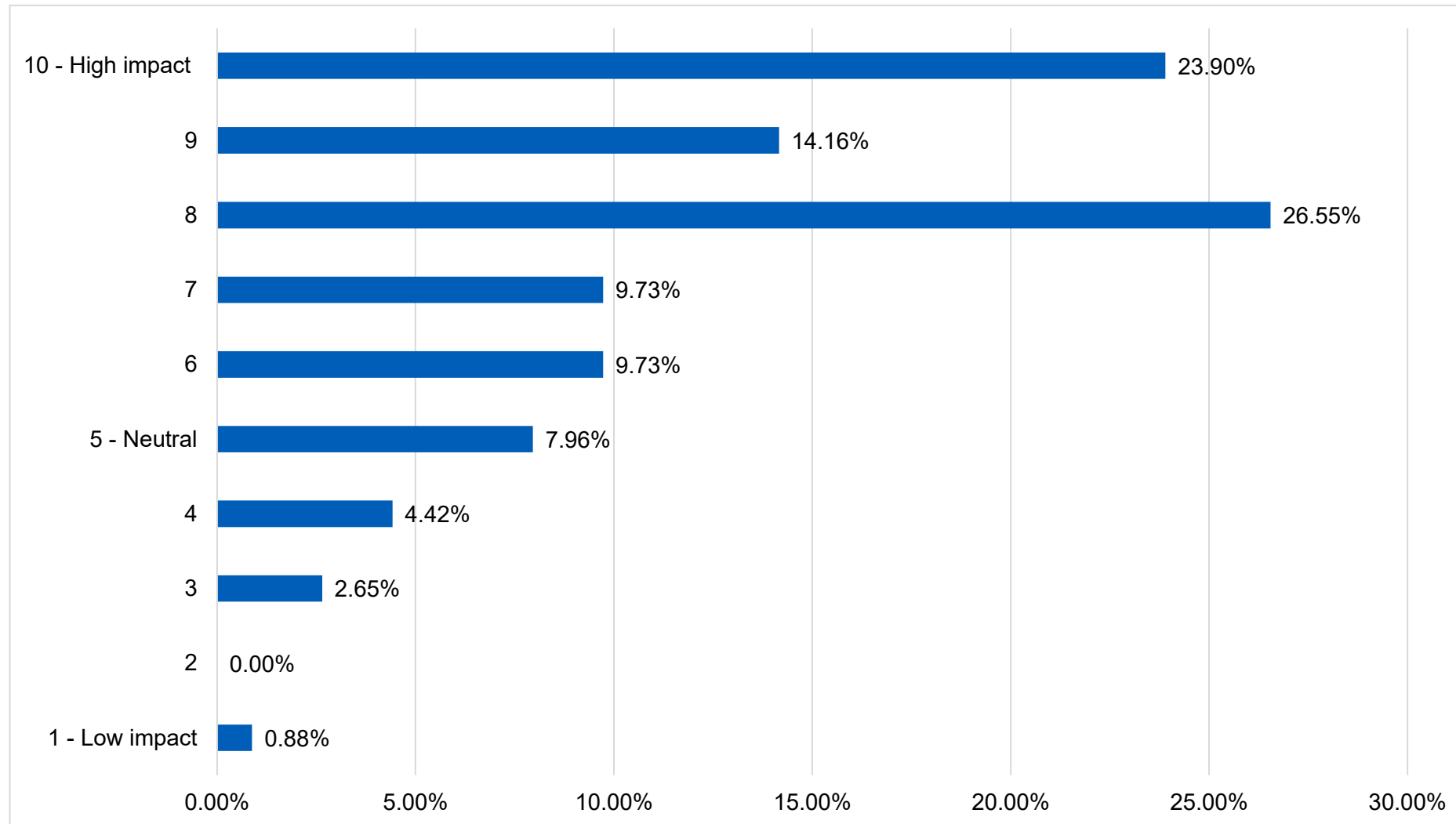
There were seven (7) written responses for the above question captured in the 'other' category (5.93% of respondents). These responses were categorised, and an example quote is provided for each.

| Theme | Number of 'other' responses | Example |
|---|------------------------------------|---|
| Extended response ¹ | 4 | <p>"Isolated from professional community"</p> <p>"Remote work from home for extended period creating a breakdown of boundaries and barrier between home and work, resulting in conflict."</p> |
| Discrimination/racism/ bullying/harassment | 3 | "I have experienced discrimination and harassment due to my CALD background. My training management team, including DOT refused to hear/acknowledge my situation and complaints." |
| Natural disaster event(s) | 1 | "Natural disaster" |
| Unemployment | 1 | "Lack of transfer to training zone resulting in unemployment and homelessness" |
| Homelessness | 1 | <i>As above.</i> |

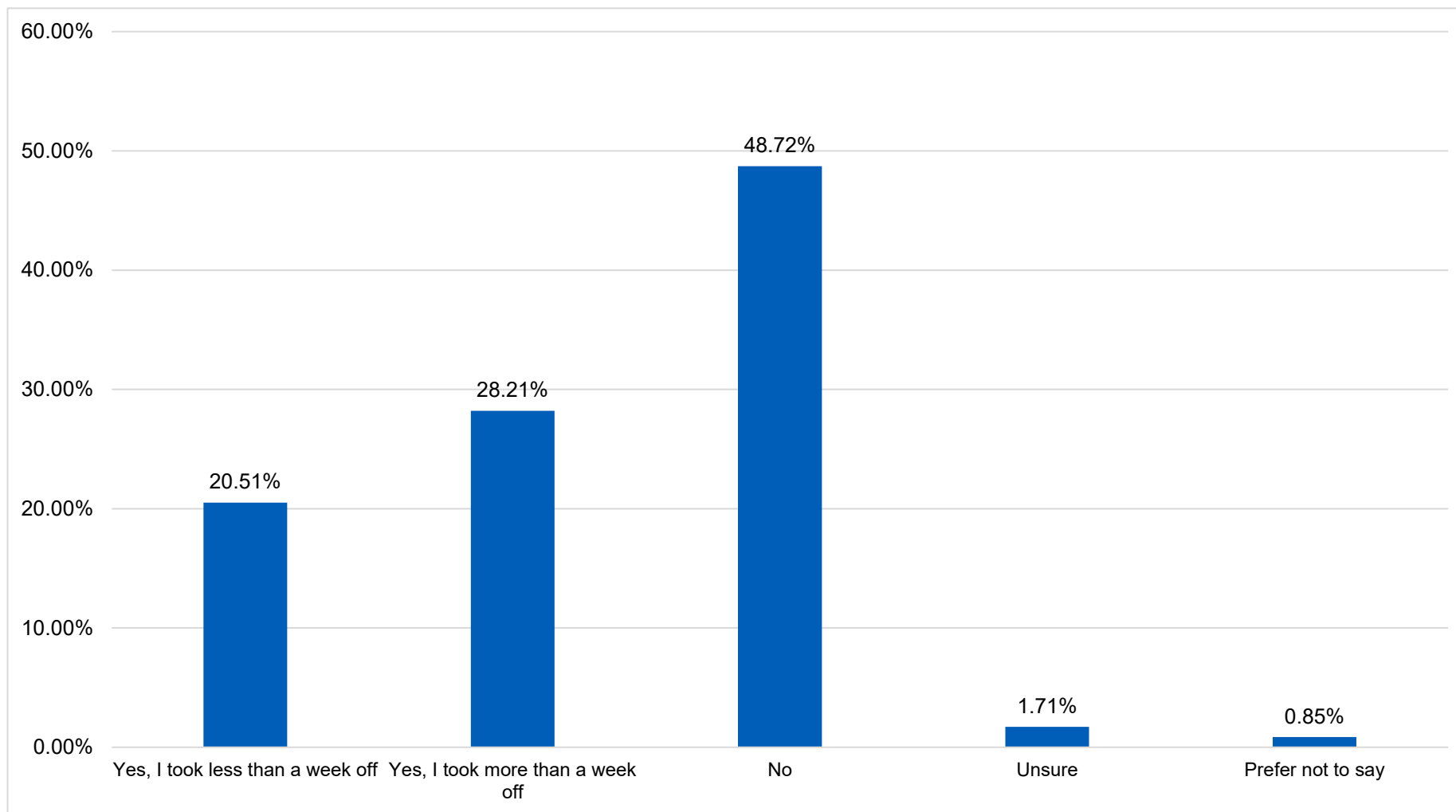
¹Free text responses that could be categorised into the main options were coded and included in the graph on page 13.

On a scale of 1-10, can you please rate the extent to which you feel these have had any impact on you in the last 12-months?

113 responses were received.

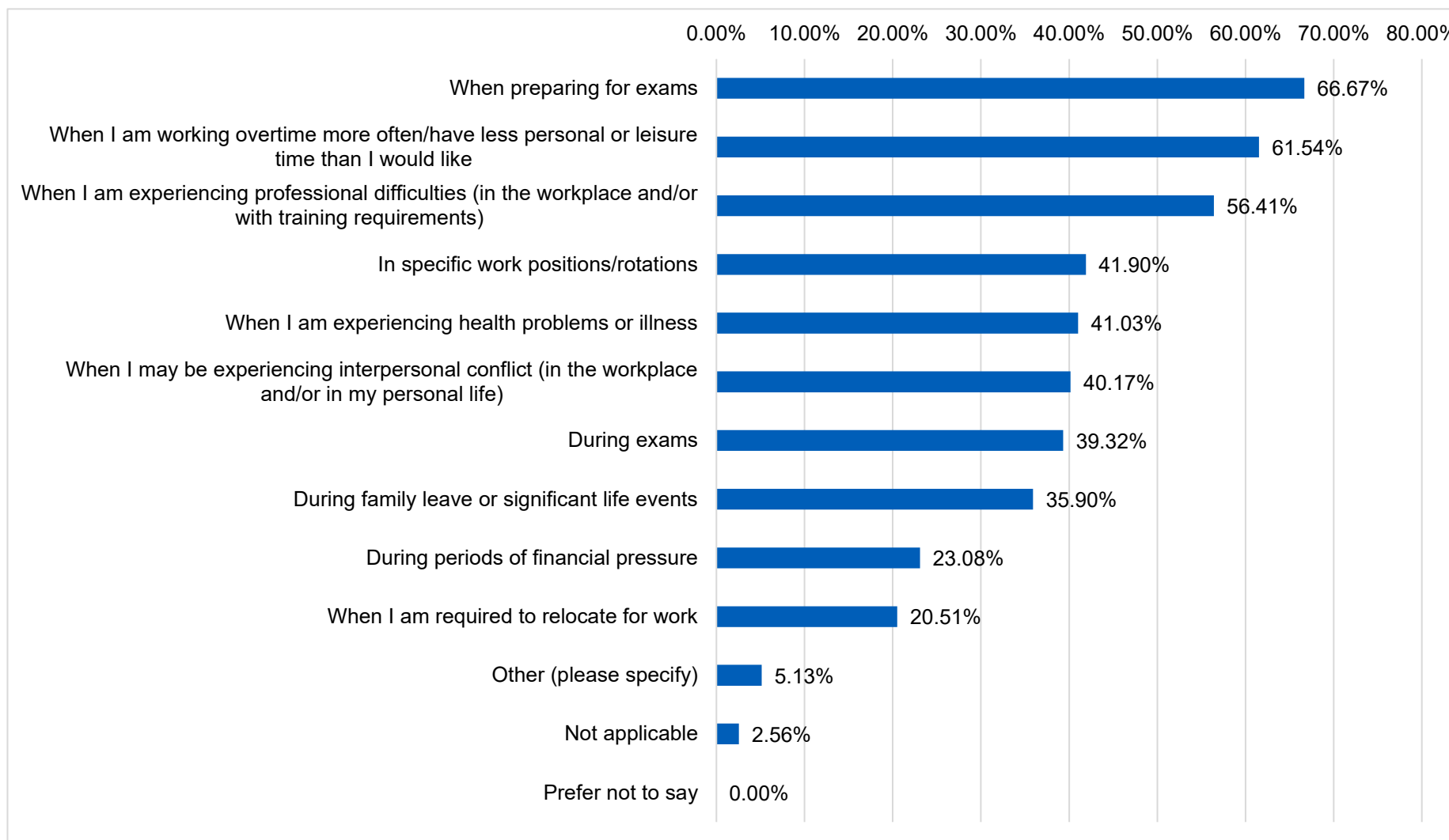


Did you need to take any time off from work/training due to any challenges or difficulties you experienced in the last 12-months?
117 responses were received.



When are you more likely to find yourself needing help or support?

Trainees were asked to select all options that apply. 117 responses were received.



- **Other responses to this question:**

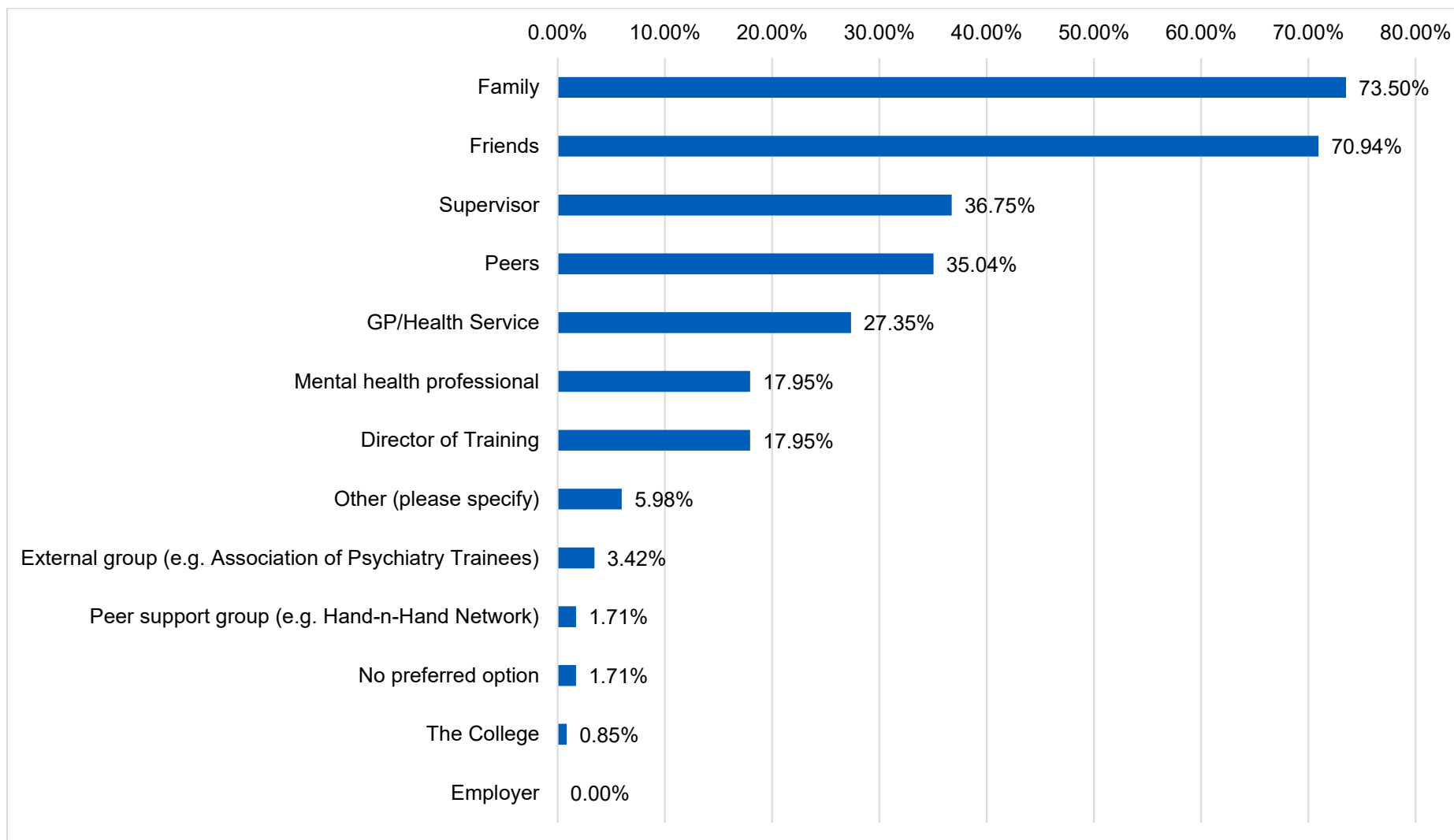
There were six (6) written responses for the above question captured in the ‘other’ category (5.13% of respondents). These responses were categorised, and an example quote is provided for each.

| Theme | Number of ‘other’ respondents | Example |
|-----------------------------------|--------------------------------------|---|
| Extended response* | 5 | <p>“All of these situations would benefit from support; however, support is only helpful if it is applicable within the constraints of the stressor, e.g. ‘support’ around work stress is pointless if the service demands continue to require trainees to burn out.”</p> <p>“While locuming there is little support or supervision - this is during break in training”</p> |
| Response not relevant to question | 1 | - |

*Free text responses that could be categorised into the main options were coded and included in the graph on page 17.

Who/where is usually your first point(s) of contact when you experience personal or professional challenges?

Trainees were provided the option to select more than one choice. 117 responses were received.



- **Other responses to this question:**

There were seven (7) written responses for the above question captured in the ‘other’ category (5.98% of respondents). These responses were categorised, and an example quote is provided for each.

| Main themes | Number of responses | Examples |
|--|----------------------------|--|
| Extended response* | 3 | “I received no support from DOT or SCOT. Peers and trusted supervisors have been key” “Colleagues (other trainees)” |
| Self-reflection | 2 | “Self-reflection/Me” |
| Other treating specialist/practitioner | 1 | “Treating specialist or gp” |
| Other counselling service(s) | 1 | “Medical Protection Society counselling service” |
| Response not relevant to question | 1 | - |

*Free text responses that could be categorised into the main options were coded and included in the graph on page 19.

In your experience, what works best for you when you experience challenges or difficulties? This could be either professionally or personally.

61 responses received.

| Main themes | Number of responses | Illustrative quotes |
|---|---------------------|--|
| Time-off work | 18 | <p>“Time away from work to restore my psychological health”</p> <p>“Taking time off work to allow myself to reflect and process the death of a patient. I have a ritual of buying myself flowers and looking for something that reminds me of the patient to keep”</p> |
| Support from trusted supervisors | 13 | <p>“Speaking with my supervisor if they are trusted and supportive”</p> <p>“Discussing with my mentor and/or my supervisor, who usually would advise and assist where they can, but they also have their limitations when it comes to system factors.”</p> <p>“Having a regular supervisor who is able to empathise and act as a support when service needs are impacting training requirements. I have done more than 2+ terms where my supervisor has left (leave, long service, resigned etc) and this has resulted in an underwhelming and stressful I training experience.”</p> |
| Adequate staffing - to support access to personal leave | 8 | <p>“Team flexibility to support me to take leave”</p> <p>“Time off. However, in the overburdened healthcare sector, it simply means making more work for your colleagues and needing to make up the work for the time you have missed. Thus, I often return from time off more stressed, or in the lead up to time off need to do so much extra work that the time off is less rejuvenating than it should be.”</p> |

| | | |
|---|---|---|
| Flexible work arrangements | 8 | <p>“Flexibility in the workplace (e.g flexible working hours, easy access to leave/TOIL), reducing burden in other areas where possible, minimising afterhours”</p> <p>“Flexible work arrangement that allow me to attend appointments. Exemption from the on-call roster.”</p> |
| Family, friends / personal support networks | 8 | <p>“It depends on the nature of the challenge, but generally talking to friends and family”</p> <p>“Personally, doing exercise and confiding in husband”</p> |
| Reduced workload | 6 | <p>“Reduced overall clinical workload.”</p> <p>“Being offered support and modification to work hours/responsibilities.”</p> |
| Debriefing and reflecting on shared experiences | 6 | <p>“Counsel from people that have been through the same thing”</p> <p>“Going to a place to discuss challenges where I can be heard and an effort is made to understand my experience.”</p> |
| Exercise / personal hobbies / leisure activities | 6 | <p>“Participating in outdoor activities in order to refocus and revitalise”</p> <p>“Spend time with dogs.”</p> |
| Peer support | 4 | <p>“My fellow registrars have been the single best support.”</p> |
| Being able to seek help or take breaks without repercussions / impact to training | 4 | <p>“Support (professional or personal) where concerns can be expressed without fear of repercussions.”</p> |

| | | |
|---|---|---|
| | | “Being able to take time away from work and being able to do this without inquisition” |
| Practical support | 3 | “Kindness and compassion, coupled with physical action (i.e. the circumstances of the rotation or the whole rotation are actually altered to better support me)” “Being offered support and modification to work hours/responsibilities. Being actually backed versus other people’s opinions being believed.” |
| Sleep | 3 | “Sleeping on the difficulty with compassion.” “Less work, more sleep.” |
| General / informal support and discussion | 3 | “Having support outside of the training structure / DoT / clinical leadership but a psychiatrist who is familiar with the training experience” |
| Acknowledgement of the challenges | 2 | “Acknowledgement. I was having a horrendous training experience due to the supervisor. This was acknowledged by the training program and the DOT regularly visited my site, working remotely for their regular job, in order to support me and observe the difficulties that I, and other staff, were facing.” “Receiving support through my supervisor or clinical director. Acknowledgement of the challenges. Assistance from other registrars (e.g. in preparing for exams)” |
| Being heard & understood | 2 | “To be genuinely understood and supported with guidance and kindness.” |

| | | |
|--|---|--|
| | | “Going to a place to discuss challenges where I can be heard and an effort is made to understand my experience.” |
| Mental health / other health professional | 2 | “Finding a good therapist.” “Have time out and see a health professional.” |
| Financial assistance | 2 | “Non-judgemental support from management and direct supervisors, reasonable flexibility, financial assistance, supportive peers.” |
| Support / clarity with training requirements | 2 | “Having clear expectations in regard to training requirements (WBA/EPA).” “Transparent feedback about marking and more support for summative assessments with a high degree of subjectivity and an onus on the trainee to facilitate (for example, the PWC).” |

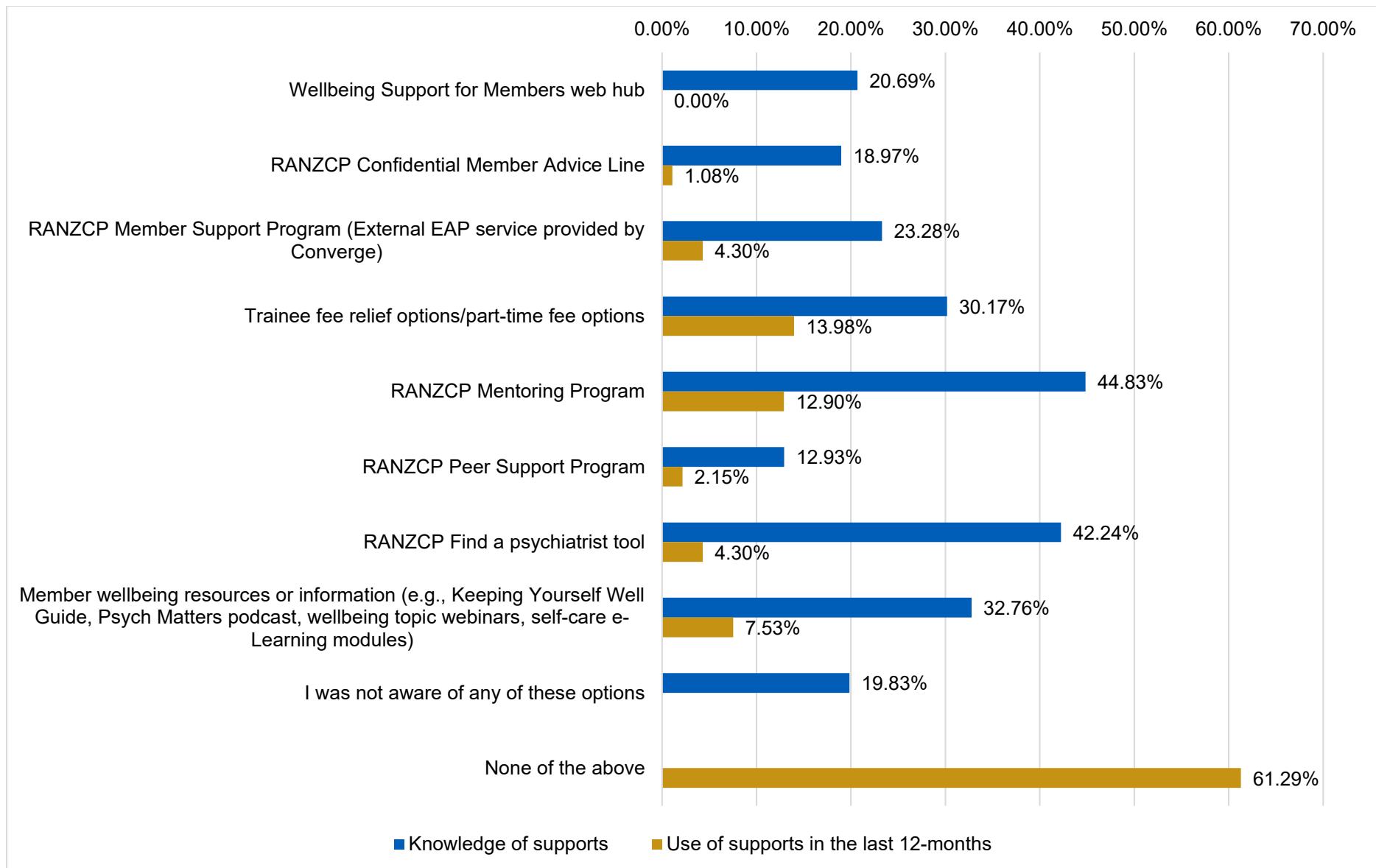
Knowledge, access, and experiences using available supports

College supports

Combined responses to questions enquiring:

- Which of these resources, services or supports that are **provided by the College** are you **aware** of? (116 responses)
- Have you **used** any of these options in the last 12-months? (93 responses)

Trainees were asked to select all options that apply.

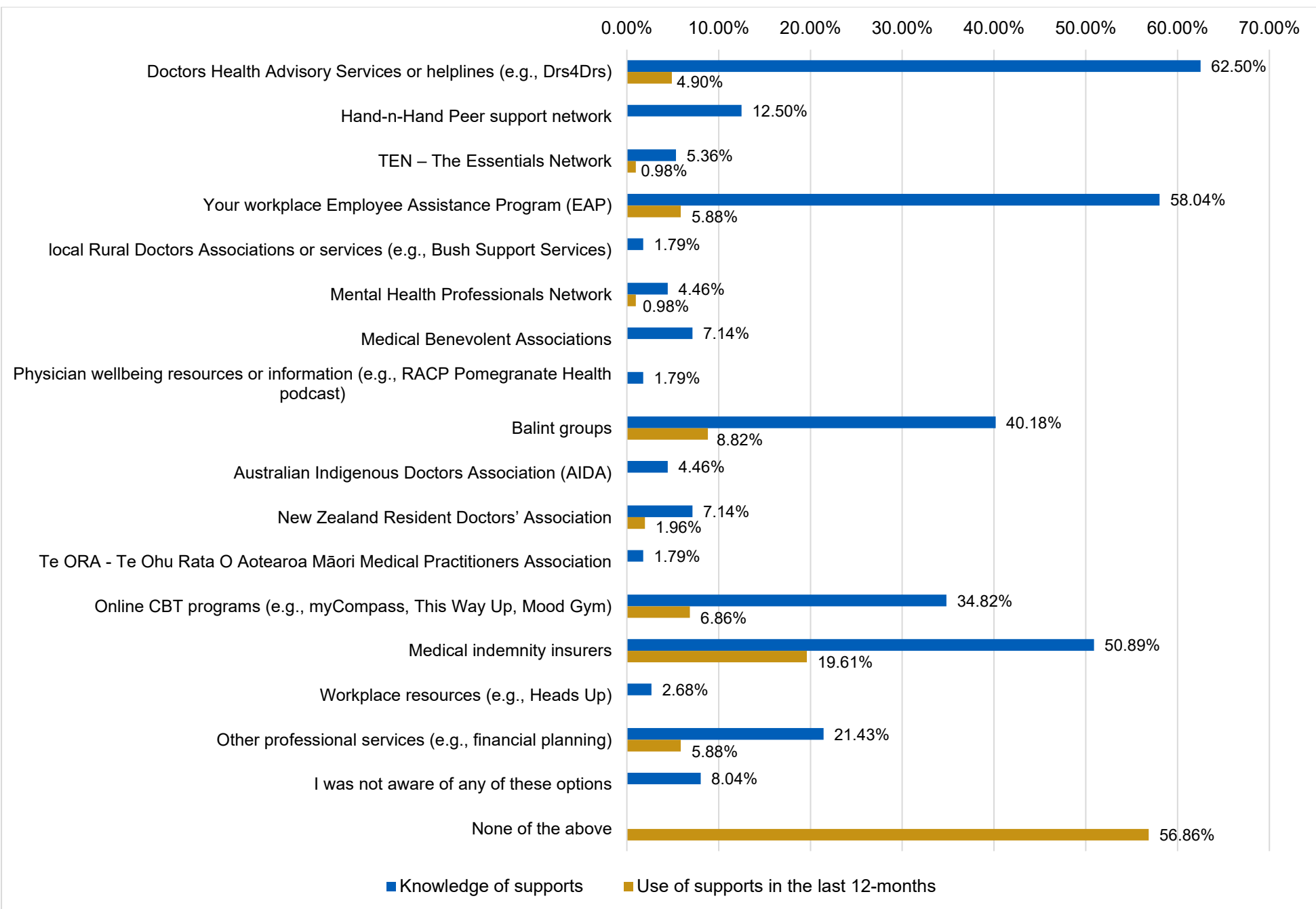


External supports

Combined responses to questions enquiring:

- Which of these **external options** promoted by the College are you **aware** of? (112 responses)
- Have you **used** any of these supports offered to trainees by these external providers in the last 12-months? (102 responses)

Trainees were asked to select all options that apply.

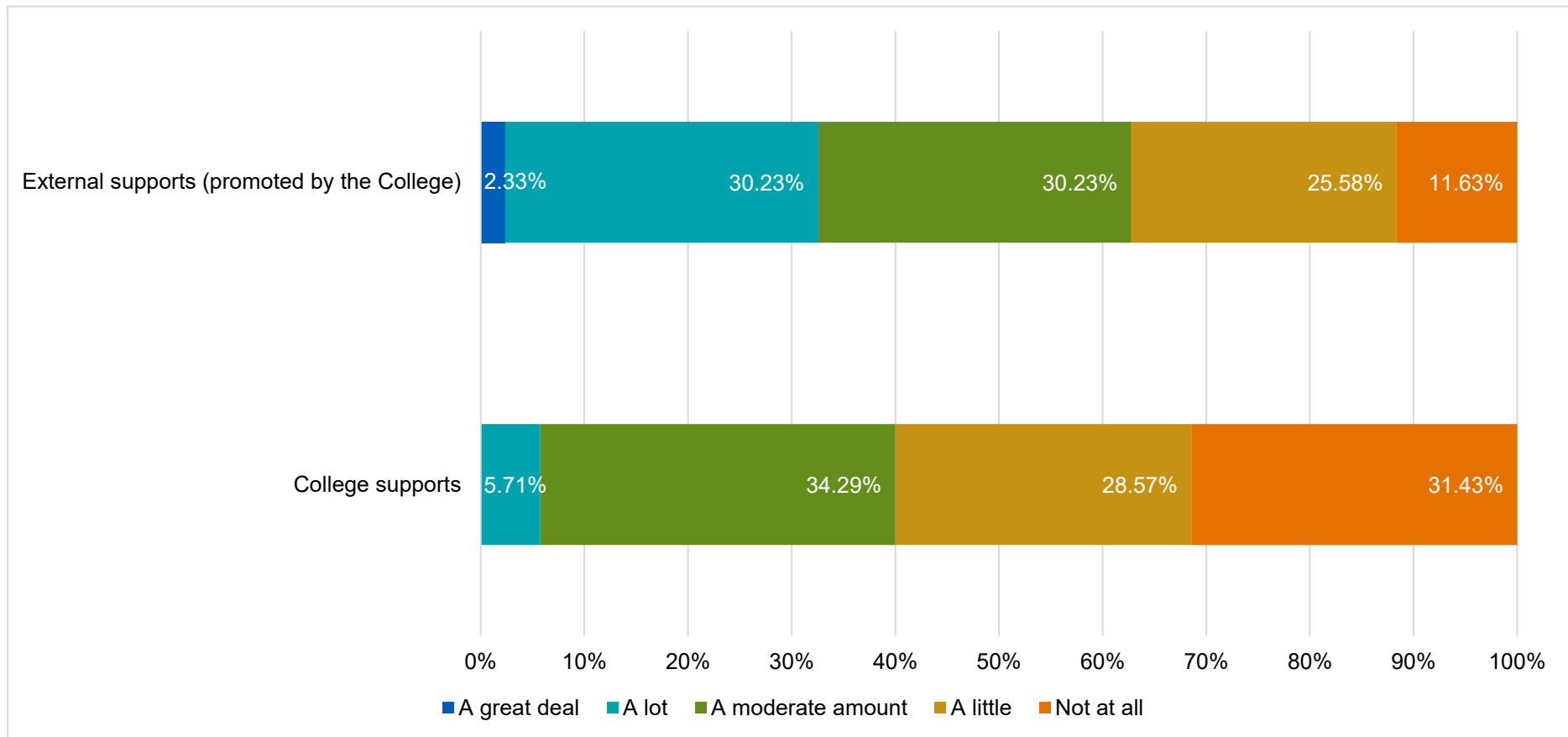


Did these supports meet your needs?

Combined responses to question streams for:

- College supports (35 responses)
- External support options (43 responses)

Trainees were provided with five options ranging from “a great deal” to “not at all” – for support options, resources, or services they have used in the last 12-months.

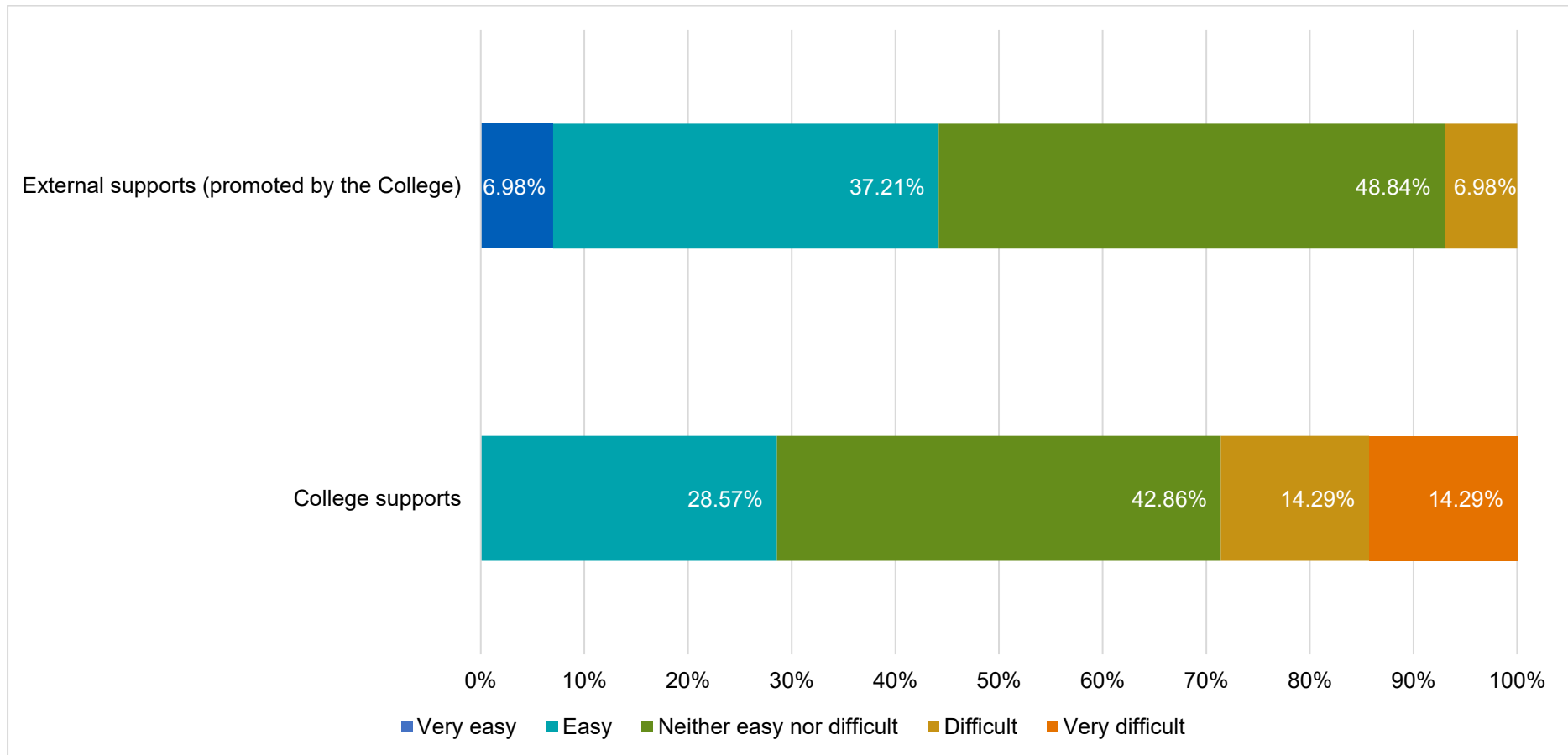


How easy or difficult was it for you to find and access the support you wanted to use?

Combined responses to question streams for:

- College supports (35 responses)
- External support options (43 responses)

Trainees were provided with five options ranging from “very easy” to “very difficult” – for support options, resources, or services they have used in the last 12-months.



From your perspective, what barriers did you experience to locating or accessing this?

- College supports (10 responses)

| Main themes | Number of responses | Illustrative quotes |
|---|---------------------|--|
| Ease of access | 5 | “Unaware of certain services. Not intuitive to find contact person and call confidentially” |
| Availability of service | 3 | “Difficult to find psychiatrists willing to do the mentorship program” “In South Australia very difficult to find any formal support for mental health - nobody accepting new patients, I know more than my GP at this point and they don't feel helpful” |
| Stigma | 3 | “Shame, stigma” |
| Time | 2 | “Lack of time with work/personal matters” |
| External deterrents / interference / influences | 2 | Access to a psychiatrist generally. Then access to a psychiatrist who was willing to take on a trainee as a patient. I was also being bullied by a consultant psychiatrist who actively intervened with health care providers I sought assistance from” |
| Responsiveness of service | 2 | “The EAP service wait periods are too long and cannot do anything outside of brief counselling and referring on.” “I found the doctors health advisory service responsive and helpful.” |

| | | |
|--------------------------|---|--|
| Confidentiality concerns | 1 | “None of these options provide any assurance that my struggles / difficulties would not negatively impact on my employment or training.” |
|--------------------------|---|--|

- External support options (3 responses)

| Main themes | Number of responses | Illustrative quotes |
|-------------------------|---------------------|---|
| Time | 2 | “Ability to take time off of work to attend appointments.” |
| Availability of service | 1 | “Hard to contact in business hours, I am always at work” |
| Ease of access | 1 | <i>As above</i> |
| Scope of service | 1 | “MDA is unable to support members in cases of discrimination BY RANZCP” |

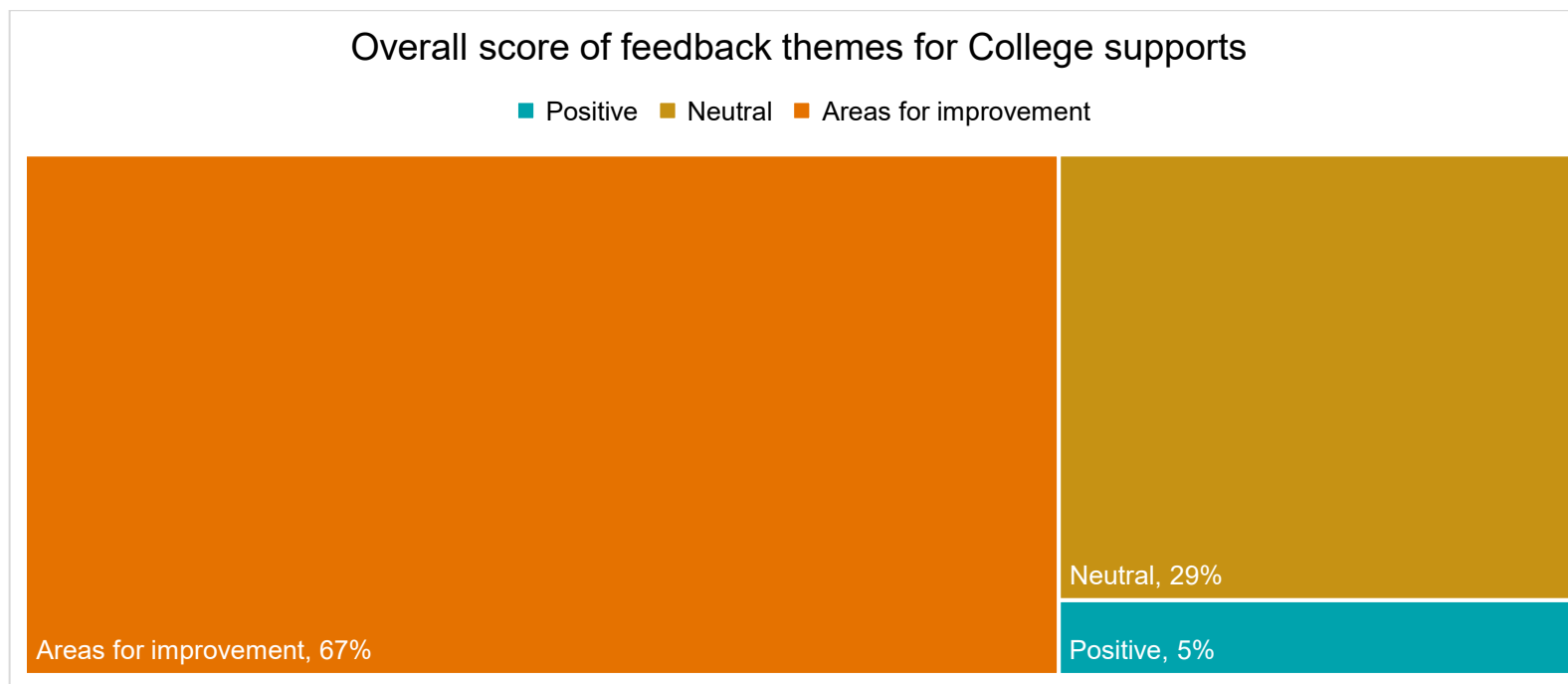
Is there anything else you would like to share about these services and support options you used?

- College supports (20 responses)

| Main themes | Number of responses | Illustrative quotes |
|--------------------------|---------------------|--|
| Lack of trust in College | 7 | “I, and many of my colleagues, would not trust the college to act in the best interest of any trainee - and this makes many of the more directly affiliated options less appealing.” |

| | | |
|--------------------------------------|---|--|
| | | “Confidentiality concerns are significant if I considered using college services.” |
| Increasing awareness of services | 5 | <p>“It may be helpful to increase trainees’ awareness of these programs. They are not really discussed in supervision or the workplace. They are mainly just advertised online and in emails. I've never heard of anybody talking about using them.”</p> <p>“It may be helpful to increase trainees’ awareness of these programs.”</p> |
| Confidentiality and privacy concerns | 4 | “If I needed formal help, I would prefer to seek support outside the College because I feel that seeking support within the College might jeopardise my training or professional standing.” |
| Service follow-through | 4 | “These options provide very little buy-in from the supports for the trainee. If things go well from the supports, they may be credited for the success. If things go badly / don't make a difference, these supports aren't accountable to any degree.” |
| DoTs | 2 | “Fears for privacy and for DoTs / SCoTs / Clinical Directors etc being aware of need for support and associated impact on training.” |
| College content | 2 | “I think telling burnt out healthcare workers to listen to a podcast about preventing burn out is insulting and places |

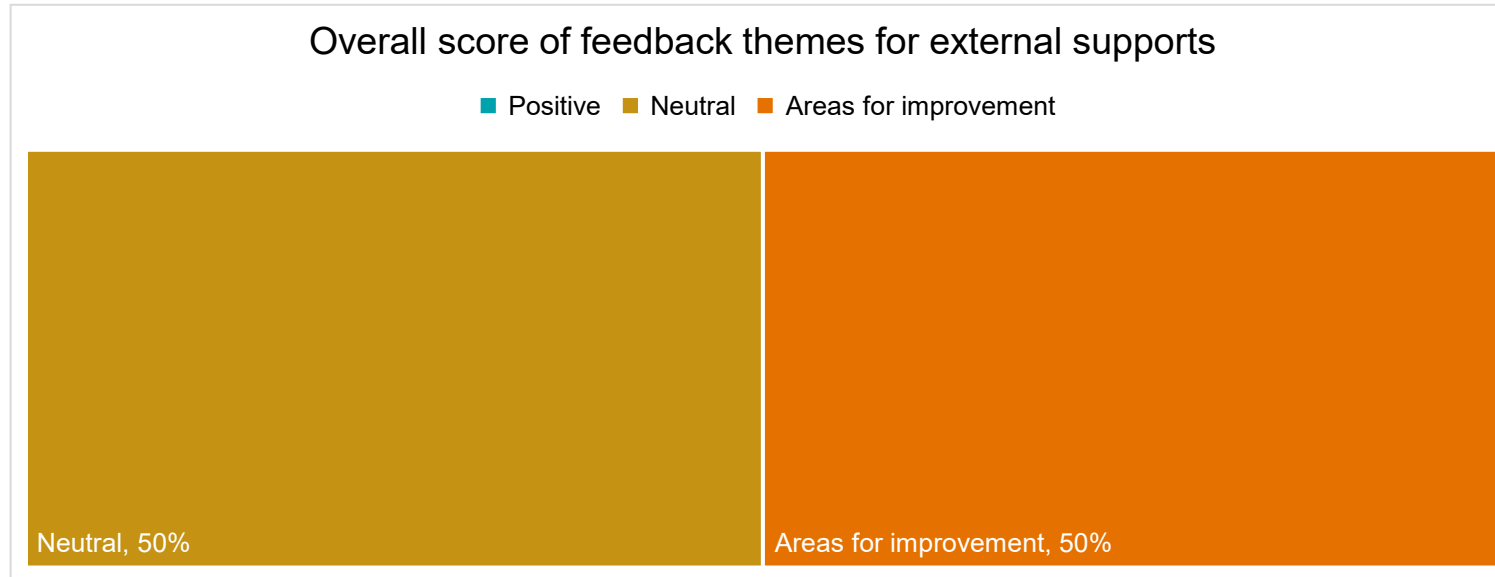
| | | |
|-----------------------|---|--|
| | | <p>the problem on an individual instead of with the system where it belongs.”</p> <p>“I have listened to the Psych Matters podcast, but I would class the podcast as more educational rather than promoting personal wellbeing.”</p> |
| Exams and assessments | 2 | <p>“Overall I feel the culture on the exams committee needs to change. I am aware of people repeatedly experiencing crushing PWC feedback and I think there’s serious problem there.”</p> |



- External support options (8 responses)

| Main themes | Number of responses | Illustrative quotes |
|------------------------------------|---------------------|---|
| Responses not relevant to question | 3 | - |
| Scope of service | 2 | “They're not specifically catered towards the difficulties faced by RANZCP trainees.” |
| Lack of trust in College | 2 | “To be honest I would not trust any of the support services associated with the College.” |

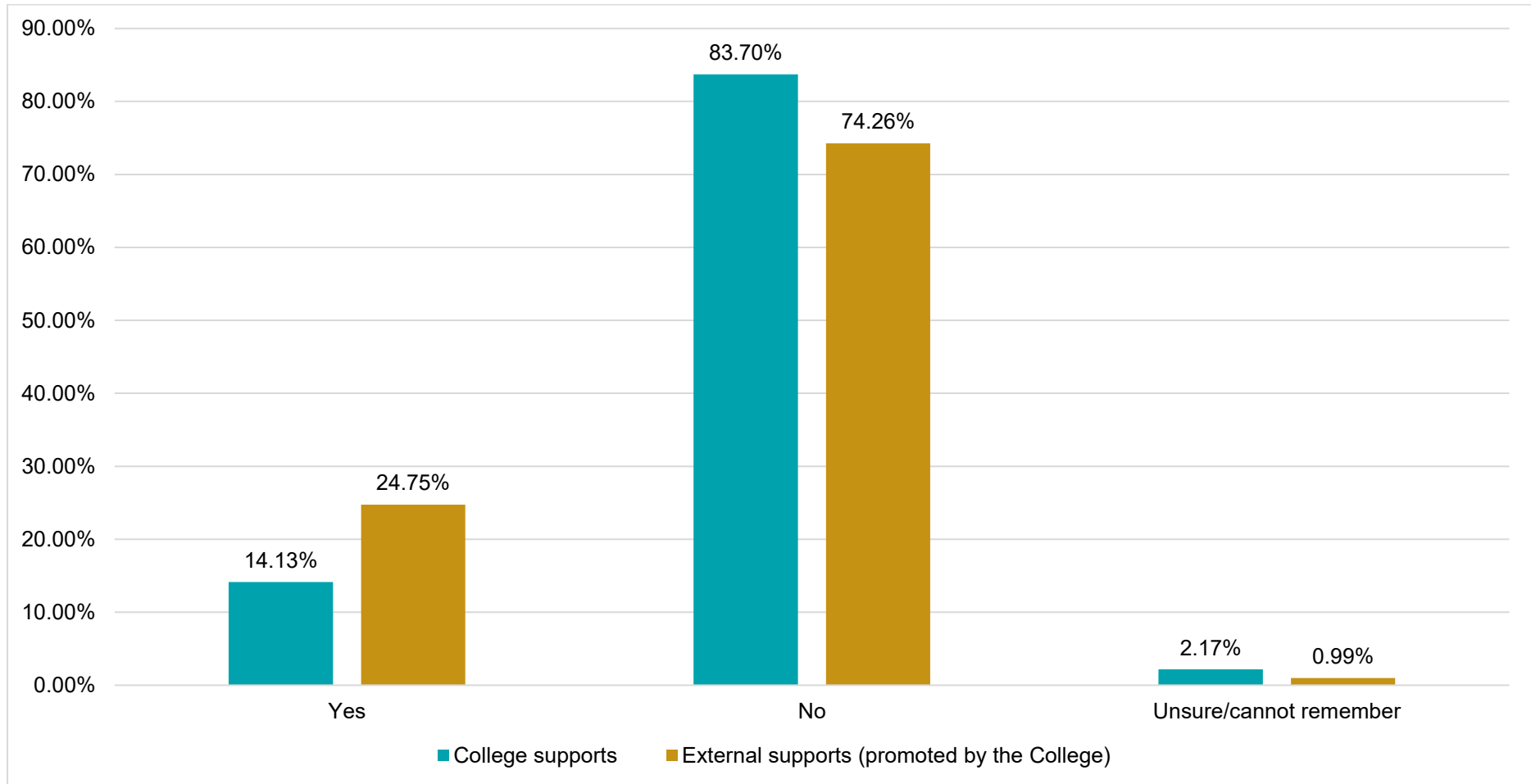
| | | |
|--------------------------------------|---|--|
| Confidentiality and privacy concerns | 1 | <i>As above</i> |
| Service safety | 1 | “One of the doctors on Drs2Drs list is the same one that bullied me relentlessly when I worked for her. No way I would refer anyone to her.” |
| Financial stressors | 1 | “Even with part time fee relief, the financial burden associated with training is huge and a significant stressor, especially in NSW where we are paid 30% less than our colleagues in other states” |
| DoTs | 1 | “Peers have been reluctant to discuss personal challenges with college or Director of training due to fear of impact or delay of training progression” |



Have you referred a peer or colleague to any of these supports?

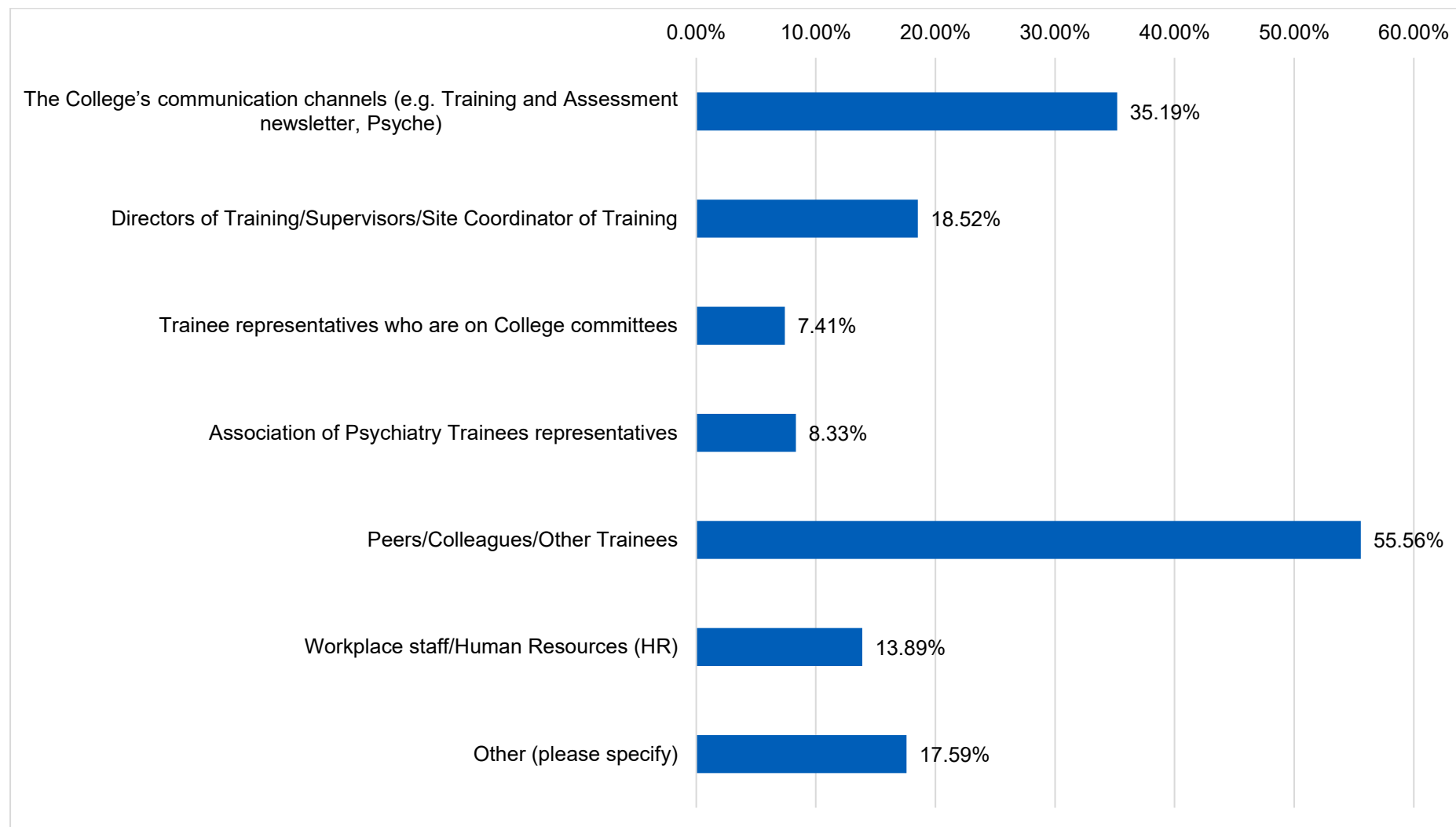
Combined responses to question streams for:

- College supports (92 responses)
- External support options (101 responses)



Can you tell us the primary ways that you found out about these services or wellbeing support options?

Trainees were asked to select all options that apply. 108 responses were received.



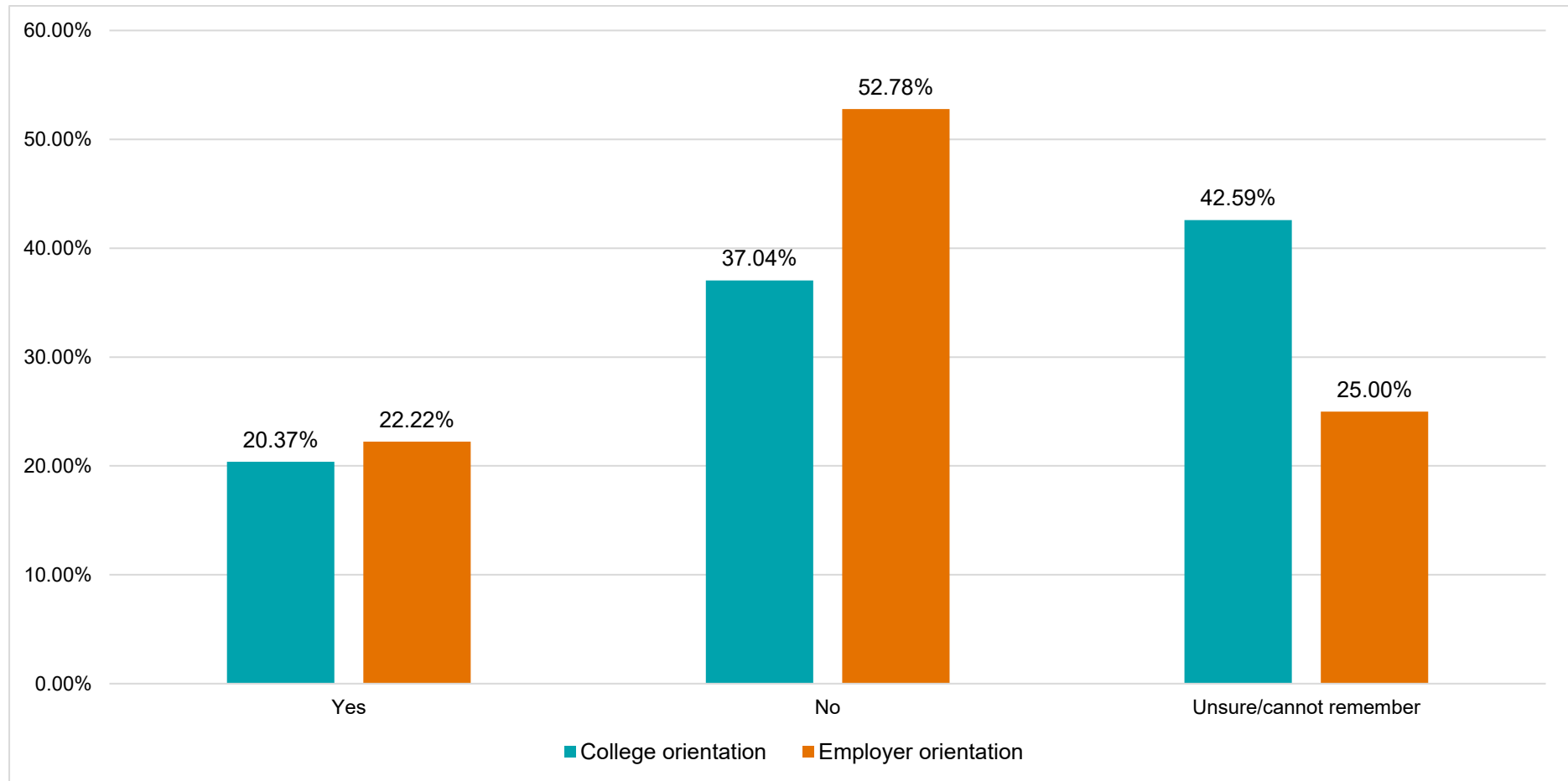
- **Other responses to this question:**

There were 19 written responses for the above question captured in the ‘other’ category (17.59% of respondents). These responses were categorised, and an example quote is provided for each.

| Main themes | Number of responses | Example |
|--|----------------------------|---|
| Unsure or was not aware | 4 | “Did not know.” |
| Social media | 3 | “Social media” |
| Google search | 3 | “Google” |
| College website | 2 | “RANZCP website” |
| Response not relevant to question | 2 | - |
| Word of mouth | 2 | “Word of mouth through medical school onwards via peers” |
| Previous workplaces/study institutions | 2 | “Previous career” |
| Mentors/College Fellows | 1 | - |
| Sponsored event or conference advertisements | 1 | “Advertised at conferences or sponsored events/meetings” |
| Standard practice in workplace | 1 | “Balint groups are part of normal practice at my work. None of the other stuff has been recommended to me.” |
| None of the above | 1 | - |

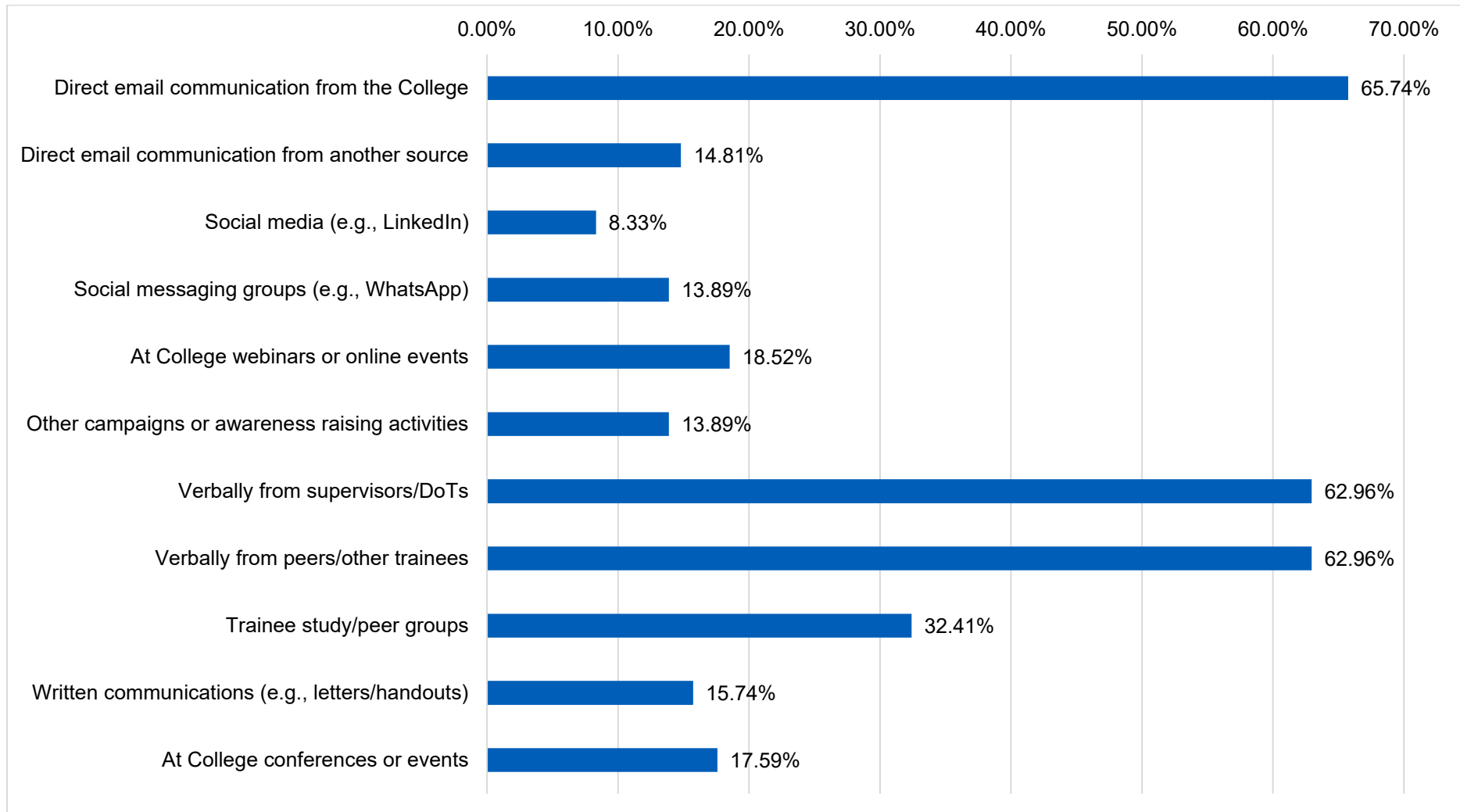
Combined responses to questions enquiring:

- Did the **College's** orientation event or early induction activities provide information about welfare, wellbeing, or personal support options you can access as a trainee? (108 responses)
- Did your **employer's** orientation event or early induction activities provide information about welfare, wellbeing, or personal support options you can access as a trainee? (108 responses)



For you, what are the most effective ways to know about what services or wellbeing supports are available?

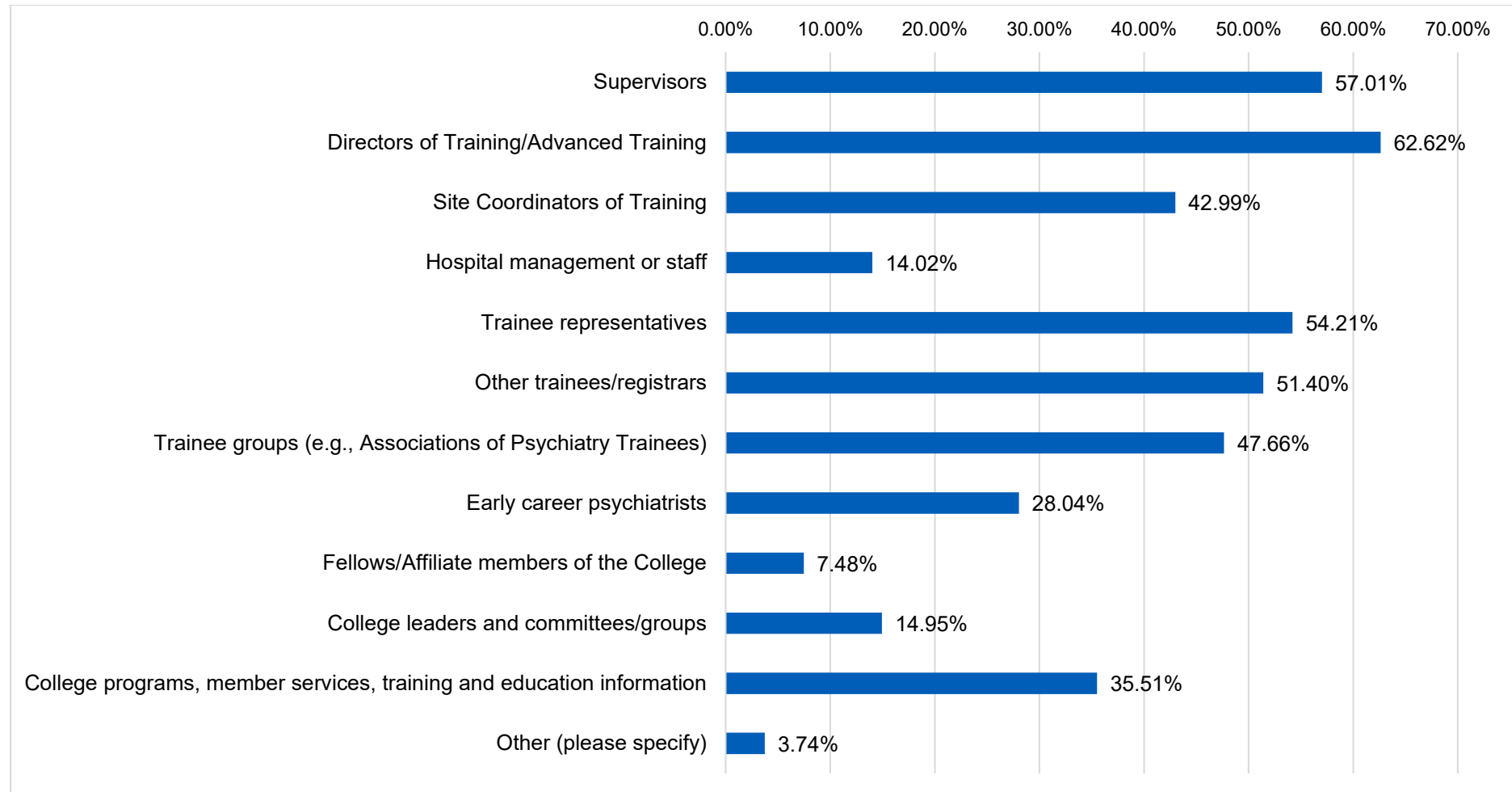
Trainees were asked to select all options that apply. 108 responses were received.



Communications and finding out about support resources

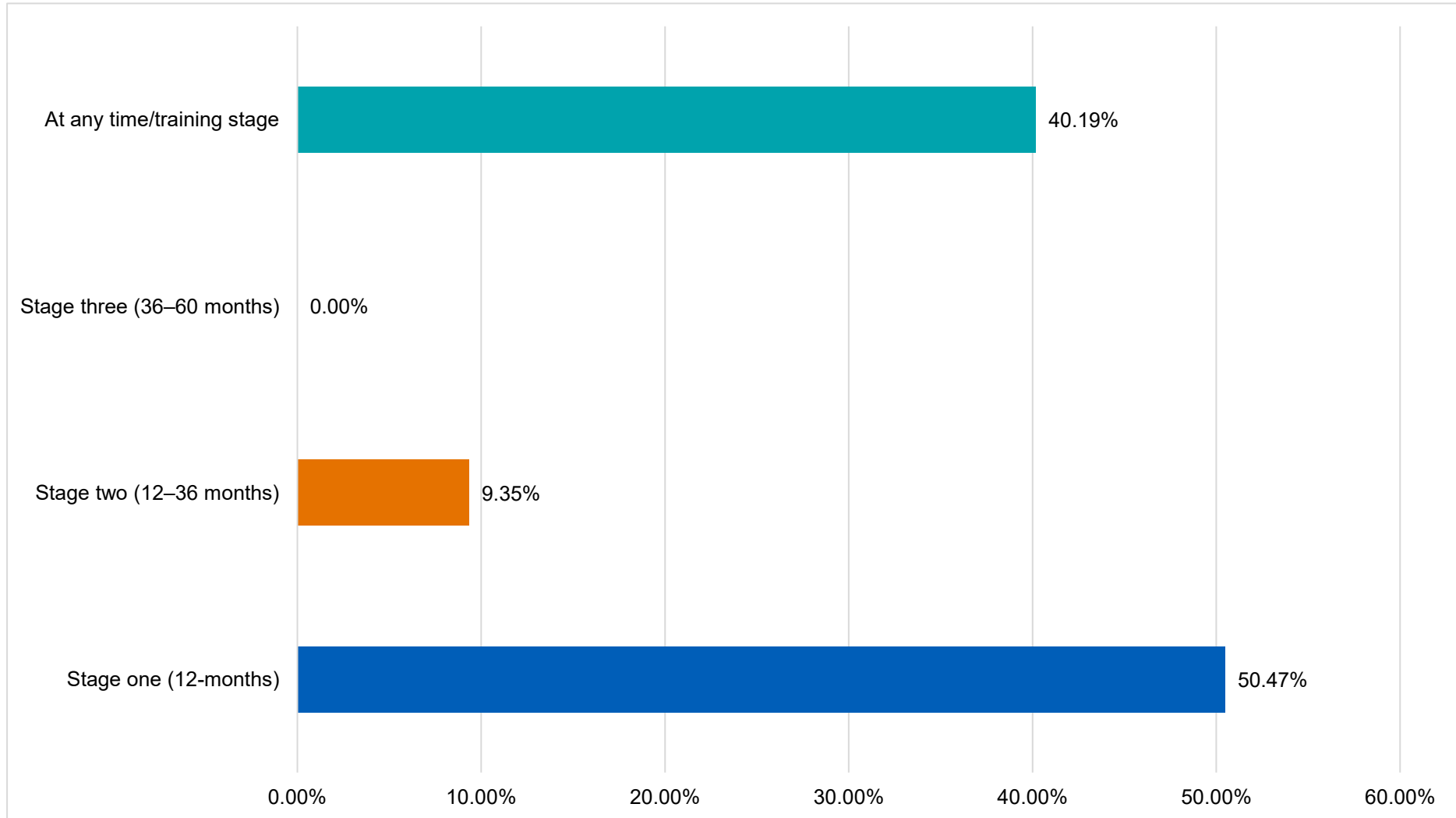
Going forward, who do you think are the **best sources** for informing trainees about options and supports that are available for them?

Trainees were asked to select all options that apply. 107 responses were received.



When do you think is the **best time** for information about options and supports to be shared with trainees?

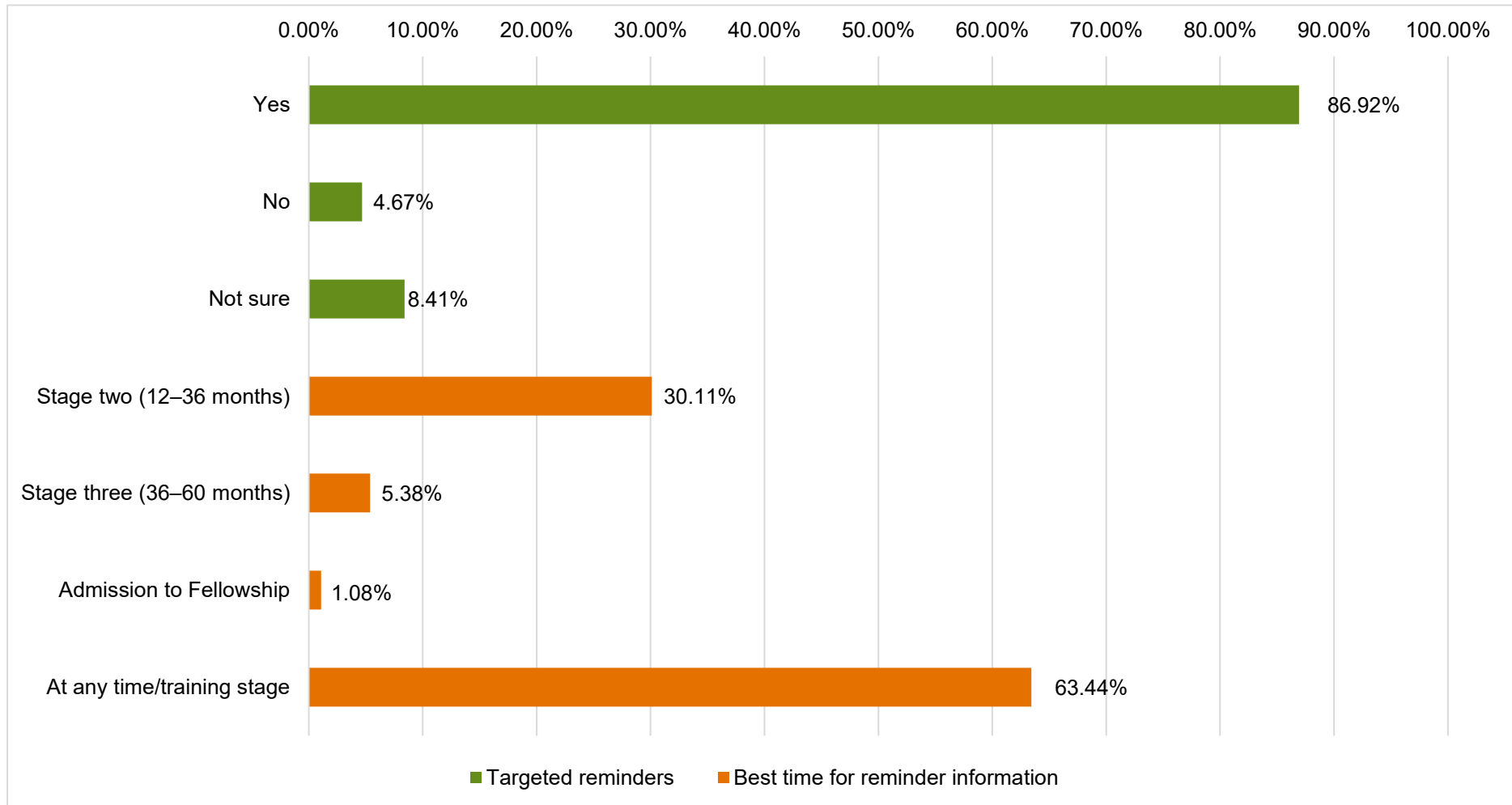
Trainees were asked to select **only one** option. 107 responses were received.



Targeted reminder information

Combined responses to questions enquiring:

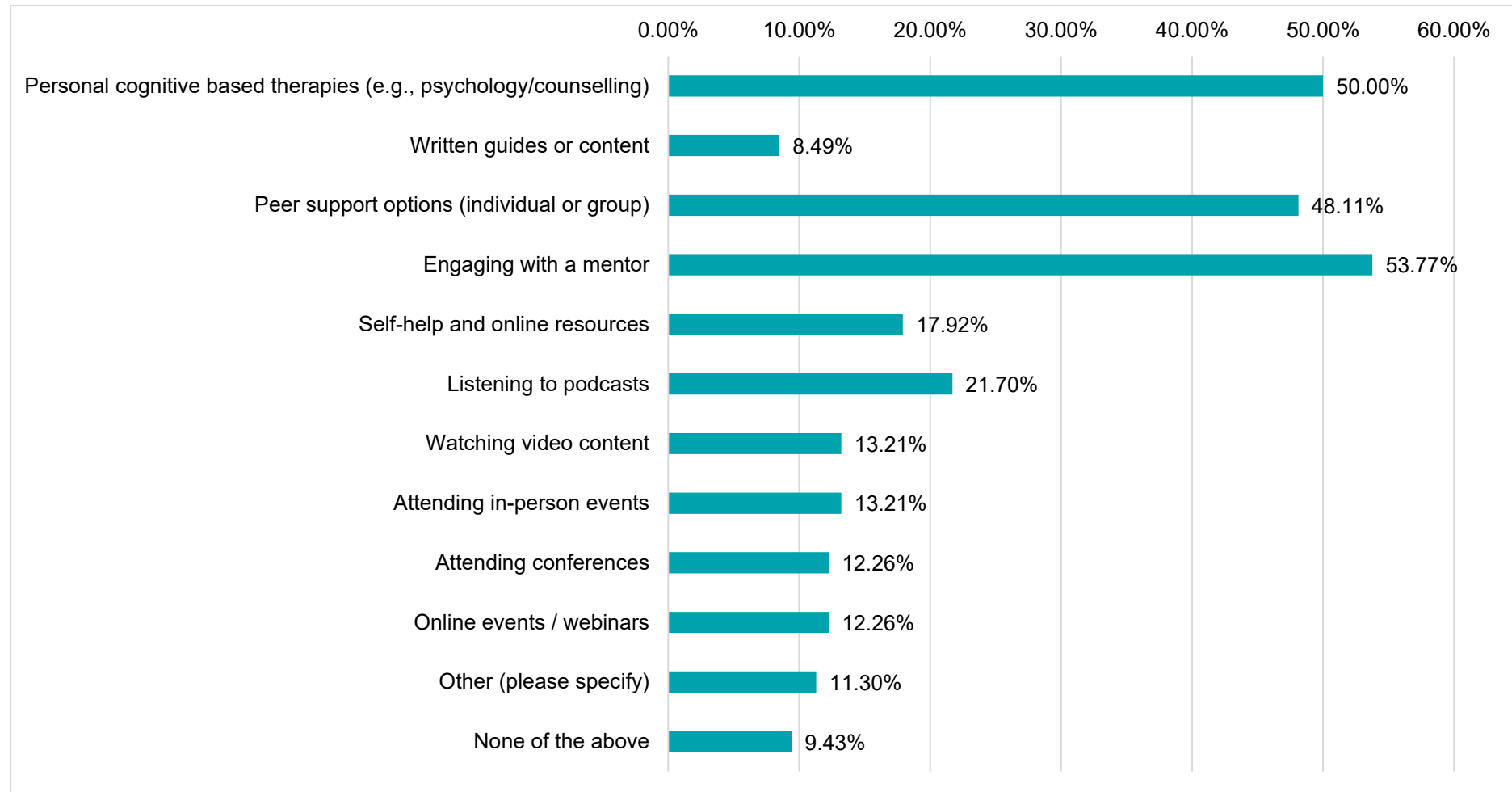
- Do you think targeted reminders throughout the Fellowship pathway would help as well? (107 responses)
- At what time do you think it's best to receive any reminder information? (93 responses)



Solutions-focused: getting it right for psychiatry trainees

Generally speaking, what types of support or information works best for you when experiencing professional and/or personal difficulties?

(106 responses)



- **Other responses received to question:**

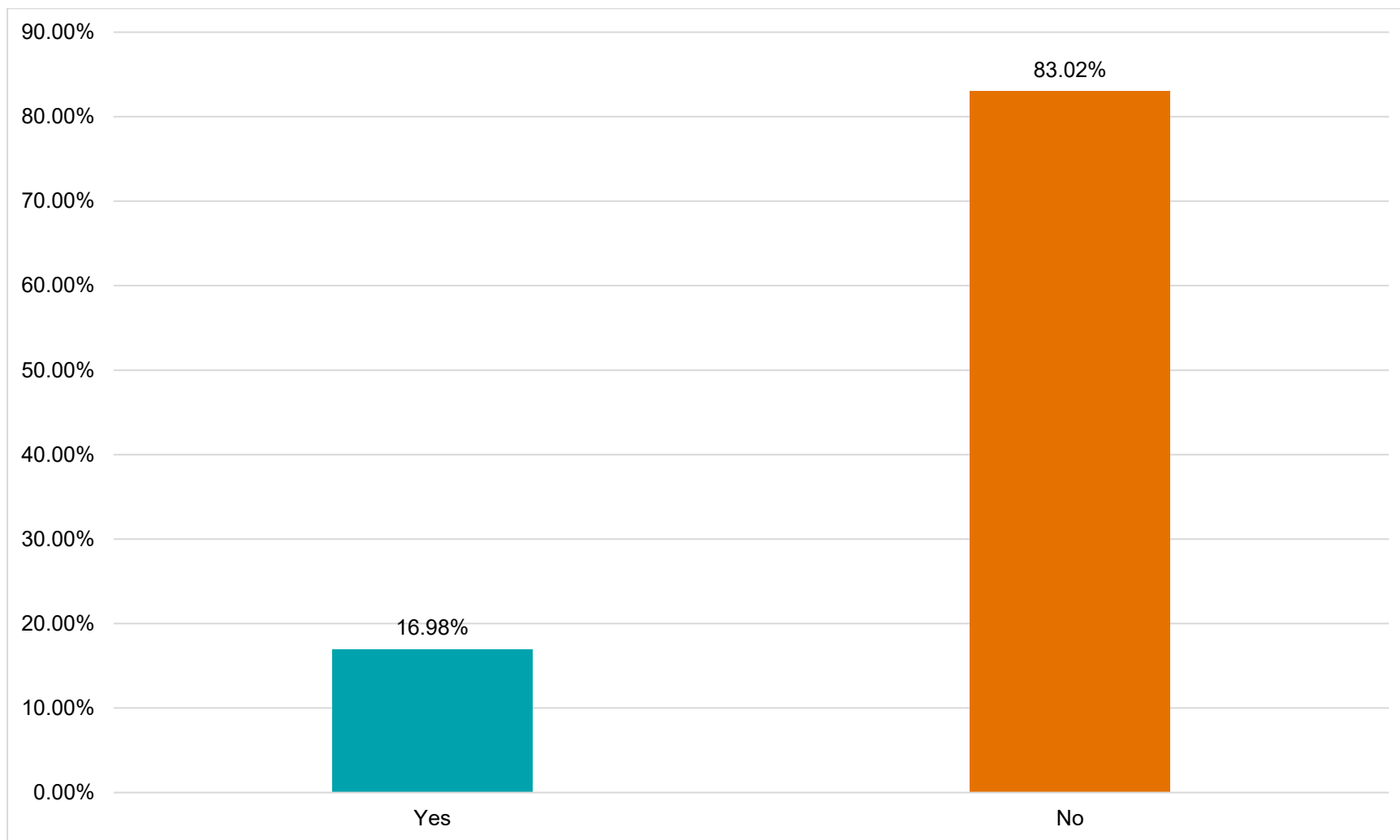
There were 12 written responses for the above question captured in the ‘other’ category (11.30% of respondents). These responses were categorised, and an example quote is provided for each.

| Main themes | Number of responses | Example |
|-----------------------------------|----------------------------|---|
| Response not relevant to question | 3 | - |
| Extended response* | 2 | “Independent psychologist” |
| Assessment/professional support | 2 | “I just need help with psychotherapy write up and scholarly project” |
| DoTs/Supervisors | 2 | “Having the support of directors of training and immediate supervisors” |
| Direct College support | 1 | “Face to face or phone support from someone at College HQ who is not the direct supervisor” |
| Personal networks | 1 | “Connecting with personal supports external to my work and training environment” |

*Free text responses that could be categorised into the main options were coded and included in the graph on page 44.

Have you noticed any local wellbeing or other support initiatives either within your own health service or from other trainees or psychiatrists that you have found beneficial or innovative?

(106 responses)



Could you please share with us any details about these initiatives, if you are comfortable to do so?

13 responses received.

| Main themes | Number of responses | Illustrative quotes |
|---|---------------------|---|
| Balint groups | 5 | <p>“Local Balint group for the registrars facilitated by two of the consultant psychiatrists”</p> <p>“Balint groups at other hospitals in my LHD but we don't have these offered to us.”</p> |
| Opportunities for peer support/local connection | 4 | <p>“The best support is our colleagues. Our site has weekly registrar meetings where senior regs usually assist junior regs with any issues they may have.”</p> <p>“There is a national New Zealand Women In Medicine organisation, with smaller local branches. My region has a local branch of NZWIM group, and meets monthly for catch ups, which is a great source of peer support”</p> <p>“Engaging in NAPT social events and peer engagement / networking through NAPT. Social events through local college network.”</p> |
| Social networking events | 3 | “MHPN local networking wellbeing meetups - walk and breakfast.” |
| Supervision/Mentoring | 2 | “Stage one buddy program/mentoring” |

| | | |
|---------------------------|---|---|
| Innovative/enabling roles | 1 | “In the Rural Psychiatry Training WA program, the trainees have a group called 'WARPT' - WA Rural Psychiatry Trainees. They have a 'Social and Well-being' Rep (Matt Davidson) who does a lot to support the trainees. Sends newsletters, hosts online events, arranges competitions, etc. It has actually been pretty helpful. Matt is also the Chair of the WAAPT so I know he is working to help trainees in a wholistic way.” |
| Informal gatherings | 1 | “Our regional director of training has all the registrars to her house for dinner occasionally - social connection, feel valued, opportunity to vent and swap resources” |
| Self-help resources | 1 | “Podcast - The neurodivergent woman and associated resources” |
| Exam support | 1 | “Preparation groups were particularly helpful for exams such as MEQ, which are more about understanding how to interpret questions and strategise answering rather than actual knowledge.” |

Thinking beyond what is already offered both from the College and from external providers, what are your ideas for future innovations in the area of trainee wellbeing or other supports that could assist either yourself or your peers who are experiencing professional and/or personal difficulties?

67 responses received.

| Main themes | Number of responses | Illustrative quotes |
|--|---------------------|---|
| Assessment reform | 11 | <p>“Streamlining assessments, making it clear what needs to be completed.”</p> <p>“Consider if there can be any changes to the assessment burden.”</p> |
| Training for Supervisors/DoTs/senior staff to provide practical support, and facilitate intentional connection with trainees | 8 | <p>“Training for supervisors. Supervisors/directors being able to provide practical changes/advice rather than discuss wellbeing as a concept.”</p> <p>“I think the college being understanding of personal circumstances and individual needs, having directors and supervisors that are supportive and have received training in this area, forums where trainee issues are heard.”</p> |
| Work conditions/equitable access | 8 | <p>“My innovation idea is being able to book leave well in advance, to have adequate staffing levels and not having excessive after hours shifts. You will note these</p> |

| | | |
|--|---|--|
| | | <p>are not at all innovative, rather they are a call for basic workplace conditions.”</p> <p>“Fairness in roster after hour shifts.”</p> <p>“At least in NZ, working difficult, long and unsociable hours (ie 16hr-24hr shifts) and 7 night shifts in a row, are one of the hardest part of psychiatry training. There are also no rostered days off after long weekend shifts worked. Not only are these hours exhausting and potentially dangerous, but it also means little time for trainees to spend with family. I believe that to support trainees there needs to be a shift to safer, more reasonable working hours, even if this would mean we had to train for another year or two.”</p> |
| Increased peer contact and social/wellbeing events | 7 | <p>“I think there is a lack of social engagement among psychiatry trainees which improves general well-being and would be a source of support for those who are struggling. Perhaps if each service is encouraged to have regular socials amongst trainee this would work.”</p> <p>“Less tokenistic tickboxing and genuine support if any is offered - more networking wellbeing events that have a social and upbeat angle.”</p> |
| Increasing awareness and embedding wellbeing efforts in training program | 6 | <p>“Enshrining the seeking of support into our training, such as having a dedicated afternoon out of clinical</p> |

| | | |
|---|----------|--|
| | | <p>time to engage in wellbeing initiatives. I haven't bothered to engage in any formal 'supports' because they add extra burden onto my already burdened worklife.”</p> <p>“Over the years, I have found that my wellbeing needs to be separate from my work; as the healthcare system in which I work is crumbling, any support I have sought within the system only emphasises the fact that the system is broken and everyone working within it is struggling.”</p> <p>“Stage 2 of training particularly becomes challenging. Proactive reminders from college, and supervisors, with appropriate academic and personal support should be helpful.”</p> |
| <p>Provision of psychological therapy and medical practitioners that will treat doctors</p> | <p>6</p> | <p>“Strongly encouraging trainees to attend at least one session of therapy to normalise the experience and as a check-in at important points of training”</p> <p>“Establish more extensive networks of GP specialists and mental health specialists who want to work with other doctors.”</p> <p>“Having access to clinical psychology through the TEN network was very helpful when I was going through a period of stress.”</p> |

| | | |
|---|---|--|
| Proper implementation of training requirements | 6 | <p>“Make sure the services we are allocated to and working for aren't crumbling and can meet training requirements”</p> <p>“Health services ensuring that rotations meet training needs.”</p> |
| College transparency and sensitivity (towards trainees) | 6 | <p>“Communicate better with trainees. Acknowledge issues with the College and with training and own it - take responsibility and share timelines on how things will improve.”</p> |
| Proactive, evidence-based supports | 5 | <p>“Training placements and college advocacy which have regard to actual evidence-based factors which affect distress and burn-out (equity in pay, commute time, access to family/community). No further outsourcing to non-evidence-based 'wellbeing supports'.”</p> <p>“Proactive provision of support. Maybe an opt-out system rather than one where the trainee needs to actively decide to participate in. Employers should allow for trainees to participate in these without negative effects on their employment.”</p> |
| Response not relevant to question | 5 | - |
| Protected time/space for mentorship | 4 | <p>“Well-defined, clear boundaries about mentorship being an expectation for trainees that is not sacrificed</p> |

| | | |
|---|---|--|
| | | because of service provision needs” |
| Address systemic factors | 4 | <p>“Ongoing acknowledgement of the structural and institutional pressures that lead to poor mental health in trainees with demonstrated efforts to target these.”</p> <p>“I don't think any of what has been offered is all that helpful unless the system factors get addressed.”</p> |
| Independent channels / informal forums for support and connection | 4 | <p>“Development of informal mentorship not mediated by the College.”</p> <p>“College events where we get to socialise with dots and cts that aren't paid ie not congress. It's useful to develop relationships in casual settings outside of the semi regular meetings.”</p> |
| College preparedness to take action against poor conduct | 3 | <p>“Transparent concern/dispute resolution which is not implicitly punitive to trainees.”</p> <p>“Support from bullying and harassment.”</p> |
| Technological innovations | 3 | “AI supported mentoring and support using CBT framework.” |
| Designated wellbeing-enabling roles/contacts | 2 | “Having a designated senior registrar at each training site to be a wellbeing point of contact for registrars needing assistance, e.g. people may be reluctant to approach supervisors/directors of training” |

| | | |
|---|---|--|
| Awareness/education on neurodivergent practice | 2 | “Increased sensitivity to carer roles and to neurodiversity in practice. Also increased general awareness and education aimed at all levels of membership around the above.” |
| Increased access to Balint groups | 2 | “More accessible Balint groups, including online options.” |
| Trainee representation/voice within the College | 2 | “RANZCP definitely needs to let trainees vote. Trainees currently have almost no voice.” |
| Sharing experiences | 1 | “Maybe you could collect anonymous short stories of senior trainees about their difficulties through training and how they coped and make a little book and give to junior trainees. This might reduce isolation and help encourage trainees to speak out for help.” |

Re-focusing back on just the College, what’s the one area of support that you feel the College should focus on when it comes to trainees who are experiencing professional and/or personal difficulties?

(75 responses received).

| Main themes | Number of responses | Illustrative quotes |
|------------------------------|---------------------|--|
| Address burden of assessment | 18 | <p>“The college could consider seeking information from trainees relating to each assessment, i.e. short survey for all trainees signing up for exam/sitting exam/at results. It seems the college does not fully appreciate the psychological impacts of assessments.”</p> <p>“To support trainees more effectively, the College could consider streamlining assessment methods, possibly integrating exams and evaluations into more</p> |

| | | |
|---|----|--|
| | | workplace-based, ongoing assessments rather than centralized, high-stakes exams. This approach could not only reduce the burden but also better reflect the real-world skills needed to succeed as a psychiatrist. In psychiatry, where we often lead the way in rethinking traditional structures, revisiting assessment models to focus on practical, integrated evaluations could be a progressive step that benefits trainees' mental health and career development." |
| Flexibility in training program and processes | 15 | <p>"Training flexibility to accommodate personal concerns"</p> <p>"The college needs to be more flexible in its communication and policies. For example, allowing more than 6 weeks leave without failing a rotation for someone going through personal difficulties or on maternity/paternity leave."</p> |
| Personalised, empathetic support and engagement | 14 | <p>"When a trainee approaches the college with difficulties, it is nice to receive a personalised response that shows respect and care for a trainee's wellbeing. At times it feels like some communication and processes are obstructive and unsupportive."</p> <p>"Have a representative in each state that can personally assist and tailor support an individual needs, an admin person who is approachable and solution focused"</p> <p>"Actively supporting people who raise complaints with a dedicated contact person. Having a robust process that is consistently and fairly applied."</p> |

| | | |
|--|----------|---|
| <p>College follow-through on actions/practical support</p> | <p>9</p> | <p>“More empathy and direct support. Crack down on institutionalized bullying.”</p> <p>“The college provides supportive messaging- but this is not backed up by workplaces who treat you as dispensable.”</p> <p>“When a trainee is experiencing difficulties, the College should liaise with the training centre/hospital, on behalf of the trainee, to ensure adequate changes are put in place to meet the trainees needs to allow them to continue training, rather than having to quit due to being unable to continue training/working in current circumstances.”</p> |
| <p>Reduce 'red tape' and rigidity in College processes</p> | <p>7</p> | <p>“With increased administrative demands, stringent regulations, and mounting service pressures, I’ve seen many compassionate, dedicated colleagues experiencing burnout, especially in the later stages of their training. The current focus on exams and centralized assessments contributes heavily to this strain; navigating the extensive paperwork, exam preparation, and resit processes often becomes a source of significant stress, impacting both well-being and career progression.”</p> <p>“the College's rules and procedures and forms are oppressive and exactly what you don't want in a crisis. Less with the forms, less with the rules, more with the people. Talking to people who care is the key.”</p> |

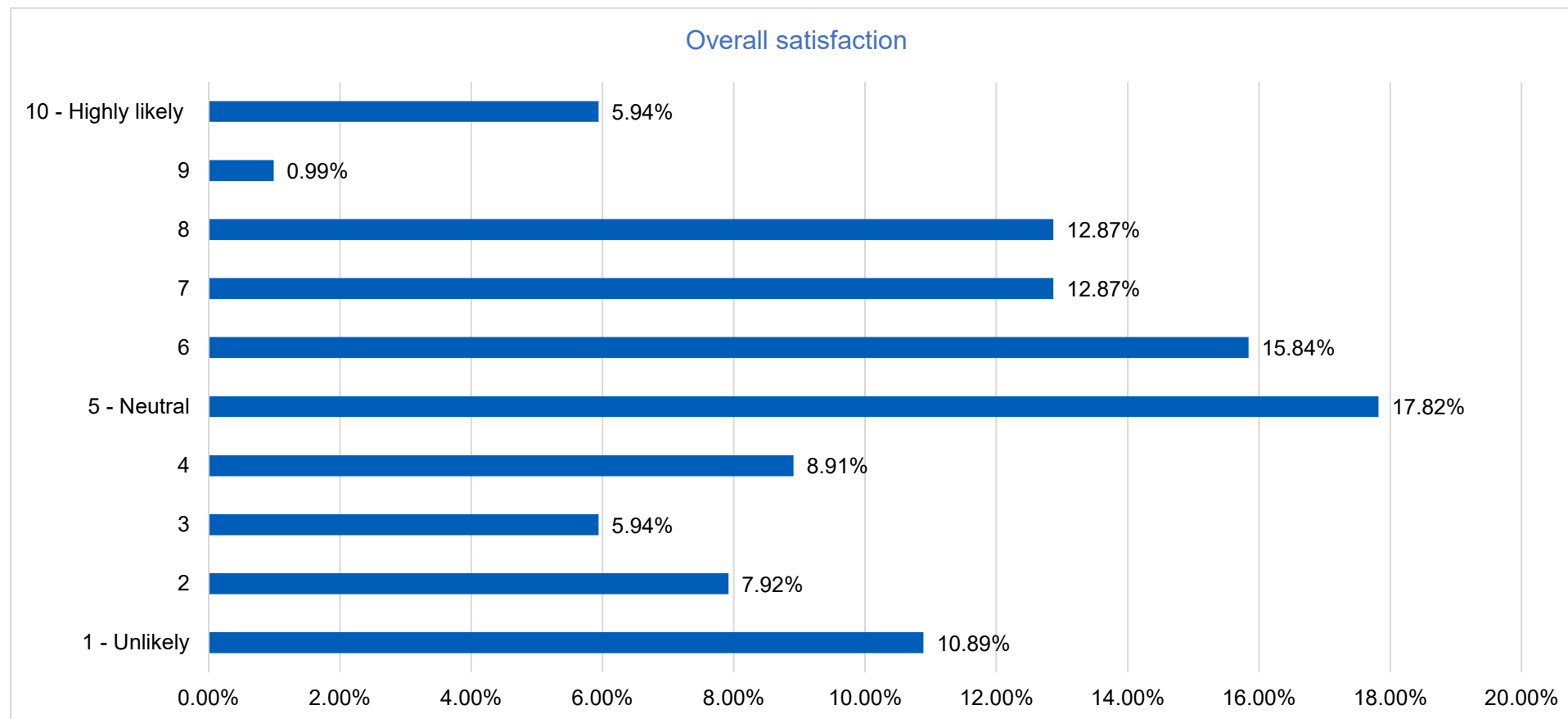
| | | |
|--|---|---|
| Accountability (services/Supervisors/DoTs) | 7 | “Specifically examining the psychological safety of the training site/rotation, including strongly considering suspending accreditation of rotations or sites if they are not psychologically safe. This includes assertively seeking out such information and patterns, such as multiple trainees leaving the program after specific sites/rotations.” |
| Availability of flexible work arrangements/leave | 5 | “More flexibility with time off training.” “I am aware that you can apply for consideration for an additional 10 days for leave however many trainees do a considerable amount of overtime. If this could be considered to allow for additional days of leave that would be very helpful.” |
| Destigmatisation of / not penalising those experiencing difficulties | 4 | “Normalising/ informing junior trainees of common difficulties faced to reduce feeling of isolation. I remember thinking when I first started that I was the only one facing certain issues and it would have been helpful to know that they were shared experiences. I now know being a senior trainee that many of my peers had similar experiences to me.” |
| Transparency | 3 | “Increased transparency regarding college processes, assessments, and provision of concrete examination feedback to help trainees grow and develop, while minimising the distress from these requirements.” |

| | | |
|--|----|---|
| Designated wellbeing-enabling roles/contacts | 3 | “Ensuring people who are placed in "wellbeing" roles actually care about peers / trainees / fellows and aren't potentially going to compound the issues for that person” |
| Response not relevant to question | 3 | - |
| Financial assistance | 2 | “Reducing fees” “Emotional and financial support for trainees who have experienced e.g. a serious illness/natural disaster.” |
| Increasing awareness and embedding wellbeing efforts in training program | 2 | “Wellbeing or awareness activities or topics at conferences” |
| Not categorised | 12 | “Finding a pathway that suits trainees such as myself who have a neurological disorder which does not impact on practice nor clinical skills, but impacts on exams. It is time that the college update its methods which will then be useful in providing more enriched supports with training.” “Continued education of college members regarding stigma towards neurodivergent people and practical support for trainees who are neurodiverse.” “Accreditation and advocacy for funding of services.” |

On a scale of 1-10, how likely is it that you would recommend the RANZCP Fellowship program to potential trainees?

101 responses were received.

The weighted average was 5.25 / 10.



The overall trainee satisfaction with the Fellowship program can be analysed utilising several monitoring approaches, including the:

- weighted average score (5.25/10)

- Net Promotor Score (NPS) measure (-60)
- clustered percentage totals of likely (i.e. scores of 6-10) (48.51%), neutral (score of 5) (17.82%), and total unlikely (i.e. scores of 0-4) (33.66%)

The NPS is derived by subtracting the percentage of detractors (scores 0-6), from the percentage of promoters (scores 9 or 10). Passives (scores of 7-8) fall in the middle of promoters and detractors and count towards the total number of respondents, but do not directly affect the score.

The NPS for this engagement survey is -60.

The College will continue to track overall trainee satisfaction using all three measurements, noting their differing approaches and contexts.

Appendix: Participant information and survey questions



2024 RANZCP Trainee Support Needs Survey

About this survey

Experiencing challenging or difficult circumstances during your training journey can happen at any time. Having the right supports around you or knowing what's available and where to go when you need it can help.

We want to know more about your experiences of what is available, and the systems that are already in place, to make sure they are the right fit for supporting the next generation of trainees through the Fellowship program and setting them up for a career in psychiatry. Knowing where the gaps are is key to this, as part of hearing your feedback and ideas.

Getting this right matters. In addition to what trainees tell us about wellbeing and supports through the annual Medical Training Survey and College Trainee Exit Survey we want to know more about:

- your needs and the types of difficulties or challenges you've experienced.
- what trainee support or wellbeing services you've interacted with.
- your experiences using them.
- what could be different.
- your ideas for future innovation.

Your responses

This survey is in six sections and takes only 16 minutes to complete on average. Your responses will be collected anonymously.

Where will my information go?

We have set out more [information for participants](#) who take this survey, explaining aims and purposes, and where and how responses will be used by the College.

How your information will be handled

The College understands that any information you choose to share in responding to this survey may be sensitive in nature and therefore your responses will be kept confidential by the College and in accordance with its [Privacy Policy](#).

By completing this survey:

- you agree to read and accept [Survey Monkey's Terms and Conditions](#) and Privacy Laws.
- you understand that your personal data may be sent to third parties or off-shore for processing in accordance with [Survey Monkey's Privacy Notice](#) and may not be subject to the same protection under Australian and New Zealand Privacy Law.

Consent to use quotations

This survey asks sensitive and personal questions about experiences and challenges. We recognise the importance of making sure trainees are safe and know how the information they provide will be used by the College. This survey will form a report to improve services and make a difference for all trainees on the Fellowship pathway and help inform our future work.

This report may form the basis of other College publications based on the information trainees tell us and may include respondents anonymised quotations. Any responses used would only be with the consent of participating trainees and would not be identifiable.

* 1. I provide consent for my anonymised quotations to be re-produced in any College report, publication, or scientific journal for research purposes:

Yes

No

Survey governance

This survey is supported by the Trainee's Advisory Council, Directors of Training, the Member Wellbeing Subcommittee, and the Membership Engagement Committee. The anonymous results of this survey will be shared with these College groups for the purposes of helping us better design and implement support systems and processes that are what our trainees need.

College trainee representatives on the Bi-national Committee for Trainees will be a part of all groups that analyse the final results and data you provide to us.

Why are we asking you about this?

Fellowship training is a long journey and we realise that trainee wellbeing and support needs will have evolved over time, particularly beyond the pandemic. Online resources such as our College [Wellbeing Support for Members](#) web information hub is only part of what we can offer.

This project is also designed to assist our work towards meeting Australian Medical Council conditions to evaluate the utility of current mechanisms for trainee support and to inform strategies to support trainees experiencing personal/and or professional difficulty.

Staying safe and well – survey participant wellbeing

If this survey does cause you any concerns or distress, you can contact the [RANZCP Member Support Program \(external EAP\)](#) 24 hours a day, 7 days a week. This is a free service for all trainees, funded by the College and is provided by Converge International, an external provider.

The College receives de-identified statistical data on the use of this service, but no data on individuals.



2024 RANZCP Trainee Support Needs Survey

Section One

About You

* 2. What is your gender?

- Woman
- Man
- Non-binary/Gender diverse
- Prefer not to say
- My gender identity is not listed. I identify as: (please specify)

* 3. Please indicate if you identify with any of the following cultural backgrounds:

(Select any that apply)

- Aboriginal
- Torres Strait Islander
- Māori
- Pasifika
- Prefer not to say
- None of the above / not applicable

* 4. What is your current training stage?

* 5. Are you on a break in training?

- Yes
- No

* 6. Are you currently training part-time?

- Yes
- No

* 7. What is your expected year of completion of the Fellowship program?

* 8. Where are you based?

- Australia
- Aotearoa New Zealand



* 9. What jurisdiction do you currently train in?

* 10. Where is your current training location?

- Inner city
- Outer metro
- Regional
- Rural/Remote

* 11. At the time of completing this survey, are you a parent, primary carer, or have carer responsibilities to family or another person?

- Yes
- No
- Other (please specify)



Section Two

Experiencing difficulties

* 12. Have you experienced challenges or difficulties with any of the following in the last 12-months?

(Select any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Training/Assessments | <input type="checkbox"/> Patient suicide |
| <input type="checkbox"/> Patients/Consumers/Families | <input type="checkbox"/> Work positions/rotations |
| <input type="checkbox"/> Medical colleague/Hospital staff relationships | <input type="checkbox"/> Isolation (being in rural, regional or remote locations) |
| <input type="checkbox"/> Vicarious trauma | <input type="checkbox"/> Fatigue/Burnout |
| <input type="checkbox"/> Occupational violence or injury/Patient aggression/Physical assault | <input type="checkbox"/> Personal health |
| <input type="checkbox"/> Critical incidents/RCA's/Inquests | <input type="checkbox"/> Personal life |
| <input type="checkbox"/> Formal complaints/investigations | <input type="checkbox"/> Family |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> I have not experienced any challenges or difficulties |

Other (please specify)

* 13. On a scale of 1-10, can you please rate the extent to which you feel these have had any impact on you in the last 12-months?

1 (low impact) 10 (high impact)



* 14. When are you more likely to find yourself needing help or support?

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> When preparing for exams | <input type="checkbox"/> During family leave or significant life events |
| <input type="checkbox"/> During exams | <input type="checkbox"/> During periods of financial pressure |
| <input type="checkbox"/> In specific work positions/rotations | <input type="checkbox"/> When I am experiencing health problems or illness |
| <input type="checkbox"/> When I am working overtime more often/have less personal or leisure time than I would like | <input type="checkbox"/> When I am experiencing professional difficulties (in the workplace and/or with training requirements) |
| <input type="checkbox"/> When I am required to relocate for work | <input type="checkbox"/> When I may be experiencing interpersonal conflict (in the workplace and/or in my personal life) |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

* 15. Who/where is usually your first point(s) of contact when you experience personal or professional challenges?

- Family
- Friends
- GP/Health Service
- Peers
- Mental health professional
- Supervisor
- Director of Training
- External group (e.g. Association of Psychiatry Trainees)
- Peer support group (e.g. Hand-n-Hand Network)
- The College
- Employer
- No preferred option
- Other (please specify)

* 16. Did you need to take any time off from work/training due to any challenges or difficulties you experienced in the last 12-months?

- Yes, I took less than a week off
- Yes, I took more than a week off
- No
- Unsure
- Prefer not to say

17. In your experience, what works best for you when you experience challenges or difficulties?

This could be either professionally or personally.

(This question is not compulsory)



Section Three

Knowledge, access, and experiences using available supports

* 18. Which of these resources, services or supports that are **provided by the College** are you **aware** of?

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wellbeing Support for Members web hub | <input type="checkbox"/> RANZCP Peer Support Program |
| <input type="checkbox"/> RANZCP Confidential Member Advice Line | <input type="checkbox"/> RANZCP Find a psychiatrist tool |
| <input type="checkbox"/> RANZCP Member Support Program (External EAP service provided by Converge) | <input type="checkbox"/> Member wellbeing resources or information (e.g., Keeping Yourself Well Guide, Psych Matters podcast, wellbeing topic webinars, self-care e-Learning modules) |
| <input type="checkbox"/> Trainee fee relief options/part-time fee options | <input type="checkbox"/> I was not aware of any of these options |
| <input type="checkbox"/> RANZCP Mentoring Program | |

* 19. And have you **used** any of these options in the last 12-months?

(Select all that apply)

- Unsure/cannot remember
- Wellbeing Support for Members web hub
- RANZCP Confidential Member Advice Line
- RANZCP Member Support Program (External EAP service provided by Converge)
- Trainee fee relief options/part-time fee options
- RANZCP Mentoring Program
- RANZCP Peer Support Program
- RANZCP Find a psychiatrist tool
- Member wellbeing resources or information (e.g., Keeping Yourself Well Guide, Psych Matters podcast, wellbeing topic webinars, self-care e-Learning modules)
- None of the above

* 20. Did these supports meet your needs?

- A great deal A lot A moderate amount A little Not at all

* 21. Have you referred a peer or colleague to any of these College supports?

- Yes
- No
- Unsure/cannot remember

* 22. How easy or difficult was it for you to find and access the support you wanted to use?

- Very easy Easy Neither easy nor difficult Difficult Very difficult

* 23. From your perspective, what barriers did you experience to locating or accessing this?

24. Is there anything else you would like to share about these College services or support options you used?

(This question is not compulsory)

* 25. Which of these **external options** promoted by the College are you **aware** of?

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Doctors Health Advisory Services or helplines (e.g., Drs4Drs) | <input type="checkbox"/> Australian Indigenous Doctors Association (AIDA) |
| <input type="checkbox"/> Hand-n-Hand Peer support network | <input type="checkbox"/> New Zealand Resident Doctors' Association |
| <input type="checkbox"/> TEN – The Essentials Network | <input type="checkbox"/> Te ORA - Te Ohu Rata O Aotearoa Māori Medical Practitioners Association |
| <input type="checkbox"/> Your workplace Employee Assistance Program (EAP) | <input type="checkbox"/> Online CBT programs (e.g., myCompass, This Way Up, Mood Gym) |
| <input type="checkbox"/> local Rural Doctors Associations or services (e.g., Bush Support Services) | <input type="checkbox"/> Medical indemnity insurers |
| <input type="checkbox"/> Mental Health Professionals Network | <input type="checkbox"/> Workplace resources (e.g., Heads Up) |
| <input type="checkbox"/> Medical Benevolent Associations | <input type="checkbox"/> Other professional services (e.g., financial planning) |
| <input type="checkbox"/> Physician wellbeing resources or information (e.g., RACP Pomegranate Health podcast) | <input type="checkbox"/> I was not aware of any of these options |
| <input type="checkbox"/> Balint groups | |

* 26. And have you **used** any of these supports offered to trainees by these external providers in the last 12-months?

- | | |
|---|--|
| <input type="checkbox"/> Unsure / cannot remember | <input type="checkbox"/> Balint groups |
| <input type="checkbox"/> Doctors Health Advisory Services or helplines (e.g., Drs4Drs) | <input type="checkbox"/> Australian Indigenous Doctors Association (AIDA) |
| <input type="checkbox"/> Hand-n-Hand Peer support network | <input type="checkbox"/> New Zealand Resident Doctors' Association |
| <input type="checkbox"/> TEN - The Essentials Network | <input type="checkbox"/> Te ORA - Te Ohu Rata O Aotearoa Māori Medical Practitioners Association |
| <input type="checkbox"/> Your workplace Employee Assistance Program (EAP) | <input type="checkbox"/> Online CBT programs (e.g., myCompass, This Way Up, Mood Gym) |
| <input type="checkbox"/> local Rural Doctors Associations or services (e.g., Bush Support Services) | <input type="checkbox"/> Medical indemnity insurers |
| <input type="checkbox"/> Mental Health Professionals Network | <input type="checkbox"/> Workplace resources (e.g., Heads Up) |
| <input type="checkbox"/> Medical Benevolent Associations | <input type="checkbox"/> Other professional services (e.g., financial planning) |
| <input type="checkbox"/> Physician wellbeing resources or information (e.g., RACP Pomegranate Health podcast) | <input type="checkbox"/> None of the above |

* 27. Did these supports meet your needs?

- A great deal A lot A moderate amount A little Not at all

* 28. Have you referred a peer or colleague to any of these College supports?

- Yes
 No
 Unsure/cannot remember

* 29. How easy or difficult was it for you to find and access the support you wanted to use?

- Very easy Easy Neither easy nor difficult Difficult Very difficult

* 30. From your perspective, what barriers did you experience to locating or accessing this external service?

31. Is there anything else you would like to share about these external services and support options you used?

(This question is not compulsory)

* 32. Can you tell us the primary ways that you found out about these services or wellbeing support options?

(Select all that apply)

- The College's communication channels (e.g. Training and Assessment newsletter, Psyche)
- Directors of Training/Supervisors/Site Coordinator of Training
- Trainee representatives who are on College committees
- Association of Psychiatry Trainees representatives
- Peers/Colleagues/Other Trainees
- Workplace staff/Human Resources (HR)

Other (please specify)

* 33. Did your **employer's orientation** event or early induction activities to get you started provide you with information about welfare, wellbeing, or personal support options you can access as a trainee?

- Yes
- No
- Unsure/cannot remember

* 34. Did the **College's orientation** event or early induction activities to get you started provide you with information about welfare, wellbeing, or personal support options you can access as a trainee?

- Yes
- No
- Unsure/cannot remember

* 35. For you, what are the most effective ways to know about what services or wellbeing supports are available?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct email communication from the College | <input type="checkbox"/> Verbally from supervisors/DoTs |
| <input type="checkbox"/> Direct email communication from another source | <input type="checkbox"/> Verbally from peers/other trainees |
| <input type="checkbox"/> Social media (e.g., LinkedIn) | <input type="checkbox"/> Trainee study/peer groups |
| <input type="checkbox"/> Social messaging groups (e.g., WhatsApp) | <input type="checkbox"/> Written communications (e.g., letters/handouts) |
| <input type="checkbox"/> At College webinars or online events | <input type="checkbox"/> At College conferences or events |
| <input type="checkbox"/> Other campaigns or awareness raising activities | |

Section Four

Communications

Finding out about supports and resources

* 36. Going forward, who do you think are the **best sources** for informing trainees about options and supports that are available for them?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Supervisors | <input type="checkbox"/> Trainee groups (e.g., Associations of Psychiatry Trainees) |
| <input type="checkbox"/> Directors of Training/Advanced Training | <input type="checkbox"/> Early career psychiatrists |
| <input type="checkbox"/> Site Coordinators of Training | <input type="checkbox"/> Fellows/Affiliate members of the College |
| <input type="checkbox"/> Hospital management or staff | <input type="checkbox"/> College leaders and committees/groups |
| <input type="checkbox"/> Trainee representatives | <input type="checkbox"/> College programs, member services, training and education information |
| <input type="checkbox"/> Other trainees/registrars | |
| <input type="checkbox"/> Other (please specify) | |

* 37. When do you think is the **best time** for information about options and supports to be shared with trainees?

- Stage one (12-months)
- Stage two (12-36 months)
- Stage three (36-60 months)
- At any time/training stage

* 38. Do you think that targeted **reminders** throughout the Fellowship pathway would help as well?

- Yes
- No
- Not sure

* 39. At what time do you think it's best to receive any reminder information?

- Stage two (12-36 months)
- Stage three (36-60 months)
- Admission to Fellowship
- At any time/training stage

Section Five

Solutions-focused

Getting it right for psychiatry trainees

* 40. Generally speaking, what types of support or information works best for you when experiencing professional and/or personal difficulties?

(Select all that apply)

- Personal cognitive based therapies (e.g., psychology/counselling)
- Written guides or content
- Peer support options (individual or group)
- Engaging with a mentor
- Self-help and online resources
- Listening to podcasts
- Watching video content
- Attending in-person events
- Attending conferences
- Online events / webinars
- None of the above

Other (please specify)

* 41. Have you noticed any local wellbeing or other support initiatives either within your own health service or from other trainees or psychiatrists that you have found beneficial or innovative?

- Yes
- No

42. Could you please share with us any details about these initiatives, if you are comfortable to do so?

(This question is not compulsory)

43. Thinking beyond what is already offered both from the College and from external providers, what are your ideas for future innovations in the area of trainee wellbeing or other supports that could assist either yourself or your peers who are experiencing professional and/or personal difficulties?

44. Re-focusing back on just the College, what's the one area of support that you feel the College should focus on when it comes to trainees who are experiencing professional and/or personal difficulties?

* 45. On a scale of 1-10, how likely is it that you would recommend the RANZCP Fellowship program to potential trainees?

1 (unlikely) 10 (highly likely)





2024 RANZCP Trainee Support Needs Survey

Thank you

Thank you for taking the time to complete this survey.

Your de-identified responses will be reviewed by the College staff and committees as part of our work to improve how we support trainees experiencing personal and/or professional challenges and difficulties.

If you need any further support or assistance, please contact support@ranzcp.org or

you can head to our [Wellbeing Support for Members](#) webpage to access for yourself, or to refer a peer or colleague to any options available.

If this survey has caused you any concerns or distress, you can contact the [RANZCP Member Support Program \(external EAP\)](#) 24 hours a day, 7 days a week. This is a free service for all trainees, funded by the College and is provided by Converge International, an external provider. The College receives de-identified statistical data on the use of this service, but no data on individuals.