



Supervisor Voices Survey 2024 Results Report

Survey Overview

What

- Feedback on supervisory experiences collected from supervisors and educational leaders across Australia and Aotearoa New Zealand between 1-22 August, 2024

Who

- 7911 supervisors recorded as actively supervising a trainee in 2024 were invited to participate

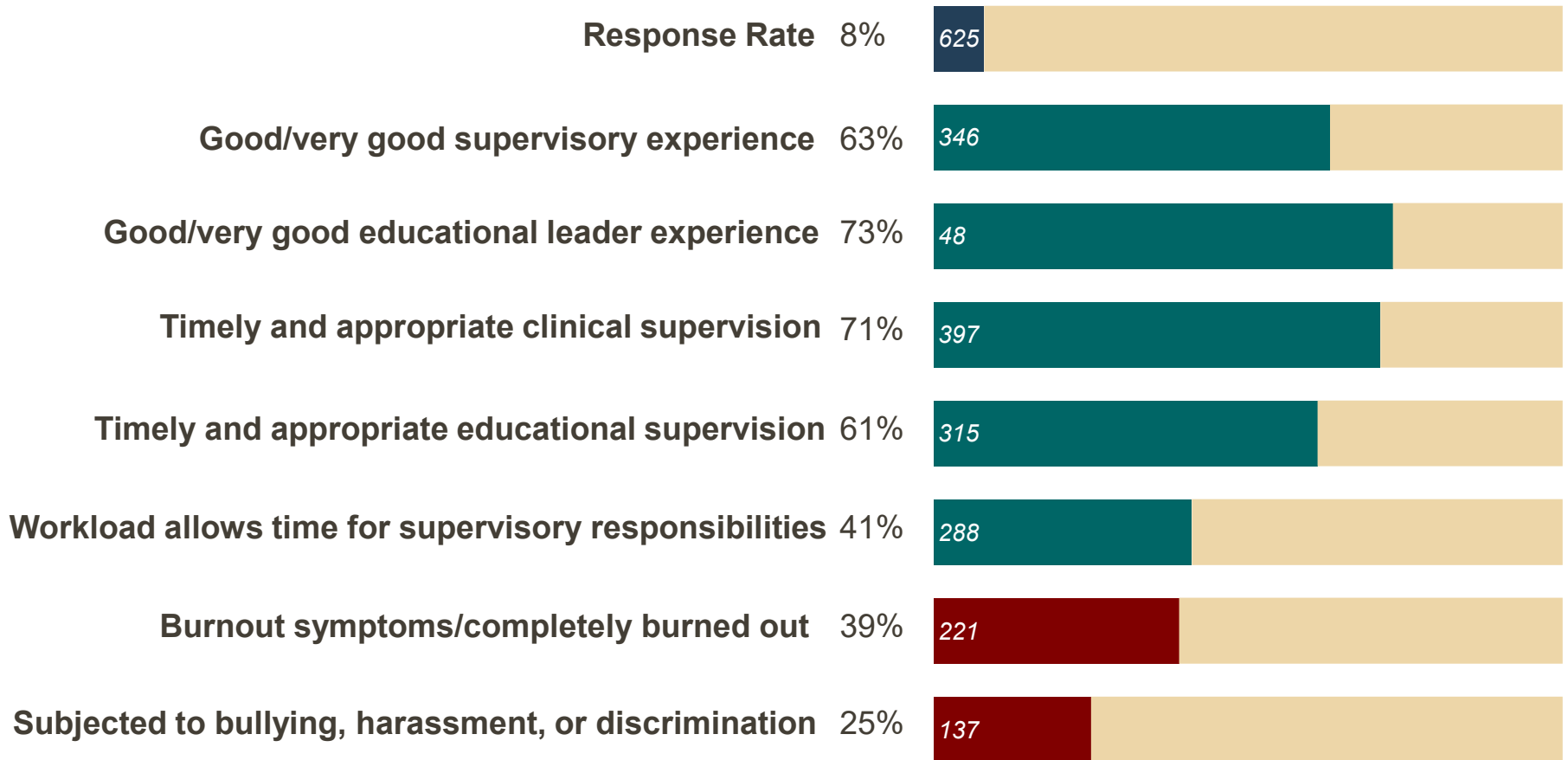
Purpose

- To collect insights regarding recent experiences, challenges, and needs

Why

- Nearly two years since we last heard from supervisors
- Inform enhancements to support services and prioritisation of advocacy efforts
- Establish baseline data prior to implementation of education renewal initiatives
- Regulatory requirement to collect confidential feedback on supervision

Results Summary



Reporting

The following symbols ▲▼ indicate trends in the results compared to 2022 Physician Training Survey results.

An accompanying asterisk (*) indicates a statistically significant difference at the 95% confidence level.

Respondent Profile

The respondent sample was not fully representative of the broader cohort of supervisors. Groups marked with ↑ were overrepresented and those with ↓ were underrepresented. This may affect the generalisability of the findings.



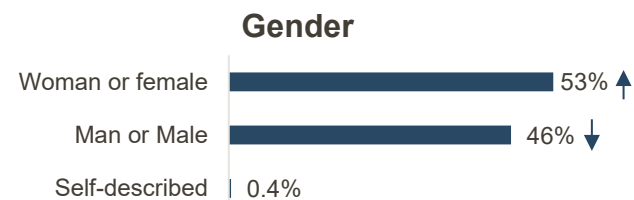
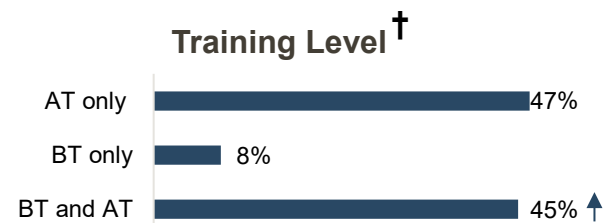
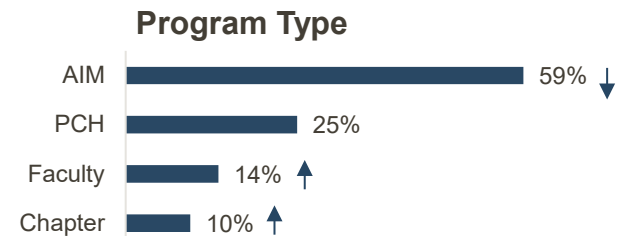
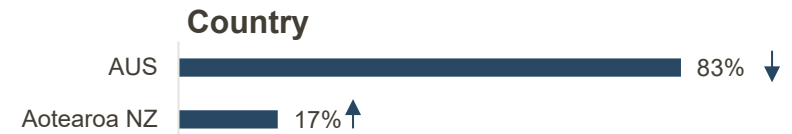
88%
Supervisor



12%↑
Educational
Leader



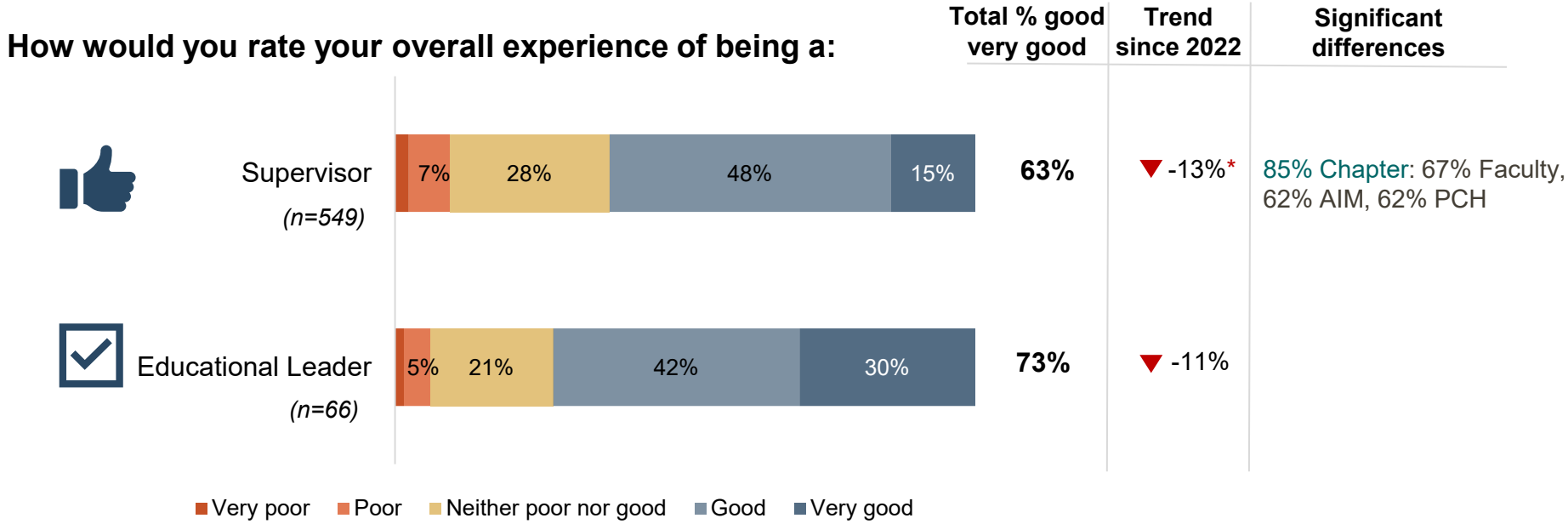
13%
Supervising new
AT curricula



† Limited recording of rotation supervisors in RACP systems may have contributed to over-detection of BT supervisors in sample dataset.

Overall Satisfaction

Most supervisors were satisfied with their supervisory or educational leadership experience, although satisfaction has significantly declined since 2022

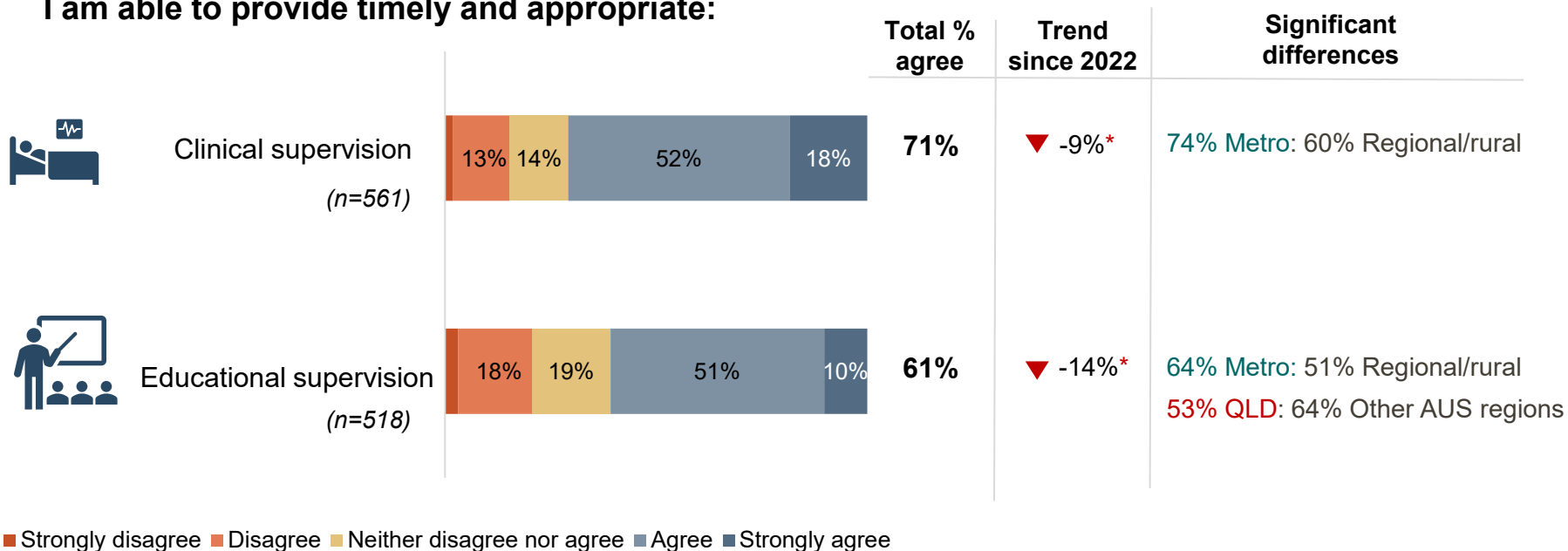


* indicates statistically significant difference

Supervision Quality

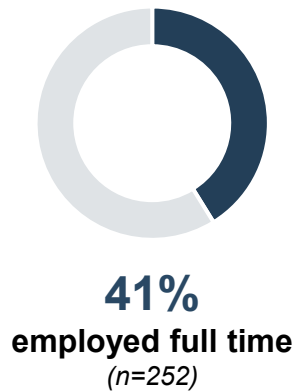
Most supervisors viewed the quality of supervision positively, however, favourable perceptions significantly declined compared to 2022

I am able to provide timely and appropriate:



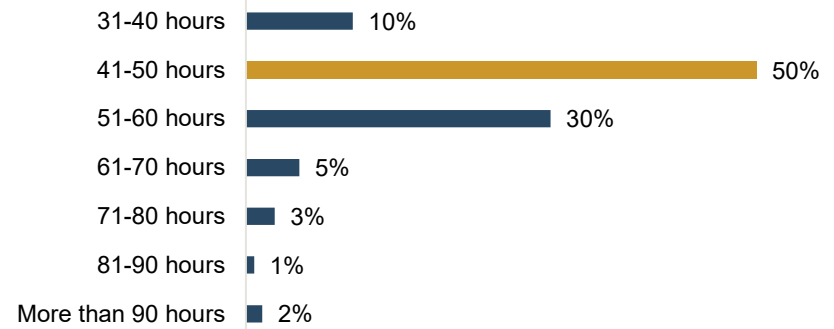
Workload

Less than half of supervisors reported their workload allows them to carry out supervisory responsibilities



of which
→
50%
work 41-50 hours/week

Average Hours Worked Per Week (FT only)



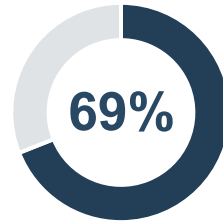
**workload allows them to carry out
supervisory responsibilities**
(n=288)

▼ -11% since 2022*

31% QLD: 43% Other AUS regions
54% Faculty, 50% Chapter: 39% AIM: 37% PCH

Changes in Supervisory Workload

Approximately 7 in 10 supervisors indicated their supervisory workload has increased in the past five years



supervisory workload slightly or substantially increased over past 5 years
(n=349)

More trainees (n=133)

“As our department has enlarged we have **more trainees** needing assistance and supervision”

More supervisory requirements (n=57)

“There is **significantly more paperwork and assessments** that needs to be completed.”
“...more requirements to be accredited to become a supervisor.”

More trainees needing extra support (n=39)

“More trainees needing support both for social **emotional wellbeing and performance concerns.**”

Fewer consultants (n=39)

“Reduction in the number of consultants in our department has meant **each individual consultant needs to take on more supervision.**”

Less participation in supervision (n=37)




“With the mandatory training placed on supervisors, many have just refused to complete. **The burden of care thus continues to fall on a select few** who care about education...”

Other non-RACP supervisory responsibilities (n=19)

“Not only do I supervise **4-6 interns each rotation I also supervise 4 basic physician trainees.**”

Allocated and Protected Time

4 in 5 supervisors and 1 in 2 educational leaders reported receiving no protected time for supervisory tasks

	Supervisors	Educational Leaders†
 Receive no allocated time	62% (n=323)	26% (n=19)
 Receive no protected time	82% (n=429)	51% (n=37)
Avg hours spent on training / week	3 hours	9 hours
 Of those who received time:		
Avg hours allocated / week	3 hours	9 hours
Avg hours protected / week	2 hours	9 hours



Critical need for protected/allocated time highlighted in open-ended comments

Significant positive correlation between hours of protected and allocated time and:

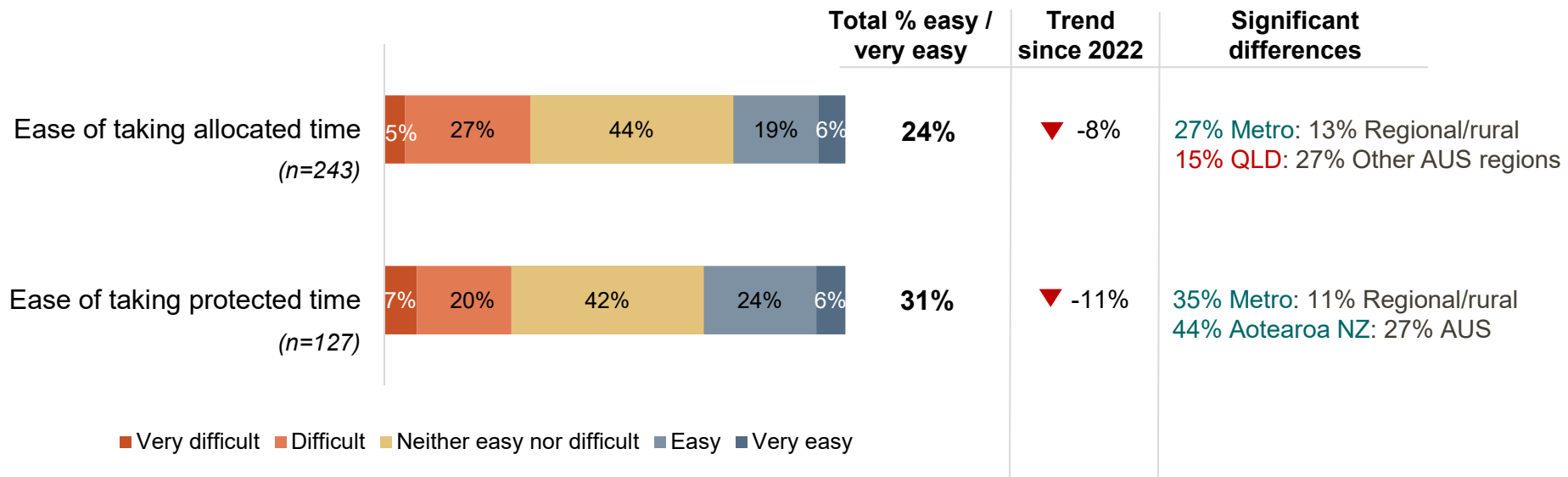
- Ability to fulfill supervisory responsibilities
- Ability to provide timely and appropriate supervision
- Overall satisfaction with their supervisory experiences



† Includes Directors of Physician/Paediatric Education (DPEs), Network DPEs, Regional Education Coordinators, and OEM Training Program Directors

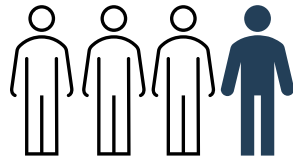
Allocated and Protected Time

Of those who received allocated or protected time for supervisory activities, few considered it easy to take



Wellbeing

Rates of bullying harassment and discrimination and self-assessed burnout remain high amongst supervisors



25%
experienced bullying,
harassment or discrimination
(n=137)

▲ +7% since 2022*

31% Female: 18% Male
20% VIC: 29% Other AUS regions

of which →



63% not reported (n=86)



26% reported but not addressed (n=36)



11% reported & addressed/being addressed (n=15)



39%
self-assessed as burning out or
completely burned out
(n=221)

▲ +3% since 2022

44% Female: 32% Male



17%
workplace supports and monitors
supervisor wellbeing
(n=92)

▼ -12% since 2022*

* indicates statistically significant difference

Capacity for Supervisory Tasks

Most supervisors reported having the skills to carry out key supervisory tasks but lacked resources and time

% Reporting adequate time, resources, and skills for key supervisory tasks

Task	Skills	Resources	Time
Monitor trainee wellbeing (n=569)	87%	57%	44%
Identify, support and manage a trainee in difficulty (n=569)	80%	54%	37%
Formally discuss trainee progress midway through rotation (n=466)	96%	73%	62%
Deliver formal learning based on rotation learning opportunities (n=466)	93%	66%	42%
Monitor and assess a trainee's performance (n=465)	96%	71%	55%
Assist a trainee to identify their learning needs and address them (n=501)	93%	70%	52%
Monitor and assess a trainee's longitudinal performance (n=225)	88%	61%	44%
Organise formal learning for the training program (n=390)	79%	50%	32%
Plan and administer a TP that links to curriculum & requirements (n=387)	74%	49%	30%
Recruit, support and manage supervisors (n=62)	77%	52%	42%

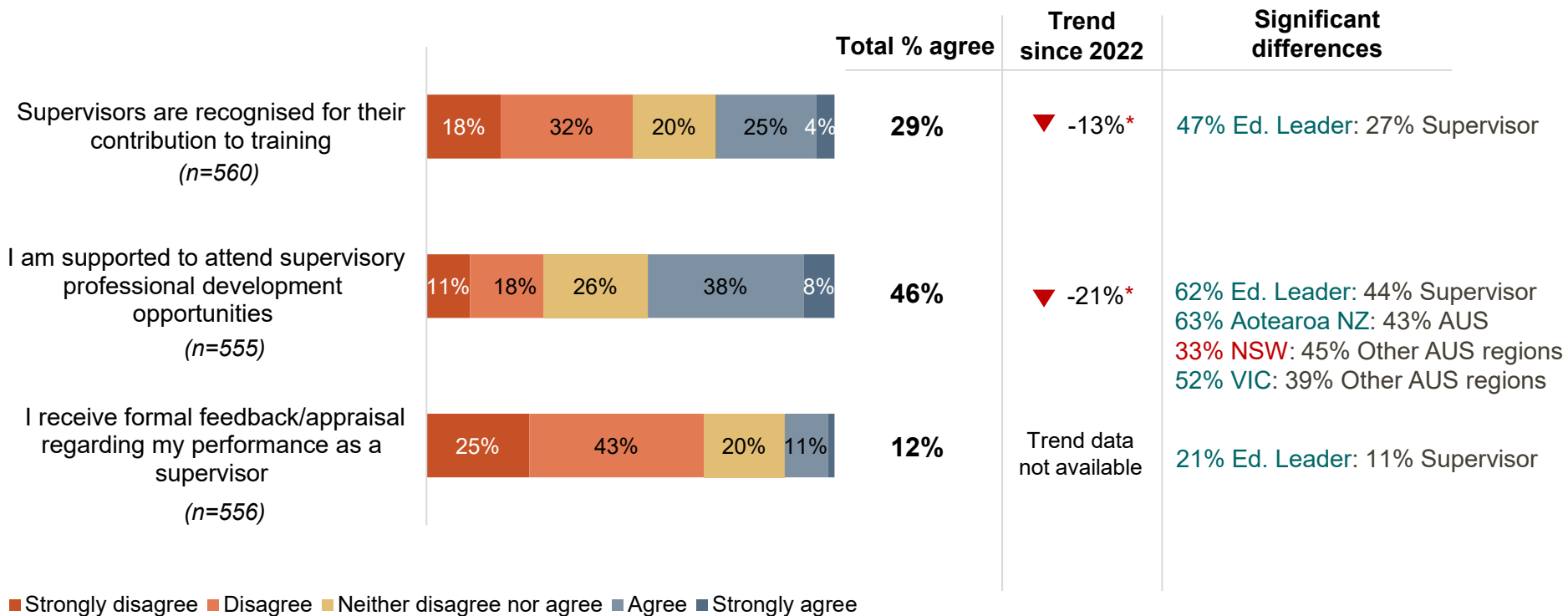
Red: 0-30%
Orange: 31-50%
Yellow: 51-70%
Green: 71-100%



Supervisors most commonly indicated they did not have enough time for tasks related to monitoring trainee wellbeing, supporting trainees on the support pathway and delivering/organising formal learning.

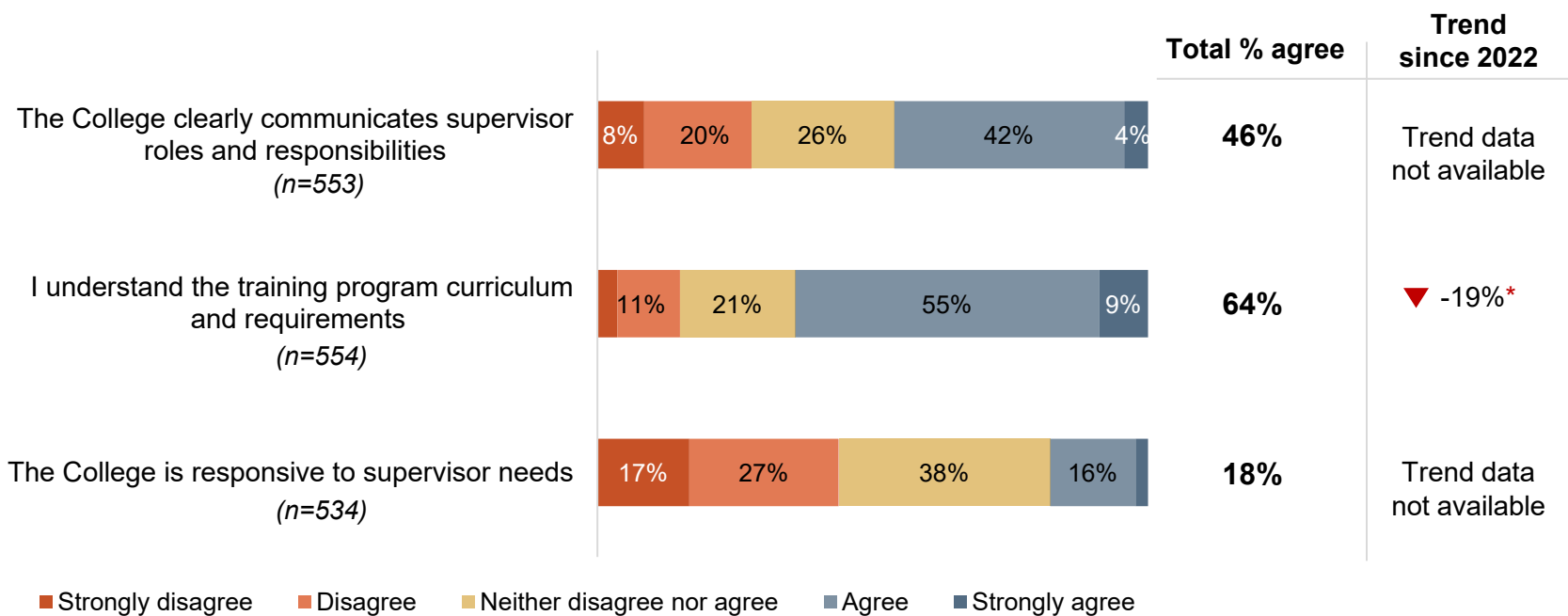
Primary Setting Support

The majority of supervisors feel unrecognised and lack formal feedback on their performance. There was a notable decrease in support for professional development opportunities since 2022.



College Support

Less than half of supervisors think the College clearly communicates supervisor roles and responsibilities, and less than 1 in 5 think the College is responsive to supervisor needs

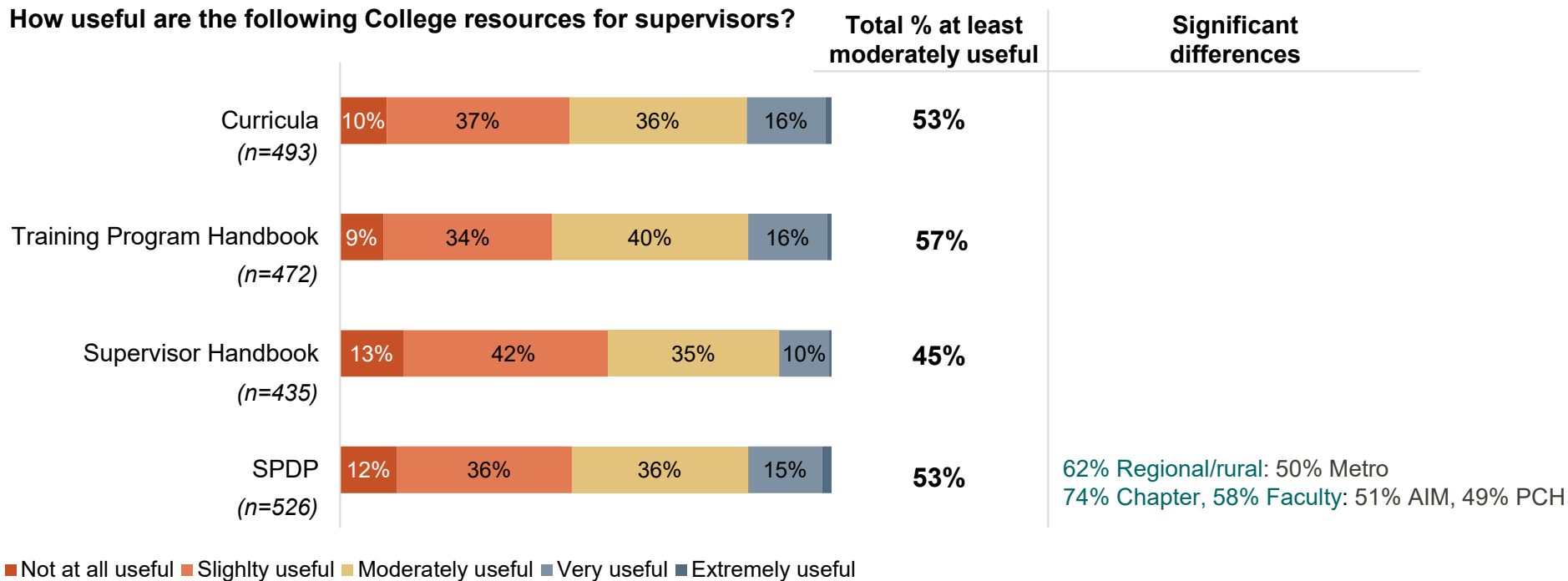


While not statistically significant, supervisors overseeing a trainee undertaking training in one of the new AT curricula reported lower agreement that they understood the training program curriculum and requirements (51%) compared to those not supervising under a new AT curricula (66%).

College Resources

Roughly half of supervisors considered College supervisory resources at least moderately useful, with the Training Program Handbook considered most useful

How useful are the following College resources for supervisors?



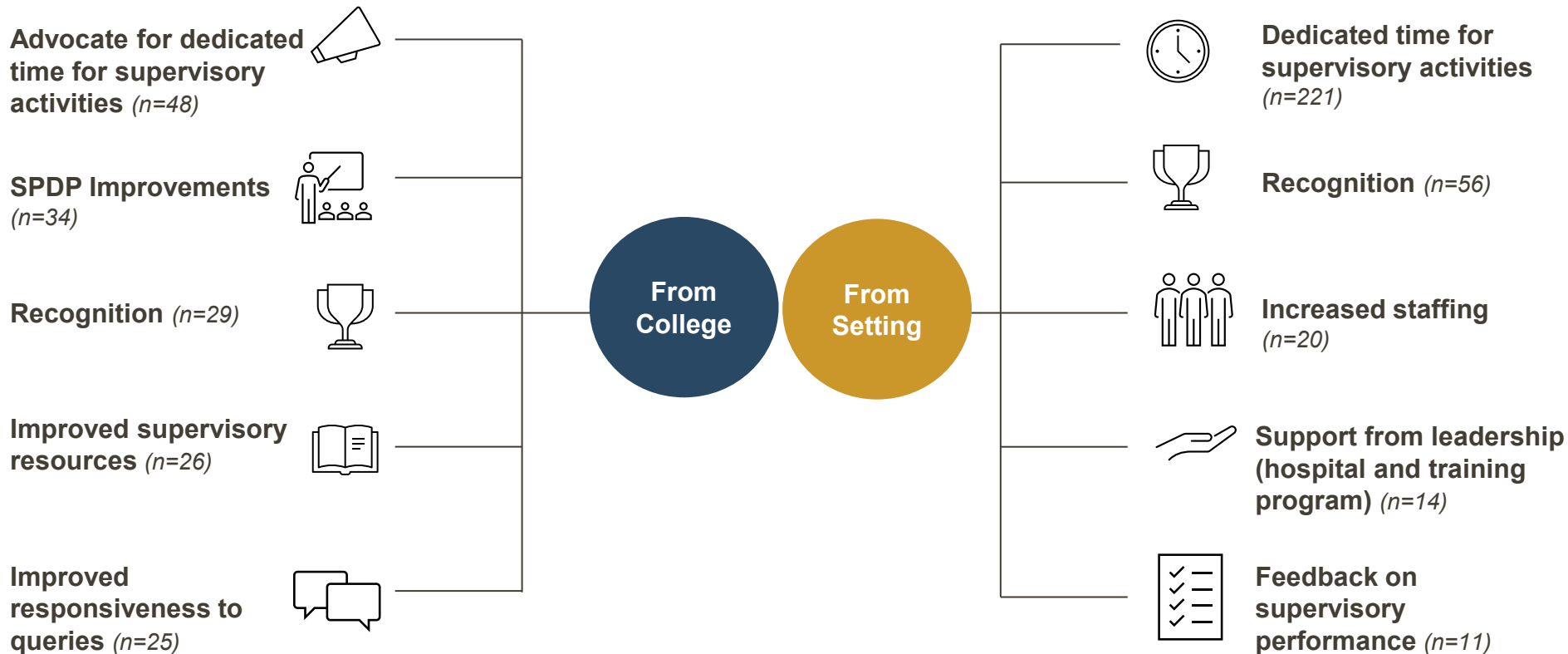
23% and 16% of supervisors indicated they have not used the Supervisor Handbook or Training Program Handbook, respectively.

Key Support Needs

Supervisors most commonly requested support in two areas: time to conduct supervisory activities and recognition for their contributions

Is there anything your College could do to better assist you in your role as a supervisor?

What is the one thing your primary setting could change to assist you in your role as a supervisor?



Key Support Needs



Dedicated Time for Supervision

Supervisors used various terminology to describe their need for time to carry out supervisory tasks:

- Protected time / paid protected time
- Allocated time
- Non-clinical time

“**I need formally allocated time to do this work.** I don't have enough time to do any of the work allocated to me and the College work is over and above just trying to keep the place afloat and patients alive.”

“I undertake my supervisor and DPE role as required but **currently have no non-clinical time** to allow me to do this.”

“**Provide guidelines for hospitals/departments** on how many hours a week a supervisor needs dedicated to providing supervision for trainees.”

“Advocate for employers/hospitals to recognise **supervising takes time.**”



Supervisor Recognition

Supervisors suggested they would feel more recognised through:

- Simple acts of appreciation (thank you emails)
- Remuneration for supervision (i.e paid protected time)
- Reduced membership fees
- CPD points

“**Organise an annual thank you dinner for all supervisors** in their respective states for each specialty. This would raise morale, increase communication and make everyone feel better.”

“**Consider a fee reduction for members who are active supervisors** to acknowledge the unpaid and seemingly under appreciated work they do in this space.”

“**Send me a thank you email** now and again.”

Key Support Needs



Improved College Supervisory Resources

Desire for more succinct resources

“**It's a full time job just to read the documents**, another full time job to understand it...”

“I half wonder about a quick reference guide...The resources are there but **who really has time to read the handbooks?**”

Challenges accessing resources & navigating website

“Some clearer resources and a **easier to follow website** - it is hard to find all the documents you need”

“**Each supervisor should be sent a link to each of the above resources** with a “thanks for all you do .. you are reminded of X/Y/Z which may be helpful for you...”

Resources to support trainees on the support pathway

“More training and **support and guidance for supervisors dealing with underperforming trainees** or trainees in difficulty.”



SPDP Improvements

More frequent offerings of SPDP, particularly face-to-face

“More accessible supervisor training - **more face to face courses based in NZ please.**”

“It is very difficult to find time to attend the Supervisor Training Workshops... **many more in-person workshops are required.**”

Shorter SPDP courses

“**Be more concise with training-** don't make us do 9 hours! Tell us the essentials...”

“the obligatory supervisor workshops should be **more numerous, and shorter.**”

User-oriented content

“Make the training shorter, **more flexible and user orientated.**”

“...the supervisor workshops are poorly run and time consuming and **don't consider the particular needs of the supervisor.**”

Fulfillment in Supervision



Despite the challenges highlighted in the survey, many supervisors expressed deep satisfaction and fulfillment in their roles

“Working with trainees and med students **is one of the best parts of my job.**”

“Love it- **trainees keep me learning!**”

“Teaching/education/supervision is **one of the most fulfilling parts of my role.**”

“...largely doing it because **I get significant joy from supporting trainees.**”

“**I enjoy mentoring and nurturing young doctors** to become the best clinicians they can be.”

“**Who doesn't love teaching** and supporting trainees?”

Key Messages



Declining satisfaction and perceptions of ability to provide timely and appropriate supervision



High workloads and increasing supervisory expectations are threatening supervisor capacity



Wellbeing is challenged by problematic culture and self-assessed burnout rates are increasing



Critical need for protected time for supervisory activities. Results indicate a positive link between protected time and both supervisor satisfaction and perceptions of supervision quality



Supervisors have the skills to carry out supervisory tasks, but lack the time to fully apply these



There is minimal investment in developing the supervisory workforce from health services



Supervisors do not feel recognised for their contributions and do not think the College is responsive to their needs



Supervisors lack formal feedback on their supervisory performance



Recommendations

The following recommendations have been identified as key focus areas for improvement and will guide the College's next steps in supporting supervisors.

1. Improve support for supervisors, ensuring they have access to **concise resources, timely support, and clear expectations** regarding their role and responsibilities
2. Prioritise **advocacy for supervisor support and protected/allocated** time as key focus areas in engagement efforts with jurisdictions
3. **Address unacceptable rates of bullying, harassment, and discrimination** experienced in training settings
4. **Enhance recognition of supervisors' contributions**, both from the College and within their workplaces
5. **Establish a formal feedback process** to provide supervisors with clear, actionable feedback on their strengths and areas for development as a supervisor
6. Continue to provide **opportunities for supervisors to provide feedback on their supervisory experiences** to track trends in satisfaction and supervision quality and to assess the impact of services and supports provided.