



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE



# Self-reported Preparedness for Unsupervised Practice

Results from the 2023 New Fellow Survey, September 2023

# Background

Several key surveys related to preparedness for unsupervised practice and transitioning from trainee to specialist/consultant have been conducted in the past and are referenced throughout this report:

## 2014 RACP Preparedness for Independent Practice Evaluation (PIPE) Study

Evaluated self-reported preparedness of new Fellows and identified opportunities for improvements

404 new Fellows; 30% response rate

## 2018 Woolcott New Fellow Survey

Explored new Fellows' experiences of Fellowship and identified the support and resources desired from the College to assist with transition

527 new Fellows; 22% response rate

## 2021 New Fellow Survey (NFS)\*

Evaluated self-reported preparedness of new Fellows and experiences transitioning to unsupervised professional practice

117 new Fellows; 13% response rate

## 2022 Medical Training Survey (MTS) by the Medical Board of Australia and Ahpra

Annual survey evaluating feedback from doctors in training in Australia

3,717 RACP trainees; ~39% response rate

## What is already known regarding new Fellows' preparedness for unsupervised practice and transition?

Research highlights **four key areas that pose challenges to doctors transitioning to unsupervised practice:**

- feeling less prepared in non-clinical domains than in clinical domains
- challenges managing newly changed role identity and expectations
- difficulty adjusting to new supervisory roles and responsibilities
- feeling underprepared and at risk of burnout without effective social and professional supports.

**RACP new Fellows generally consider themselves well prepared for most graduate outcomes.**

- The 2014 PIPE Study found that for all domains in the RACP Professional Practice framework, at least three quarters of respondents indicated they were "prepared" or "very prepared".
- Respondents to the 2021 NFS were most prepared for Medical Expertise, Communication and Judgement and Decision-Making domains.

**Types of support needed for new Fellows to help with their transition**

The most prevalent challenges mentioned in the 2018 and 2021 surveys pertained to **lack of support, confidence and balance.**

The 2021 New Fellow Survey identified **key areas for the College to provide further support** (% based on total responses):

- Career planning and advice: 13% (n=64)
- Leadership and managing people: 10% (n=49)
- Managing the transition from trainee to Consultant/Specialist: 9% (n=46)

\* The 2021 NFS was the first iteration of an annual survey. The focus of the current report is the 2023 NFS results.

# Aims and Objectives

The New Fellow survey (NFS) is an annual survey that aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant and allows us to track trends over time

## 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.

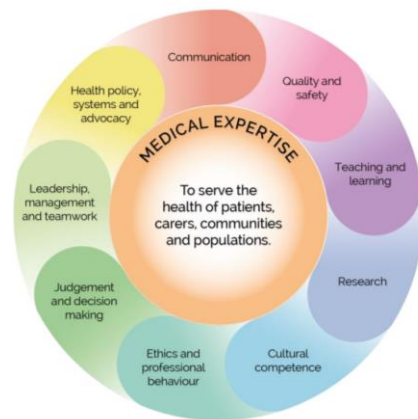
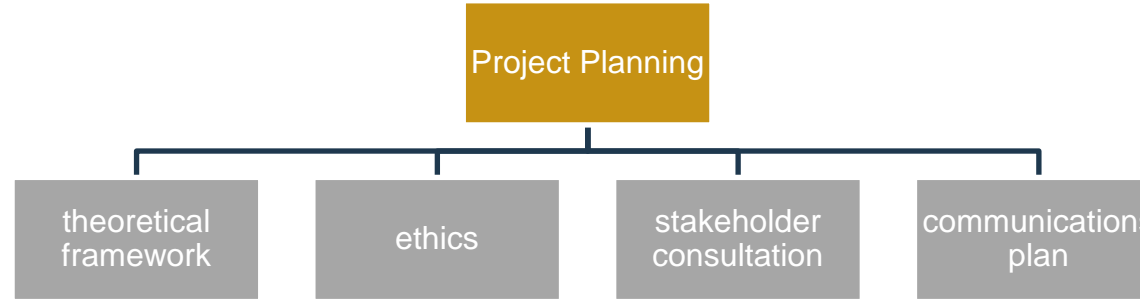


Figure 1. Professional Practice Framework

## The objectives are to explore:

- The perceptions of new Fellows regarding their 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.

# Methodology and Methods



## Survey design

- Second iteration of annual survey (first released in 2021)
- Mix of Likert style and open-ended questions
- Participants were asked about:
  - demographic characteristics
  - training experience
  - transition to unsupervised practice
  - preparedness for unsupervised practice within the Professional Practice Framework
  - current employment
  - involvement with and support from the RACP.

## Survey dissemination

- All new Fellows, who completed RACP Advanced, Faculty or Chapter training between 2 Oct 2020 and 31 March 2022, were eligible to participate.
- Eligible participants sent link to complete the survey via SurveyMonkey.
- Survey was open between 18 April and 16 May 2023.
- Responses were anonymous.
- Communication to encourage participation included: direct email, RACP website, President's message, DFACs eBulletins, RACP Weekly, social media, and ROC posts

## Survey analysis

- Cleaning process to remove fake responses
- Frequency analysis of Likert style responses using Power BI
- Significance testing using SPSS
- Thematic analysis of responses to open-ended questions using grounded theory in Excel

**1588**  
eligible new Fellows

**160**  
eligible respondents

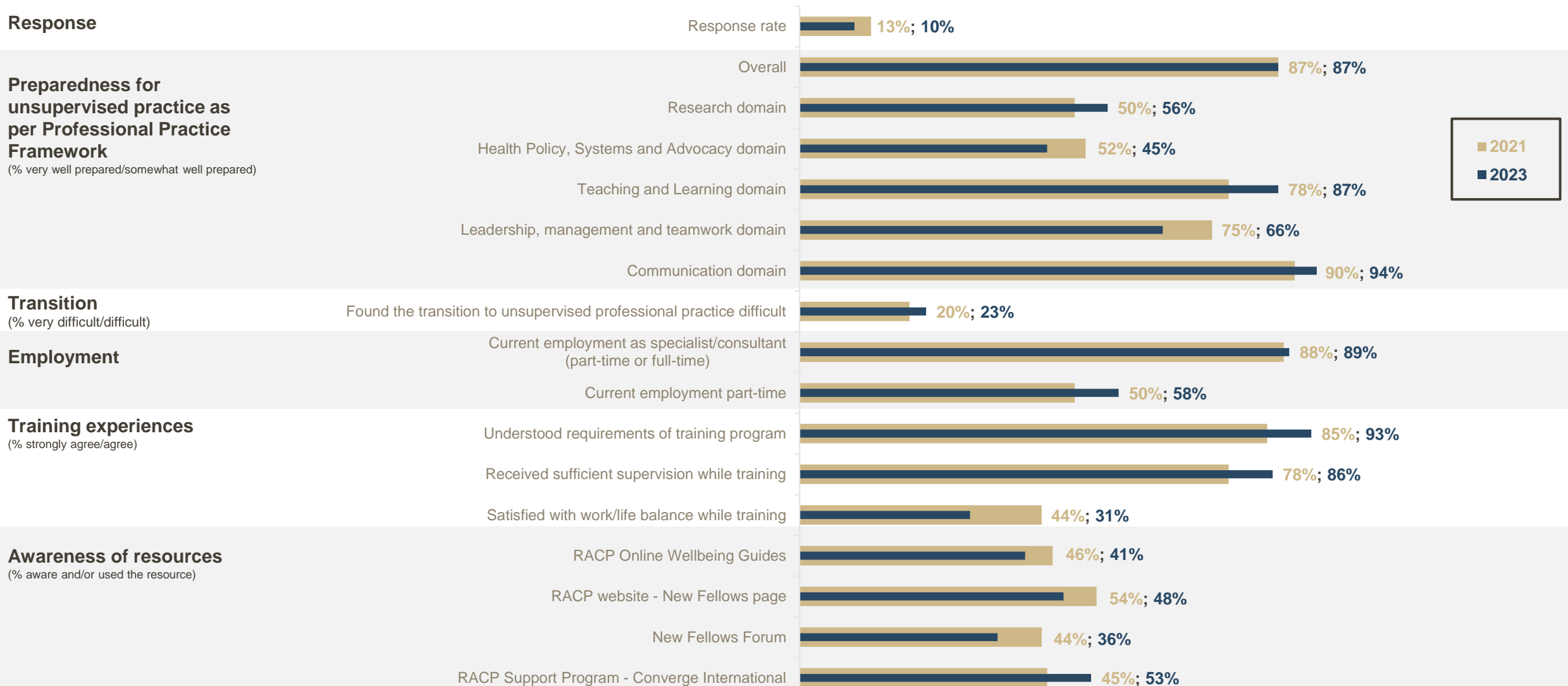
**10%**  
response rate

# New Fellow Survey methods

	2021 New Fellow Survey	2023 New Fellow Survey
Target population	All new Fellows, who completed RACP Advanced, Faculty or Chapter training between <b>1 Oct 2019 and 1 Oct 2020</b>	All new Fellows, who completed RACP Advanced, Faculty or Chapter training between <b>2 Oct 2020 and 31 March 2022</b>
Survey timing	Survey open <b>13 Oct - 30 Nov 2021</b> (7 weeks)	Survey open <b>18 April – 16 May 2023</b> (4 weeks)
Survey questions	<ul style="list-style-type: none"> <li>• Inclusion of question regarding the impact of <b>COVID-19</b></li> <li>• No questions regarding Advanced Training Research Projects</li> </ul>	<ul style="list-style-type: none"> <li>• Removal of question regarding the impact of COVID-19</li> <li>• Inclusion of new of questions regarding <b>Advanced Training Research Projects</b></li> <li>• <b>Modified questions</b> regarding the Cultural Safety professional standard, College resources currently available, list of topics for further support from the College</li> </ul>
Survey incentives	<b>No survey incentive</b> offered	Respondents were eligible to enter a <b>draw for the chance to win 1 of 3 \$200 e-vouchers</b>
Data reporting	Static <b>PowerPoint report</b> distributed to stakeholders	<ul style="list-style-type: none"> <li>• Static <b>PowerPoint report</b> distributed to stakeholders</li> <li>• <b>Longitudinal power BI report</b> allowing dynamic reporting of results and availability of data for specialties with 5+ results across both surveys</li> </ul>

# Summary of NFS results

Similar findings are evident between the 2021 and the 2023 New Fellow Survey. Key comparisons between the surveys include:





**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE



# NEW FELLOW SURVEY

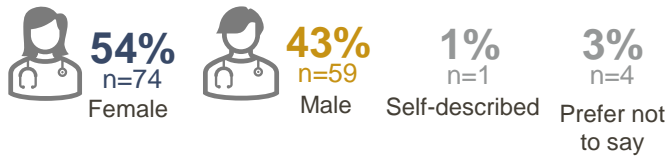
## Results

Results are presented on the following pages across three topics:

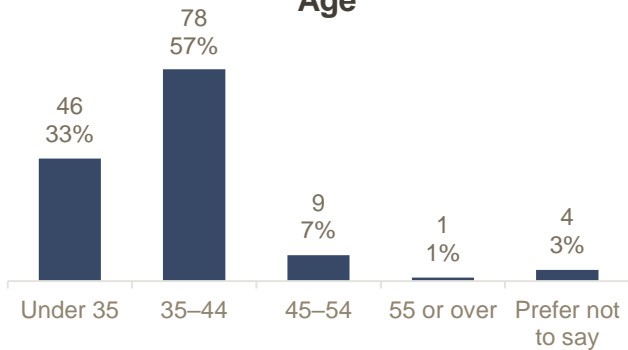
1. Advanced Training experiences
2. Preparedness for unsupervised professional practice
3. Transition & Employment

# Respondent Demographics

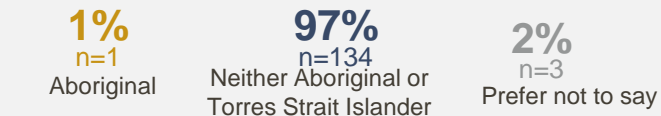
## Gender



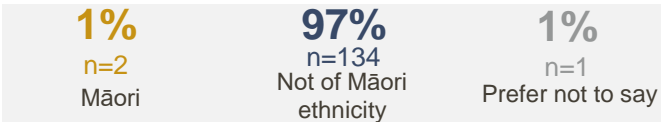
## Age



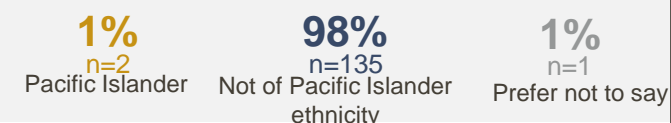
## Aboriginal or Torres Strait Islander origin



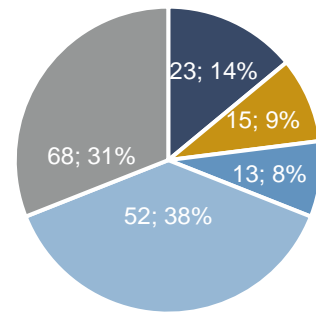
## Māori ethnicity



## Pacific Islander ethnicity

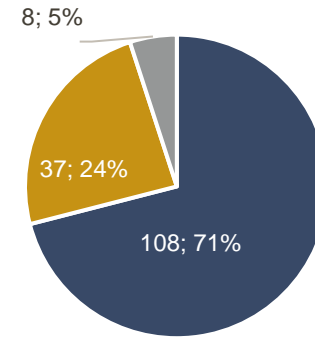


## Respondents' training programs



- General Paediatrics (FRACP)
- General and Acute Care Medicine (FRACP)
- Geriatric Medicine (FRACP)
- Training programs with more than 4% of responses
- Other

## Division



- Adult Medicine
- Paediatrics & Child Health
- N/A

### Note:

- Respondents could select more than one training program.
- Training programs with more than 4% of responses: Neurology (FRACP), Cardiology (FRACP), Medical Oncology (FRACP), Nephrology (FRACP), Haematology (FRACP) and Gastroenterology (FRACP)
- Other responses relate to training programs with fewer than 4% of responses.

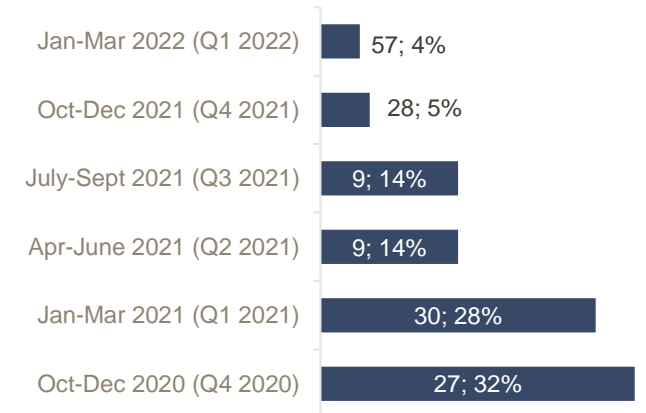
**11%**  
(n=17)

of respondents undertook concurrent training in two specialties

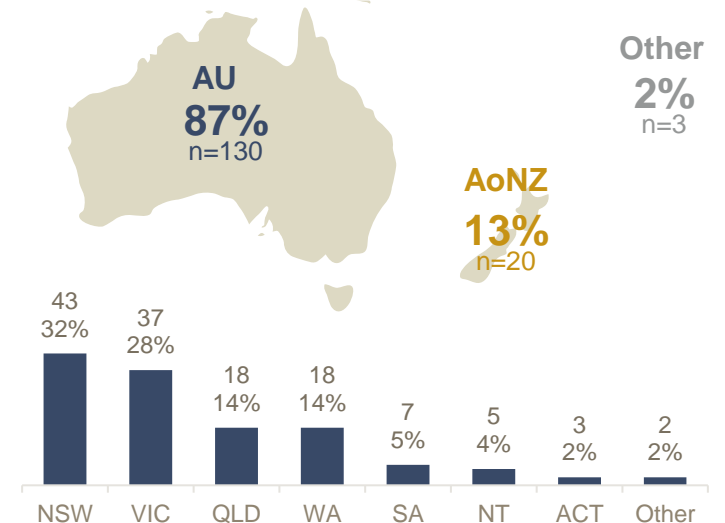
**2%**  
(n=3)

of respondents were on the Training Support Pathway at some point in their training

## Completion date of most recent training program



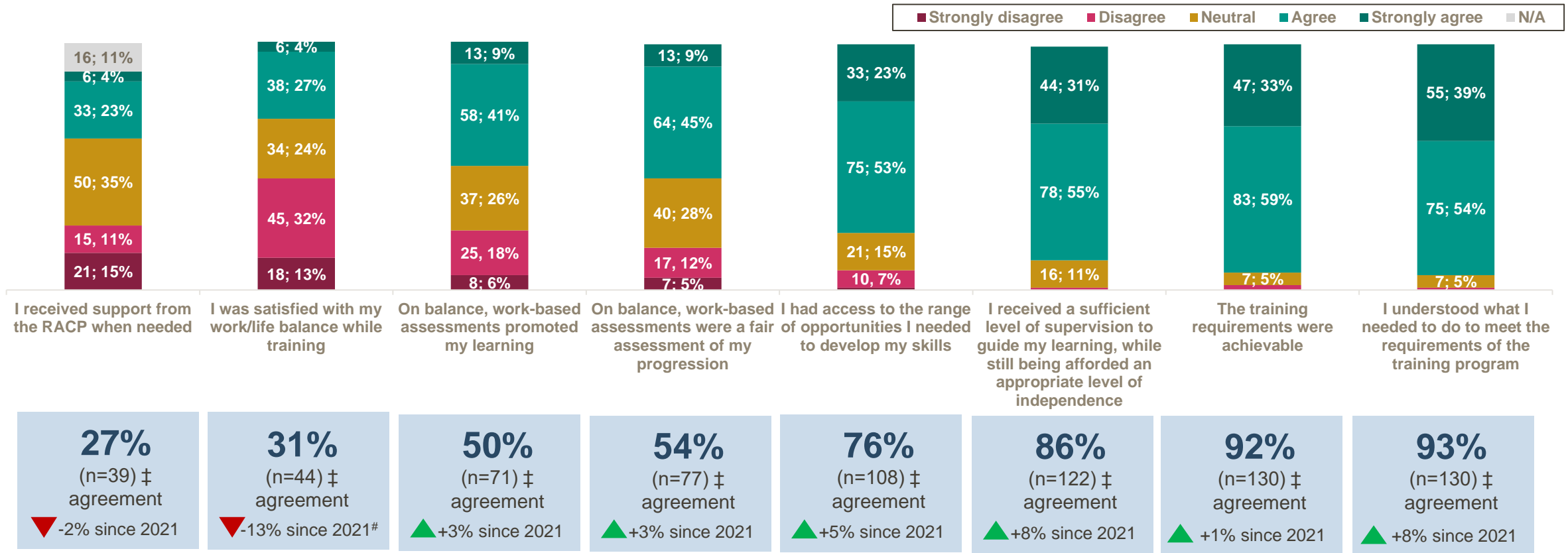
## Location of final training rotation





# Training Experiences

Achieving a work/life balance and receiving support from the RACP while training continue to be key issues, with satisfaction with work/life balance while training declining even further since 2021.



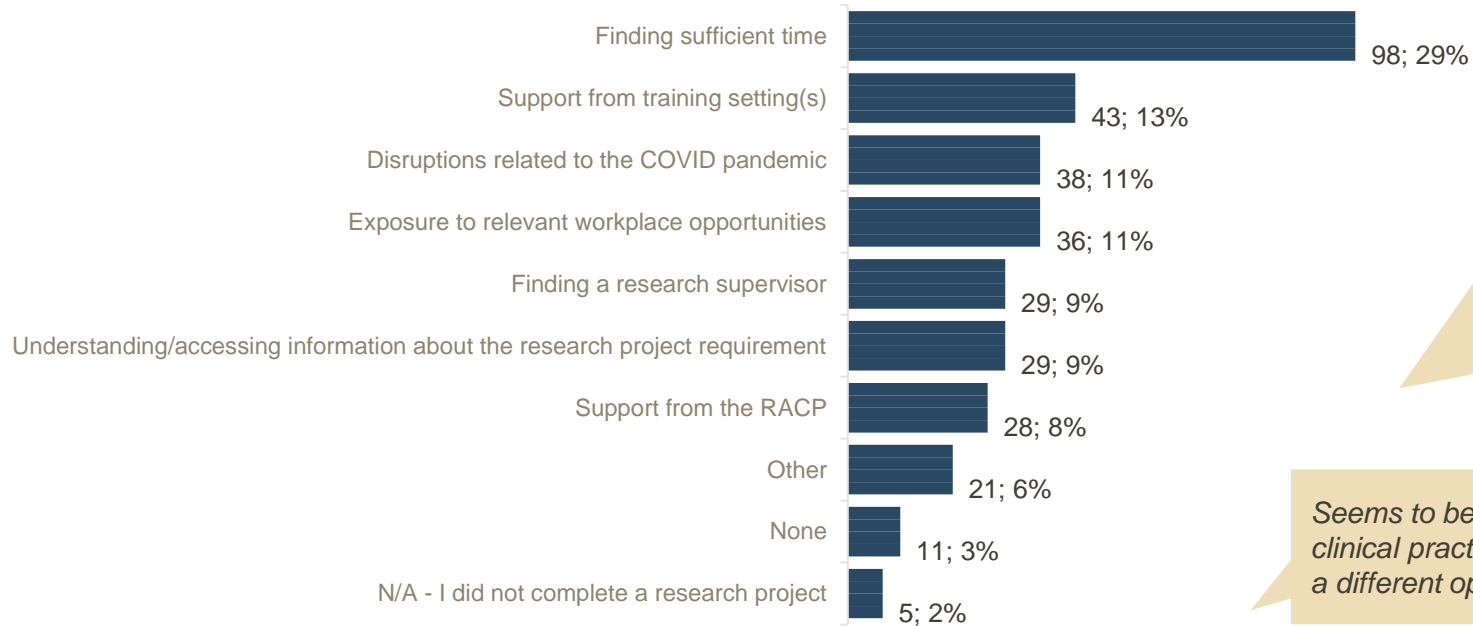
These results generally accord with feedback from RACP respondents to the 2022 Medical Training Survey:

- 86% agreed they understood what they needed to do to meet the training program requirements.
- 31% agreed they received support from the RACP when needed. This question was asked in the context of college examinations.

However, significantly less respondents agreed that they had a good work/life balance (31%) when compared to the 2021 NFS (44%) and the 2022 MTS (48%).

# Advanced Training Research Projects

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



*The current research project requirement is highly problematic and has huge financial and psychological wellbeing ramifications for many trainees with research projects delaying completion of training, lack of clear guidance from RACP regarding suitability of project, difficulty finding willing and skilled supervisors, lack of access to statistical and research design support (particularly for regional and rural trainees) and an unacceptable amount of work being done outside work for trainees to meet the requirement which particularly disadvantages anyone with carer responsibilities (ie. many female trainees with primary responsibility for children).*

*Seems to be an arduous box to tick to complete training for limited gain in regard to clinical practice. I would suggest removing it as a mandatory requirement, or having a different option for those not research inclined.*

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

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

Respondents also commented on:

- lacking the **resources** needed (such as the finance or statistics expertise) (n=24)
- lacking **guidance and/or training** from the College (n=19)
- lacking **appropriate supervision** (n=10)
- significant **delays in research project marking** (n=9)
- seeing **limited value** in completing a research project (n=5)
- **lack of flexibility** in the research project requirement (n=5)

\*Questions asking about Advanced Training Research Projects were only asked in the 2023 NFS. 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. The responses in the “total” category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

# Overall preparedness for unsupervised professional practice

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

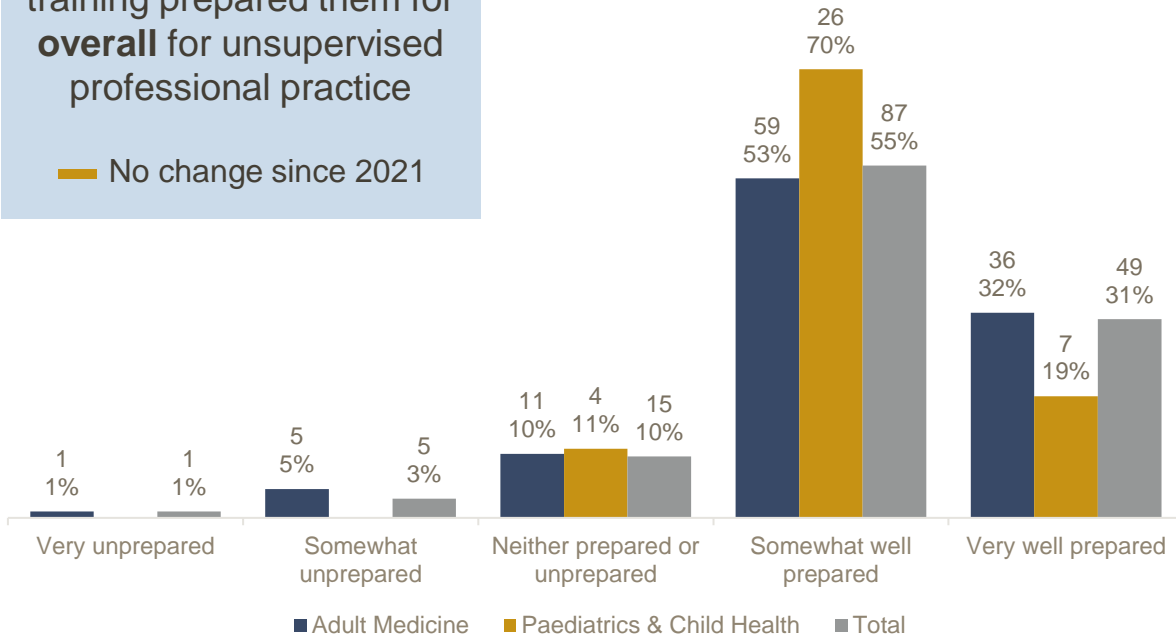
**87%**

(n=136) ‡

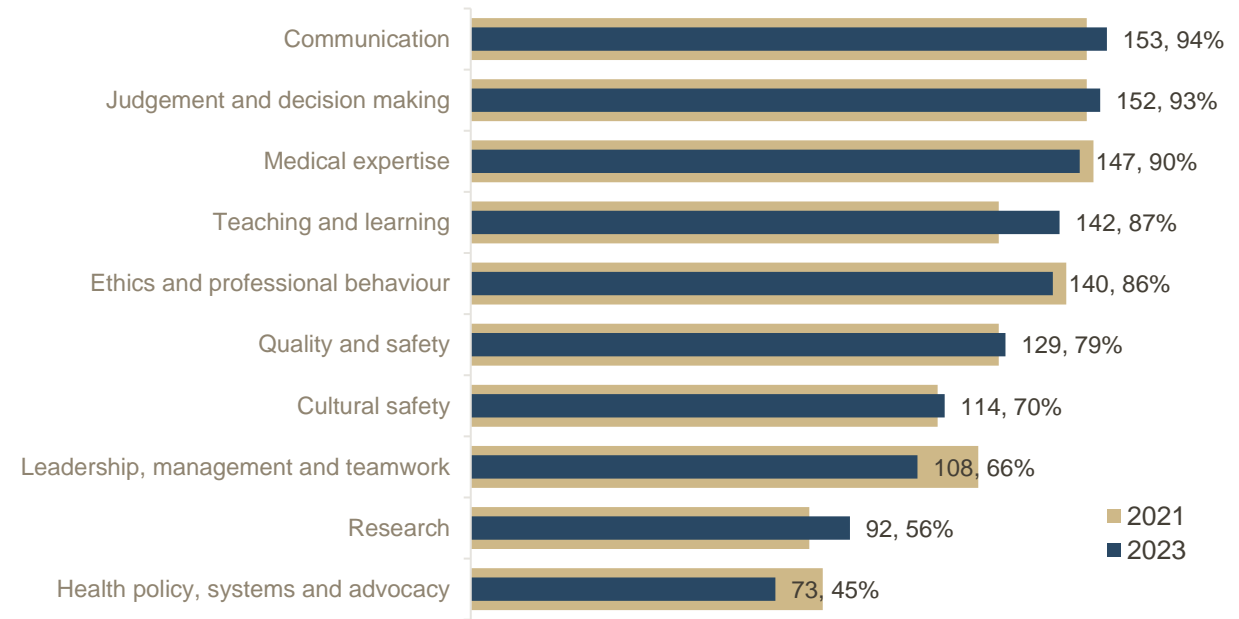
of respondents felt their training prepared them for **overall** for unsupervised professional practice

— No change since 2021

- **Adult Medicine respondents more commonly felt “very well prepared” overall compared to their Paediatrics & Child Health counterparts\***



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:

- **2023** respondents felt **most prepared** for the domain of **communication** and **least prepared** for the **health policy, systems and advocacy** domain.
- **2021** respondents felt most prepared for the domain of **medical expertise** domain and least prepared for the **research** domain.

‡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.

\* No significant difference was found between self-assessed overall preparedness levels between Adult Medicine and Paediatrics & Child Health respondents at the p<0.05 level

\*\* No significant differences were found in self-assessed preparedness levels between 2021 and 2023 at p<0.05 level

# High preparedness (>85%) for unsupervised professional practice by domain

A high rate of self-assessed preparedness for professional practice was observed for the following five Domains, which accord with similar rates reported in the 2021 NFS and the 2014 PIPE Study\*  
The Teaching and Learning domain saw the most improvement from 2021:



**94%**

(n=153) ‡

of responses indicated training prepared them for **communication**

▲ +3% since 2021  
45-99% in 2014\*

*The RACP Communication Workshop was integral in this process.*



**93%**

(n=152) ‡#

of responses indicated training prepared them for **judgement and decision making**

▲ +2% since 2021  
91-99% in 2014\*

*There is very little recognition of the ethics around resource allocation / cost effective use of investigations*



**90%**

(n=147) ‡

of responses indicated training prepared them for **medical expertise**

▼ -2% since 2021  
86-98% in 2014\*

*Scope often limited by rotations you've been through, which limited theoretical knowledge on many sub-specialty topics*



**87%**

(n=142) ‡

of responses indicated training prepared them for **teaching and learning**

▲ +8% since 2021  
95% in 2014\*

*Teaching of junior colleagues and medical students often self-directed. Ward-based teaching limited by high clinical workload.*



**86%**

(n=140) ‡

of responses indicated training prepared them for **ethics and professional behaviour**

▲ +1% since 2021  
75-98% in 2014\*

*Professional qualities modelled by supervisors*

\*The questions asking about preparedness in the RACP 2014 Preparedness for Independent Practice Evaluation Study were subdivided into the individual themes of each professional domain. The ranges represent the themes in the domain with the highest and lowest percentage of respondents who indicated they were 'prepared' or 'very prepared'.

‡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.

# Adult Medicine respondents were significantly more likely to indicate they were prepared or very prepared compared to Paediatrics & Child Health Division responses at p<0.05 level

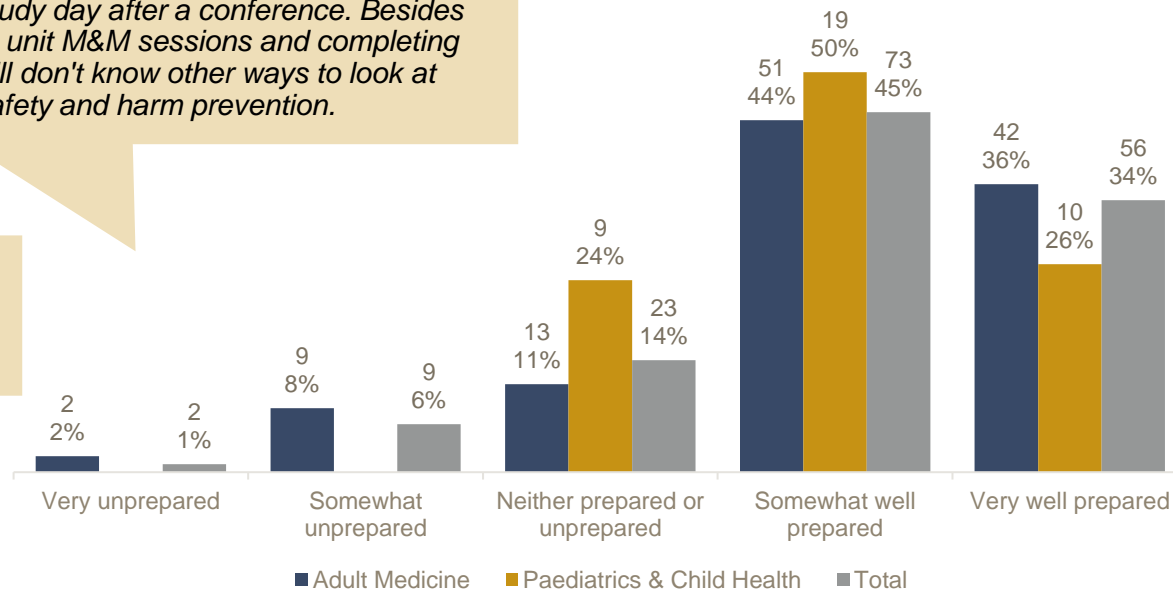


# Preparedness for unsupervised professional practice related to quality and safety

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

*How to do quality improvement projects, how to formally look at patient safety aspects and harm prevention and management is not covered. These are important aspects that are required of consultants. I learnt how to do a quality improvement project by independently signing up to a study day after a conference. Besides attending unit M&M sessions and completing IIMS, I still don't know other ways to look at patient safety and harm prevention.*

*Very little structured involvement in [quality and safety] activities. Participation only if self-instigated.*



**79%**  
(n=129) ‡  
of responses indicated training prepared them for **quality and safety**  
▲ +1% since 2021  
58-96% in 2014\*

- **Adult Medicine** respondents **more likely** to feel **very well prepared** compared to their Paediatrics & Child Health counterparts (36% vs 26%)#
- **Male** respondents **more likely** to indicate being **very well prepared** for this domain compared to female respondents (44% vs 29%)#

\*The questions asking about preparedness in the RACP 2014 Preparedness for Independent Practice Evaluation Study were subdivided into the individual themes of each professional domain. The ranges represent the themes in the domain with the highest and lowest percentage of respondents who indicated they were 'prepared' or 'very prepared'.

‡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.

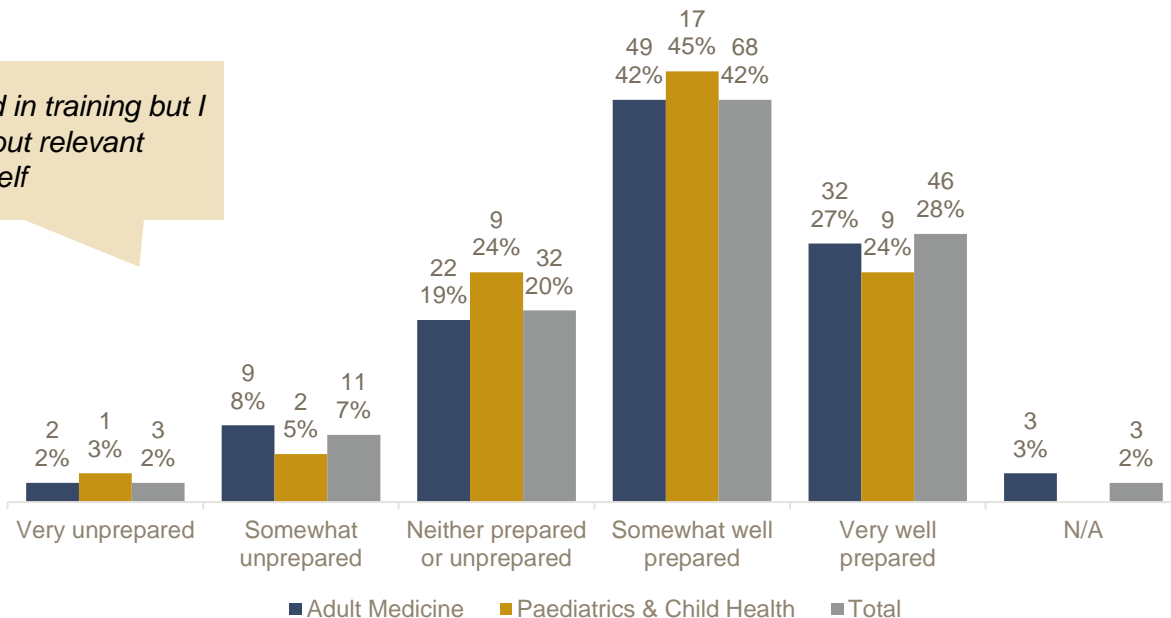
#Significant at p<0.05 level



# 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?”

*Not really included in training but I was able to seek out relevant resources for myself*



**70%**  
 (n=114) ‡  
 of respondents felt their training prepared them for **cultural safety**

▲ +1% since 2021  
 70-89% in 2014\*

- Similar responses across both Adult Medicine and Paediatrics & Child Health.



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

RACP respondents to the 2022 MTS indicated that most (87%) perceive they they had sufficient opportunities to develop their knowledge and skills in cultural safety.

\*The questions asking about preparedness in the RACP 2014 Preparedness for Independent Practice Evaluation Study were subdivided into the individual themes of each professional domain. The ranges represent the themes in the domain with the highest and lowest percentage of respondents who indicated they were ‘prepared’ or ‘very prepared’.

‡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.

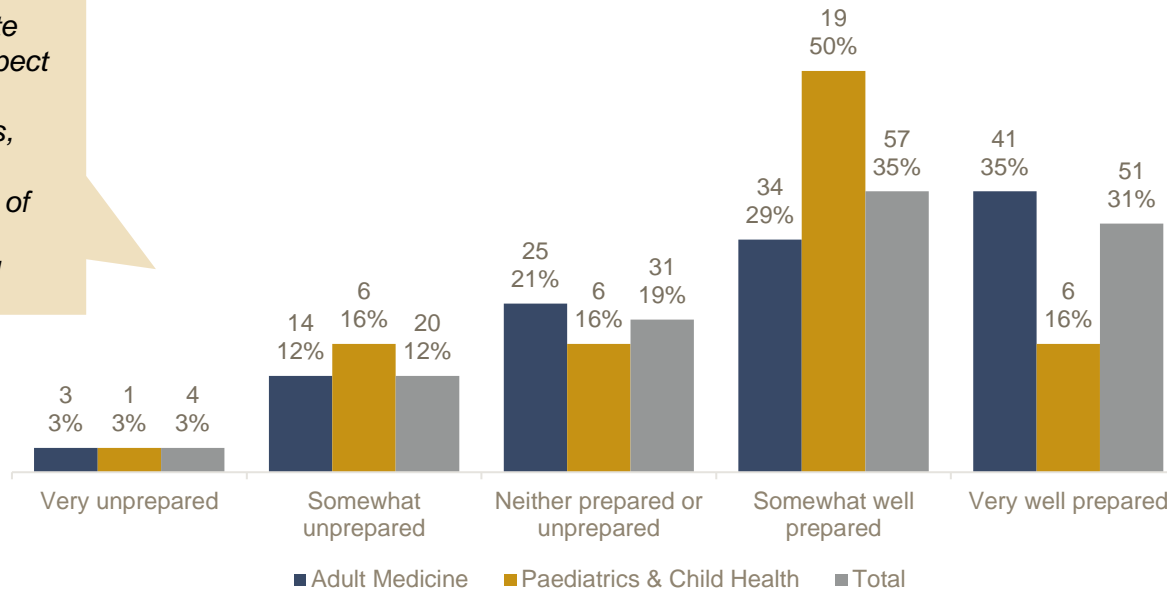




# Preparedness for unsupervised professional practice related to leadership, management and teamwork

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

*I do not feel I received adequate support and training for this aspect of being a fellow. In particular management of team members, dealing with difficult situations, leading groups, the challenges of managing patients in a health system that is under resourced*



## 66%

(n=108) ‡

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

▼ -9% since 2021  
80-97% in 2014\*

- **Male** respondents slightly **more likely** to indicate being **prepared** for this domain compared to female respondents (62% vs 55%)#



**86% of RACP respondents to the 2022 MTS** indicated they had sufficient opportunities to **develop their knowledge and skills in leadership and management** yet only **66% of the 2023 NFS respondents** felt their training **prepared them for leadership, management and teamwork**. This suggests there may be a perception shift in preparedness between trainees and new Fellows in this domain.

\*The questions asking about preparedness in the RACP 2014 Preparedness for Independent Practice Evaluation Study were subdivided into the individual themes of each professional domain. The ranges represent the themes in the domain with the highest and lowest percentage of respondents who indicated they were ‘prepared’ or ‘very prepared’.

‡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.

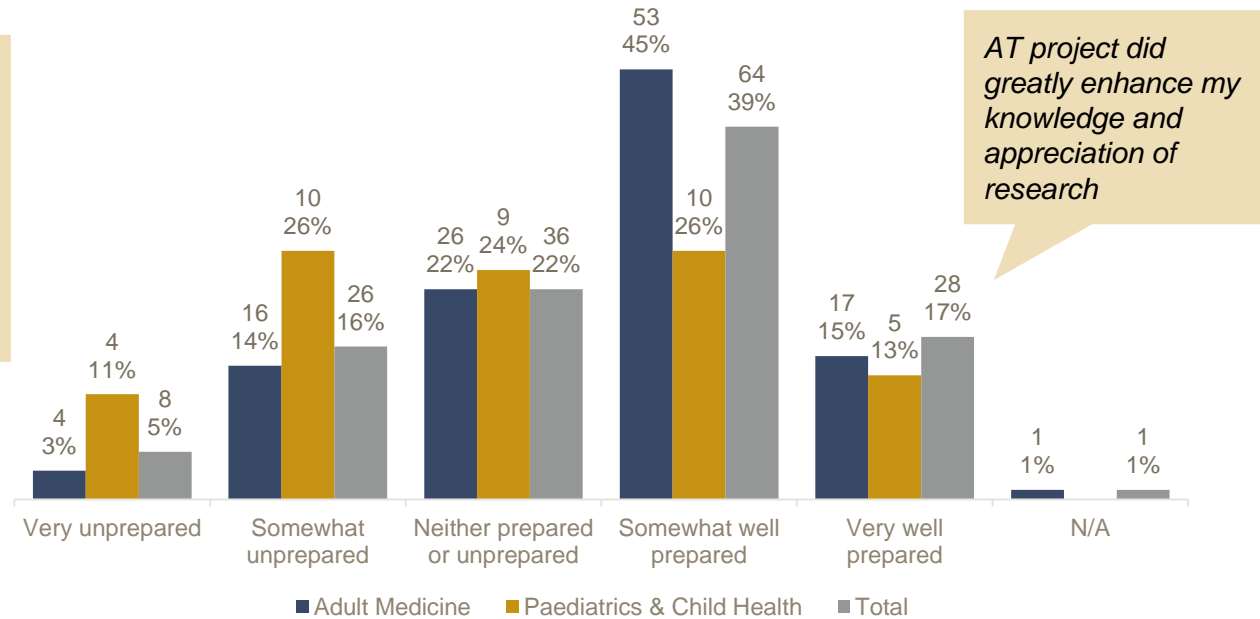
#Significant at p<0.05 level



# Preparedness for unsupervised professional practice related to research

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

Generally poor preparation for research through the RACP curriculum. Greater focus during basic and advanced training required to equip trainees with basic research skills.



AT project did greatly enhance my knowledge and appreciation of research

**56%**  
(n=92) ‡  
of total responses indicated training prepared them for **research**  
▲ +6% since 2021  
66-91% in 2014\*

• **Adult Medicine** respondents **more likely** to feel **somewhat well prepared** for research than their Paediatrics & Child Health counterparts#

**i** The RACP’s 2022–2026 Strategic Plan identifies fostering the physician researcher as a key priority  
According to the 2022 MTS, a high proportion (63%) of RACP trainees are interested in getting involved in medical research. However, there has been no change over time in the learning opportunities for research:  
• 67% indicated that they had sufficient opportunities to **develop their research knowledge and skills**.  
• 61% indicated that they were able to **participate in research activities**.

\*The questions asking about preparedness in the RACP 2014 Preparedness for Independent Practice Evaluation Study were subdivided into the individual themes of each professional domain. The ranges represent the themes in the domain with the highest and lowest percentage of respondents who indicated they were ‘prepared’ or ‘very prepared’.

‡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 at p<0.05 level

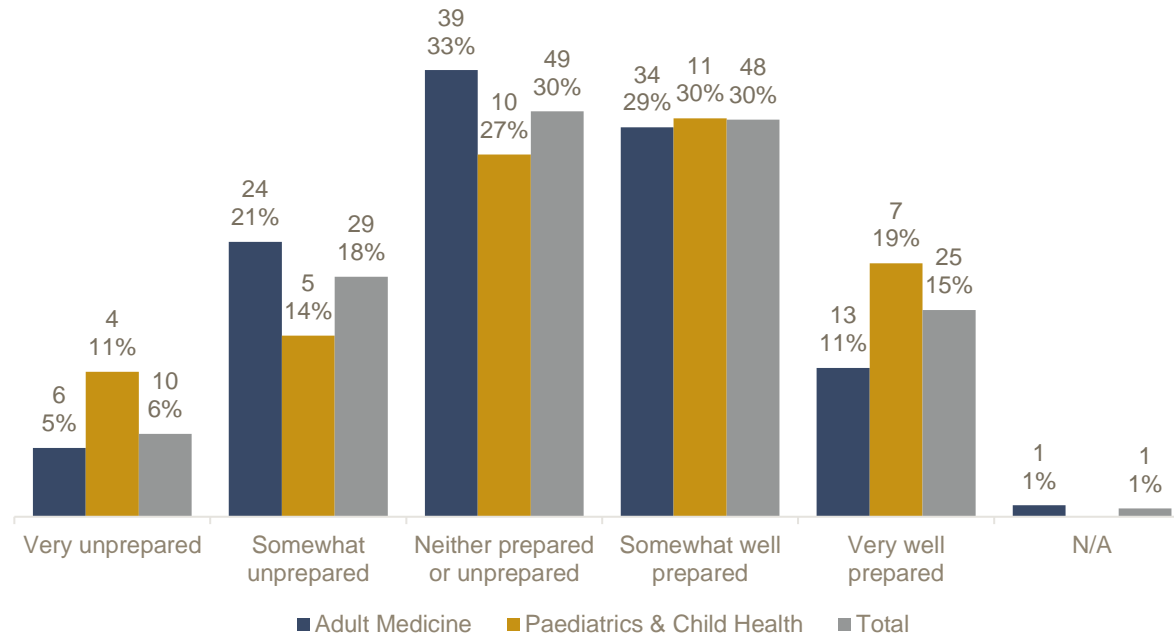




# Preparedness for unsupervised professional practice related to health policy, systems and advocacy

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

For topics like this that are relevant across all training programs, there should be online modules to do in your own time that go through these important components. It's not fair to expect every trainee to get similar training from supervisors who are so overworked, and don't have much time to spend going through things they didn't have proper teaching on either.



**45%**  
(n=73) ‡  
of total responses indicated training prepared them for **health policy, systems and advocacy**  
▼ -7% since 2021  
No data from 2014

- Similar responses across both Adult Medicine and Paediatrics & Child Health.



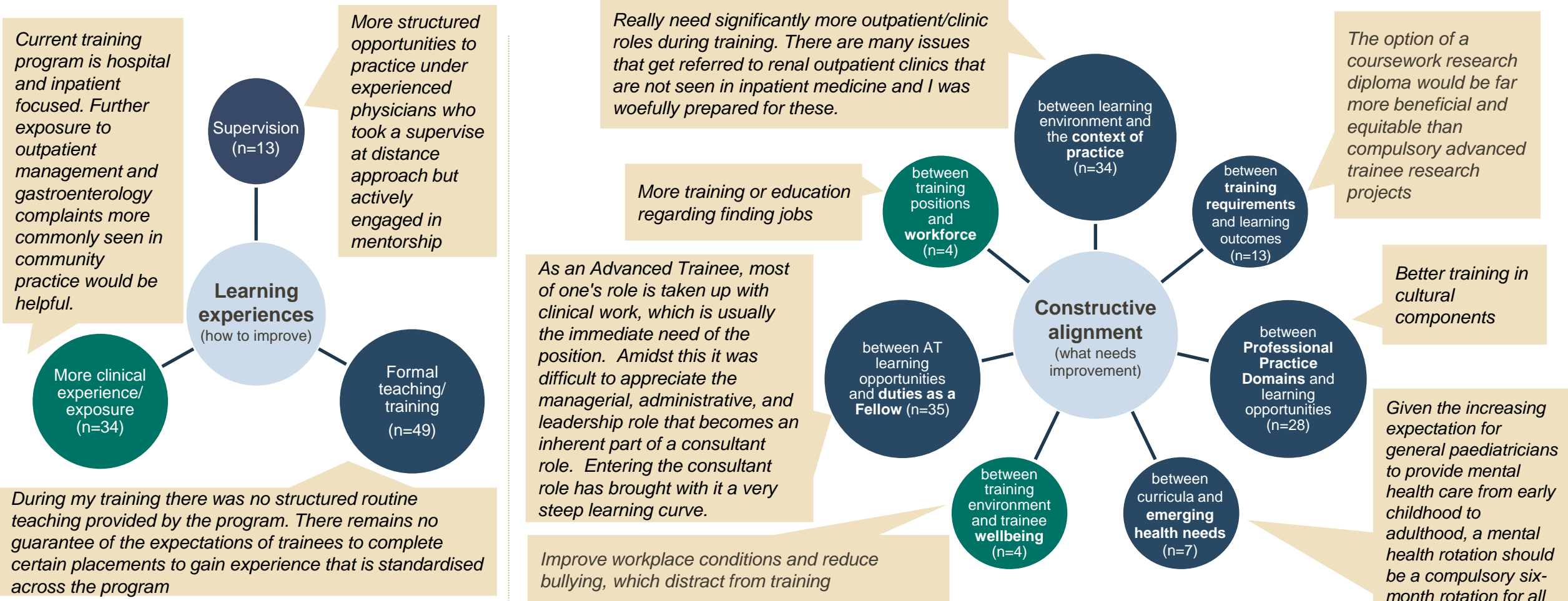
### Issues exacerbating teaching, learning and assessing health advocacy competencies as identified in the literature:

- 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)
- different interpretations of what health advocacy competence entails as held by educators (Hubinette et al. 2014)

‡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.

# Areas for Improvement

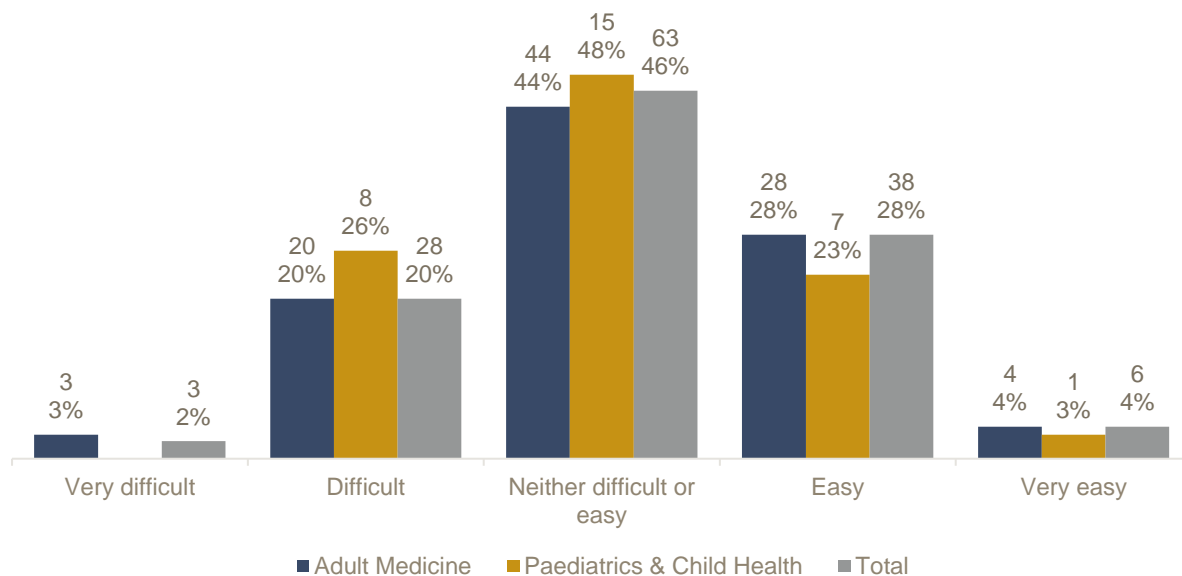
Respondents commented on how the training programs could have been improved to better prepare them for unsupervised practice. Analysis of the comments revealed two key schemas related to 1) learning experiences and 2) constructive alignment.



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

# 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=56) ‡  
of respondents indicated  
transitioning from AT to  
unsupervised professional practice  
was **difficult or very difficult**

▼ -3% since 2021  
20% in 2014

- **Almost half of the respondents** indicated that **transition** from Advanced Training to unsupervised professional practice was **neither difficult or easy**.
- Similar responses across both Adult Medicine and Paediatrics & Child Health.

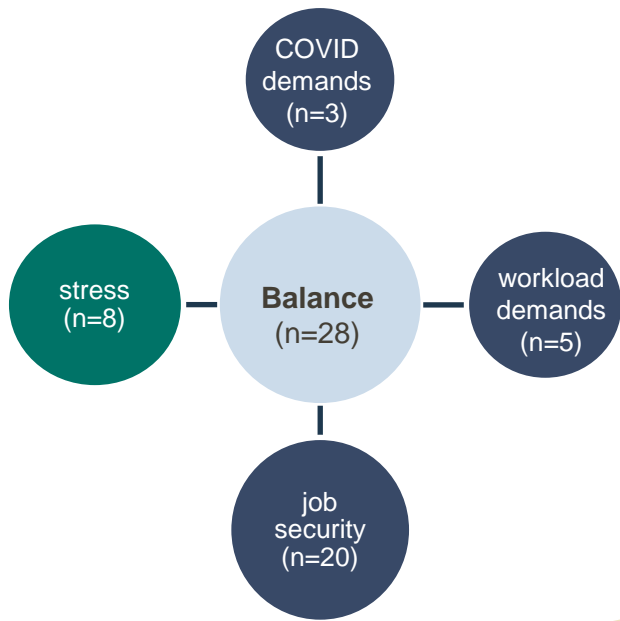
**i** The 2014 PIPE Study reported a clear distinction between ease of transition in terms of clinical skills and a more difficult transition regarding non-clinical skills. This distinction was not as evident in the 2021 and 2023 survey results, however, contexts, response rates and question designs vary between surveys

‡The responses in the “total” category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

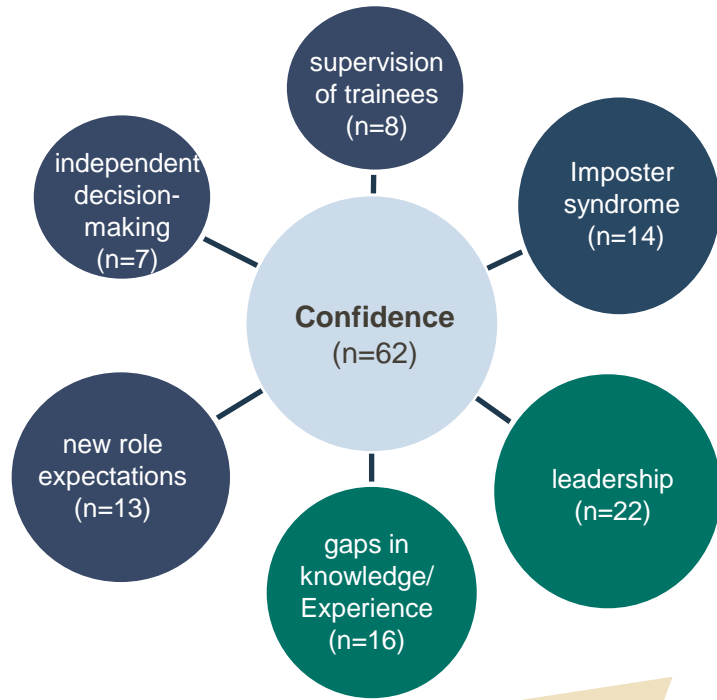
# Key Challenges faced in Transition

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

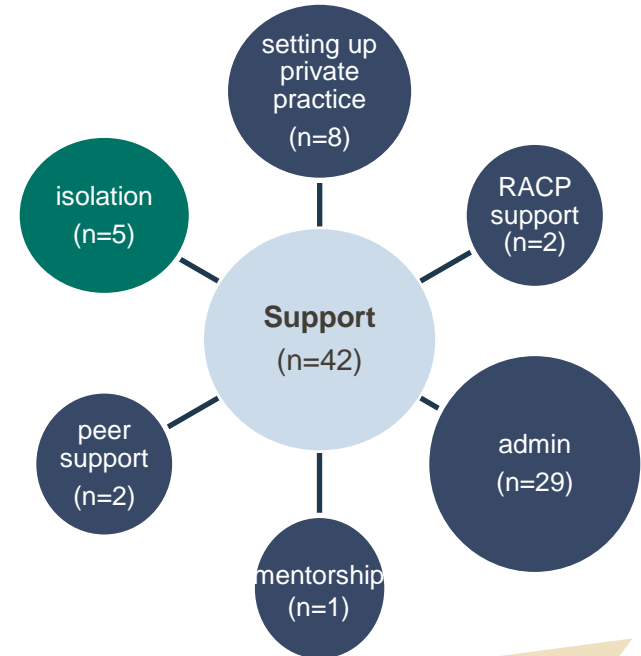
**i** The most prevalent challenges mentioned in 2018, 2021 and 2023 surveys pertained to **lack of support, confidence and balance**. New or revised sub-themes for the 2023 NFS include **leadership challenges, adjusting to working in different settings (e.g. outpatient clinics, private practice, regional/rural or telehealth) and managing complex or unusual cases**. **Burnout did not appear to be as much of an issue in 2023**, although respondents frequently mentioned high workload demands.



*Finding permanent employment as consultant - lots of short-term contracts available but no job security.*



*Additional stress of the increased responsibilities, managing a team of junior staff on top of new clinical responsibilities*

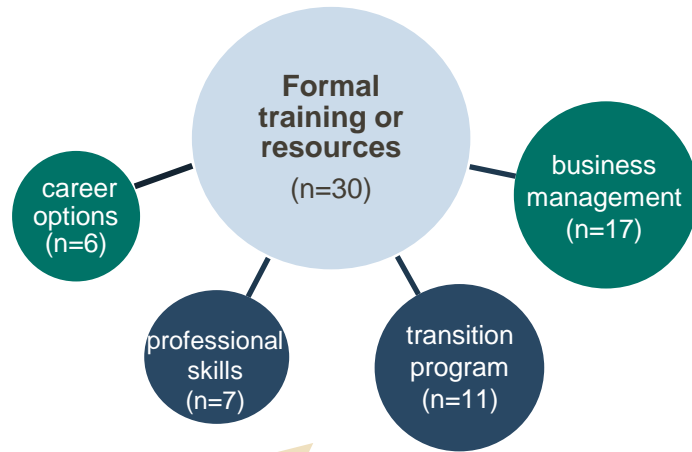


*Getting used to private practice from an administrative and financial perspective and how to deliver care in this setting*

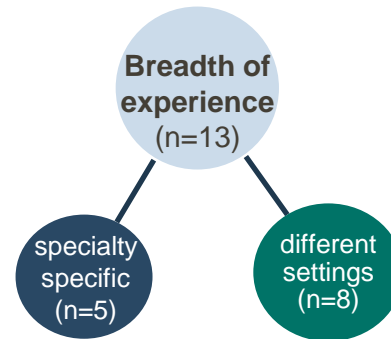
**Key:** Themes raised in both the 2021 and the 2023 NFS are shown in navy blue while new/modified themes emerging from the 2023 are shown in green. The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

# 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 training or resources, 2) breadth of experience and 3) support



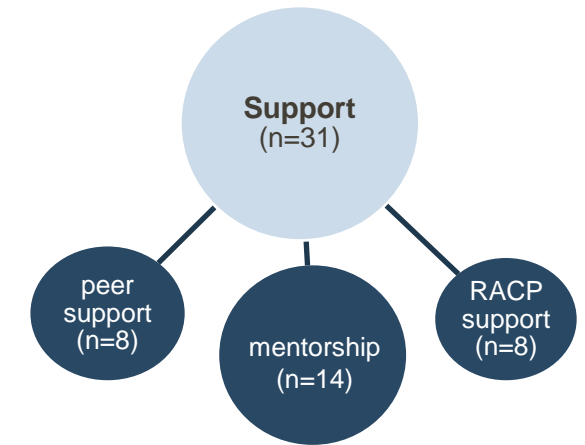
*Supervisors asking trainees questions about thought process in every situation to help conscious competence and decision making - trainees owning clinic patients for several months or year to simulate consultant practice*



*Experience in private practice settings observing others*

**More jobs**  
(n=4)

*create more consultant level job opportunities*



*In hindsight, having a mentor during this period would have been very helpful to provide guidance, support, and to debrief with.*



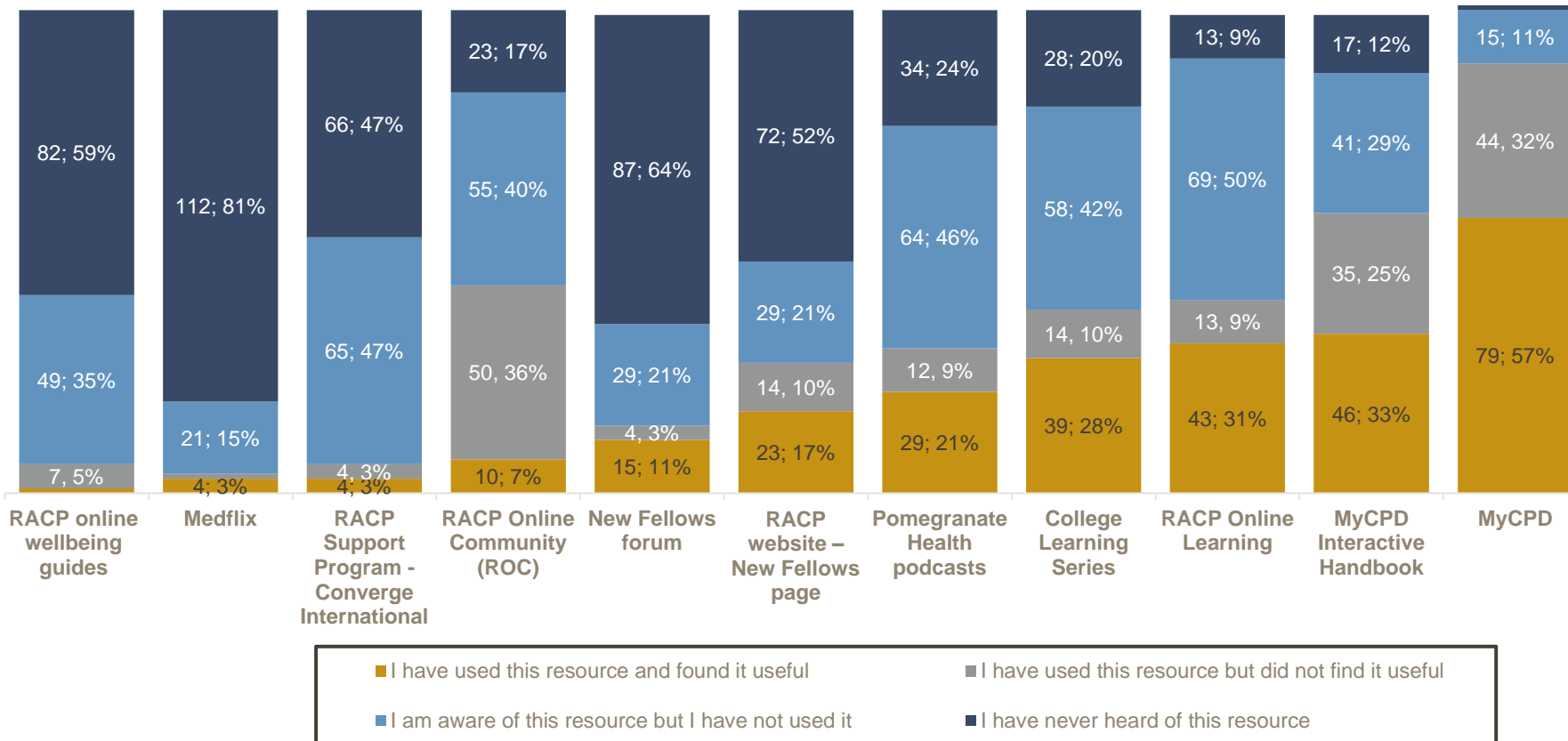
## Respondents identified the need for targeted support relevant to this transition period

Similarly, respondents to the 2014 PIPE Study identified support as integral component of an easy transition, combined with other intrinsic factors such as self-confidence and role-specific activities such as management courses.

Top suggestions from respondents to the 2018 and 2021 surveys for improving the transition period included targeted support (“providing more relevant help or being made more aware of what the College has done to help”) and promoting connection (“providing more support/ engagement/ mentorship”).

# Involvement with and Support from the College

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



More than half of the respondents are not aware of:

- RACP website – New Fellows page
- New Fellows forum
- RACP online wellbeing guides
- Medflinx

The most known and useful resources are:

- MyCPD
- MyCPD Interactive Handbook
- RACP Online Learning

Top 5 topics respondents would find helpful for the College to provide further support on (% based on total responses):

1. Managing the transition from trainee to consultant/specialist: 11% (n=90)
2. Career planning and advice: 11% (n=88)
3. Setting up a private practice: 9% (n=70)
4. Leadership and managing people: 8% (n=63)
5. Financial advice/services: 7% (n=59)



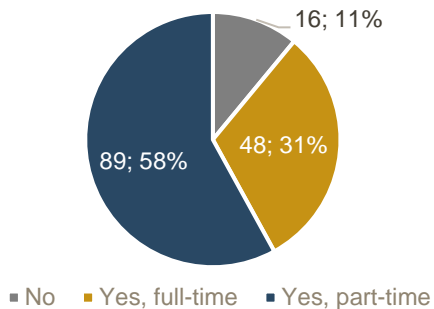
**Awareness of the New Fellows forum has decreased since over time with 59% of respondents were not aware of the forum 2018 and 56% were not aware of the forum in 2021.**

Respondents to the **2014 PIPE Study** provided similar feedback in terms of what resources would be helpful for the College to provide, including resources tailored to **setting up private practice and business management, developing leadership skills and support** (such as a mentor match program).



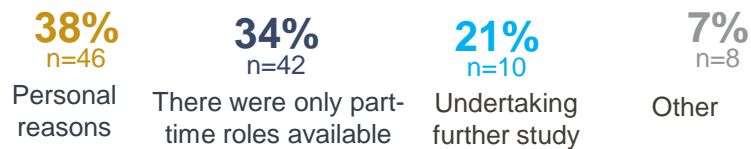
# Respondent Employment

## Current employment as a Consultant/Specialist



**8%** increase in part-time employment from 2021

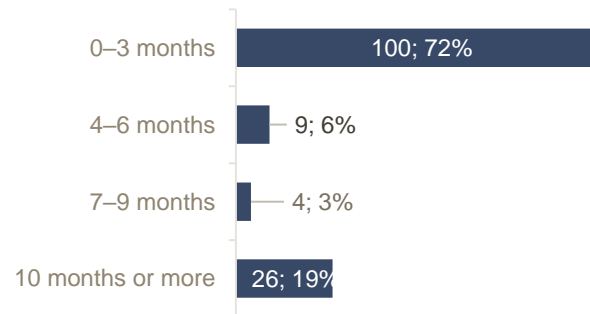
## Reasons for part-time employment†



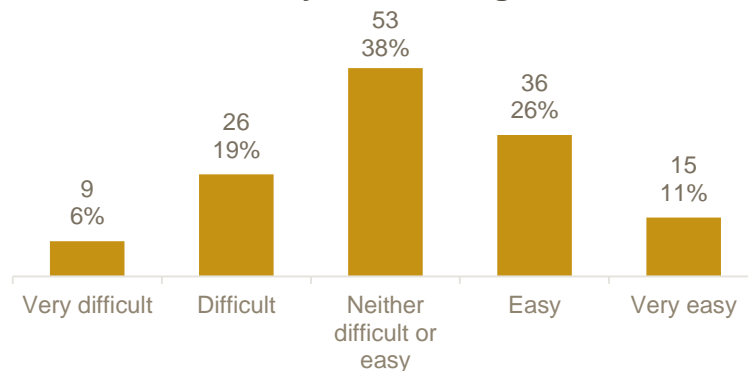
**63% of RACP respondents** to the 2022 MTS expressed **concerns about whether they would secure employment upon training completion** (+11% compared to the responses across all doctors in training). This has improved from 68% in the 2021 MTS.

## Obtaining a Consultant/Specialist role

### Time from completion of Advanced Training to commencement of role



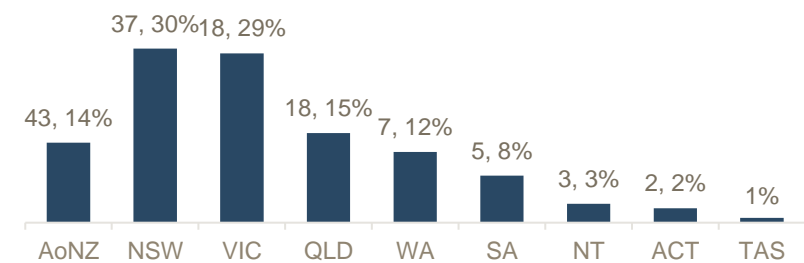
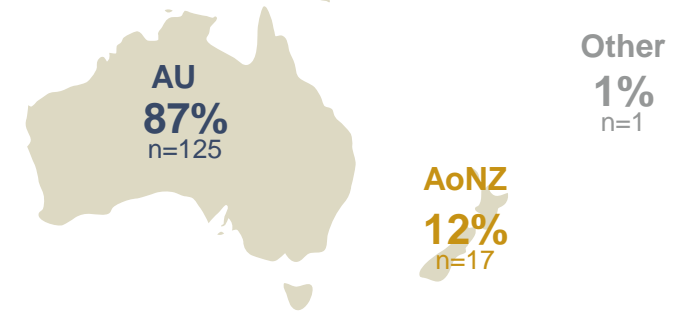
### Difficulty of obtaining role



**25%** (n=34 out of 139) undertook a **non-Consultant/Specialist role** as their first role after completion

**59%** (n=20 out of 34) 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: 55% (n=125)
2. Private practice: 21% (n=47)
3. Private health service/Hospital: 10% (n=22)
4. University/higher education sector: 5% (n=12)
5. Self-employed: 2% (n=5)

†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



# Key insights



# Findings consistent with existing observations

## A high proportion of new Fellows feel prepared for clinical domains



Over 85% of respondents felt prepared for:

- communication
- judgement and decision-making
- medical expertise
- teaching and learning
- ethics and professional behaviour

## There is room for improvement in training experiences



Areas for further development include:

- aligning learning activities, work experiences and assessments to support job-readiness, linked with Professional Standards
- use of work-based assessments
- provision of co-ordinated mentorship, supervision and support in training

## New Fellows feel less prepared for non-clinical domains



Less than 80% of respondents were prepared for:

- quality and safety
- cultural safety
- leadership, management and teamwork
- research
- health policy, systems and advocacy

## New Fellows 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:

- balance new role expectations and workload
- navigate private practice requirements such as Medicare
- feel confident in clinical decision-making
- move to an environment with less support
- find and maintain consistent employment

## 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

# New insights

## A high level of overall preparedness is maintained but preparedness in some domains is shifting



Overall preparedness has remained consistent at 87%

Preparedness is changing in the following domains:

- **teaching and learning** (up 9% in 2023)
- **research** (up 6% in 2023)
- **leadership, management and teamwork** (down 9% in 2023)
- **health policy, systems and advocacy** (down 7% in 2023)

## The transition from to unsupervised practice remains just as difficult and a transition program is now the most frequently requested resource



There has been a slight increase in the proportion of respondents who found the **transition difficult** (20% in 2021; 23% in 2023)

68% of respondents indicated further college support on **managing the transition from trainee to consultant/specialist** would be helpful

## Advanced Training Research Projects are a challenging component of training



Finding **sufficient time** to devote to working on research projects was the number one challenge (29% of responses).

31% of respondents indicated they would find it helpful for the College to provide **further support with research skills**.

## Work/life balance during training is increasingly problematic



There was a 13% decrease in respondents who agreed they were satisfied with their **work/life balance** while training from 2021 to 2023

New Fellows indicated the **high workload** (especially during the COVID-19 pandemic), **inflexible nature of training** (availability of part-time and leave opportunities) and completing **training requirements** (such as rural placements and research projects) were contributors to this.

## Even less awareness of existing College resources to support the transition



New Fellows' awareness and use of some of the existing College resources to support the transition including **the New Fellows page on the RACP website, the New Fellows Forum, RACP Online Wellbeing Guides, and Converge International**) is declining further over time.

Over 80% of respondents had never heard of **Medflix** and one fifth of respondents had never heard of the **RACP Online Community (ROC)**. These resources have not been asked about previously.

The most well-known and used resources remain **MyCPD** and **RACP Learning Online**.

## New Fellow employment trends are changing



New Fellows are taking longer to find employment as Consultants/Specialists. 78% found employment within 6 months of Fellowship (down from 85% in 2021)

58% of new Fellows are working part-time, up from 50% in 2021.

# Recommendations

Modified from 2021	1	Consider whether there is a need for additional or revised <b>educational interventions in domains where respondents indicated they felt less prepared</b> and the best stages in training/ professional practice to implement these (noting some are already in development 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.
Ongoing from 2021	2	Explore development of a <b>transition to professional practice program</b> that provides targeted interventions regarding common transition challenges, 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)
Modified from 2021	3	Improve accessibility and consider additional promotional opportunities for existing <b>RACP resources to assist new Fellows</b> with their transition to unsupervised practice, especially for newer resources such as Medflix
New	4	Consider opportunities for the College to <b>assist trainees achieve more of a work life balance</b> such as reconsidering the Advanced Training Research Project requirement for each specialty or advocating for decreased workloads or protected time to devote to training requirements such as studying for exams or completing research projects
New	5	<b>Continue to track trends in new Fellow preparedness and experience of the transition to unsupervised practice</b> over time in order to assess the impact of educational interventions made and evaluate the revised curricula as they are gradually rolled out. Consider best mechanisms to balance need for currency of information about preparedness and reduction of survey fatigue.

# Strengths, Limitations and Further Research

## Strengths

- The findings from this research can be used to inform training, professional development opportunities and resource development.
- This research extends and complements the previous iteration of the survey and other existing literature regarding new Fellow preparedness for unsupervised practice
- Longitudinal analysis possible due to the routine implementation of the survey

## Limitations

- 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 10% 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.

## Further Research

- 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.
- Evaluation of any interventions that result from this research.

# References

- Douglas, A., Mak, D., Bulsara, C., Macey, D., & Samarawickrema, I. (2018). The teaching and learning of health advocacy in an Australian medical school. *International journal of medical education*, 9, 26–34. <https://doi.org/10.5116/ijme.5a4b.6a15>
- Dijkstra, I.S., Pols, J., Remmelts, P. & Brand, P.L.P. (2015). Preparedness for practice: A systematic cross-specialty evaluation of the alignment between postgraduate medical education and independent practice. *Medical Teacher*, 37:2, 153–161. <https://doi.org/10.3109/0142159X.2014.929646>
- Endres, K., Burm, S., Weiman, D., Karol, D., Dudek, N., Cowley, L. & LaDonna, K. (2022). Navigating the uncertainty of health advocacy teaching and evaluation from the trainee’s perspective. *Medical Teacher*, 44:1, 79–86. <https://doi.org/10.1080/0142159X.2021.1967905>
- Hubinette, M., Ajjawi, R. & Dharamsi, S. (2014). Family Physician Preceptors' Conceptualizations of Health Advocacy: Implications for Medical Education. *Academic Medicine*, 89, 1502–1509. <https://doi.org/10.1097/ACM.0000000000000479>
- Medical Board of Australia and Ahpra. (2022). *Medical Training Survey 2022: Report for The Royal Australasian College of Physicians*.
- Paton, R. & Newton, L. (2014). *Preparedness for Independent Practice Evaluation (PIPE) Study Evaluation Report*.
- The Royal Australasian College of Physicians. (2022) Self-reported Preparedness for Unsupervised Practice, Results from the 2021 New Fellow Survey, March 2022.
- The Royal Australasian College of Physicians. (2022) *2022–2026 Strategic Plan*.
- Verma, S., Flynn, L., Seguin, R., et al. (2005). Faculty's and Residents' Perceptions of Teaching and Evaluating the Role of Health Advocate: A Study at One Canadian University. *Academic Medicine*, 80(1), 103–108. Retrieved from <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=ovftg&NEWS=N&AN=00001888-200501000-00024>.
- Woolcott Research and Engagement. (2019). *New Fellow Survey: Research report prepared for the RACP*.