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Self-reported Preparedness for Unsupervised Practice

Results from the 2024 New Fellow Survey, August 2024

2024 New Fellow Survey

The New Fellow survey (NFS) is a cross-sectional survey for members 1-2 years post completion of an RACP training program. It aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant. Implemented annually, the New Fellow Survey allows us to track trends over time.

- The 2024 New Fellow Survey is the **third iteration** of an annual survey, previously implemented in 2021 and 2023.
- **Anonymous, cross-sectional** survey with a mix of Likert style and open-ended questions
- **Administered by the RACP online** via SurveyMonkey between 11 June and 14 July 2024
- Eligible respondents include **all members who completed RACP Advanced, Faculty or Chapter training 1-2 years prior** to survey period (ie 1 April 2022 to 31 May 2023).

1276 eligible new Fellows  **147** eligible respondents completed  **12%** response rate

This report presents the findings of the 2024 New Fellow Survey, where possible comparing results to previous surveys including the 2023 and 2021 New Fellow Surveys, and the Medical Board of Australia's 2023 Medical Training Survey:

2021 and 2023 New Fellow Survey	2023 Medical Training Survey (MTS) by the Medical Board of Australia and Ahpra
<p>Evaluated self-reported preparedness of new Fellows and experiences transitioning to unsupervised professional practice</p> <p>2021 - 117 new Fellows; 13% response rate 2023 - 160 new Fellows; 10% response rate</p>	<p>Annual survey evaluating feedback from doctors in training in Australia from 2019 onwards</p> <p>42,732 RACP trainees; ~55% response rate</p>



This **2023 and 2024 New Fellow Survey cohorts** would have been transitioning from training to unsupervised professional practice during the **COVID-19 pandemic**.

Aims and Objectives

The New Fellow survey (NFS) focusses on the short-term graduate outcomes of RACP training programs, with the intent to identify strengths and opportunities for improvement

Aims:

- to enable longitudinal evaluation of the short-term graduate outcomes of RACP training programs
- identify opportunities for improvements.

For the purposes of this evaluation, graduate outcomes are defined as:

- preparedness in the domains of practice of the RACP Professional Practice Framework
- ability to manage the transition from the role of Advanced Trainee into unsupervised professional practice.



Figure 1. Professional Practice Framework

The objectives are to explore:

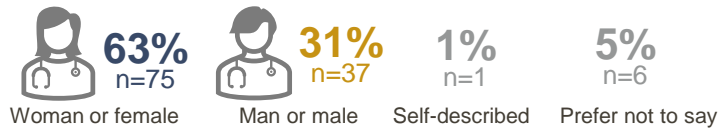
- The perceptions of new Fellows regarding their training experiences and preparedness for unsupervised professional practice one to two years after admission to Fellowship.
- The experiences of the transition between Advanced Training and unsupervised professional practice, the challenges encountered throughout this transition and mechanisms to effectively manage these challenges.
- The nature of the positions that new Fellows occupy, including public versus private practice roles and work structure.
- The time taken to commence specialist roles after completing Advanced Training and any perceived barriers associated with acquiring Specialist roles.

New Fellow Survey methods

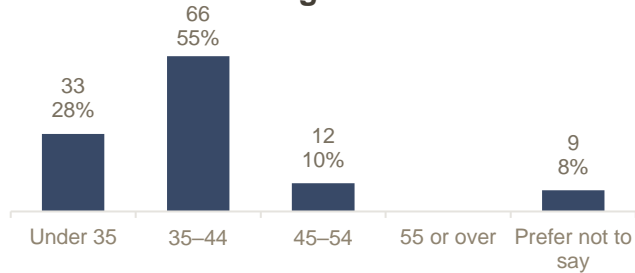
	2021	2023	2024
Target population	Members who completed RACP Advanced, Faculty or Chapter training between 1 Oct 2019 and 1 Oct 2020	Members who completed RACP Advanced, Faculty or Chapter training between 2 Oct 2020 and 31 March 2022	Members who completed RACP Advanced, Faculty or Chapter training between 1 April 2022 and 31 May 2023
Survey timing	Survey open 13 Oct - 30 Nov 2021 (7 weeks)	Survey open 18 April – 16 May 2023 (4 weeks)	Survey open 11 June – 14 July 2024 (4 weeks)
Survey questions	<ul style="list-style-type: none"> Inclusion of question regarding the impact of COVID-19 No questions regarding Advanced Training Research Projects 	<ul style="list-style-type: none"> Removal of question regarding the impact of COVID-19 Inclusion of new of questions regarding Advanced Training Research Projects Modified questions regarding the Cultural Safety professional standard, College resources currently available, list of topics for further support from the College 	<p>New/modified questions regarding:</p> <ul style="list-style-type: none"> Reasons for difficulty/ease of obtaining a Consultant/Specialist role Training experiences (day-to-day work reflecting curriculum, alignment with specialist practice expectations, and how to seek help with training) Utility of the Advanced Training Research Projects Desire for further support on Artificial Intelligence in medicine, health advocacy, and addressing health inequities Awareness/use of the Professional Practice Framework in Action Suggestions for making the transition to meeting continuing professional development requirements easier.
Survey incentives	No survey incentive offered	Respondents were eligible to enter a draw for the chance to win 1 of 3 \$200 e-vouchers	No survey incentive offered
Data reporting	Static PowerPoint report to all stakeholders	<ul style="list-style-type: none"> Static PowerPoint report to all stakeholders Longitudinal power BI report allowing dynamic reporting of results for specialties with 10+ results across 2021 and 2023 surveys 	<ul style="list-style-type: none"> Static PowerPoint report to all stakeholders Longitudinal power BI report allowing dynamic reporting of results for specialties with 10+ respondents across all surveys and those working in regional/rural and remote areas.

Respondent Demographics

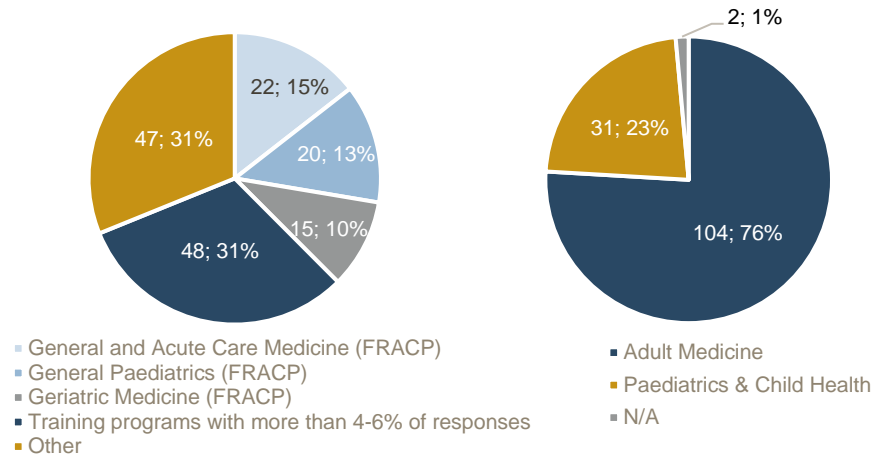
Gender



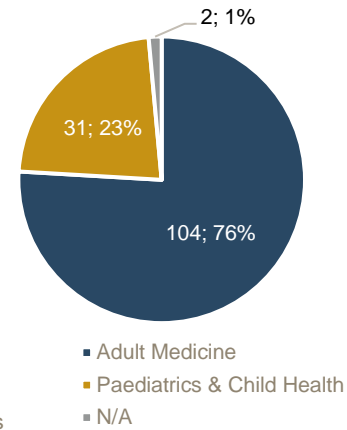
Age



Respondents' training programs



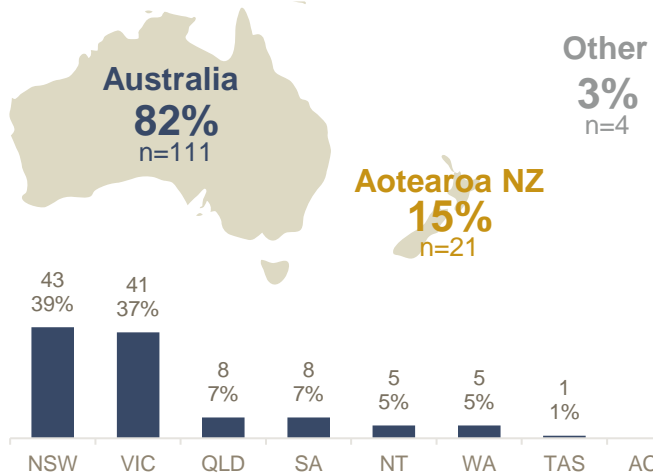
Division



Note:

- Respondents could select more than one training program.
- Training programs with 4-6% of responses: Medical Oncology (FRACP), Endocrinology (FRACP), Rehabilitation Medicine (FAFRM), Gastroenterology (FRACP), Infectious Diseases (FRACP), Neurology (FRACP), and Rheumatology (FRACP)
- Other responses relate to training programs with fewer than 4% of responses.

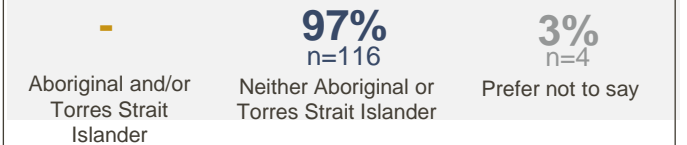
Location of final training rotation



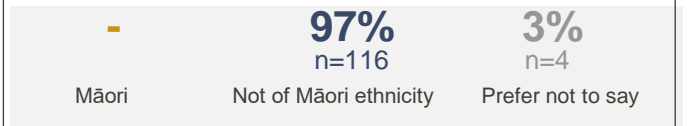
20%
 (n=30)
 of respondents undertook
**concurrent training in
 two specialties**

2%
 (n=3)
 of respondents were on the
**Training Support
 Pathway** at some point in
 their training

Aboriginal or Torres Strait Islander origin



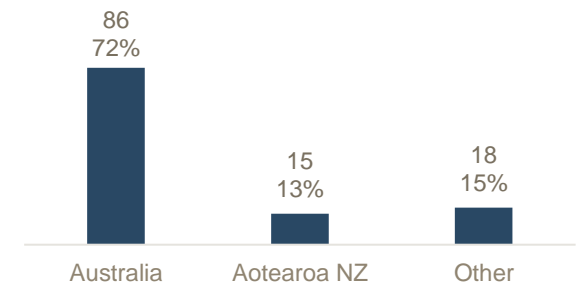
Māori ethnicity



Pacific Heritage



Country of primary medical degree



NEW FELLOW SURVEY

2024

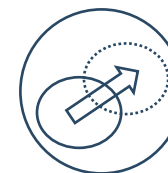
Results



Training experiences



Preparedness for unsupervised practice



Transition from trainee to Fellow



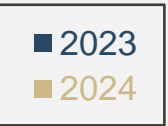
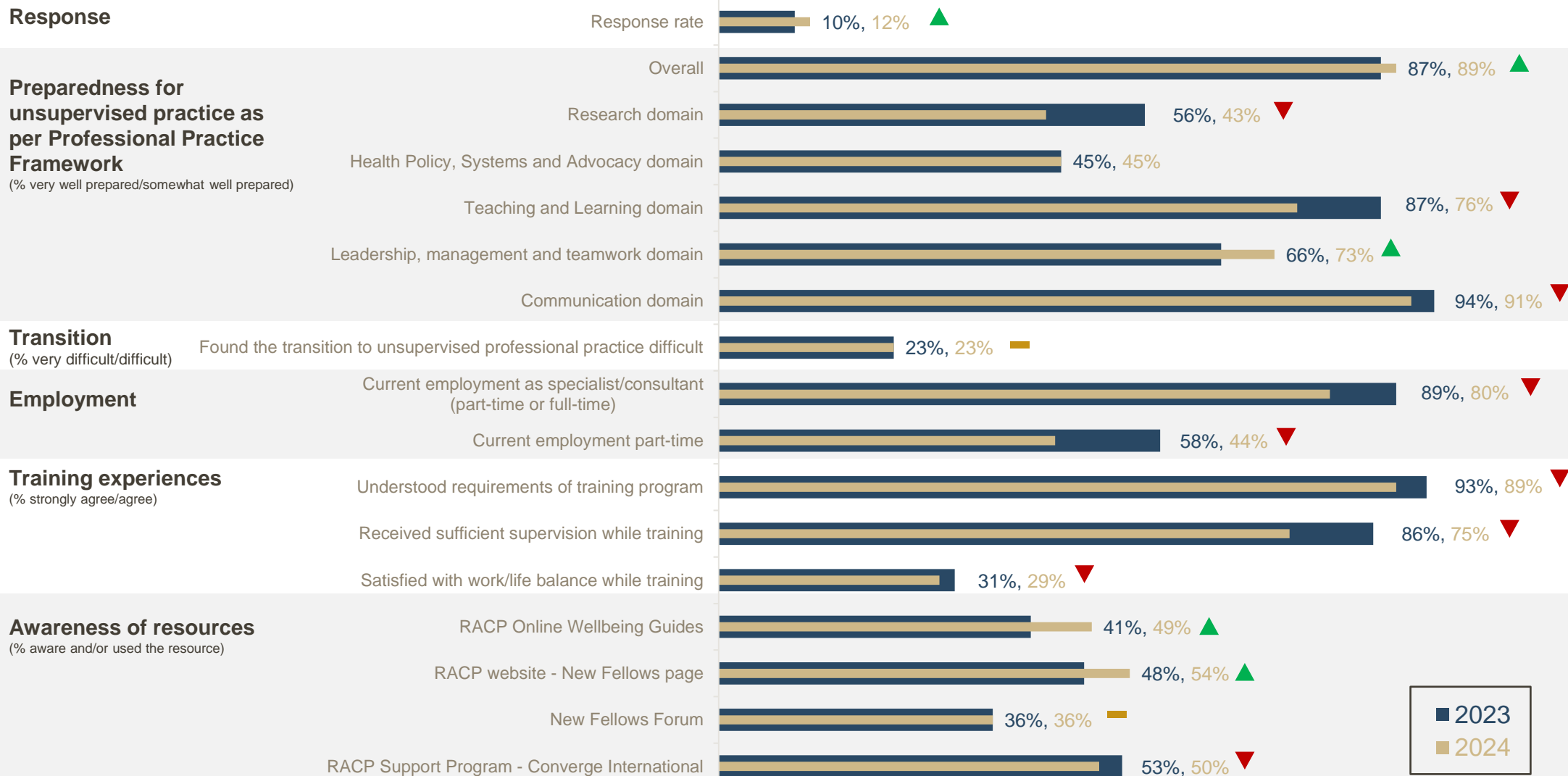
Supporting resources



Employment trends

Summary of NFS results

Similar findings are evident between the 2023 and the 2024 New Fellow Survey. Key comparisons between the surveys include:

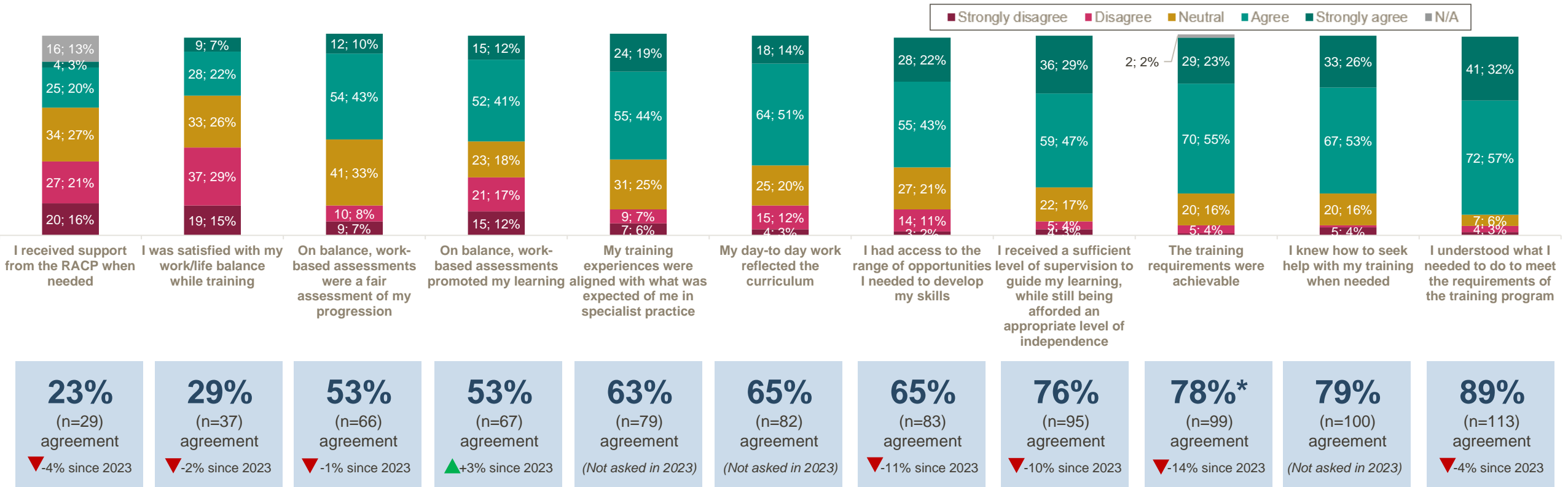




Training

Training Experiences

Achieving a work/life balance and receiving support from the RACP while training continue to be key issues, with both seeing further declines since 2023. There was also a statistically significant decrease in the proportion of respondents who considered the training requirements to be achievable from 2023 to 2024.



These results generally accord with feedback from RACP respondents to the 2023 Medical Training Survey:

- 86% agreed they understood what they needed to do to meet the training program requirements.
- 33% agreed they received support from the RACP when needed. This question was asked in the context of college examinations.

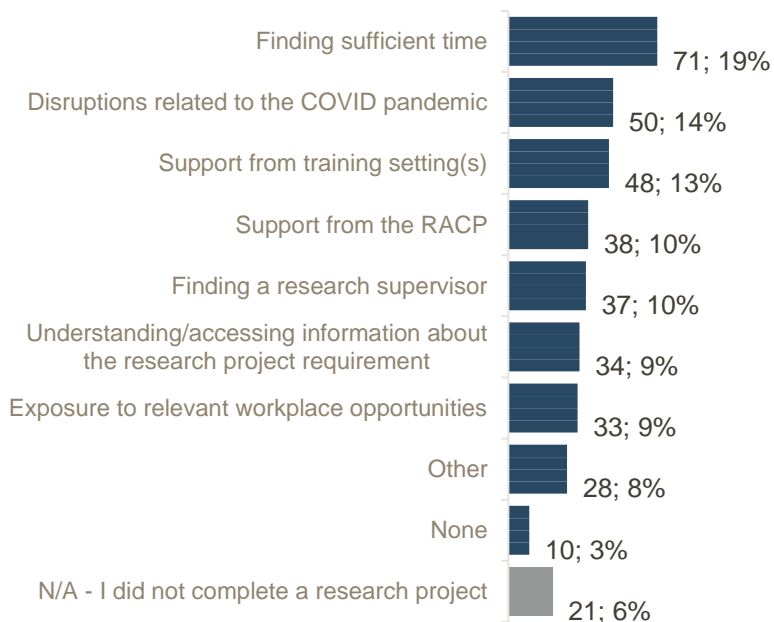
However, a significantly higher proportion of RACP respondents agreed they had a good work/life balance in the 2023 MTS (52% in 2023 MTS vs 29% in 2024 NFS).

Significant difference in results from 2023 to 2024 at p<0.05 level



Advanced Training Research Projects

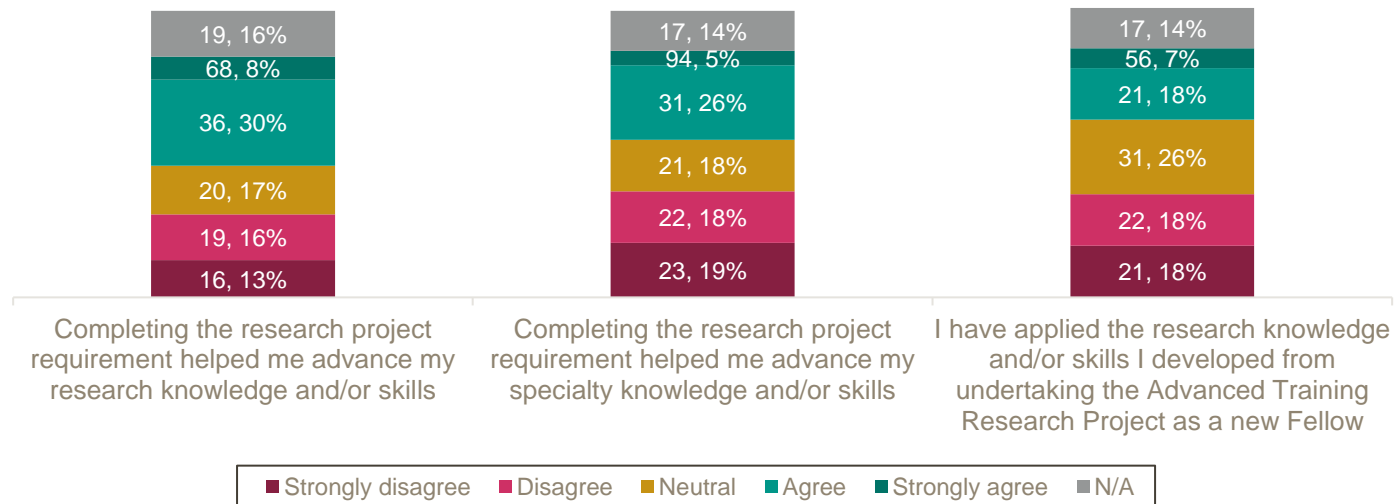
“What challenges did you experience when completing your Advanced Training research project?”



The main **challenges** experienced with the Advanced Training Research Project:

- Finding sufficient **time**
- Disruptions related to the **COVID-19** pandemic
- **Support** from training setting(s)

Perceived utility of the Advanced Training Research Project



Only a quarter of respondents had **applied their research/knowledge** skills gained from completing their research project after completing training.

Respondents also commented on:

- seeing **limited value**, particularly for those not interested in pursuing research (n=23)
- lacking **guidance, support and/or training** from the College (n=13)
- significant **delays in research project marking** or lack of Fellows able to mark (n=10)
- lack of **flexibility or alternate pathways** for meeting the research requirement (n=7)
- lacking **appropriate supervision** (n=4)
- lacking the **resources** needed (such as the finance or statistics expertise) (n=3)

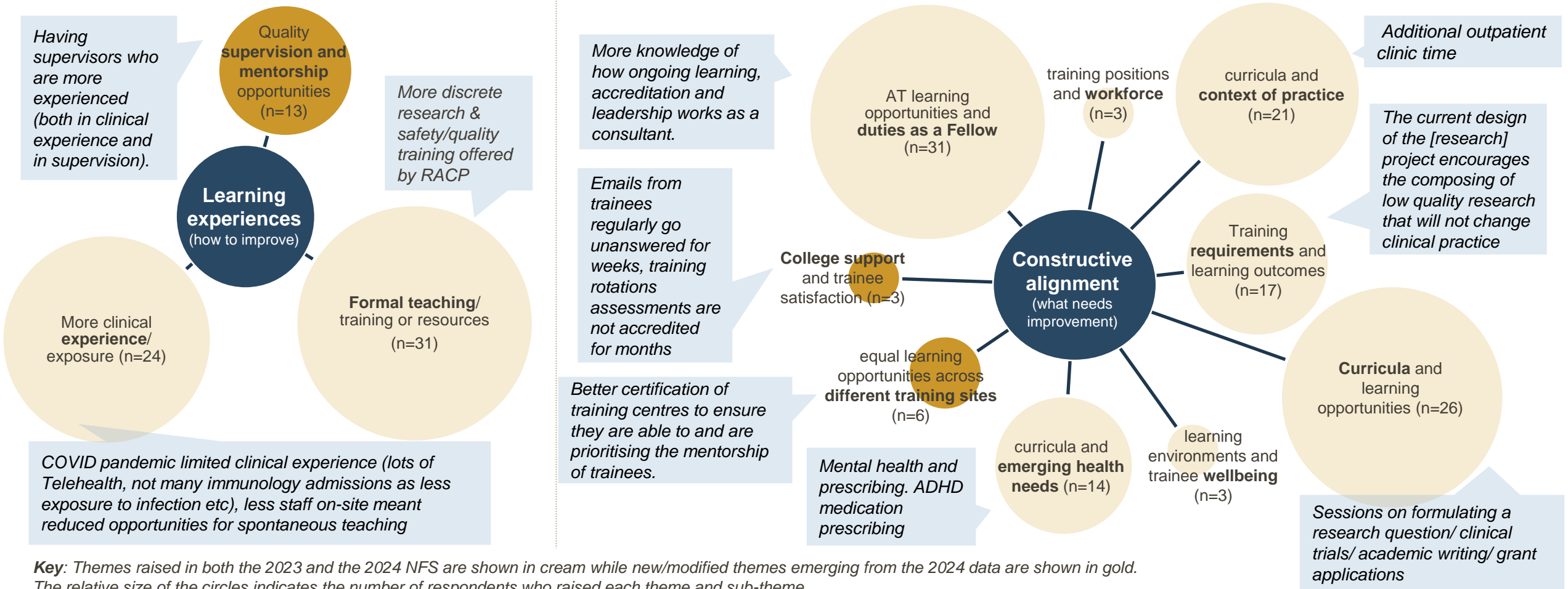
*Questions asking about Advanced Training Research Projects were only asked in the 2023 NFS onwards. They were only asked of respondents once, no matter how many training programs (or research projects) they completed.
 ‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category.



Areas for Improvement

Respondents commented on how the training programs could have been improved to better prepare them for unsupervised practice. Analysis of the comments revealed two key schemas related to 1) learning experiences and 2) constructive alignment.

New or revised themes for the 2024 NFS include the need for mentorship opportunities as well as quality supervision, equal learning opportunities across different training sites and alignment between College support and trainee satisfaction.





Preparedness

Overall preparedness for unsupervised professional practice

“To what extent has your training prepared you overall for unsupervised practice?”

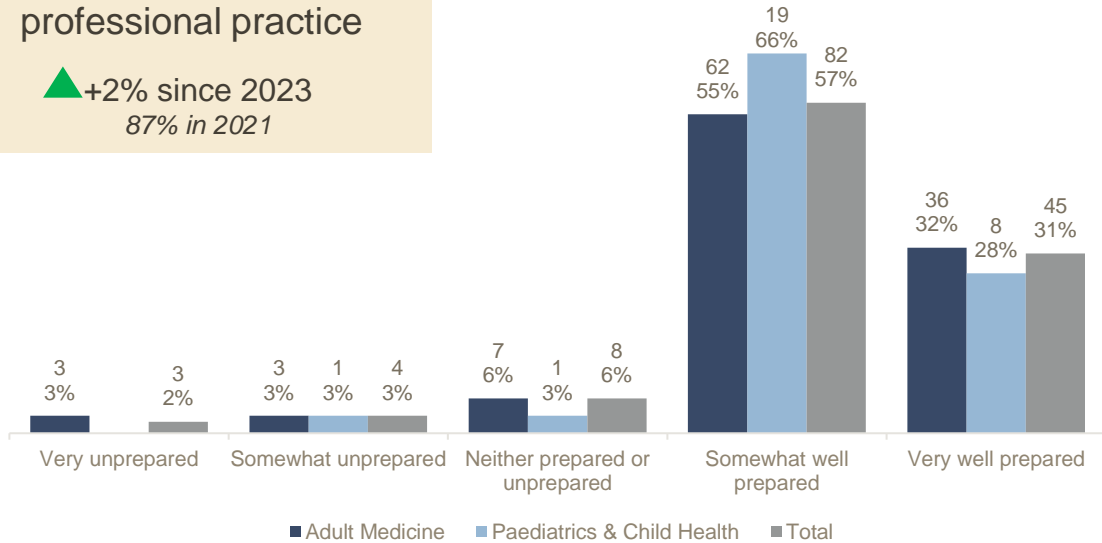
89%

(n=127) ‡

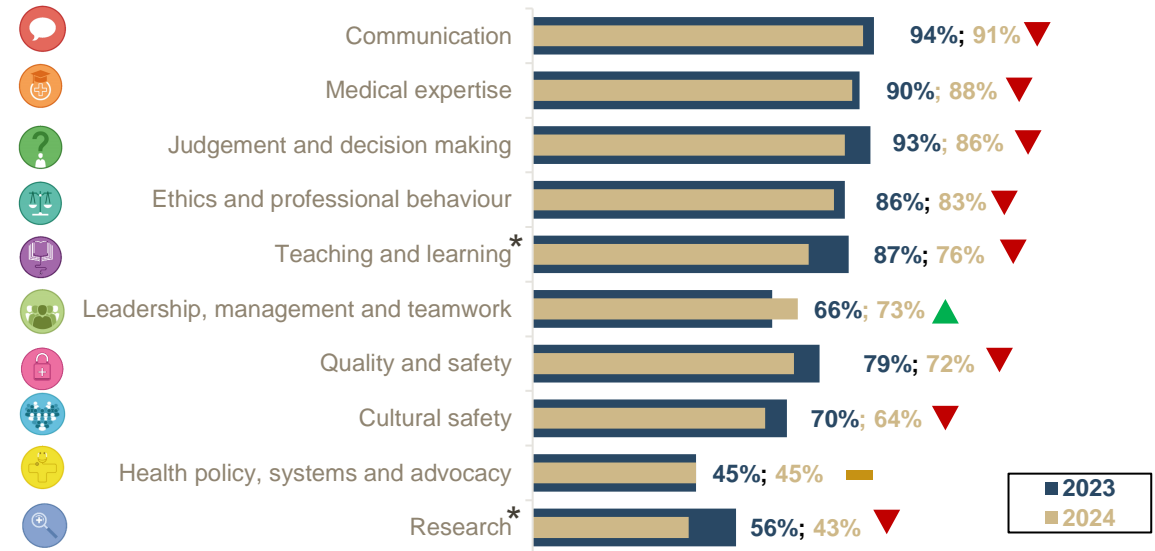
of respondents felt their training prepared them **overall** for unsupervised professional practice

▲ +2% since 2023
87% in 2021

Very similar levels of overall preparedness were reported between Adult Medicine and Paediatrics & Child Health respondents.



Respondents self-assessed preparedness (“somewhat well prepared” & “very well prepared”) against the 10 Professional Practice Domains:



There has been a shift in the domains new fellows are prepared for over time:

- **2024** respondents felt **most prepared** for the domain of **communication** and **least prepared** for the domain of **research**
- **2023** respondents felt **most prepared** for the domain of **communication** and **least prepared** for the **health policy, systems and advocacy** domain.

Respondent preparedness for unsupervised practice for competencies relating to **teaching and learning** and **research** have **significantly declined** over time.

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the “total” category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

* Significant differences were found in self-assessed preparedness levels between 2023 and 2024 at p<0.05 level



High preparedness (>80%) for unsupervised professional practice by domain

A high rate of self-assessed preparedness for professional practice was observed for the following four domains. The teaching and learning domain, previously considered as domain with high-preparedness, has now slipped below 80% preparedness (shown on next page).



91%

(n=133) ‡
of responses indicated
training prepared them for
communication

▼ -3% since 2023
91% in 2021

Very prepared for public communications, less so for private communications



88%

(n=130) ‡
of responses indicated
training prepared them for
medical expertise

▼ -2% since 2023
92% in 2021

Certain areas seen in private practice didn't provide good exposure in public training



86%

(n=125) ‡
of responses indicated
training prepared them for
judgement and decision making

▼ -7% since 2023
91% in 2021

..., excellent supervision and mentorship assisted this. Although one does not really realise how well prepared you actually are, until the decisions become yours to make as a Fellow.



83%

(n=122) ‡
of responses indicated
training prepared them for
ethics and professional behaviour

▼ -3% since 2023
88% in 2021

Training in an acute field of medicine with frequent communication to other high acuity fields such as ED and ICU, requires professional behaviour during those interactions, especially under stress and acknowledging the other person's stress.

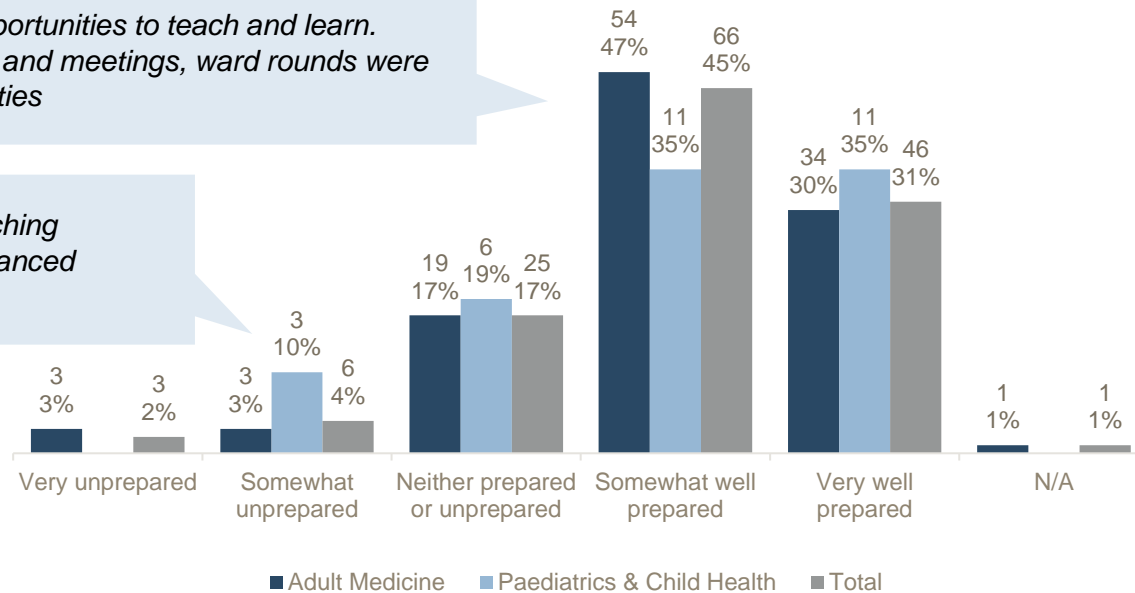


Preparedness for unsupervised professional practice related to teaching and learning

“To what extent did your training prepare you for unsupervised professional practice related to teaching and learning?”

Plenty of opportunities to teach and learn. Journal club and meetings, ward rounds were all opportunities

During covid many consultant teaching responsibilities cancelled with advanced trainees filling this role



76%
(n=112) ‡
of responses indicated training prepared them for **teaching and learning**
▼ -11% since 2023*
78% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.



The **Supervisor Professional Development Program (SPDP)** was made mandatory for all supervisors of RACP trainees from 2021 to help provide formal instruction in clinical teaching skills.

New Fellows must demonstrate a commitment to lifelong learning by completing **continuous professional development (CPD)** requirements.

86% of RACP respondents to the 2023 MTS indicated they had sufficient opportunities to **develop their knowledge and skills in teaching and supervision skills** yet only **76% of the 2024 NFS respondents** felt their training **prepared them for teaching and learning**.

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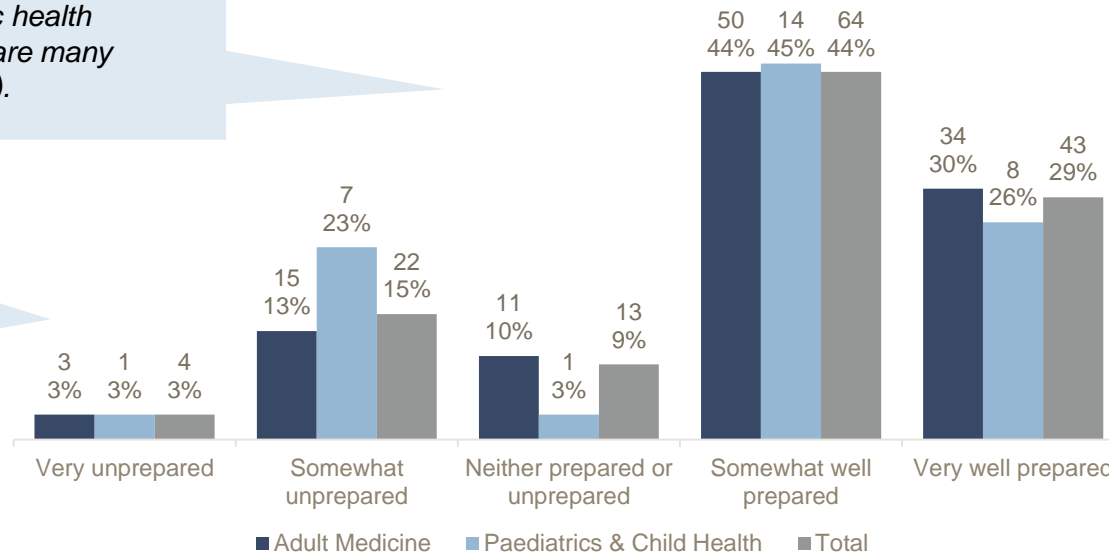


Preparedness for unsupervised professional practice related to leadership, management and teamwork

“To what extent did your training prepare you for unsupervised professional practice related to leadership, management and teamwork?”

Leadership skills and training are an important part of advanced training in public health medicine (recognising that there are many different types of leadership style).

...no part of training helped me understand budgeting capex business cases or even management structure of the hospital



73%

(n=107) ‡

of total responses indicated their training prepared them for leadership, management and teamwork

▲ +7% since 2023
75% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.



87% of RACP respondents to the 2023 MTS indicated they had sufficient opportunities to develop their knowledge and skills in leadership and management yet only 73% of the 2024 NFS respondents felt their training prepared them for leadership, management and teamwork.

Barriers to developing clinical leadership skills identified in the literature (Barnes et al., 2020):

- Limited acknowledgement, support and respect by more senior medical staff
- Perceived lower-ranking position in the medical hierarchy
- Lack of understanding of what defines clinical leadership
- Inadequate preparation in training take on a leadership role.

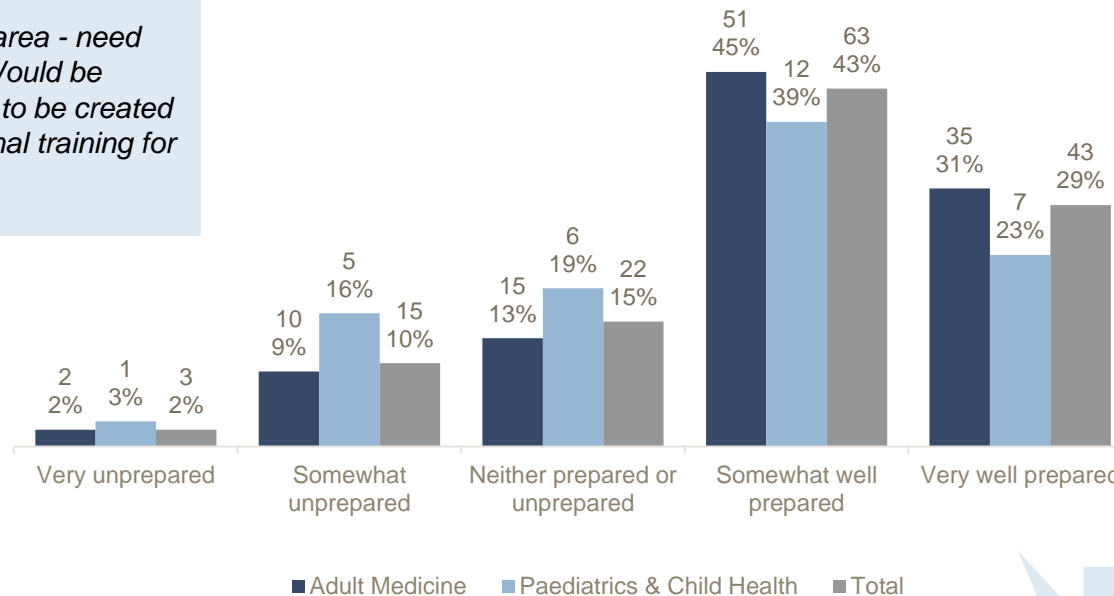
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Preparedness for unsupervised professional practice related to quality and safety

“To what extent did your training prepare you for unsupervised professional practice related to quality and safety?”

I think this is an under resourced area - need country specific training for this. Would be relatively easy for online modules to be created around this. Or linking up to national training for health professionals.



72%
(n=106) ‡
of responses indicated training prepared them for **quality and safety**

▼ -6% since 2023
78% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.



79% of RACP respondents to the 2023 MTS indicated the **quality of training to raise patient safety concerns** was excellent or good although **only 69% rated the quality of orientation** as excellent or good.

Being involved in preparation and delivery of audits and mortality/morbidity meetings has assisted with this. The time taken for this should be acknowledged and fitted in such a way that this is able to be performed also at work so that it does not take up onerous time at home to work on.

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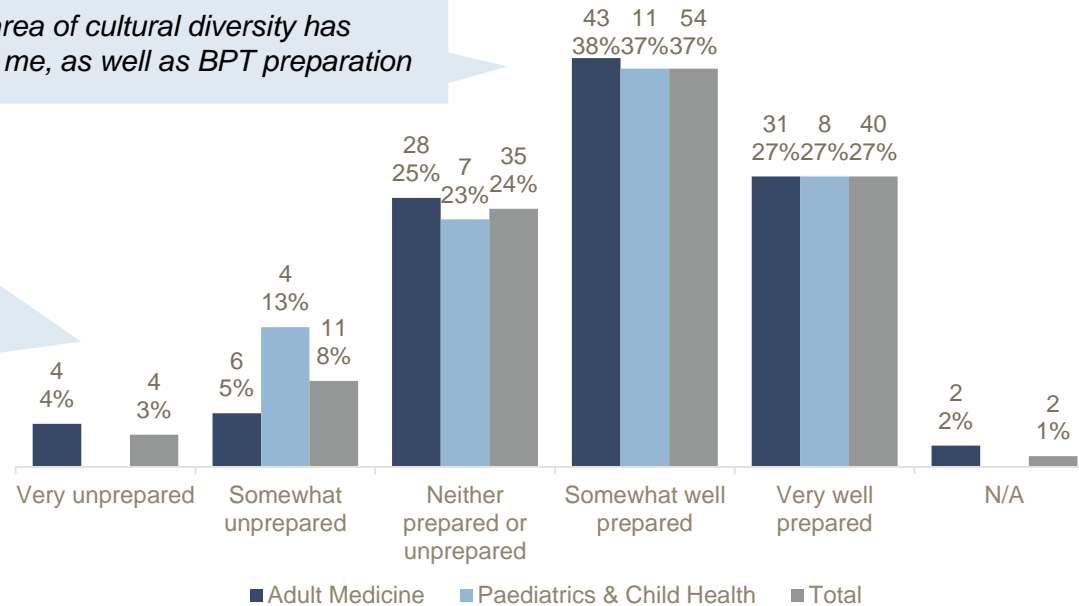


Preparedness for unsupervised professional practice related to cultural safety

“To what extent did your training prepare you for unsupervised professional practice related to cultural safety?”

Working in an area of cultural diversity has helped prepare me, as well as BPT preparation

I do not believe that training teaches us about cultural norms and expectations and how to deal with them, rather the onus is placed on the trainee to learn themselves how to manage difficult and tricky cultural differences.



64%

(n=94) ‡

of respondents felt their training prepared them for **cultural safety**

▼ -6% since 2023
69% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.

Respondents identifying as a **self-described gender or who preferred not to indicate their gender** were **less likely to indicate that they felt “very well prepared”** in the domain of cultural safety compared to other groups* (7% self-described/unspecified gender vs 34% female/woman vs 22% male/man).



The RACP’s 2022–2026 Strategic Plan identifies Indigenous health and priority populations as key priorities.

RACP respondents to the **2023 MTS** indicated that most (89%) perceive they they had sufficient opportunities to develop their knowledge and skills in **cultural safety**.

A literature review by Kurtz and colleagues showed that cultural safety education and application to practice are **linked to improved relationships, healthier outcomes, and increased number of Indigenous people entering health education programs and graduates interested in working in diverse communities** (Kurtz et al., 2018).

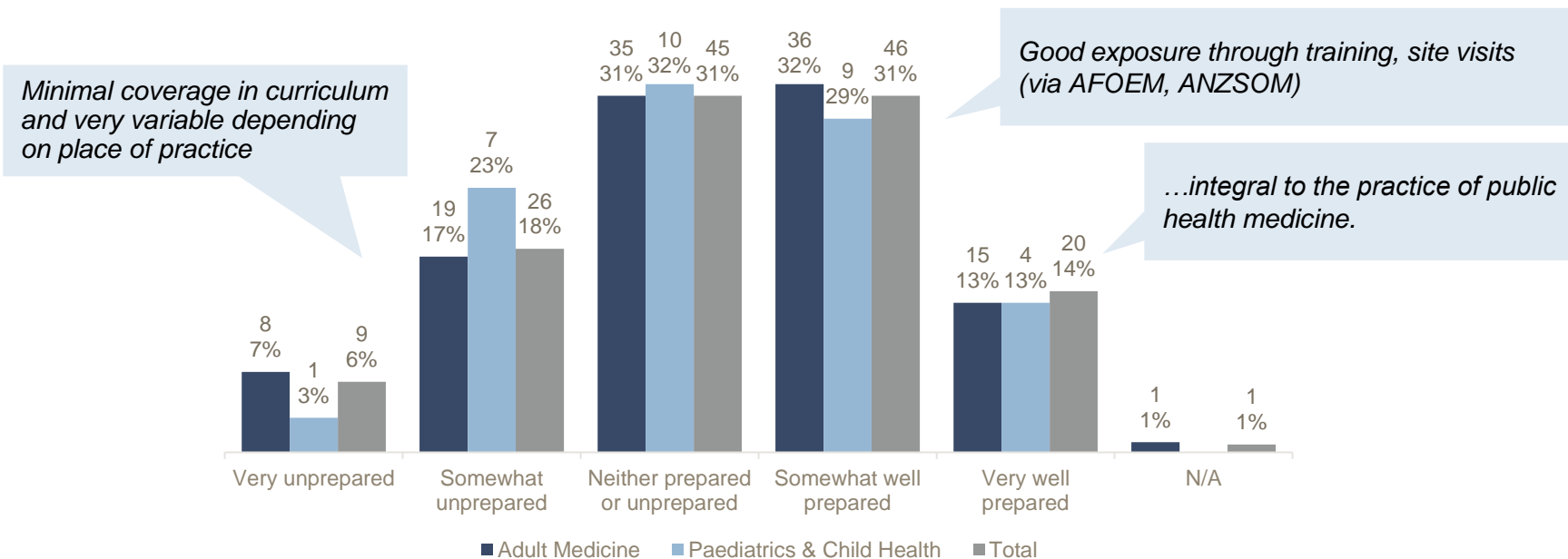
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* Significant at p<0.05 level



Preparedness for unsupervised professional practice related to health policy, systems and advocacy

“To what extent did your training prepare you for unsupervised professional practice related to health policy, systems and advocacy?”



 **45%**
(n=66) ‡
of total responses indicated training prepared them for **health policy, systems and advocacy**

■ No change from 2023
52% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.

i **Issues exacerbating teaching, learning and assessing health advocacy competencies as identified in the literature:**

- unclear learning objectives of, and few resources in the clinical learning environment to engage with health advocacy (Endres et al. 2022, Verma et al. 2005)
- lack of formal framework with clear learning objectives and activities (Douglas et al. 2018; LaDonna et al. 2021)
- different interpretations of what health advocacy competence entails as held by educators (Hubinette et al. 2014; Hubinette et al. 2021)
- contextual influences restricting learners' ability to learn about and practice as health advocates (Kahlke et al. 2023).

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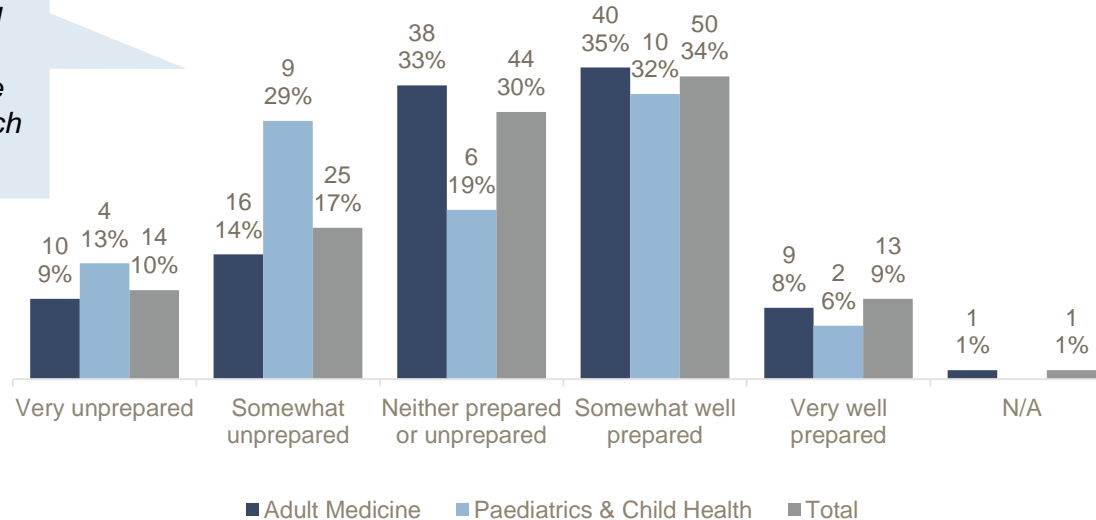


Preparedness for unsupervised professional practice related to research

“To what extent did your training prepare you for unsupervised professional practice related to research?”

Referring to guidelines for evidence-based practice was well-practiced through my training. However, I had limited experience with research or teaching around this, which I feel would've been great to have.

Research project is a poor way of enabling this - it is essentially a tick box exercise and I don't think prepares or encourages trainees to enter into research in the future.



43%

(n=63) ‡

of total responses indicated training prepared them for **research**

▼ -13% since 2023*
50% in 2021

No significant differences in responses between Adult Medicine and Paediatrics & Child Health.



The RACP's 2022–2026 Strategic Plan identifies fostering the physician researcher as a key priority

According to the 2023 MTS, a high proportion (**62%**) of RACP trainees are interested in getting involved in medical research. However, there has been very little change over time in the learning opportunities for research:

- **68%** indicated that they had sufficient opportunities to **develop their research knowledge and skills**.
- **59%** indicated that they were able to **participate in research activities**.

A **waiver was enacted for the Advanced Training Research Project (ATRP) requirement for all RACP trainees in their final year of training in 2022** due to the impacts of the COVID-19 pandemic. This may have impacted both 2023 and 2024 NFS respondent perceived preparedness for unsupervised professional practice related to research.

Literature reveals that the **obstacles to research preparedness** include long training periods, gaps in research productivity during clinical training, and limited protected time for research activities (Gephart et al. 2023)

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Ease/Difficulty of transition from Advanced Training to unsupervised professional practice

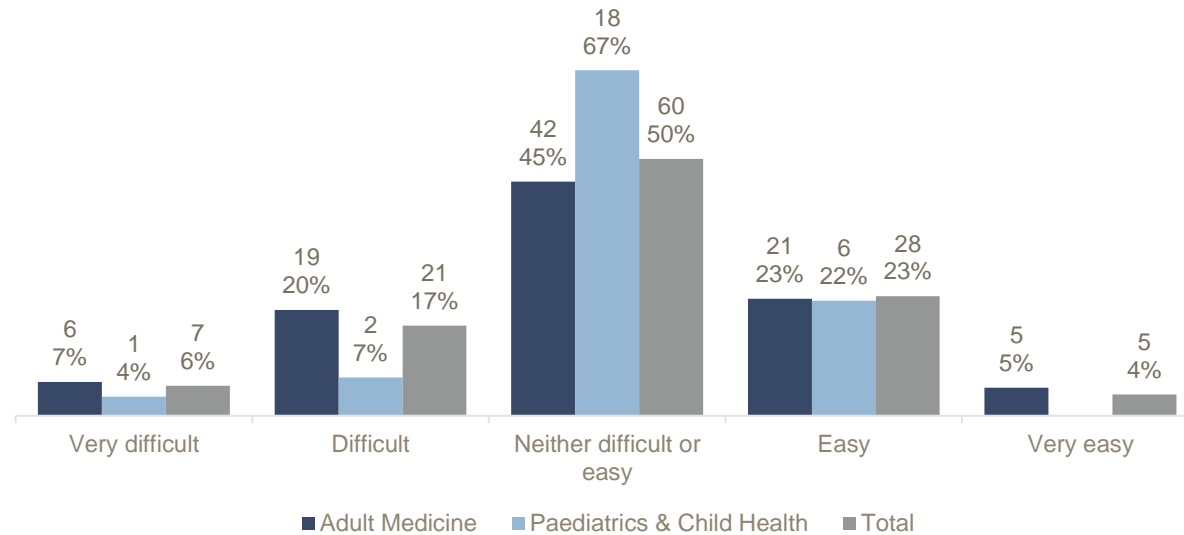
Respondents rated the difficulty of their transition from Advanced Trainee to unsupervised professional practice.

23%

(n=28) ‡
of respondents indicated
transitioning from AT to
unsupervised professional practice
was **difficult or very difficult**

— No change since 2021

- **Adult Medicine respondents** were **more likely** to rate the **transition** from Advanced Training to unsupervised professional practice as **very difficult** compared to their Paediatrics & Child Health counterparts (20% vs 7%).
- **More than two thirds of Paediatrics & Child Health respondents** indicated that **transition** from Advanced Training to unsupervised professional practice was **neither difficult or easy**.



Respondents who found the transition difficult, cited reasons such as:

- Lack of **job availability** (n=18)
- **Temporary/casual nature** of many roles (n=12)
- Having to **change career direction to meet demand** (e.g. moving to regional locations, taking temporary positions and working in private practice) (n=9)
- Needing to **apply to many positions** (n=3)
- Having to **balance work and other commitments** (n=3)

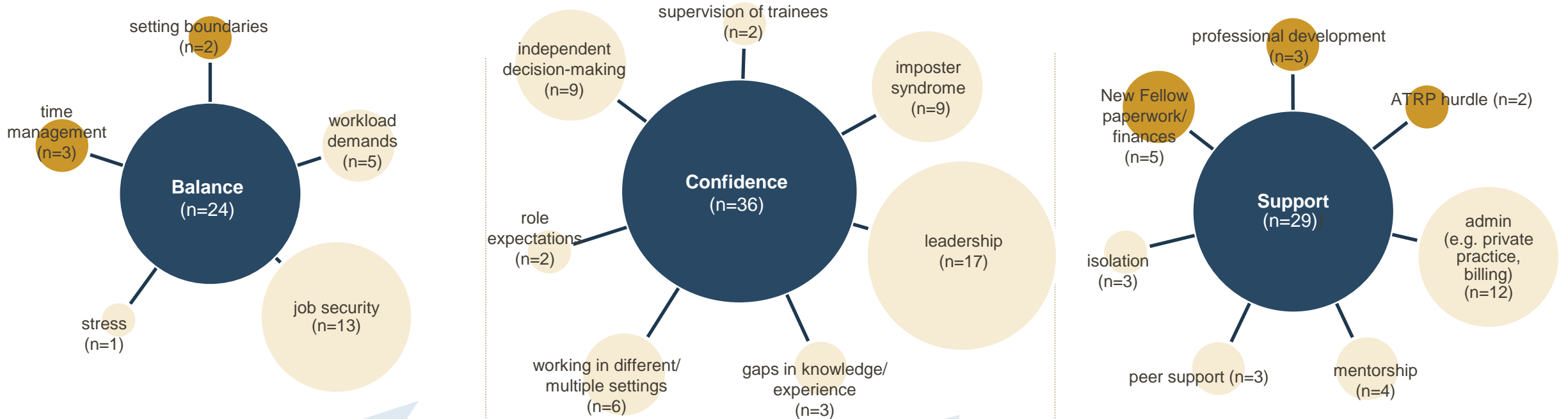
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Key Challenges faced in Transition

Approximately half of respondents commented on the key challenges they faced in their transition from Advanced Trainee to unsupervised professional practice. Analysis identified challenges related to the three key areas of 1) balance, 2) confidence and 3) support.

The biggest challenges to emerge were having confidence in leadership abilities and independent decision-making, having job security and need for support with administrative tasks such as private practice billing.



Finding the job in a supportive environment in a location where you want to work. Certainly publicly there is a need for more oncologists, but no funding for them

I think it is unavoidable that there will be challenges and stressors when being the person ultimately responsible for a patient's care - this is difficult to learn before the responsibility is actually yours

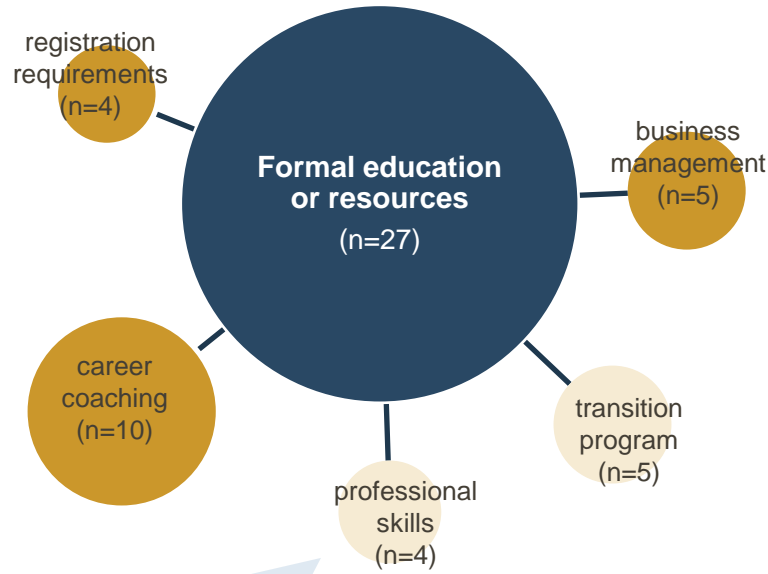
Large number of invoices that suddenly appears - "invitation to fellow" fee - annual fellow subscription fee - AHPRA update fee - indemnity insurance update fee. All whilst on registrar pay is a significant financial burden.

Key: Themes raised in both the 2021, 2023 and 2024 NFS are shown in cream while new/modified themes emerging from the 2024 NFS are shown in gold. The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

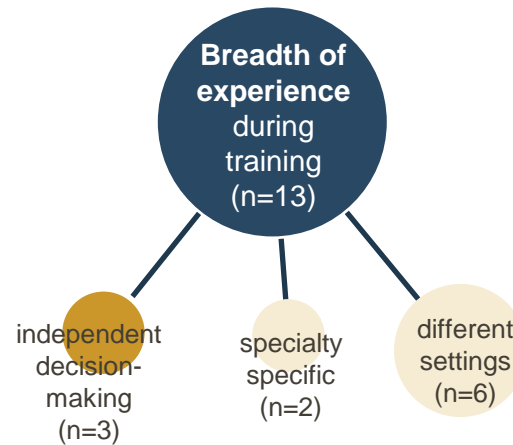


Suggestions for an Easier Transition

Respondents were asked to provide suggestions about how their transition from Advanced Trainee to unsupervised professional practice could have been made easier. Analysis identified themes related to 1) formal education or resources, 2) breadth of experience and 3) support. New or revised sub-themes for the 2024 NFS include the need for more resources on career coaching, business management and registration requirements and as well as RACP support with the timely admission to Fellowship and advocacy for a smoother registration process.



being given a session on medicare billing, how to set up specialist recognition or rather a session on "what needs to be done now that you are a specialist who sees outpatients and orders tests"

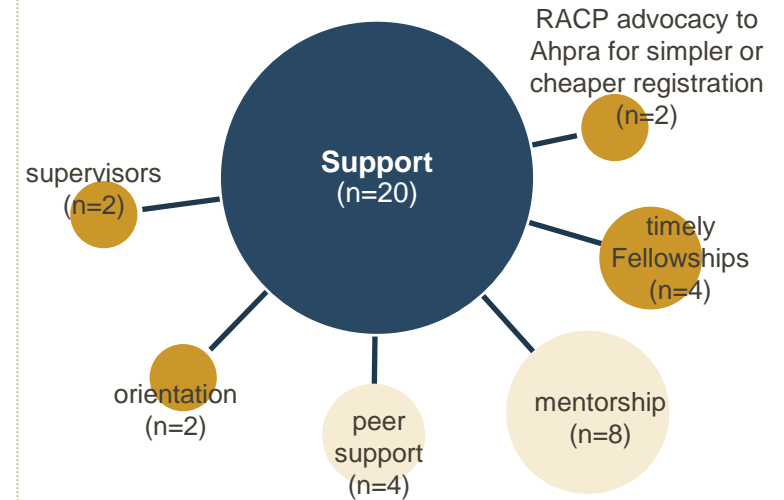


More emphasis on leadership and exposure to different types of medical practices eg private practice during AT training (especially in the final years)

More jobs
(n=5)



Availability of fellowship positions to local trainees.



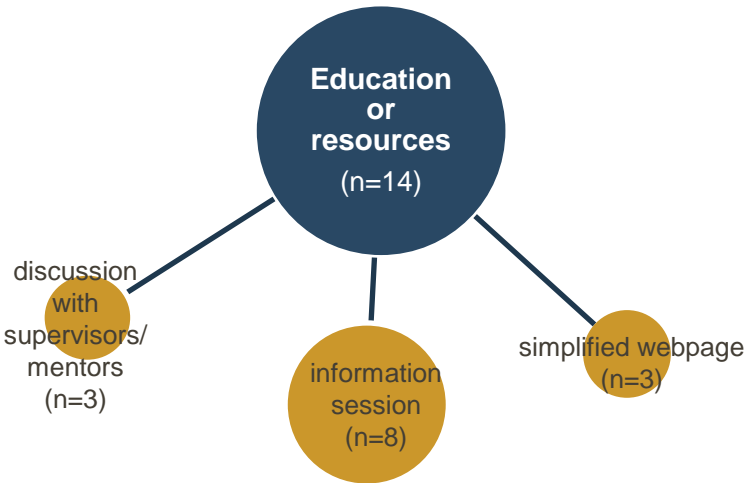
Not having such a significant delay between training time finishing and admission to fellowship. Maybe ensuring there are enough admin staff that they can respond to emails/phone calls etc



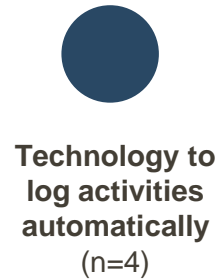
Suggestions for easier CPD transition

Respondents were asked to provide suggestions for making the transition to meeting CPD requirements easier for the first time in 2024. Only one fifth of respondents provided a suggestion, indicating that meeting CPD requirements may not be as much of a concern for new Fellows as other aspects of the transition to unsupervised practice.

When suggestions were provided, they related to 1) education or resources, 2) technology, 3) workplace support and 4) easing or modifying CPD requirements.



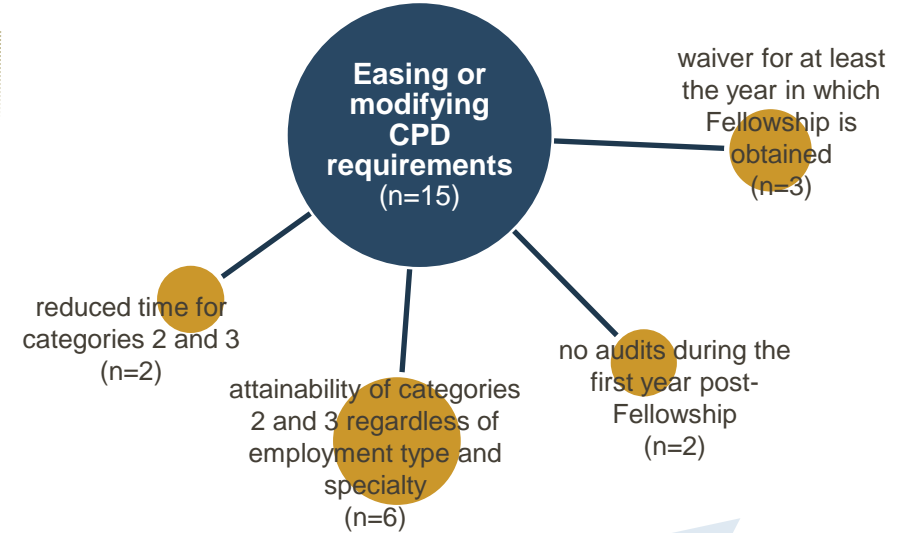
Having dedicated sessions for new fellows on CPD, starting from basics as we've never done it before.



An app to readily record hours / QR codes for common activities such as M&M



paid time off to achieve these for locums or ppl working fractional positions

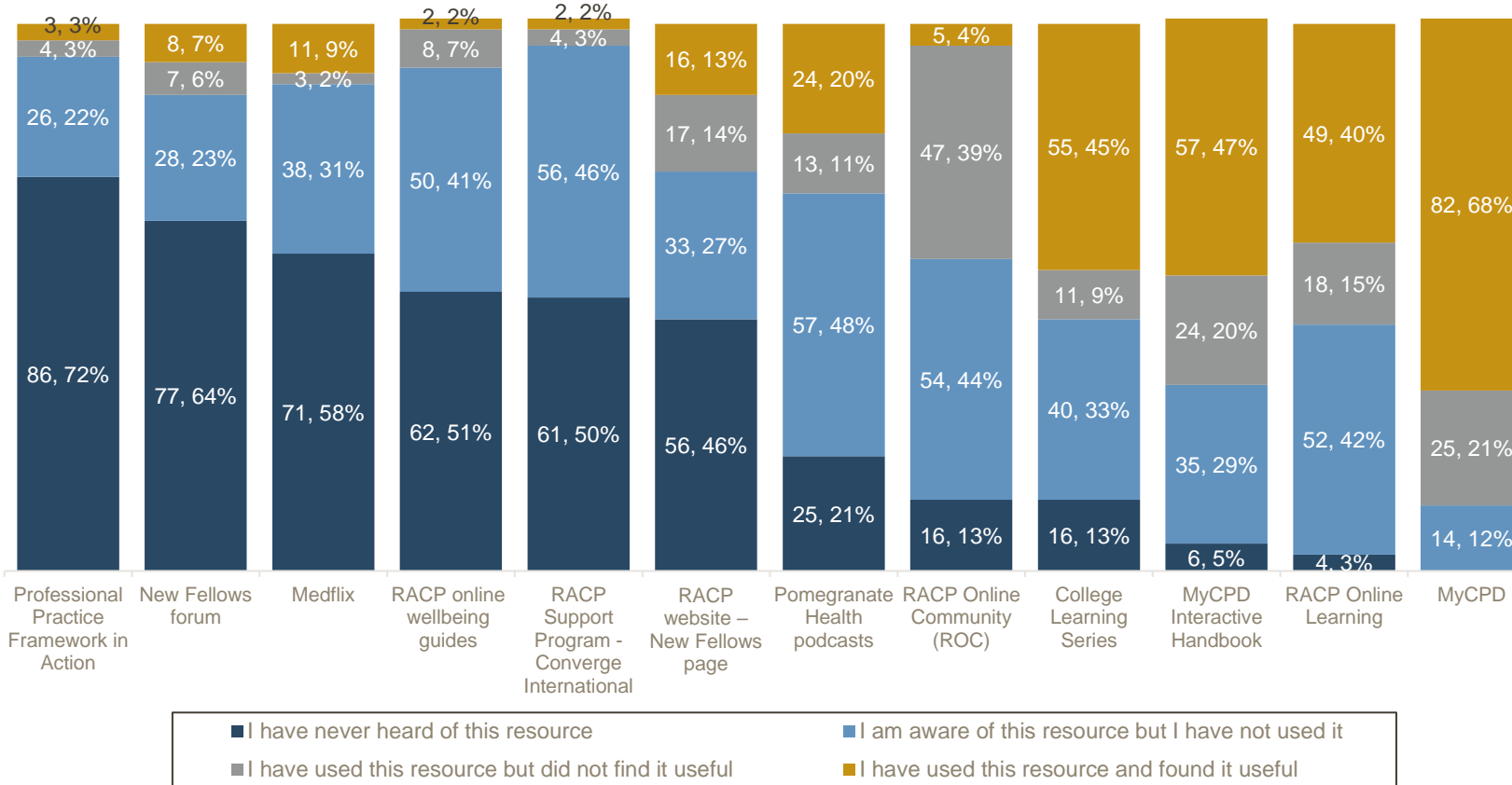


Of note, Category 3 requirements are difficult for FAFPHMs to achieve - given the long-term health outcomes we work towards and the fact we tend to work in teams, not in individual practice. I am not sure how this could be improved for New Fellows - but suspect it is not isolated for New Fellows alone.



Involvement with and Support from the College

Respondents indicated the usefulness of various resources and identified topics they would like further support with



Following use, respondents most commonly found the following resources useful:

- College Learning Series
- Medflix
- MyCPD
- RACP Online Learning
- RCAP Support Program – Converge International

More than half of respondents were not aware of:

- Professional Practice Framework in Action
- New Fellows Forum*
- Medflix
- RACP online wellbeing guides

Enhancing the promotion of Medflix has the greatest potential to deliver positively regarded resources to new Fellows.

Top 3 topics respondents would find it helpful for the College to provide **further support** on:
(% based on total 117 respondents to question)

1. Career planning and advice: 63% (n=74)
2. Managing the transition from trainee to consultant/specialist: 56% (n=66)
3. Financial advice/services: 52% (n=61)

i Awareness of the New Fellows forum remains low, decreasing over time since 2021 (64% of respondents were not aware in 2024 and 2023, and 56% not aware in 2021).

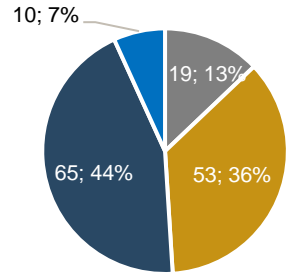
* The New Fellows Forum is a webinar facilitated by the RACP Regional Team typically and held in October each year. New Fellows are invited to attend the webinar on completion of their training. If the 2024 NFS cohort were to have attended the New Fellows Forum, they may have attended in either 2022 or 2023.



Employment

Respondent Employment

Current employment as a Consultant/Specialist



14% decrease in part-time employment from 2023

■ No ■ Yes, full-time ■ Yes, part-time ■ Other

Reasons for part-time employment†

39%
n=34

Personal reasons

34%
n=30

There were only part-time roles available

16%
n=14

Undertaking further study

11%
n=10

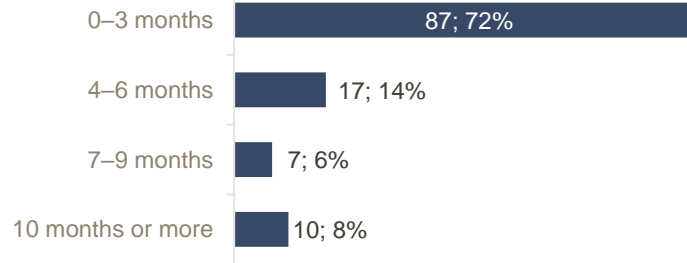
Other



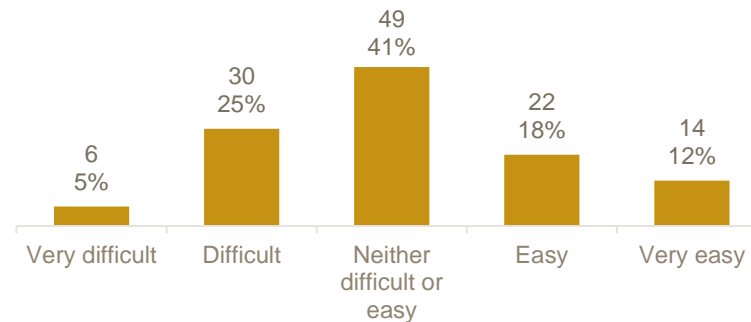
58% of RACP respondents to the 2023 MTS expressed concerns about whether they would secure employment upon training completion (+18% compared to the responses across all doctors in training). These concerns have been steadily decreasing over time (63% in the 2022 MTS, 68% in 2021 MTS).

Obtaining a Consultant/Specialist role

Time from completion of Advanced Training to commencement of role



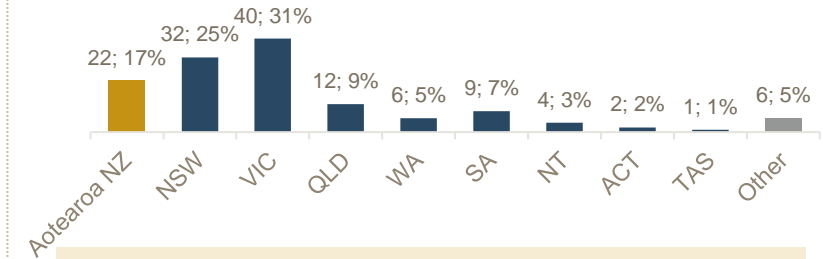
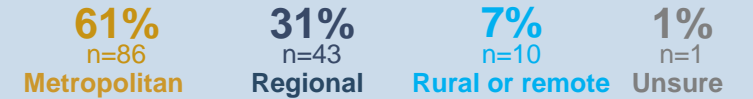
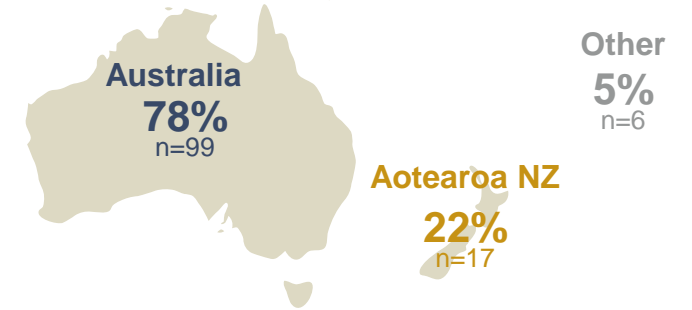
Difficulty of obtaining role



17%
n=20 out of 121 undertook a **non-Consultant/Specialist role** as their first role after completion

40%
n=8 out of 20 did so as a **Consultant/Specialist role was not initially available**

Location and place of current Consultant/Specialist role †



Top 5 current place(s) of employment†

1. Public health service/Hospital: 56% (n=106)
2. Private practice: 15% (n=29)
3. Private health service/Hospital: 12% (n=22)
4. University/higher education sector: 8% (n=15)
5. Self-employed: 5% (n=10)

†As some Fellows chose more than one answer option, this represents the total number of responses rather than respondents. The relative numbers are expressed as % of the total responses.



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

NEW FELLOW
SURVEY

2024

Key insights

Key insights are presented by:

1. Findings consistent with existing observations
2. New insights for 2024

Findings consistent with previous surveys

There is room for improvement in training experiences

Areas for further development include:

- aligning learning activities, work experiences and training requirements to support job-readiness, linked with Professional Standards
- provision of co-ordinated mentorship, supervision and support in training
- More support from the RACP in the form of formal training courses in areas of need

It is difficult to find time to complete the Advanced Training Research Projects

Finding **sufficient time** is considered the biggest challenge when completing the Advanced Training Research Project

Work life balance and support from the College are key concerns in training

Work/life balance and receiving support from the College when needed are key concerns experienced during training.

Overall, new Fellows' preparedness for unsupervised practice is high

Overall preparedness is generally high (>85%)

New Fellows now feel least prepared for unsupervised practice relating to the following domains:

- Research
- Health policy, systems and advocacy

New Fellows continue to find it challenging to adjust to new role expectations

There is a need for improved mentorship, peer support, and support from the College during the transition to help:

- take on leadership responsibilities and feel confident with clinical decision-making in an environment with less support
- find and maintain consistent employment
- navigate administrative requirements such as private practice and billing
- balance new role expectations and workload

Low awareness of existing College resources to support transition

The transition from training to professional practice is a distinct period in the learning continuum that stretches through the latter phase of training into early years of Fellowship.

Feedback from respondents indicates:

- a need to improve awareness about the existing suite of resources relevant to this period
- an appetite for further tailored support during the period of transition

The transition to unsupervised practice can be difficult and a transition program is a frequently requested resource

Around one fifth of new Fellows perceive the transition from Advanced Training to Consultant/Specialist to be difficult or very difficult.

More than half of respondents would like further College support on managing the transition. Respondent comments also supported the need for career coaching or a dedicated transition program

Note: The stronger or more impactful findings are indicated in dark blue

New insights

The perceived quality of training is declining over time

The proportion of new Fellows who perceived they received **sufficient supervision** and had **access to the range of opportunities needed to develop their skills** is **declining over time** (down 10% and 14% respectively).

There was also a significant drop in the proportion of respondents agreeing that the **training requirements were achievable from 2023 to 2024** (down 14%).

More support needed for research projects, currently perceived to be of low value

42% of respondents indicated they would find it helpful for the College to provide **further support with research skills** (up from 31% in 2023).

Only 25% of respondents agreed that they had **applied the research knowledge and/or skills** they developed from undertaking the project as a Fellow

Need for RACP to be more responsive to requests for information and support

Respondents commented on **significant delays experienced with responses to trainee enquires** from the RACP in regards to training requirements. These delays, perceived to be avoidable, often resulted in postponing Fellowship, causing considerable emotional stress, uncertainty and financial pressures.

Support for the transition to CPD

Transition to CPD was included for the first time and the majority of respondents did not raise challenges in this area. A small number of respondents made suggestions in the following areas:

- **Easing or modifying the CPD requirements** for new Fellows
- Dedicated **information sessions**
- Provision of **technology to automatically log activities**
- **Workplace support** to keep up with CPD requirements

Increasing awareness of existing College resources to support the transition

There is good awareness of key resources for trainees and the transition to fellowship and CPD with the most useful resources being: **MyCPD, My CPD Interactive Handbook, the College Learning Series, and RACP Online Learning.**

There is an opportunity to consider the timing of promotion of other resources as at least half the respondents remain unaware of: the **RACP Support Program - Converge International, RACP online wellbeing guides, Medflix, New Fellows forum, and the Professional Practice Framework in Action.**

A high level of overall preparedness is maintained but preparedness in most domains is decreasing

Overall preparedness has remained consistent at 87%

Preparedness is changing in the following domains:

- **Research** (down 13% in 2024)
- **Teaching and learning** (down 11% in 2024)
- **Judgement and decision making** (down 7% in 2024)
- **Quality and safety** (down 7% in 2024)
- **Leadership, management and teamwork** (up 7% in 2024)
- **Cultural safety** (down 6% in 2024).

Additional resources most frequently requested for career planning and advice

Career planning and advice is the most frequently requested topic for the College to provide additional resources for new Fellows (requested by 63% of respondents).

Respondent comments also supported the need for **career coaching** to help support the transition to unsupervised practice.

New Fellow employment trends are changing

New Fellows are taking **less time to find employment** as Consultants/Specialists. 86% found employment within 6 months of Fellowship (up from 78% in 2023).

44% of new Fellows are **working part-time**, down from 58% in 2023.

Note: The stronger or more impactful findings are indicated in dark gold

Recommendations

Ongoing/ modified from 2021	<p>1. Consider whether there is a need for additional or revised educational interventions in domains where respondents indicated they felt less prepared (e.g. research and health policy, systems and advocacy), where preparedness is declining (e.g. research, teaching and learning), and where additional resources have been requested (e.g. career planning and advice, financial advice/services) and the best stages in training/ professional practice to implement these (noting some have already been developed since respondents would have completed training such as a Health Policy, Systems and Advocacy online course). Explore opportunities to support trainees and/or New Fellows in identifying on-the-job learning opportunities, such as coaching.</p>
	<p>2. Explore development of a transition to professional practice program to provide advice on career pathways as well as targeted interventions regarding common transition challenges such as confidence in leadership and guidance in new administrative tasks, bolstered by newly created mentorship and peer-support communities (noting that a mentor match program, ROC communities, and supervisory training/requirements are now in effect).</p>
	<p>3. Continue to improve accessibility and consider additional promotional opportunities for existing RACP resources to assist new Fellows with their transition to unsupervised practice, especially for newer resources. This promotion could feature as part of a transition to professional practice program.</p>
Ongoing/ modified from 2023	<p>4. Consider opportunities for the College to assist trainees achieve more of a work life balance such as reviewing the Advanced Training Research Project requirement for each specialty (or allowing alternate pathways for building research knowledge and/or skills), advocating for decreased workloads or protected time to devote to training requirements such as studying for exams or completing research projects, and continuing to promote flexible training/working arrangements.</p>
	<p>5. Continue to track trends in new Fellow preparedness and experience of the transition to unsupervised practice over time in order to assess the impact of educational interventions made and evaluate the revised curricula as they are rolled out. Consider best mechanisms to balance need for currency of information about preparedness and reduction of survey fatigue.</p>
New	<p>6. Consider ways to ensure trainees gain experience in a broader range of settings such as outpatient clinics, private practice, and rural locations where relevant in order to better prepare new Fellows for the transition to unsupervised practice.</p>
	<p>7. Improve trainee experience and belonging by being responsive to requests for RACP support and providing timely communication regarding training requirements, especially those with the potential to delay granting of Fellowships.</p>
	<p>8. Continue to promote CPD resources to ease the transition into unsupervised practice including the New Fellows Forum, CPD Handbook and Online Learning.</p>

Strengths, Limitations and Further Research

Strengths	Limitations	Further research
<ul style="list-style-type: none">• The findings from this research can be used to inform training, professional development opportunities and resource development.• This research extends and complements previous iterations of the survey in 2021 and 2023, as well as and other existing literature regarding new Fellow preparedness for unsupervised practice• Longitudinal analysis possible due the routine implementation of the survey	<ul style="list-style-type: none">• The data collected in this research is self-reported, and therefore may not be an accurate measure of actual preparedness.• The sample size was small, with participation from 12% of eligible respondents. While this could potentially introduce respondent bias, triangulation using other datasets identified similar themes.• It may be worth considering ways to consolidate surveys or work with partners to reduce the number of surveys distributed to trainees and Fellows, or moving to implement the survey on a biennial rather than annual basis.	<ul style="list-style-type: none">• Ongoing evaluation of the preparedness of new Fellows, particularly in relation to the domains where respondents indicated they were less prepared.• Integrating other perspectives such as supervisors or assessment data to triangulate findings• Considering qualitative interviews to explore more in-depth responses from new Fellows in terms of how to improve preparedness or assist with the transition to unsupervised practice.• Evaluation of any interventions that result from this research.

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