Physician Training Surveys
Pilot Guide
October 2017
# Contents

Introduction ......................................................................................................................... 3  
Purpose ................................................................................................................................. 3  
Executive Summary .............................................................................................................. 4  
Survey completion ............................................................................................................... 4  
Survey provider ................................................................................................................... 4  
Confidentiality ...................................................................................................................... 4  
Physician Training Surveys Pilot ......................................................................................... 5  
RACP Data Collection Statement ...................................................................................... 5  
Service provider ................................................................................................................ 5  
Timing .................................................................................................................................. 5  
Participants ........................................................................................................................ 5  
Trainees: ............................................................................................................................ 5  
Supervisors: ........................................................................................................................ 5  
Participation ........................................................................................................................ 6  
Consent ............................................................................................................................... 6  
Confidentiality ..................................................................................................................... 7  
Survey content ..................................................................................................................... 7  
Supporting participants and recipients .............................................................................. 8  
Pre-survey validation .......................................................................................................... 8  
Reports ............................................................................................................................... 8  
Ethics .................................................................................................................................... 9  
Data security ....................................................................................................................... 9  
Data retention ...................................................................................................................... 9  
Pilot evaluation ................................................................................................................... 9  
Annex 1: Confidentiality Statement .................................................................................... 10  
Annex 2: Reports ................................................................................................................ 13  
Annex 3: Potential Breaches of Accreditation Standards .................................................. 15
Acknowledgments

The RACP would like to acknowledge the UK General Medical Council (GMC) National Training Surveys which have shaped the approach and informed the development of our trainee and supervisor training surveys, processes and supporting documentation.

The RACP would like to thank all collaborators in the development of the Physician Training Surveys, in particular the Chair and members of the Accreditation Renewal Working Group.

Associate Professor David Watson AM FRACP (Chair)
Professor Michael Ackland PSM FAFPHM
Dr Pita Birch FRACP
Dr Gavin Chin FAFRM
Dr Paul Huggan FRACP
Dr Garry Inglis FRACP
Dr Kate Kearney
Dr Alistair Reid FRACP
Dr Stephen Robinson FRACP
Dr May Wong
Associate Professor Michael Woodward AM FRACP
Associate Professor Solomon Yu FRACP
Introduction

The Royal Australasian College of Physicians (RACP) is required by the Australian Medical Council and Medical Council of New Zealand to accredit the Physician Training Programs operated by Training Providers in settings across Australia and New Zealand. Among the requirements set by the regulatory bodies is the implementation of methods for systematic and confidential feedback on the quality of training, clinical experience, and supervision.

The RACP is introducing an annual survey of trainees and supervisors in order to collect feedback on their training experiences in the workplace. These surveys will help the RACP to:

- understand the extent to which the training programs of accredited settings meet educational and accreditation standards;
- improve the quality and safety of the training experience for trainees;
- identify where additional support may be required for supervisors;
- undertake continuous quality improvement.

The surveys will allow the RACP to:

- identify what is working well at training settings, and what may need improvement;
- encourage training providers to implement changes;
- access trainee and supervisor opinions about training;
- provide those committees with responsibility for accreditation of training with data that will inform accreditation processes and outcomes, including identifying areas of risk that require enhanced monitoring;
- enable the recognition and promotion of good training practices to improve the standard of training;
- understand and evaluate the impact of the implementation of competency-based training and other educational renewal initiatives;
- monitor trends with training providers and training programs to inform future RACP developments and improvements.

Purpose

The purpose of this document is to provide an outline of:

- the pilot survey;
- key processes which support administration of the survey.

This document will provide information to training committees, training providers and staff, RACP Fellows, and key stakeholders involved in or affected by the Physician Training Surveys.
Executive Summary

The RACP will pilot the workplace training surveys during the last quarter of 2017. The surveys will open on 30 October 2017 and remain open for six weeks until 8 December 2017.

The purpose of the pilot is to assess the:

- utility, validity, and reliability of the survey instruments and outputs;
- feasibility of the data collection, analysis, and reporting processes;
- time and cost involved for Members and the RACP;
- refinements to the survey instruments, reports, and process required prior to broad implementation.

The survey will be piloted at 18 settings across Australia and New Zealand. Hospitals participating in the pilot were shortlisted based on hospital classification, location, numbers of Divisional Training Programs, trainees, and supervisors to ensure we had sufficient participants associated with a breadth of training programs across Australia and New Zealand.

Hospitals about to undergo an accreditation assessment and/or significant organisational change were excluded from the pilot.

For the pilot, only trainees and supervisors associated with Divisional Training Programs who are working at the selected settings will be asked to participate.

Survey completion

From 30 October 2017, surveys will be available to eligible participants via a unique link sent using email to both supervisors and trainees and/or SMS to trainees only. Participants will be encouraged to complete the relevant survey as early as possible in the six-week survey period.

Supervisors who work at more than one pilot setting concurrently have been allocated one setting for which to submit a survey, but may request to submit an additional survey for another pilot setting in which they work.

Survey provider

The RACP has commissioned Woolcott Research and Engagement (Woolcott), a service provider with a long-standing history of delivering high-quality qualitative and quantitative research, to develop and administer the trainee and supervisor physician training surveys.

Confidentiality

The effectiveness of the survey depends on its integrity. It is important respondents answer honestly. The RACP is committed to upholding the confidentiality and security of the information it collects, and has put in place processes and controls intended to protect the identities of survey participants and protect the integrity of the data collected. Please refer to Annex 1 for more information.

---

1 Divisional Training Programs are those in the divisions of Adult Medicine and Paediatrics & Child Health. Find more information at [www.racp.edu.au/about/racps-structure](http://www.racp.edu.au/about/racps-structure)
Physician Training Surveys Pilot

RACP Data Collection Statement
The Royal Australasian College of Physicians ("the RACP", "we" or "us") is committed to protecting your personal information. We collect your personal information so that we can, for example,

- conduct training, peer review, and examinations;
- conduct research and surveys.

In developing and administering the physician training surveys, we will disclose personal information to a third party whom we have engaged to provide us with services on your behalf, subject to appropriate contracts and confidentiality agreements.

The feedback collected in the survey will be used to help ensure trainees access training which meets the RACP's educational standards, and receive high quality and safe training experiences, and assist us in identifying potential areas for improvement in the quality and safety of training.

If you wish to access or correct your personal information, make a complaint about a breach of your privacy, or if you would like a copy of our Privacy Policy (which contains more information about these matters, including to whom we may disclose your personal information), please contact our Privacy Officer at privacy@racp.edu.au.

Service provider
The RACP has commissioned Woolcott Research and Engagement (Woolcott), a service provider with a long-standing history of delivering high-quality qualitative and quantitative research, to develop and administer the trainee and supervisor physician training surveys. Their data collection statement may be found on their website.

Participants wishing to make a complaint about how Woolcott has handled their personal information may contact their Privacy Officer at racp@woolcott.com.au.

Timing
The physician training surveys pilot will commence on 30 October 2017. Surveys will close six weeks later on 8 December 2017.

Participants
For the pilot settings, the following participants will be invited to provide feedback on workplace training.

Trainees:
- Registered with the RACP;
- Located in a setting accredited for their training program;
- Completed a rotation at the pilot setting in October 2017;
- Working in the setting and not on extended leave;
- Completing their first specialty training program leading to the award of FRACP.
Trainees on an interruption or continuation of training will not be invited to participate in the pilot.

**Supervisors:**

Any doctor who holds a recognised supervisor role on 1 September 2017, including:

- Rotation Supervisors (also known as ward based consultants);
- Education Supervisors;
- Advanced Training Supervisors;
- Directors of Physician Education;
- Directors of Advanced Training.

Recognised supervisor roles are ones where the trainee or the setting has identified to the RACP that the doctor is responsible for one or more of the core training functions:

- Directly observe and oversee trainees learning and assessment;
- Oversee trainee longitudinal progression and completion of training program requirements;
- Oversee a training program and provides education leadership.

**Participation**

Participation is voluntary.

The RACP strongly recommends that all eligible trainees and supervisors complete the relevant survey as early as possible in the six-week survey period. Without representative feedback the usefulness of the data as a guide to improvement is limited.

Woolcott will make the survey available to participants through a unique link, sent to their email inbox, and/or by SMS. It is estimated that both the trainee survey and the supervisor survey will take from 15 to 20 minutes to complete. Participants may elect to complete the survey by telephone by contacting Woolcott on +61 2 9261 5221.

Supervisors that work at more than one pilot setting concurrently have been allocated one setting for which to submit a survey, but may request to submit an additional survey for another pilot setting in which they work by contacting the RACP Accreditation Team on +61 2 8247 6225 (during office hours) or at accreditationreview@racp.edu.au.

Participants should respond honestly and act in good faith when completing the survey.

**Consent**

Trainees and supervisors will be informed of the survey’s purpose, methods, potential benefits and how the RACP has mitigated identified risks via email and promotional materials. Participants will receive contact details for both Woolcott and the RACP so they can ask questions, discuss the survey, or make a complaint about survey content or methodology.

Consent is expressed by the participant voluntarily answering survey questions.

Participants can opt out of the survey by contacting Woolcott, at which point all personal information regarding that participant in Woolcott’s possession will be deleted.
Participants have the right to withdraw their consent at any stage without any consequences by writing to the RACP through the [Contact us](#) page on the RACP website. Withdrawing consent will result in removal of personal, demographic and response data from the data collection from that point forward. Data already contained in reports cannot be removed.

**Confidentiality**

The effectiveness of the survey depends on its integrity. It is important respondents answer honestly. The RACP is committed to upholding the confidentiality and security of the information it collects, and has put in place processes and controls intended to protect the identities of survey participants and protect the integrity of the data collected.

- Access to survey data is restricted;
- All survey data collected is de-identified by Woolcott before it is provided to the RACP;
- Data will only be reported in aggregate;
- Disclosure control methods will be used to mitigate potential confidentiality breaches as a result of data tabulation;
- No link or attachment will be created between the survey responses and training or member records in RACP systems;
- The third party service providers are bound by confidentiality and privacy obligations and the Australian Market and Social Research Society [Code of Professional Behaviour](#).

Please refer to [Annex 1](#) for more information.

**Survey content**

At the commencement of the survey, trainees will be asked to confirm the training program(s) and training setting while supervisors will be asked to confirm their training setting.

The surveys contain multiple choice and free text questions that cover the following topics and will take approximately 15-20 minutes to complete. Participants can provide further comments about workplace training at the end of the survey.

**Trainee physician training survey**

- Overall satisfaction
- Organisation of training
- Orientation
- Learning opportunities
- Clinical supervision
- Educational supervision
- Assessment
- Trainee support and services
- Trainee feedback on training programs
- Culture
- Bullying, harassment, and discrimination
- Trainee workload
- Trainee wellbeing
- Patient safety
- Handover

**Supervisor physician training survey**

- Overall satisfaction
- Organisation of training
- Supervisor workload
- Supervisor responsibilities
- Supervisor training
- Supervisor support and resources
- Supervisor feedback on training programs
- Supervisor views of trainee experiences
- Culture
- Patient safety
- Handover
Supporting participants and recipients

Participants wanting to discuss the survey can contact Woolcott on +61 2 9261 5221 or via email, racp@woolcott.com.au or the RACP on +61 2 8247 6225 or via email, accreditationreview@racp.edu.au

Participants may experience discomfort from the questions being asked. Participants wishing to speak about issues confidentially can contact the RACP Support Helpline. The phone numbers are 1300 687 327 (Australia) or 0800 666 367 (New Zealand).

Participants and recipients wishing to make a complaint about the survey process can write to Jackie O’Callaghan, Senior Project Lead at accreditationreview@racp.edu.au or through the Contact us page on the RACP website. Complaints will be reviewed by the Accreditation Renewal Working Group as part of the evaluation process.

Pre-survey validation

The accuracy of the personal and demographic data of participants will be confirmed approximately one month prior to the survey commencement date. The RACP will provide a list of trainee and supervisor names to the Basic Training Program Director at the setting to validate the data locally.

The RACP will carry out data checks to:

- remove trainees and supervisors who do not meet the participation criteria;
- confirm that the trainee and supervisor’s region and country align to the location of the training setting;
- confirm that the relevant training programs are accredited for the training setting;
- identify trainees and supervisors in multiple settings;
- confirm that the length of time training is logical and accounts for flexible training, interruptions to training and multiple training programs.

Reports

Survey results will be released between February and May 2018 in fixed reports, incorporating a limited breadth and number of tables and graphs which contain demographic information, question responses, and indicators.

Results will be reported only in the aggregate. No individual responses will be shared.

Indicator results will be used to benchmark training providers and training programs. The outliers identified in the indicators will identify areas of good practice and areas for improvement.

The information will provide a snapshot of trainee and supervisor perceptions of physician training in the workplace and are to be used to improve the quality of workplace training.

The reports will be provided first to the RACP committees responsible for accreditation of training settings, to allow for review of findings and for actions to be taken if the data indicates that improvements are required.

Training Providers will be requested to reflect on the results and improve their training where required. Reports to Training Providers will not be published.
The report to trainees and supervisors will be made generally available.

For more information on reports see Annex 2.

In situations where the feedback suggests a breach of the accreditation standards, RACP Training and Accreditation Committees may undertake enhanced monitoring of a setting to improve training. For more information on the handling of potential breaches of standards see Annex 3.

**Ethics**

The survey is a quality improvement activity and has been assessed by the RACP as having a low level of risk based on NHMRC National Statement on Ethical Conduct in Human Research. Consequently, no ethics approval from a Human Research Ethics Committee has been sought.

**Data security**

Woolcott will take all reasonable steps to protect the information you transmit from your device to its website and to protect the information from loss, modification, disclosure, misuse, unauthorised access, and destruction.

Woolcott uses a secure portal for completion of online surveys. Email sent to and from Woolcott using its website may not be secure, and special care should be taken about what information you send them via email.

When the data is provided to the RACP, it will be stored in a secure location and encrypted.

**Data retention**

Woolcott will destroy or de-identify your personal information as soon as reasonably practicable once it is no longer needed to complete the research.

The RACP may retain the data for up to seven years to use in trend analysis in future physician training surveys.

**Pilot evaluation**

We will evaluate the pilot to assess:

- the utility of the survey instruments and reports in particular validity and acceptability;
- the feasibility of the data collection, analysis, and reporting processes;
- the time and cost involved for members and the RACP;
- potential refinements to the survey instruments, reports, and process prior to broad implementation.

Respondents will be asked two questions at the end of the survey to gauge how they felt about the survey. Woolcott will contact a selection of respondents who request to participate in an interview to discuss the survey and associated process.
Annex 1: Confidentiality Statement

The RACP is committed to upholding the confidentiality and security of the information it collects. The following statement describes the processes designed to ensure that confidentiality and privacy are maintained throughout the administration of the physician training surveys.

Honest, complete, and timely feedback provided by trainees and supervisors is essential for quality assurance and continuous quality improvement. The RACP depends on the goodwill and cooperation of its members to provide this feedback.

The protection of trainee and supervisor identities is a priority. Our service provider’s data collection statement may be found on their website, and sets out the rules under which they operate.

During the early phase of data collection, the RACP will provide names, contact details, and MIN numbers to Woolcott, as is necessary to contact participants, ensure the quality of the resulting data and manage concerning responses.

Woolcott will de-identify the data before providing it to the RACP. De-identification involves removing or altering information that identifies an individual or is reasonably likely to do so. Generally, de-identification includes two steps:

- removing personal identifiers, such as an individual’s name, address, date of birth or other identifying information, and
- removing or altering other information that may allow an individual to be identified, for example, because of a rare characteristic of the individual, or a combination of unique or remarkable characteristics that enable identification².

De-identification will occur once data quality assurance processes are complete. The MIN number and personal details will be removed and stored separately to the demographic and response data. This greatly reduces the likelihood that individuals can be identified, and provides protection against a breach of security. Names, contact details and date of birth will be deleted by Woolcott after the data analysis for concerning responses has been completed.

² OAIC: Australian Privacy Principles Guidelines April 2015
The process for de-identification of data to contact participants is set out below.

The likelihood of identifying an individual will be further reduced by data aggregation and disclosure control methods such as cell suppression and changing the classification scheme to mitigate breaches from data tabulation. A threshold has been set such that if there are less than five participant responses the data will not be shared or reported.

For training provider reports, indicator data will not be released if there are less than three training providers being benchmarked. Reports will not be released if the risk of identity disclosure remains high.

Access to the physician training survey data will be restricted. Identifiable data will only be accessed by RACP staff responsible for administration of the physician training surveys when respondents have given explicit permission.

Other RACP staff, Training Providers, RACP members, College Bodies, and external researchers will not be given access to data from which the identity of the respondent can be identified.

No link or attachment will be created between the survey responses and training or member records in RACP systems.
Management of Concerning Responses

There will be circumstances, when the RACP as part of its duty of care, cannot adhere to the participant response threshold. The surveys ask questions and seek comments which can reveal

- workplace training concerns relating to patient safety, supervision, and wellbeing.
- concerns about a participant’s wellbeing

For workplace training concerns the RACP needs to notify the training provider of the concern. When there are less than five responses this action can increase the likelihood of participants being identified. We will

- contact the participants impacted before we contact the training provider;
- share with participants the information to be given to the training provider;
- make participants aware that sharing this information may increase the likelihood of the respondents becoming identifiable.

When the survey responses raise a concern for the health and wellbeing of a respondent, we will

- contact the participant and offer them support through the RACP Support Line.
- Seek their consent to raise the issues with a staff member at the setting, of the respondent’s choosing, so the concerns can be addressed. If consent is not forthcoming the RACP will take no further action.

The process for re-identification\(^3\) of data to contact participants is set out below.

---

\(^3\) Re-identifiable data refers to data from which identifiers have been removed and replaced by a code, but it remains possible to re-identify a specific individual by, for example, by using the code (as defined by the Australian Government’s National Health and Medical Research Council, 2014).
Annex 2: Reports

The reports to be produced by the RACP are designed to fulfill a number of requirements:

- identify what is working well and what needs to improve at the training provider level for the purposes of local quality improvement and meeting our accreditation standards;
- provide an information source for RACP committees with responsibility for accreditation of training to inform the accreditation process and outcomes, including any areas of risk to be further explored through the visit process, recommendations, or conditions;
- support the training committees, Divisional committees, College Training Committee and College Education Committee in identifying ways in which the RACP can support training in the workplace;
- enable the recognition and promotion of good training practices to help improve the standard of training;
- review and analyse the validity and efficiency of training survey content and methodologies in order to make improvements before the rollout of physician training surveys.

Information types

The reports contain tables and graphs and include the following:

- Demographic information
  The demographic information will show the total number of participants and the percentage who responded. It is anticipated this information will be grouped by gender, region, and training programs.

- Question item responses
  The results for each question for the setting and training programs will be provided when the respondent threshold (five) is achieved. The results will include question text, the number of respondents, results, mean, and confidence limits.

- Indicators
  Questions in the survey are grouped into summary measures that represent components of training (indicators). The indicators have been aligned with the RACP accreditation standards.

The questions and the indicators are being finalised and will be available with the reports.

Benchmarking

The indicators form the basis of benchmarking. It will allow training providers and RACP to compare the performance of settings and training programs. A component of a training program or a setting will be measured against a group of training programs in other settings or settings with the same classification, or region. The report will identify outliers, scores that are significantly lower or higher than the mean.

For the individual training program and or settings the report will include a number of respondents, result, mean, and confidence limit. For the benchmark group, the report will include the number of respondents, mean, lowest score of all respondents, the highest score of all respondents, first and third quartile value.
It is difficult to determine prior to the first survey what benchmarking can be achieved. Maintaining the confidentiality of supervisors and trainees is of the utmost importance, and responses for the pilot are voluntary.

The following table provides an indication of the type of reports and benchmark groups for training providers. This is subject to change as it is dependent on the response rate.

<table>
<thead>
<tr>
<th>Report Subtypes</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Information (by gender, by training program)</td>
<td>• Total supervisors and trainees asked to participate</td>
</tr>
<tr>
<td></td>
<td>• Response percentage for specific setting for supervisors and trainees</td>
</tr>
<tr>
<td>Question Item Information (by training program)</td>
<td>• Trainees</td>
</tr>
<tr>
<td></td>
<td>• Supervisors</td>
</tr>
<tr>
<td></td>
<td>• Comparison of supervisor and trainee responses to questions</td>
</tr>
<tr>
<td>Indicator Information (by region, country, RACP)</td>
<td>• Settings – trainees and supervisors (by setting classification)</td>
</tr>
<tr>
<td></td>
<td>• Settings – Basic Trainees and Advanced Trainees (by setting classification)</td>
</tr>
<tr>
<td></td>
<td>• Settings – first-year Basic Training trainees</td>
</tr>
<tr>
<td></td>
<td>• Training programs – trainees and supervisors (by paediatric and general settings)</td>
</tr>
<tr>
<td></td>
<td>• Training programs – first-year trainees</td>
</tr>
</tbody>
</table>
Annex 3: Potential Breaches of Accreditation Standards

It is possible that the survey results may identify training issues which point to a breach of the Standards for the Accreditation of Training Settings. In this case, training and or accreditation committees may choose to write to the setting, asking about the findings. The process for managing potential breach of standards is as follows:

1. **Training survey findings suggest a possible breach of the Standards by a Training Provider.**

2. **The relevant training and accreditation committee are informed of information which suggests a potential breach of the standards.**

3. **The committee reviews the findings and where a potential breach is identified writes to the training provider requiring them to review the finding, identify reasons and propose actions to rectify the situation.**

4. **The Training Provider responds to the letter informing the committee of their findings, proposed actions and the timeframe for completing any action.**

5. **The committee reviews the response and where needed seeks additional information from trainees and training directors to determine the next steps.**

   - If there is no breach, no further action will be taken. Accreditation is not affected.
   - If a breach has occurred and the committee is satisfied with the actions being proposed by the setting, the committee will monitor the setting to ensure actions are undertaken. Accreditation is not affected.
   - If the breach is significant or the committee is not satisfied with actions proposed by setting, the committee can request further actions and or a visit and or modify the accreditation status to conditional.
About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.