



Australian Government
**General Practice Education
and Training Limited**

AGPT REGISTRAR SATISFACTION SURVEY

GENERAL PRACTICE EDUCATION AND TRAINING

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ACRONYMS AND ABBREVIATIONS

ACE	Association of Chief Executives
ACER	Australian Council for Educational Research
ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training
AMC	Australian Medical Council
CEO	Chief Executive Officer
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FTE	Full time equivalent
GP	General practice or General Practitioner (depending on context)
GPET	General Practice Education and Training Limited
PAG	Project Advisory Group
RACGP	The Royal Australian College of General Practitioners
RLO	Registrar Liaison Officer
RPL	Recognition of prior learning
RSS	Registrar Satisfaction Survey
RTP	Regional Training Provider

EXECUTIVE SUMMARY

The Registrar Satisfaction Survey (RSS) is designed for system-level monitoring, and to assist RTPs with their continuous improvement. In October 2012, General Practice Education and Training Limited (GPET) engaged ACER to improve the RSS and implement the 2013 data collection. The project was directed by Associate Professor Hamish Coates and Dr Rebecca Taylor. The work was informed by the RSS Project Advisory Group (PAG) which included members from GPET and the Association of Chief Executives (ACE) nominees. This development included a focused review of relevant research, consultation with key stakeholders and GPET, and technical validation.

Fieldwork was carried out in June and July 2013. A total of 1,942 valid responses were received from registrars currently in training, reflecting a national response rate of 73.7 per cent. 64.3 per cent were female and respondents' mean age was 35 years. The 2013 questionnaire took a median time of 11 minutes for the registrars to complete. Sufficient response (about 50%) was received from all RTPs. The 2013 RSS collected information on training contexts, registrar characteristics, overall impressions, insights into RTPs, insights into training facilities, and insights into careers.

Nationally, registrars were very satisfied with their Australian General Practice Training (AGPT). On a 5-point response and reporting scale, overall satisfaction with the RTP, with education and training, and with support, provided all scored 3.9. Variation of overall satisfaction did occur, declining as the training location moved further from major cities. Similarly, overall satisfaction dropped from the first to second full-time equivalent year in training, increasing again when a registrar had been in the program for longer. Registrar demographics appear to have little link with satisfaction.

Various dimensions of satisfaction with the RTP were assessed. With very rare exception the results were high across all areas assessed and groups. For instance, the overwhelming majority (91.1%) of registrars affirmed they would recommend their RTP to friends or colleagues considering general practice training. As with many other areas of the RSS, the results for registrars' satisfaction with their training facility were high (around four out of five) with very little variation occurring.

In relation to their careers, around 95 per cent of registrars agreed that general practice was the right career for them as well as that they had chosen the correct fellowship pathway. These results were uniform across all RTPs and across all training contexts and registrar characteristic with the exception of registrars working in very remote areas.

Additional information about the Registrar Satisfaction Survey can be found at www.acer.edu.au/rss. Additional information about GPET and the AGPT program can be found at www.gpet.com.au.

INTRODUCTION

PROJECT OVERVIEW

The General Practice Education and Training Limited (GPET) Registrar Satisfaction Survey (RSS) is used for ensuring continuous improvement in the training of doctors in General Practice. Designed by the Australian Council of Educational Research (ACER) in conjunction with GPET and advisors from ACE, the RSS gauges the level of registrar satisfaction with the quality of their training, with training providers, and with career progression. It was designed and implemented to help ensure that professional training programs delivered by Regional Training Providers (RTPs) meet the standards and requirements of both the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). The RSS was designed to be well-formed technically, be operationally efficient, and provide valid and reliable information to GPET.

In October 2012, General Practice Education and Training Limited (GPET) engaged ACER to work with them as well as key stakeholders to improve the RSS, including in its use for ensuring continuous improvement in the training of doctors in general practice. The project was directed by Associate Professor Hamish Coates and Dr Rebecca Taylor. The work was informed by the RSS Project Advisory Group (PAG) which included members from GPET and ACE nominees.

This 2012-13 development included a focused review of relevant research, consultation with key stakeholders and GPET, and technical validation. The instrument was designed to ensure continuous improvement in the training of doctors in general practice. Specifically, in 2012-13 ACER was asked to develop a RSS instrument with a focus on:

- investigating, testing and administering the development of a set of core and non-core tailored items for the RSS that incorporate different registrar circumstances (e.g. hospital, non-hospital, subspecialisations, with or without incident), where appropriate;
- providing an instrument that gauges the level of registrar satisfaction with the quality of training, with training providers and with career progression, that informs improvement processes, and that assists GPET to meet its contractual obligations to the Australian Government;
- running a series of focus groups to follow-up on patterns and trends identified in preliminary analyses of the RSS data; and
- reporting on the results of a nationally delivered GPET Registrar Satisfaction Survey (RSS).

In 2013 ACER sought to implement the most robust and efficient GP registrar survey yet delivered in Australia. Procedures for survey administration were developed in close consultation with key stakeholders. The RSS instrument was administered to GP registrars training at all 17 RTPs, which involved:

- administering the RSS instrument to all GP registrars in training, excluding those registrars on extended leave or in pre-AGPT hospital training (e.g. PGY1, PGY2+);
- administering the RSS as a census;
- developing a response strategy to ensure an appropriate response rate was achieved; and
- administering the 2013 RSS instrument independently of RTPs but with their continued support to increase response rates.

The 2013 RSS collected information on training contexts, registrar characteristics, overall impressions, insights into RTPs, insights into training facilities, and insights into careers. As this report shows, nationally, registrars were very satisfied with their Australian General Practice Training (AGPT). There were variations across groups and contexts, and significant insights into registrars' career intentions.

BACKGROUND AND CONTEXT

Following the establishment of The Royal Australian College of General Practitioners (RACGP) in 1958, the Family Medicine Program, the precursor to today's Australian General Practice Training (AGPT) program, was set up in 1973 by the RACGP to offer training to doctors already working in general practice. In 1987, the Fellowship of the Royal Australian College of General Practitioners (FRACGP) became an endpoint in training and eventually in 1995, the compulsory endpoint to training and entrance into the profession of general practice. In 1997, a separate rural medical college, the Australian College of Rural and Remote Medicine (ACRRM), was launched by the Rural Doctors Association of Australia to set standards and provide training for rural medicine. In 2007, the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) was introduced as an alternative endpoint for training as a specialist general practitioner.

The Royal Australian College of General Practitioners (RACGP) defines general practice as providing "person centred, continuing, comprehensive and coordinated wholeperson health care to individuals and families in their communities"¹ while the Australian College of Rural and Remote Medicine (ACRRM) says "general practice is used to describe the

1 <http://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice/>, July 2013

medical specialty that provides primary continuing comprehensive whole-patient medical care to individuals, families and their communities”². These definitions underpin the training each registrar undertakes during AGPT to meet the requirements of either one, or both of the Colleges in order to complete FRACGP, FACRRM and/or FARGP and be granted permission to work as specialist general practitioners.

As of the 2011 census³, Australia had over 750,000 people working as health professionals. Of these, there are 70,000 doctors with 43,400 specialising in general practice. The need for specialist GPs has driven the need for the provision of suitable education and training.

In January 1997 a Ministerial Review of general practice training was announced by the then Minister for Health and Family Services. The Review Group conducted a comprehensive consultation process, which confirmed that general practitioners and educational experts saw a need for change. In June 2000, as a result of the review, the Minister announced the establishment of General Practice Education and Training Limited. GPET was incorporated in March 2001 and through the Department of Health and Ageing has a contract with the Commonwealth to implement and oversee the delivery of the Australian General Practice Training (AGPT) program. AGPT is the only vocational medical training program fully funded by the Commonwealth.

GPET set up a regionalised system of general practice education and training, now delivered through 17 Regional Training Providers (RTPs) across Australia, which promotes horizontal and vertical integration of general practice education and training. The program is delivered across Australia with the purpose of delivering quality health care services, and to meet the current and future health care needs of all Australians. There is particular emphasis on those Australians who live in rural and remote areas and communities.

The AGPT program offers postgraduate doctors a range of training options and experiences appropriate for urban and rural or remote vocational training. The RTPs are required to deliver training which meets the standards and requirements of the vocational training programs of either the Royal Australian College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACRRM). Completion of either college vocational training program leads to the relevant college fellowship (FRACGP or FACRRM). Both fellowships are recognised professional qualifications to enable registrars to gain vocational recognition under the Medicare legislation. RTPs are also actively involved in the delivery of training to hospital-based registrars and procedural skills-based training. All GP registrars are required to undertake the initial part of their training in a hospital environment, after which they go on to complete their core training and required

² <https://www.acrrm.org.au/about-rural-and-remote-medicine>, July 2013

³ Source: Australian Bureau of Statistics, 2011 Census of Population and Housing

procedural skills training. Training is usually completed over a three or four year (FTE) period, but training time can be extended to accommodate those doctors who wish to train on a part-time basis.

It is necessary to ensure that RTPs are providing programs that are educationally relevant, purposeful for all stakeholders, and meet both Colleges' specialist medical training standards as determined by the Australian Medical Council. This requires the RTP to deliver training programs that allow registrars to prepare for FACRRM, FRACGP and FRACGP/FARGP, their endpoint of specialist GP training providing them entrance to the GP profession. Accreditation of RTPs occurs over a 3 year cycle and is undertaken in a collaborative manner by both Colleges. Accreditation of RTPs assesses their training and education systems, records, education resources, education and assessment, relevant training, training post management, professional networks, well-being of doctors in training and equity and access.

The annual Registrar Satisfaction Survey is part of GPET's monitoring and quality improvement activities. The survey results are used by GPET to monitor registrar satisfaction levels with the vocational training delivered by the RTPs. The original registrar survey was developed and released by GPET in 2004, as part of their commitment to achieving high-quality GP training experiences within the Australian general practice vocational training system. The survey provided regional training providers with information about registrar satisfaction levels with their training programs on a regular basis. This also enabled GPET to assess the consistency of the national delivery of training through benchmarking activities around individual training provider data against the national performance data. The annually distributed survey was paper-based and circulated manually to registrars via their regional training providers. Responses were returned directly to an independent consultant (contracted by GPET) for processing, analysis and reporting back to GPET. Between 2004 and 2007 the survey underwent minor formatting changes, along with the addition and editing of questions. In 2008 GPET moved to an online survey to improve the efficiency of the survey and to help address a noticeable decline in the response rate to the survey. In 2012-13 ACER was engaged to conduct a thorough review and revision of the RSS, and to deploy the 2013 data collection for which results are presented in this report.

OUTLINE OF THIS REPORT

This 2013 RSS National Report includes two more chapters. The next chapter looks at reporting contexts, what was measured and the design, development, delivery and validation of the survey instrument. Chapter three discusses the patterns and trends that were found in the 2013 data collection. National results are reported in the appendices.

BUILDING PICTURES OF SATISFACTION

REPORTING CONTEXTS

GP training and its outcomes is obviously relevant to a broad range of stakeholders. Two reports have been prepared to address these interests, including this national GPET Report, prepared for broad national distribution, which includes a snapshot of overall findings, and a suite of diagnostic and benchmarking RTP Reports.

WHAT WAS MEASURED

Development of the 2013 RSS began in October 2012. Extensive consultations occurred with GPET managers, ACE and their nominees, the College CEOs, the Bi-College Accreditation Program and RLOs. A draft was produced in January 2013 and this was heavily refined through further consultation. A pilot of the RSS instrument was undertaken with RLOs in March, 2013 and this enabled further refinement.

The 2013 RSS comprised four online pages of questions. The first part asked for context information from the registrar, for example, “Which RTP is currently providing your training?” and “What is the postcode of your current training workplace?”. A set of core questions to be included in future surveys comprised the second part of the 2013 RSS, and assessed:

- registrar’s satisfaction with RTP;
- registrar’s satisfaction with training facility;
- amount of services provided by a registrar’s RTP;
- amount of services provided by a registrar’s training facility;
- registrar’s overall satisfaction; and
- registrar’s confidence with their career choices.

The third page included a series of research questions looking at the training workplace matching and placement process as well as registrars experience as teachers were included by GPET in the 2013 RSS.

The final part of the survey included questions that were drafted by RTPs such as “Would you recommend your RTP to your friends or colleagues who are considering general practice training?” and “In five years, you would like to be... working full time as a GP / working part-time as a GP / working part-time as a GP and part-time in medical education/

training / working part-time as a GP and part-time in hospital based procedural work / not working as a GP at all / unsure about my GP working career.”

MEASUREMENT PROCESS

Through its RIDE system, GPET provided a registrar population file to ACER. ACER validated this file using a range of standard technical procedures to ensure that only registrars in scope were included.

The data collection process was designed to be robust and efficient, and to produce reliable and valid results. Survey operations were managed by ACER, with RTPs assisting with registrar engagement. Technical procedures were used to ensure the quality of survey processes and hence the integrity of survey outcomes.

In essence, a series of initial emails being sent to registrars, targeted email reminders and then targeted text messages. Each email invitation was personally addressed to the registrar and included a unique hyperlink which sent each registrar to the online survey. ACER gave registrars the opportunity to ‘unsubscribe’ from email reminders and text messages inviting their participation. A series of promotional activities undertaken by some RTPs.

Between 4 June 2013 and the close of fieldwork on 15 July 2013 a total of 2,451 raw responses were received. The population of registrars currently training was finalised on 18 July 2013 and amended to 2,634 and the number of responses was adjusted, by removing individuals who were not in scope (those whose surveys were terminated early) and those who did not provide valid responses, to 1,942 registrars, an overall response rate of 73.7 per cent. The response rates of registrars at different RTPs varied from 63.2 per cent to 83.7 per cent—all well above the 50 per cent required to generate robust estimates. The 2013 RSS was completed in a median time of 11 minutes by the registrars.

A range of interviews were conducted with registrars. These took the form of meetings with groups and interview telephone calls. These discussions informed the selection of results in this report. A separate brief report is provided with observations.

Several forms of quality assurance were deployed during the 2013 RSS, and it is instructive to overview the role that these played in order to confirm the properties of the data. Appropriate governance arrangements play a fundamental role in assuring the integrity of collection. Oversight was provided by GPET. Guidance was provided by the Project Advisory Group (PAG) which included representatives from GPET and ACE. The collaborative approach means that input was provided by personnel from all RTPs. Formative feedback was received from a wide-range of stakeholders at different steps of the project.

Risk management was built into ACER's design and management of the RSS, which took account of many potential threats to the successful conduct and outcomes of this work. Overall, ACER deployed well-tested and proven approaches to develop and implement the 2013 RSS. The methodologies, expertise, sectoral awareness and infrastructure helped mitigate any project risk. ACER's design and approach took many contingencies into account and afforded ongoing opportunities to cross-validate approaches and outcomes. The work was conducted by highly experienced project staff, involved a multifaceted quality assurance strategy, included backups and redundancies, and encompassed sound operational and technical management.

PATTERNS AND TRENDS

INSIGHTS INTO GP TRAINING

The 2013 RSS provides a unique window into the experience of general practice registrars in the AGPT Program. The appendix lists national results for key items. This chapter summarises key patterns and trends. Key results are highlighted in the following sections:

- training contexts;
- registrar characteristics;
- overall impressions;
- insights into RTPs;
- insights into training facilities; and
- insights into registrar careers.

TRAINING CONTEXTS

As anticipated, in terms of regionality most registrars were training in major cities, more so even than in 2012. Registrars were engaged in a range of specialist training activities. In total 15.7 per cent were engaged in extended skills training. Nearly three-quarters (72.2%) of registrars were training full time (0.9 or 1.0 time fraction), slightly less than the 76 per cent who reported full-time training in 2012. Just over a quarter (27.5%) were enrolled in a training load between 0.2 and 0.8. The vast majority (87.2%) were participating in FRACGP, with the balance engaged with FACRRM (3.6%), FARGP (2.2%), or various combinations of these. A very small number of registrars (just 2.8%) were reported as holding a position in the rural generalist program funded by a state health department—a drop from 4 per cent in 2012. In terms of recognition of prior learning (RPL), 16.0 per cent of registrars received less than they expected, 81.9 per cent about what they expected, and 2.1 per cent more RPL than they expected. Of those that received RPL, nearly all (84.6%) reported that the process was timely. A small number of registrars (12.6%) indicated that they were undertaking hospital based skills training, not as a hospital intern or resident.

REGISTRAR CHARACTERISTICS

In terms of basic demographics, two thirds (64.3%) of the registrars who responded to the 2013 RSS were female, the same as in 2012 (66%). The mean age was 35 years, with

50 per cent of all registrars being between 29 and 39 years old. Registrars were asked to indicate the number of their dependents, and just under half (44.4%) reported none (slightly lower than 48% in 2012), around a fifth each reporting one dependent (20.3%) or two dependents (22.0%). The balance (13.3%) reported having between three and seven dependents.

The 2013 RSS sought various information about registrar's preparation for AGPT. Prior to commencement 32 per cent (38% in 2012) had completed a Prevocational General Practice Placements Program (PGPPP). Only 1.9 per cent had completed First Wave Scholarship–GP placement in the undergraduate years. The survey tapped into registrar's own teaching experience. Just over half (54.5%) teach for an hour each week, with a third (30.3%) teaching for two hours, and the balance (15.4%) teaching for between three and five hours. Registrars were asked to report the availability and quality of support offered by their RTP. The RSS results show that in both instances the training workplace was seen to be more supportive than the RTP of registrars' teaching activities.

OVERALL IMPRESSIONS

Registrars were asked a number of questions tapping into their overall impressions of the AGPT. Below, we analyse responses to a small number of overall satisfaction questions, and questions about confidence in the training decision.

Nationally, registrars were very satisfied with their AGPT. On a 5-point response and reporting scale, overall satisfaction with the RTP, with education and training and with support provided all scored 3.9. These results are analysed by contextual and demographic characteristics for which there is variation. Given the high correlation between these three measures only overall satisfaction is analysed.

Nationally, overall satisfaction declines as the training location moves further from major cities, even after taking account of statistical error. Similarly, overall satisfaction drops from the first to second FTE year of being in AGPT and then rises when a registrar has been in the program for three or more FTE years. At the national level the extent of full-time load of training did not vary with overall satisfaction, nor did the choice of fellowship or training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service. Satisfaction with the timeliness of recognition of prior learning was linked with increasing satisfaction, though there was little link with the actual amount of RPL granted. The numbers of rural generalists compared with non rural generalists were too small for comparison. Registrars undertaking hospital training reported lower levels of satisfaction.

Registrar demographics appear to have little link with satisfaction. At the national level there is no aggregate difference between males and females or age groups, nor depending on whether registrars are of Aboriginal or Torres Strait Islander descent, are a member of the

defence force, have dependents, or are Australian citizens. Participating in Prevocational General Practice Placements Program (PGPPP) or a First Wave Scholarship made little difference, nor did the registrar's own experience of teaching. In terms of demographics, being of Aboriginal or Torres Strait Islander descent or not being in the Defence Force were both linked with higher levels of confidence in career direction. No other registrar characteristics related to confidence levels.

INSIGHTS INTO RTPS

Further to broad perceptions of training, registrars were asked to comment on various characteristics of the RTP. These areas included: induction/orientation; feedback; training; education; resources; workshops; managing concerns and complaints; support; administration; training workplace and matching process; and reasons for choosing the RTP.

In terms of reasons for choosing a particular RTP, registrars gave preference to location (70.9), reputation of RTP (29.8), professional training opportunities (27.0), lifestyle (25.0), available family/partner support (24.5), previous career links with region (18.0) and availability of accommodation (7.3). Registrars were allowed to select more than one response for this question, allowing a total of more than 100 per cent.

Registrars were asked about their satisfaction with various facets of the process for placing them in training workplaces. Specifically, they were asked to rate the availability of information about process, the quality of information about process, the availability of information about training workplace prior to commencement, the quality of information about training workplace prior to commencement, the appropriateness of placement for learning needs, the consideration of personal needs, and the timely provision of placement details. On a five-point reporting scale ranging from one to five, national averages for each facet hovered around 3.5 with little variation across RTPs.

Overall, 17.5 per cent of registrars reported they had experienced some kind of adverse incident during training where the RTP provided assistance. Most (13.6%) registrars had only experienced one such incident. Of those with such experience most (87.1%) recorded broad satisfaction with their RTP's handling of the event. More broadly, 88.9 per cent of registrars reported broad confidence in their RTP's capacity to handle concerns and complaints.

Various dimensions of satisfaction with the RTP were assessed. With very rare exception the results are high across all areas assessed. For instance, the overwhelming majority (91.1%) of registrars affirmed they would recommend their RTP to friends or colleagues considering general practice training.

Registrars were asked to rate whether the amount of various facets of support they received from RTPs was too little or too much. If anything, the results hint that registrars felt like they received a little too much support from RTPs – presumably a good sign.

INSIGHTS INTO TRAINING FACILITIES

Training facilities also play a large role in the registrar's experience, and the 2013 RSS assessed several facets of satisfaction with the training facility, and whether an appropriate amount of training was provided in several key areas. As with many other areas of the RSS, the results are high (around four out of five) and there is very little variation. Interestingly, training contexts and demographics explained little variation in perceptions of the training facility. Further, the national figures imply registrars see themselves as receiving about the right amount of support from their training facility. Again, training contexts and demographics explained little variation in perceptions of the training facility.

INSIGHTS INTO REGISTRAR CAREERS

Finally, the 2013 RSS asked registrars to provide insights into their various aspects of their career planning, especially over the next five years. This included looking at when they made a decision on which fellowship pathway to take, whether they plan to buy into a practice, whether they see themselves working full time, in medical education, in a hospital and whether they plan to stay in the same location as their current training place.

Registrars were asked to signal their confidence that general practice is the right career for them, and that they had chosen the correct fellowship pathway. For both questions the results were uniformly high across all RTPs (around 95%) and also across all regions with the exception of registrars working in very remote areas. Confidence levels remained constant regardless of training load, but increased with the FTE years in AGPT and perceptions that RPL was well-handled. Undertaking hospital based skills training (not as a hospital intern or resident) was linked with slightly lower levels of confidence in career direction.

In terms of understanding the decision-making process, registrars were asked when they had enough information to make an informed decision regarding their choice of fellowship. Nationally, most (60.8%) indicated this was when they made their AGPT application. The next most common response was at the end of orientation (13.4%), followed by the end of first term of training (9.6%), the end of the first year of training (6.1%), after the end of the second year of training (2.2%), and at the end of my second year of training (1.9%). A reasonable number (5.9%) indicated they were still unsure of which fellowship pathway to take, though this varied by FTE years in AGPT with 8.6% in year one, 9.3% in year two to

2.4% in year three or more. In a separate question, a small number (11.3%) flagged they had changed or added to their intended fellowship since commencing the general practice program.

Registrars five-year intentions provide interesting insights into their expectations post-training. Nationally, these figures showed that that registrars expected to be working full time as a GP (38.1%), working part time as a GP (23.4%), working part-time as a GP and part-time in medical education/training (16.4%), working part time as a GP and part time in hospital based procedural work (14.6%), not working as a GP at all (1.2%), or unsure about GP working career (6.2%). On this matter there was considerable variation by the region in which a registrar's training facility is based. In terms of other contextual variables, registrars training part-time were much more likely to plan on working part time, rural generalists were substantially more likely to consider working part time in a hospital (54.5%, compared with 13.5%) or to be unsure about their careers (20.5%, compared with 5.9%). RPL had little relationship with career intentions, as do various other contextual factors.

In terms of their plans for their own practice, in this period, nationally 38.3 per cent didn't anticipate becoming a practice owner/partner, 34.4 per cent were undecided about buying a practice, 16.8 per cent hoped to purchase an existing practice or buy into an existing practice, and 10.4 per cent hoped to start their own practice. Males (15.7%) were twice as likely as females (7.5%) to hope to start their own practice, or to purchase or buy into an existing practice (24.3% compared with 12.7%).

Nationally, 38.8 per cent of registrars were unsure whether they would work in the same location as their current training facility, the same number (38.4%) planned to stay in the same location, while a smaller number (22.9%) planned to move locations. These results varied considerably by the current FTE year of AGPT, RTP, regionality, whether the registrar was a rural generalist, and whether they were a member of the Australian Defence Force (ADF). The results showed that as a registrar progresses through AGPT they become more likely to stay in the same location.

In terms of participation in medical education, 56.4 per cent indicated they would like to be supervising medical students, 52.2 per cent they would like to be supervising registrars/PGPPP, 27.8 per cent that they would like to be a medical educator, and 15.3 per cent that they would not like to be involved in training doctors. This did not vary much with how many FTE years of training they'd completed.

APPENDIX: 2013 RSS NATIONAL RESULTS

Training contexts

Focus	Question	Options	Per cent
Training contexts	Have you changed or added to fellowship since commencing	No	88.7
		Yes	11.3
	Time when had enough information to make informed decision about fellowship pathway	When I applied for Australian General Practice Training (AGPT)	60.8
		At the end of my orientation	13.4
		At the end of my first term of training	9.6
		At the end of my first year of training	6.1
		At the end of my second year of training	1.9
		After the end of my second year of training	2.2
		I am still unsure of which fellowship pathway I will take	5.9

Registrar characteristics

Focus	Question	Options	Per cent
Adverse	Number of adverse incidents	0	78.8
		1	16.6
		2	3.1
		3	1.0
		4	0.1
		5	0.2
		6	0.1
		9	0.1
		Satisfaction with assistance provided by RTP during or after adverse incidents	Very dissatisfied
	2		8.9
	3		19.8
	4		35.4
	Very satisfied		31.8



Focus	Question	Options	Per cent
Teaching experience	Number of hours spent teaching per week	1	54.4
		2	30.3
		3	11.5
		4	2.9
		5	1.0
	Availability of support from RTP	Very dissatisfied	2.4
		2	14.3
		3	34.3
		4	35.5
		Very satisfied	13.5
	Quality of support from RTP	Very dissatisfied	2.4
		2	15.3
		3	35.9
		4	32.9
		Very satisfied	13.4
	Availability of support from training workplace	Very dissatisfied	1.0
		2	5.7
		3	27.6
		4	44.0
		Very satisfied	21.8
Quality of support from training workplace	Very dissatisfied	1.3	
	2	5.8	
	3	27.6	
	4	42.1	
	Very satisfied	23.1	
RPL	Process for recognition of prior learning was timely	Strongly disagree	4.8
		2	6.1
		3	16.9
		4	22.2
		Strongly agree	21.2
		Not applicable	28.7
	Level of recognition of prior learning received	Less RPL than expected	16.0
		Expected RPL	81.9
		More RPL than expected	2.1

Overall impressions

Focus	Question	Options	Per cent
Overall satisfaction	RTP	Very dissatisfied	2.5
		2	7.0
		3	18.7
		4	43.0
		Very satisfied	28.7
	Education and training	Very dissatisfied	0.5
		2	4.1
		3	21.1
		4	50.1
		Very satisfied	24.2
	Support provided	Very dissatisfied	1.7
		2	4.6
		3	21.1
		4	46.0
		Very satisfied	26.6



Insights into RTPs

Focus	Question	Options	Per cent
Satisfaction with RTP	Overall training & education quality	Very dissatisfied	1.5
		2	4.6
		3	18.5
		4	48.4
		Very satisfied	27.0
	Training advice	Very dissatisfied	2.0
		2	5.6
		3	20.0
		4	47.3
		Very satisfied	25.0
	Induction and orientation	Very dissatisfied	1.4
		2	4.3
		3	21.2
		4	44.2
		Very satisfied	29.0
	Feedback on training progress	Very dissatisfied	1.9
		2	6.6
		3	25.4
		4	45.0
		Very satisfied	21.1
	Workshops provided	Very dissatisfied	1.8
		2	4.2
		3	18.2
		4	44.9
		Very satisfied	30.8
Training and education resources	Very dissatisfied	1.2	
	2	4.8	
	3	21.1	
	4	46.7	
	Very satisfied	26.2	



Focus	Question	Options	Per cent
Amount at RTP	Training and education	Far too little	2.2
		2	7.9
		3	47.9
		4	38.4
		Far too much	3.6
	Training advice	Far too little	3.2
		2	10.9
		3	47.2
		4	35.1
		Far too much	3.7
	Feedback on training progress	Far too little	3.0
		2	13.3
		3	47.2
		4	32.6
		Far too much	3.9
	Training and education resources	Far too little	2.1
		2	8.0
		3	48.5
		4	36.7
		Far too much	4.7
Workshops provided	Far too little	2.7	
	2	8.7	
	3	45.2	
	4	37.9	
	Far too much	5.5	



Focus	Question	Options	Per cent
Placement satisfaction	Availability of information about process	Very dissatisfied	4.1
		2	11.6
		3	32.0
		4	38.9
		Very satisfied	13.3
	Quality of information about process	Very dissatisfied	4.4
		2	12.0
		3	33.5
		4	37.3
		Very satisfied	12.8
	Availability of information about training workplace prior to commencement	Very dissatisfied	3.0
		2	12.5
		3	34.7
		4	37.4
		Very satisfied	12.4
	Quality of information about training workplace prior to commencement	Very dissatisfied	2.9
		2	12.3
		3	35.8
		4	37.0
		Very satisfied	12.1
	Appropriateness of placement for learning needs	Very dissatisfied	1.8
		2	5.2
		3	26.8
		4	45.0
		Very satisfied	21.2
	Consideration of personal needs	Very dissatisfied	4.6
		2	8.4
		3	27.0
4		40.4	
Very satisfied		19.6	
Timely provision of placement details	Very dissatisfied	3.3	
	2	6.8	
	3	27.2	
	4	43.8	
	Very satisfied	18.9	
Overall satisfaction with RTP management of placement this term	Very dissatisfied	4.7	
	2	9.9	
	3	27.7	
	4	36.3	
	Very satisfied	21.5	



Focus	Question	Options	Per cent
RTP can manage concerns and complaints	RTP can manage concerns and complaints	Not very confident	4.3
		2	6.9
		3	21.4
		4	40.2
		Very confident	27.3
Reasons RTP chosen	Reasons RTP chosen	Location	70.9
		Reputation of RTP	29.8
		Professional training opportunities	27.0
		Lifestyle	25.0
		Available family/partner support	24.5
		Previous career links with region	18.0
		Available accommodation	7.3
Recommend RTP	Recommend RTP	No	8.9
		Yes	91.1

Insights into training facilities

Focus	Question	Options	Per cent
Satisfaction with training facility	Overall training & education quality	Very dissatisfied	1.6
		2	4.7
		3	15.9
		4	49.0
		Very satisfied	28.9
	Quality of training advice	Very dissatisfied	2.1
		2	5.2
		3	21.0
		4	45.9
		Very satisfied	25.8
	Induction and orientation	Very dissatisfied	1.5
		2	5.9
		3	20.0
		4	44.6
		Very satisfied	28.0
	Supervisor support	Very dissatisfied	1.7
		2	4.4
		3	14.1
		4	39.1
		Very satisfied	40.8
	Feedback on training progress	Very dissatisfied	2.2
		2	5.9
		3	24.7
		4	43.9
		Very satisfied	23.2
	Training and education resources	Very dissatisfied	1.3
		2	5.9
		3	22.5
		4	47.2
		Very satisfied	23.1
	Location	Very dissatisfied	1.0
		2	4.5
3		17.3	
4		41.7	
Very satisfied		35.5	
Terms and conditions	Very dissatisfied	1.2	
	2	5.7	
	3	20.5	
	4	44.5	
	Very satisfied	28.1	



Focus	Question	Options	Per cent
Amount supplied by each training facility	Training and education	Far too little	2.5
		2	9.2
		3	46.3
		4	37.2
		Far too much	4.8
	Training advice	Far too little	2.3
		2	8.9
		3	48.5
		4	35.3
		Far too much	4.9
	Feedback on training progress	Far too little	2.9
		2	11.4
		3	47.5
		4	33.7
		Far too much	4.5
	Supervisor support	Far too little	2.1
		2	5.8
		3	40.9
		4	40.7
		Far too much	10.6
Training and education resources	Far too little	2.1	
	2	7.2	
	3	48.6	
	4	36.6	
	Far too much	5.5	

Insights into registrar careers

Focus	Question	Options	Per cent
Requirements of AGPT and fellowship	Adequately informed about pathways before commencing AGPT	Not very confident	6.1
		2	11.1
		3	25.9
		4	38.0
		Very confident	18.9
	Understood fellowship pathway options available following orientation	Not very confident	3.2
		2	7.9
		3	21.8
		4	43.2
		Very confident	23.8
	Receiving required training to complete fellowship	Not very confident	1.2
		2	4.3
		3	23.0
		4	47.2
		Very confident	24.3
	Know assessment required to complete fellowship	Not very confident	1.7
		2	6.1
		3	23.8
		4	44.9
		Very confident	23.5
	Know what is required to complete AGPT	Not very confident	1.3
		2	4.6
		3	23.3
		4	49.6
		Very confident	21.2
	Confidence that fellowship pathway chosen is correct	Not very confident	1.3
		2	2.1
		3	12.7
		4	36.0
		Very confident	47.8
	Confident that general practice is right career	Not very confident	1.7
		2	2.9
3		13.5	
4		33.4	
Very confident		48.6	



Plans over the next five years	Training others	Would like to be supervising medical students	56.4
		Would like to be supervising registrars/PGPPP	52.2
		Would like to be a medical educator	27.8
		Would not like to be involved in doctor training	15.3
	Plans for own practice	I hope to start my own practice	10.4
		I hope to purchase an existing practice or buy into an existing practice	16.8
		I don't anticipate becoming a practice owner/partner	38.3
		I am undecided about buying a practice	34.4
	Career plans	Working full time as a GP	38.1
		Working part-time as a GP	23.4
		Working part-time as a GP and part-time in medical education/training	16.4
		Working part-time as a GP and part-time in hospital based procedural work	14.6
		Not working as a GP at all	1.2
		Unsure about my GP working career	6.2