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General Practice Education
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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
AGPT	Australian General Practice Training
AMA	Australian Medical Association
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
KPI	Key Performance Indicator
RACGP	The Royal Australian College of General Practitioners
RLO	Registrar Liaison Officer
RSS	Registrar Satisfaction Survey
RTP	Regional Training Provider

EXECUTIVE SUMMARY

The General Practice Education and Training Limited (GPET) Registrar Satisfaction Survey (RSS) is used for ensuring continuous improvement in the training of doctors in the Australian General Practice Training (AGPT) program. The RSS gauges the level of registrar satisfaction with the quality of their training, with training providers, and with career progression.

The survey has been undertaken for more than a decade, with significant changes and improvements to the questionnaire implemented in 2013 and 2014 by the Australian Council of Educational Research (ACER) in conjunction with GPET and the RSS Working Group which included representatives from Regional Training Providers through the Association of Chief Executives group, the Australian Medical Council, and the Australian Medical Association's Council of Doctors in Training.

In June and July 2014, ACER administered the RSS to registrars enrolled in the 17 RTPs across Australia. A total of 1,261 registrars responded to the survey, representing a response rate of 44.3 per cent. Across RTPs the response rates ranged from 30.7 to 59.4 per cent. The national response rate was sufficient to yield reliable results, with the Key Performance Indicators described below offering accuracy (at the 95 per cent confidence level) of within 1 to 3 percentage points of the reported averages. Focus groups with registrars were also carried out during analysis in order to explore results in more detail.

In general, registrar satisfaction with their training overall, with their RTP, with their training facility and with their college was high. In terms of their RTP, 93.5 per cent of registrars were satisfied with their education and training, 91 per cent were satisfied with the support provided and 88.6 per cent were satisfied with the administration. For their training facility, 91.3 per cent of registrars were satisfied with the training and education resources provided, while 92.9 per cent were satisfied with their college's assessment.

No significant differences in satisfaction were apparent across different groups of registrars except that in general the further away from a metropolitan area the registrar is located, the lower the satisfaction levels recorded. These broad findings match a similar pattern to those identified in previous years' surveys, confirming the general high levels of quality and supervision provided through the AGPT.

The 2014 survey also offered some new insights into registrar experiences, expectations and satisfaction. For example, in 2014 registrars were asked about their expectations in relation to commitment required for training and the extent to which these expectations were met. Overall the findings suggest that for most registrars, the level of commitment that they experience in their training closely matches the levels they were expecting prior to commencement. Only on the issue of time in self-directed learning is the actual commitment required by registrars notably larger than what they had been expecting prior to enrolment.

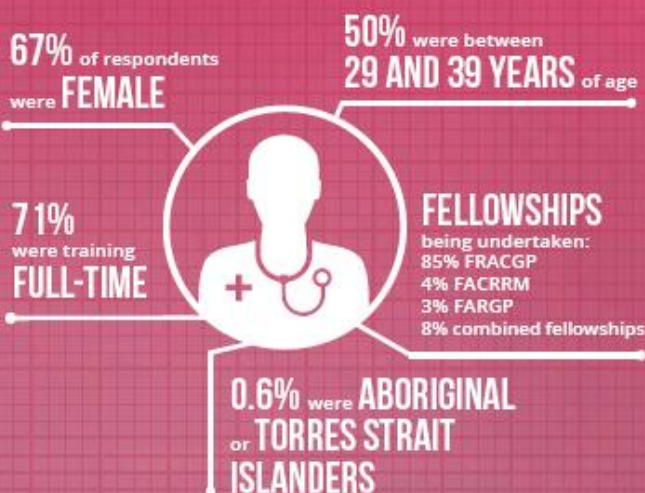
Another new and important insight from the 2014 RSS is the finding that registrars who relocate to regional and remote areas for their training generally intend to remain in the region of their training on completion of the AGPT.

REGISTRAR SATISFACTION SURVEY

The General Practice Education and Training Limited (GPET) Registrar Satisfaction Survey is an annual survey of GP registrars in training across Australia.

In 2014, 1261 GP registrars participated in the survey – a 44% response rate. Key findings are shown here.

REGISTRAR CHARACTERISTICS



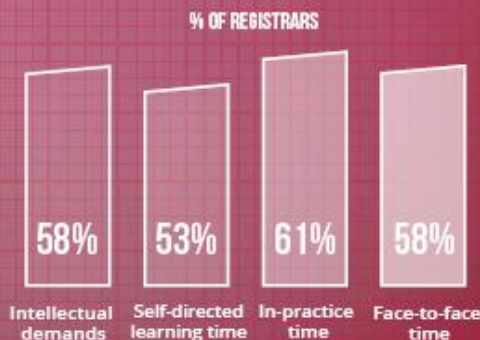
TRAINING EXPERIENCE



COMMITMENT REQUIRED

EXPECTATIONS OF COMMITMENT WERE REALISTIC

CAREER PLANS



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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 the Australian General Practice Training (AGPT) program.

The RSS gauges the level of registrar satisfaction with the quality of their training, with training providers, and with career progression. It is designed, administered, analysed and reported on by the Australian Council for Educational Research (ACER) 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 and RTPs.

The 2014 RSS instrument was organised in four sections. The first covered registrar demographics and enrolment characteristics. The second explored registrar satisfaction with their RTP, training facility and College. The third included questions relating to levels of personal commitment required for training as well as involvement in training relating to Aboriginal and Torres Strait Islander health and culture. The final section asked registrars about their reasons for choosing their RTP and their plans for the future relating to career and location for work.

The 2014 survey offers consistency with previous years through a core set of items, predominantly in the first and second sections. Other items (especially in sections three and four) are amended each year to offer new insights into registrars. Changes in 2014 were developed in close consultation with the RSS Working Group which included representatives from GPET, Association of Chief Executives (ACE), Australian Medical Council (AMC) and the Australian Medical Association Council of Doctors-in-Training (AMA).

This report details the background to the project, overviews the methodologies employed in the survey collection and explores the outcomes of the 2014 survey. In addition to this National Report, individual reports are produced for each participating RTP, detailing the responses of their particular cohorts offering each provider more nuanced insight into their registrars' satisfaction and experience.

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 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

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

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

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 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, 2014 and 2015 data collections.

The Federal Budget of 2014-15 announced the closure of GPET as at 31 December 2014 and the transfer of the operations of GPET to the Commonwealth Department of Health.

THE REGISTRAR SATISFACTION SURVEY

Overview

Beginning in October 2012, ACER worked with a range of stakeholders to re-develop the Registrar Satisfaction Survey. Stakeholders involved in this process included GPET managers, ACE and their nominees, the College CEOs, the Bi-College Accreditation Program and Registrar Liaison Officers (RLOs) from within RTPs. A draft was produced in January 2013 and this was 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 was administered in June and July 2013. Results were detailed in the 2013 National Report.

In 2014, further refinement of the RSS instrument was undertaken. This primarily involved liaison with the RSS Working Group which included members of GPET, the ACE, AMC and the AMA Council of Doctors-in-Training.

The 2014 RSS instrument comprised of a range of questions to gather information from enrolled registrars. This year the instrument was structured as follows:

- Section 1: Registrar characteristics – including demographics and enrolment details;
- Section 2: Overall impressions and satisfaction with RTPs, training facilities and colleges (known as GPET Core Items);
- Section 3: Insights into the personal commitment required by registrars for their training, exploring registrar's understanding of grievance processes and insights into training in Aboriginal and Torres Strait Islander culture (known as GPET Focus Items); and
- Section 4: Insights into registrars' choice of RTP and plans for future career (known as RTP Focus Items).

The first two sections of the survey are based on a core set of items and offer consistency with previous years. Questions in sections three and four are amended each year to cover different topics and collect further information about registrars that might not necessarily be needed for collection on an annual basis.

All registrars enrolled in an AGPT program across the 17 RTPs were contacted to take part in the 2014 RSS. Follow-up focus groups were undertaken during the analysis phase of the project as a means of gaining further insights into some of the key issues identified by registrars in 2014.

Fieldwork

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. This process identified that the full target population for the 2014 RSS was 2844 registrars.

Survey operations were managed by ACER, with RTPs assisting with registrar engagement. In essence, this involved 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 range of materials were produced by ACER to help RTPs promote the RSS to their registrars.

Fieldwork took place between the 3 June 2014 and 4 July 2014. Following cleaning of data, a total of 1,261 valid responses were received. This represented a response rate of 44.3 per cent. The response rate yielded in 2014 was substantially lower than the 73.7 per cent response rate achieved in 2013. Across RTPs the response rates ranged from 30.7 to 59.4 per cent.

Following examination of response patterns, liaison with GPET, exploration of qualitative responses from respondents and emails sent to ACER from non-respondents, it became clear that the overwhelming reason for the lower response rates in 2014 was due to the announcement in the Federal Budget (two weeks before survey administration) signaling the closure of GPET and creating a potentially uncertain future for the RSS and some RTPs. Feedback from registrars suggested that due to the changed policy context, some no longer saw the value in responding to the RSS.

Further insights from registrars were gained through focus groups with those indicating through the survey that they would be happy to provide further insight into their training experience. Two online focus groups were conducted in mid-October 2014. All registrars who expressed interest in being involved were contacted and appropriate times were identified to run the online sessions. Twelve people registered for the sessions and overall a total of five registrars actually participated in these sessions. The groups included registrars from remote, regional and metropolitan areas. These focus groups explored specific issues highlighted through the survey responses and the broad findings from the sessions are included in the discussions of outcomes in this report.

Quality assurance

Several forms of quality assurance were deployed during the 2014 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 and guidance was offered by the RSS Working Group. The collaborative approach means that input was provided by personnel from all RTPs.

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 2014 RSS. The methodologies, expertise, sectoral awareness and infrastructure helped mitigate any controllable

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.

KEY FINDINGS

Overview

The RSS provides unique insight into the experience of general practice registrars in the AGPT Program. This chapter summarises key patterns and trends for 2014. Key results are highlighted in the following sections:

- registrar characteristics;
- training contexts;
- overall satisfaction;
- GPET KPIs;
- satisfaction with RTPs, training facilities and colleges;
- insights into commitment required for the AGPT; and
- insights into registrar careers.

In the initial exploration of outcomes from the 2014 survey, some comparison between the 2013 and 2014 respondent characteristics is provided. The appendix lists national results for all items from the 2014 survey.

Characteristics of registrar respondents

Of the 1,261 registrars who responded to the 2014 RSS survey, two thirds (66.7%) were female, this is slightly higher than 2013 (64.3%). The mean age was 35 years, with 50 per cent of all registrars being between 30 and 39 years old, the same as in 2013. The proportion of registrars who were of Aboriginal or Torres Strait Islander descent was slightly lower this year (0.6%) compared to last year (0.9%).

The 2014 respondents were broadly representative of the full population of registrars.

Table 1: Registrar characteristics (RSS respondents)

Characteristic	Details	2014		2013	
		N	%	N	%
Gender	Female	842	66.9	1248	64.3
Age	20-29 years	352	27.9	500	25.7
	30-39 years	634	50.3	999	51.4
	40-49 years	207	16.4	347	17.9
	50 +	68	5.4	96	4.9
Type of citizenship	Australian citizen	860	68.2	1199	64.8
	Australian permanent resident	302	23.9	447	24.2
	Australian temporary resident	37	2.9	49	2.6
	New Zealand citizen	26	2.1	0	0.0
ATSI	Aboriginal or Torres Strait Islander	8	0.6	18	0.9

(2014 - N = 1261; 2013 - N = 1942)

Training contexts of respondents

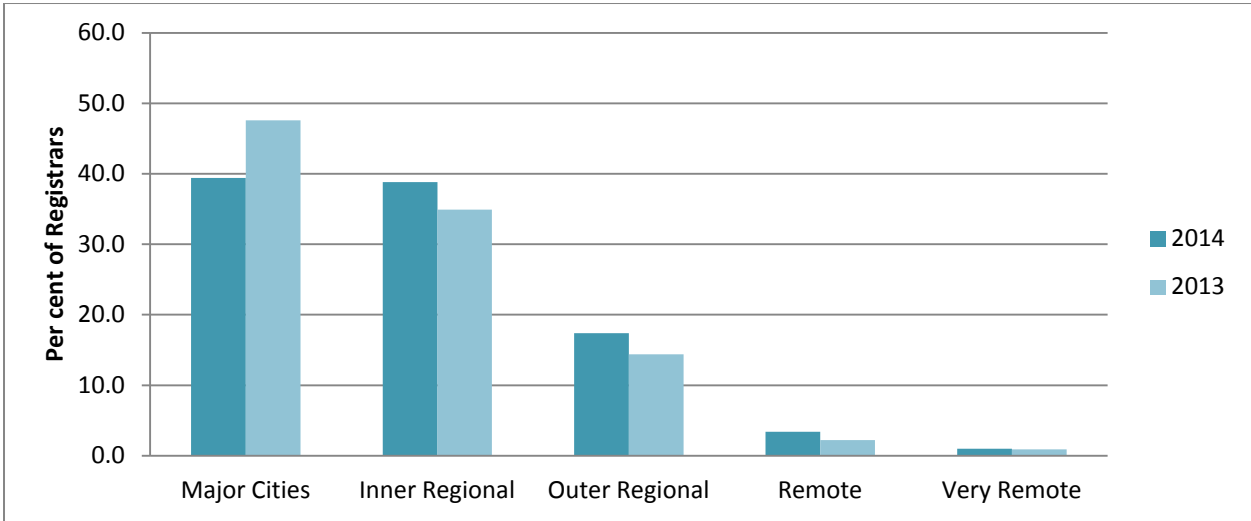
In the 2014 survey, just over two thirds (70.7%) of registrars were training full time (0.9 or 1.0 time fraction), slightly less than the 72.5 per cent who reported full time training in 2013. About a third (29.3%) were enrolled in a training load between 0.0 and 0.8. The vast majority (84.8%) were participating in FRACGP, with the balance engaged with FACRRM (3.8%), FARGP (2.9%), or various combinations of these. Registrars were engaged in a range of specialist activities. In total 15.5 per cent were engaged in extended skills training.

Table 2: Registrar training contexts (RSS respondents)

Training Context	Details	2014		2013	
		N	%	N	%
Full Time Equivalent Load	0.0 to 0.2	17	1.4	22	1.1
	0.3 to 0.4	77	6.1	127	6.6
	0.5 to 0.6	127	10.1	220	11.4
	0.7 to 0.8	147	11.7	164	8.5
	0.9 to 1.0	888	70.7	1402	72.5
Fellowship	FRACGP	1058	84.8	1676	87.2
	FACRRM	47	3.8	69	3.6
	FARGP	36	2.9	43	2.2
	FRACGP & FACRRM	29	2.3	36	1.9
	FRACGP & FARGP	63	5.1	74	3.9
	FACRRM & FARGP	3	0.2	6	0.3
	FRACGP, FACRRM & FARGP	11	0.9	17	0.9
Current Training	GPT1 Term	480	38.1	682	35.1
	GPT2 Term	121	9.6	214	11.0
	GPT3 Term	331	26.2	533	27.4
	Primary Rural and Remote Training (PRRT)	17	1.3	21	1.1
	Extended Skills	195	15.5	304	15.7
	Advanced Rural Skills Training (ARST)	47	3.7	67	3.5
	Special Skills	5	0.4	20	1.0
	Advanced Specialist Training (AST)	25	2.0	36	1.9
	Academic post	10	0.8	20	1.0
	Rural Medical Generalist Program	15	1.2	0	0.0
Rural generalist program	In Rural Generalist program	51	4.1	53	2.8

(2014 - N = 1,261; 2013 - N = 1,942)

In terms of location of training, as can be seen in Figure 1, about two fifths of registrars were training in major cities (39.4%) and a similar proportion were training in inner regions (38.8%). The remaining registrars were training in the outer regions (17.4%) and in remote (3.4%) to very remote (1%) regions. This pattern appears to be different to last year, which had close to half of the registrars (47.6%) training in the major cities and slightly lower proportion compared to this year, training in inner regions (34.9%).



(2014 - N = 1,261; 2013 - N = 1,942)

Figure 1: Location of training facility for 2014 and 2013 (RSS respondents)

Figure 2 shows the extent to which registrars have relocated in order to undertake their training. Based on the location of their training facility, it is apparent from this figure that there is a clear difference between those whose training is located in metropolitan areas and those with a facility in regional or remote areas. Less than one in five registrars at a metropolitan training facility have had to relocate to undertake their training. By contrast three in five of those training in regional areas and between three and four in five training in remote areas have relocated in order to undertake training.

Further exploration of the extent to which the location of training facility influences future plans is undertaken later in this report.

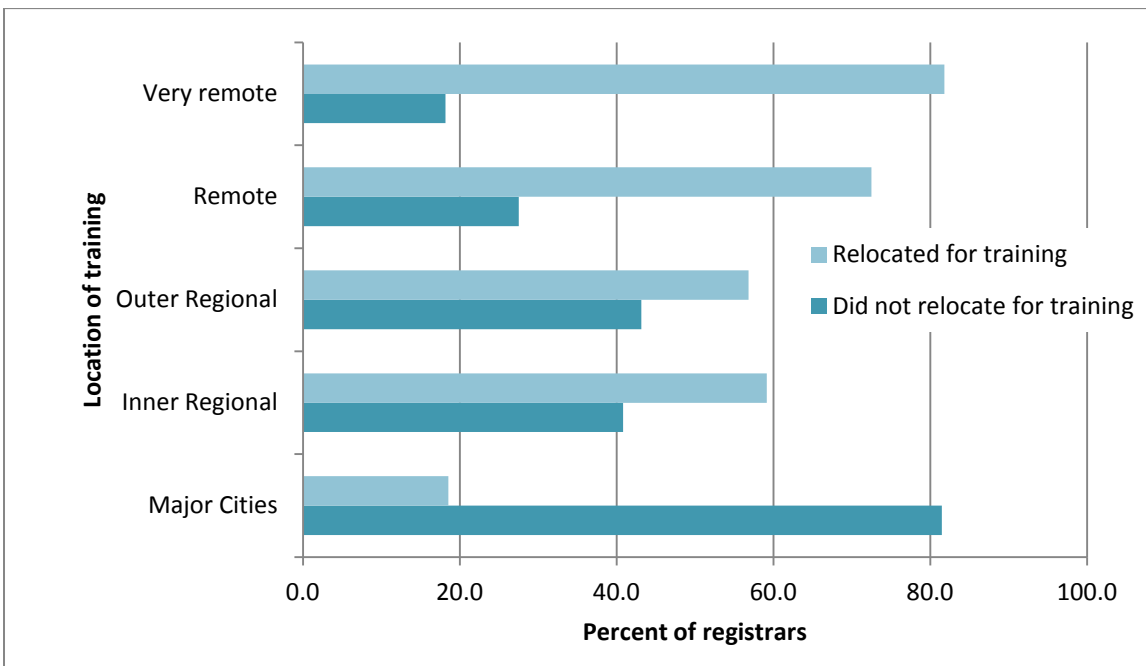


Figure 2: Registrars relocation for training by location of training facility (%)

Overall satisfaction

Registrars were asked a number of questions to explore their overall impressions of the AGPT. The analysis below explores responses to a small number of overall satisfaction questions.

Nationally, registrars were very satisfied with their AGPT. The distributions of responses across the five-point response scale are displayed in Table 3 for each of the broad satisfaction items. These items explored registrar satisfaction with the overall administration of their training, the education and training, and the support provided during their enrolment. While responses to all three of these satisfaction measures were mostly high, the most positive response was towards the education and training facet.

Table 3: Overall satisfaction with training (response distribution %)

Thinking about all of your training to date, overall how satisfied are you with each of the following?	Very Dissatisfied	2	3	4	Very Satisfied
Administration	4.4	7.0	25.8	39.7	23.1
Education & training	1.4	5.1	20.3	46.8	26.4
Support	2.6	6.3	22.4	41.2	27.4

These overall satisfaction results were analysed by contextual and demographic characteristics to establish if there was any significant variation between different groups of registrars. On each of these three items, there was no significant difference relating to the GPT Term that registrars were currently in, suggesting that overall, the satisfaction of registrars in 2014 did not vary substantially by year level.

However, when examined by location of training facility, the responses suggested that satisfaction of registrars does decline slightly as the training location moves further from major cities. This outcome is detailed in Figure 3.

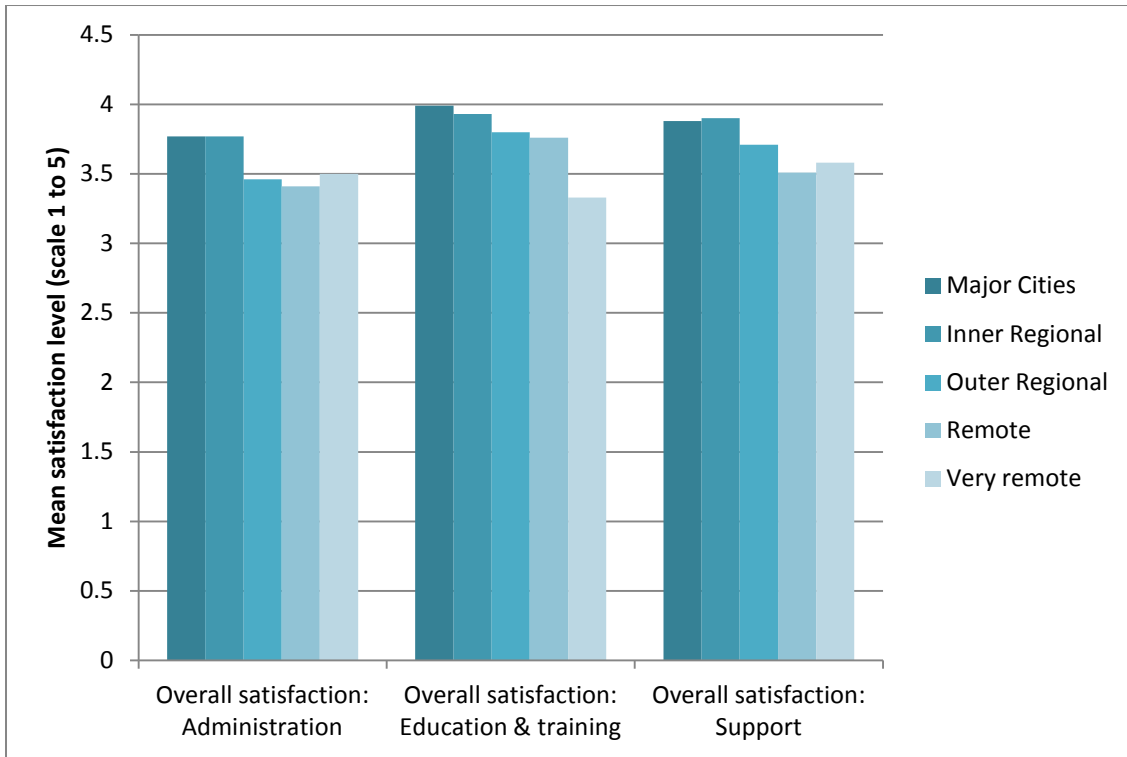


Figure 3: Overall satisfaction of registrars by location of training facility

Some differences are also apparent in relation to the Fellowship for which registrars are working towards. As shown in Figure 4, which charts the most popular fellowships and fellowship combinations, while the differences in satisfaction are not very large, there are some patterns which are apparent in the responses. Specifically, those on the FRACGP, the FARGP and the combined FRACGP & FARGP fellowship tracks tended to be more positive than the FACRRM and the FRACGP & FACRRM combined fellowships.

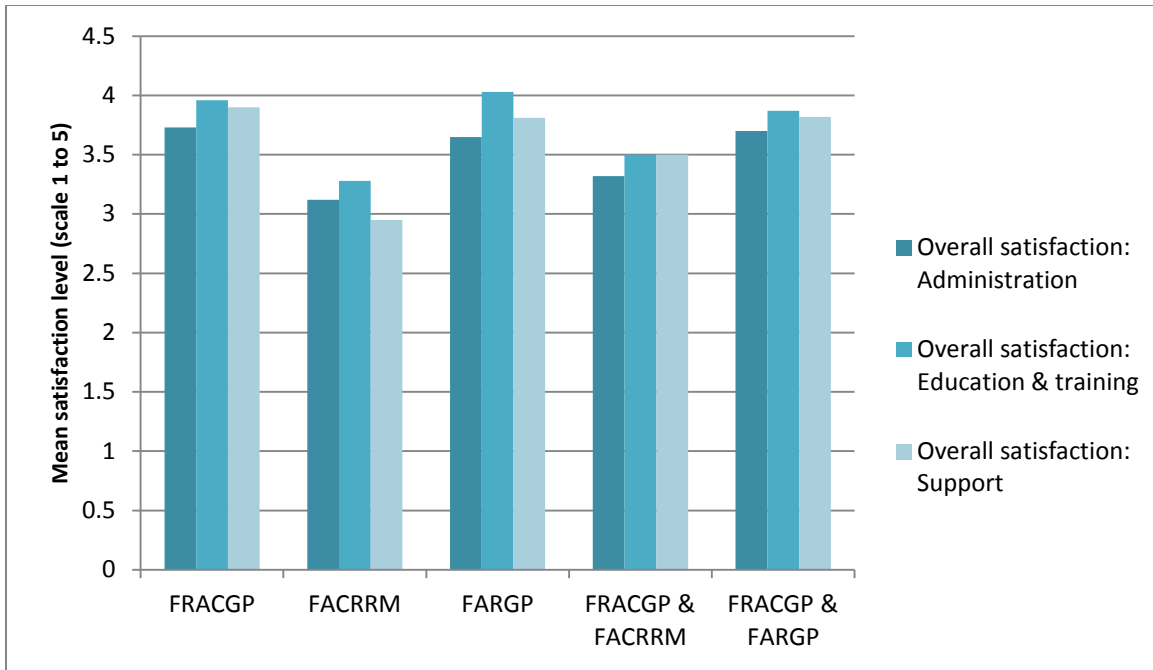


Figure 4: Overall satisfaction of registrars by fellowship type

Registrar demographics appear to have little influence on satisfaction patterns among registrars. 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, have dependents, or are Australian citizens. Participating in Prevocational General Practice Placements Program (PGPPP) or a First Wave Scholarship also made little difference to the levels of overall satisfaction recorded by registrars.

Satisfaction by KPIs

One important role of the Registrar Satisfaction Survey is to generate Key Performance Indicators (KPIs) that GPET reports to its Board. These KPIs relate to levels of satisfaction with various facets of the AGPT and are displayed in the table below. As noted earlier in this report, all KPIs for 2014 are statistically reliable within 1 to 3 percentage points (to the 95 per cent confidence level).

Table 4: Key Performance Indicators 2014

Key Performance Indicators	Percentage Satisfied	Error margin, percentage points (95% confidence)
KPI 1: Satisfaction with training*	89.1%	+1.8
KPI 2: Satisfaction with RTP support (no incident)*	89.3%	+2.0
KPI 3: Satisfaction with RTP support (with incident)*	95.7%	+3.1
KPI 4: Satisfaction with supervision	92.9%	+1.5
KPI 5: Satisfaction with practice location	94.7%	+1.3
KPI 6: Satisfaction with infrastructure/resources*	93.8%	+1.4
KPI 7: Satisfaction with terms and conditions	91.9%	+1.5

*composite variable

A number of these KPIs are composite variables – that is they are a combination of responses to two or more questions in the survey. Where this is the case, these are noted in the table. For these composite variables the percentage of registrars satisfied for each included question is averaged to create an overall ‘percentage satisfied’ score. KPI 1 is a combination of the overall satisfaction items shown in Table 3 relating to Administration, Education and training and Support. KPI 2 is a combination of seven items relating specifically to support and training provided by RTPs, and is calculated only for those registrars who *had not* had an adverse incident during their training. KPI 3 is the same as KPI 2, but recorded only for those who *have* experienced an adverse incident during their training (note that the error margin for this KPI is larger than the others given the small numbers of registrars for whom this is relevant). The other composite variable is KPI 6 which includes two variables about resources; one relating to RTP and the other to the training facility.

Satisfaction with 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; and reasons for choosing the RTP.

In terms of reasons for choosing a particular RTP, as shown in Table 5, registrars gave preference to location (66.1%), training opportunities (36.0%), reputation of RTP (31.9%), available

family/partner support (27.4%), lifestyle (21.4%), previous career links with region (15.9%) and availability of accommodation (9.0%). Registrars were allowed to select more than one response for this question, allowing a total of more than 100 per cent.

Table 5: Reasons for choosing RTP (responses %)

What are the main reasons you chose your RTP as your training provider? <i>Please select all that apply.</i>	
	%
Location	66.1
Training opportunities	36.0
Reputation of the RTP	31.9
Family/partner support	27.4
Lifestyle	21.4
Career links with region	15.9
Accommodation	9.0

Registrars were asked about their satisfaction with various aspects of their chosen RTP. Specifically, they were asked to rate the quality of their overall training and education experience, quality of training advice, induction/orientation provided, feedback on training progress, workshops provided and training and education resources available. The distributions of responses across the five-point response scale are shown in Table 6 for each of these aspects.

Table 6: Satisfaction with certain aspects of RTP (response distribution %)

How would you rate your satisfaction with the following aspects of your RTP this term?	Very Dissatisfied	2	3	4	Very Satisfied
Quality of overall training and education experience	2.0	3.6	17.8	45.2	31.3
Quality of training advice	3.3	5.6	20.3	42.9	27.9
Induction/orientation provided	2.5	4.7	18.8	43.8	30.2
Feedback on your training progress	3.0	6.8	23.8	41.2	25.2
Workshops provided	2.1	4.3	17.3	40.1	36.1
Training and education resources available	1.9	4.6	19.2	44.7	29.7

When response scores were averaged on a scale of 1 to 5, all aspects noted above attained a national average satisfaction score of 4 with the exception of satisfaction with training advice and feedback on training which scored slightly lower national average scores of 3.9 and 3.8 respectively. This high positive satisfaction rating was consistent across various demographic characteristics of the registrars. At the national level there was no difference between males and females, age groups or citizenship.

Overall, 14.6 per cent of registrars reported they had experienced some kind of adverse incident during training where the RTP provided assistance. Of those with such experience, most (94.9%) recorded positive satisfaction with their RTP's handling of the event. More broadly, 93.2 per cent of registrars reported a high level of confidence in their RTP's capacity to handle concerns and complaints.

When asked about the 'best aspects' of their training experience, many registrars mentioned the workshops and other training sessions run by their RTP, support from their RTP and the administrative staff and medical educators at the RTP.

Workshops in particular were highlighted in the focus group by many participants as a useful and important element of their training. Some participants noted that these workshops really gave skills in essentially "very basic things – like billing – but in skills that are crucial that I had not ever have a chance to develop before". Registrars in these groups also noted that the sessions offered an opportunity to network with other registrars (particularly useful during rural placements), and that the medical educators teaching were also currently practicing, which made them relevant and a useful source of knowledge.

Some registrars also suggested areas for improvement in the workshops, for example building in 'refresher' workshops to update skills in some of the basic practical areas that registrars could take later in the AGPT. Another suggestion was the content of workshops could be more closely mapped to the types of things being learnt during placements to ensure that workshop topics

covered the 'gaps' in knowledge and skills and didn't replicate what was already being learnt on placement.

Registrars were also asked more generally about the aspects of their experience 'most in need of improvement', and provided a number of areas where improvements could be made by their RTP. Most commonly cited were the wish for a greater level of support, more feedback and training advice, issues with administration and communication - between the RTP and registrar as well as between the RTP and training practice and College, a wish for more assistance with exam preparation and difficulties with the placement allocation process.

Satisfaction with training facilities

Training facilities also play a notable role in the registrar's experience. The 2014 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 positive, with registrars recording satisfaction levels of around four out of five on most questions (see Figure 5). Interestingly, the characteristics of registrars did not influence their responses to these items, with no significant differences in the responses of registrars when examined by training contexts and demographics.

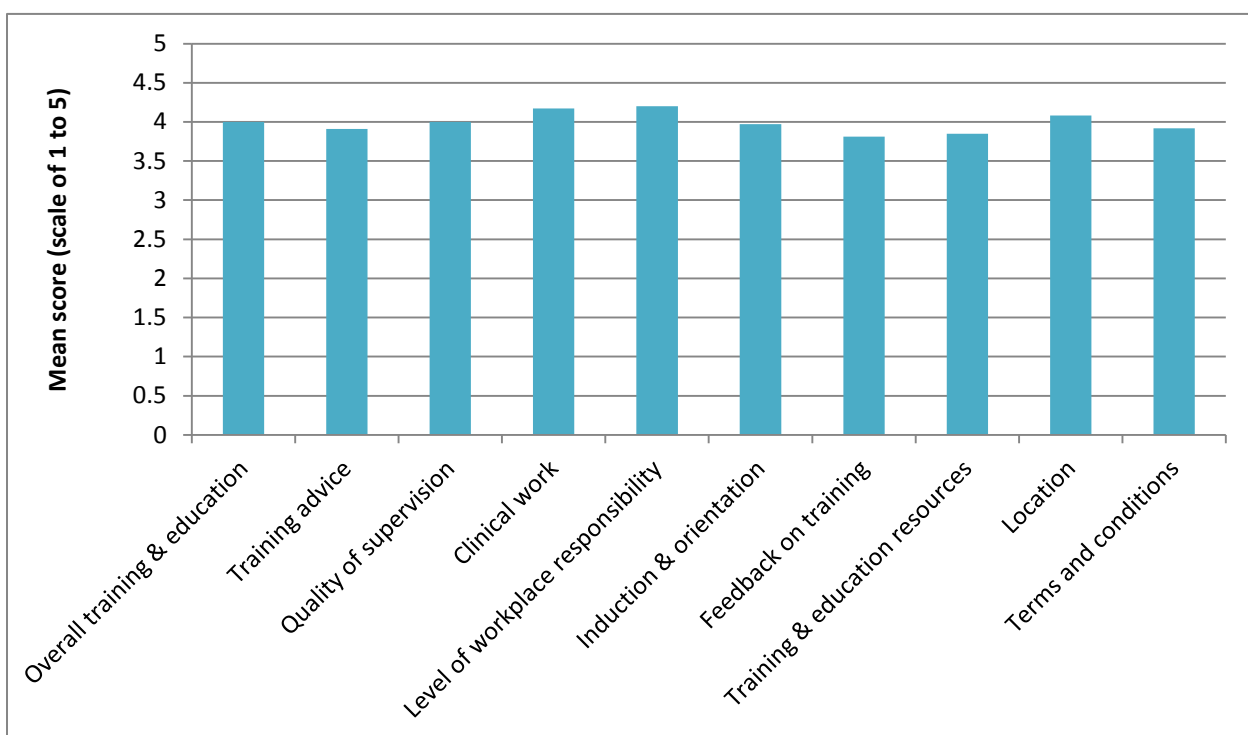


Figure 5: Mean satisfaction with aspects of training facility

Table 7 provides detail of the overall distribution of responses for each of the training facility satisfaction items. It provides another indication of the strong levels of satisfaction that registrars indicate in their training facilities.

Table 7: Satisfaction with aspects of training facility (response distribution %)

How would you rate your satisfaction with the following aspects of your training facility (e.g. your practice, your hospital) this term?	Very dissatisfied	2	3	4	Very satisfied
Quality of overall training and education experience	1.5	5.0	17.6	43.4	32.5
Quality of training advice	1.4	6.3	21.4	42	28.9
Quality of supervision	1.9	5.2	19.3	37.8	35.7
Clinical work	0.3	2.4	14.1	46.5	36.8
Level of workplace responsibility	0.5	2.0	13.9	44.5	39.1
Induction/orientation provided	2.0	6.3	17	42.2	32.5
Feedback on your training progress	2.2	6.7	25.1	39.4	26.6
Training & education resources	2.4	6.4	22.2	41.9	27.2
Location	1.2	4.1	18.0	38.7	38.0
Terms and conditions	2.3	5.8	19.9	41.9	30.0

In the focus groups, registrars discussed a range of aspects relating to their training experiences. On the whole, the responses were positive, with particular emphasis on the support provided by supervisors, and the level of autonomy and responsibility they had that was balanced with appropriate levels of support. In addition, specific mention was made to the value of orientation sessions with training facilities.

Many registrars also provided feedback on where improvements could be made with training facilities. Areas where a number of registrars suggested improvements could be made included support, feedback, issues around pay and contracts, wanting more clinical experience and a greater variety of patients and presentations. A key issue raised in the focus groups related to the availability of supervisors with some participants mentioning that while they could usually find support, often the supervisor that they had initially been allocated was not able to meet with them as much as they had anticipated, sometimes resulting in having a number of different people playing the supervisor role.

The qualitative feedback offered above highlights that there is a lot of overlap in the best aspects and areas where improvements could be made, suggesting a very diverse range of experiences in training facilities.

Satisfaction with Colleges

Registrars were also asked about their experiences with the college that oversees the fellowship they are working towards. As with the RTPs and the Training Facilities, responses relating to satisfaction with Colleges was overwhelmingly positive. On the scale of 1 to 5, for each of the four satisfaction items, the average response from registrars was around 3.5. Table 8 shows the percentage distribution of responses by registrars. The results show that the majority of

respondents rated their satisfaction as either 4 or 5 for three of the four items – assessment, curriculum and communication. Responses were slightly less positive in relation to collegiate engagement (although still high overall), with just under half of respondents rating their satisfaction in as either 4 or 5 out of 5.

Table 8: Satisfaction with College (response distribution %)

Thinking about your experience with your college , how would you rate your satisfaction with:	Very Dissatisfied	2	3	4	Very Satisfied
Assessment?	2.1	5.0	41.0	38.7	13.2
Curriculum?	1.3	6.0	35.7	44.0	13.0
Communication?	2.3	8.0	36.9	38.4	14.4
Collegiate engagement?	2.9	8.5	40.8	35.6	12.2

One issue in relation to colleges raised in the focus groups with registrars was the sometimes apparent disconnect between college requirements and RTP requirements. While the difficulties in aligning all aspects of training programs (especially considering that two colleges are involved in AGPT) was acknowledged, there was emphasis from some that greater connection between the RTPs and colleges could encourage a smoother pathway through the AGPT.

Insights into commitment required for training

In 2014, the RSS introduced a number of questions to gather insight into the level of commitment that registrars perceive is required for undertaking AGPT. The results discussed here explore both the expectations of registrars prior to enrolment as well as the actual commitment they find themselves making once enrolled.

Table 9 provides an indication of the level of understanding registrars had about certain aspects of their training prior to commencing. The results suggest that while only a minority of registrars were ‘very much’ aware of the level of commitment required for these particular aspects of their training, in general the vast majority tended to indicate that they were relatively aware of the levels of commitment required. Only a small proportion of registrars seem to have no understanding of the personal commitment needed to complete the fellowship prior to commencing.

Table 9: Understanding of commitment required (response distribution %)

Prior to commencing training, to what extent were you aware of the personal commitment to complete your GP fellowship(s) in terms of:	Not at all	2	3	4	Very much
time in face-to-face education with RTP?	7.0	16.7	31.9	34.6	9.8
time in in-practice education & training?	5.7	11.2	35.2	37.3	10.5
time in self-directed learning?	4.7	11.8	29.8	41.0	12.7
travel?	6.1	13.8	35.4	35.4	9.3
practice location?	6.1	11.6	31.3	39.8	11.2
intellectual demands?	3.4	8.2	32.6	45.0	10.8

Based on their understanding of the level of commitment required to undertake an AGPT, registrars were asked whether this made any impact on the type of training they chose. Responses are provided in Table 10, which shows that the personal commitment required did have an impact on registrars decision to specialise in General Practice and on the type of GP fellowship they chose to undertake. There was less influence from this factor on choice of RTP and on whether a rural pathway was taken.

Table 10: Impact on choice of training based on commitment required (response distribution %)

Did the level of personal commitment required for training impact on your choice of:	No	Yes	Unsure
specialisation in General Practice?	35	57	7.9
GP fellowship(s) (e.g. FACRRM, FRACGP, FARGP)?	38	55.6	6.4
Regional Training Provider (RTP)?	59.7	32.1	8.1
whether or not you undertook a rural pathway?	54.9	38.2	6.8
whether you enrolled full-time or part-time?	50.7	44.9	4.4
the timing of when you commenced training?	52.7	42.1	5.2

Registrars then provided an indication of whether the anticipated levels of commitment required for undertaking their training met the actual level they have experience since enrolment. As shown in Table 11, while very few registrars suggest less commitment is required than expected on each of the aspects listed, this is also the case for the other extreme – much more commitment than expected. On average, registrars seem to suggest that their expectations were about right, or that slightly more commitment than expected has been required. On this latter point, the extent to which registrars are expected to devote time in self-directed learning appears to be the element most likely to have been underestimated by registrars in terms of the required level of commitment.

Table 11: Actual level of commitment required (response distribution %)

Now that you are in training, does the actual level of personal commitment required match what you were expecting in terms of:	Much less commitment than expected	2	3	4	Much more commitment than expected
time in face-to-face education activities with your RTP?	3.7	5.9	57.6	27.6	5.3
time in in-practice education and training?	2.8	8.2	61.3	23.6	4.2
time in self-directed learning?	0.3	2.4	52.7	34.3	10.3
travel?	1.5	7.6	56.5	27.5	6.9
practice location?	1	5.2	63.8	23.8	6.1
intellectual demands?	0.3	2.1	57.5	32.7	7.4

In general, the focus groups confirmed the overall findings in terms of expectations on commitment required in the AGPT. Participants in these discussions had tended to find that the level of commitment that they anticipated was very similar to the actual case once they began their training. In most cases, these registrars had formed their expectations on the AGPT from informal conversations with GPs and other registrars.

Registrars future plans

The 2014 RSS asked registrars to provide insights into various aspects of their career planning, especially over the next five years. This included their confidence in their current career path, what they would like to be doing in five years time in terms of medical career and aspirations for involvement in medical education, and the extent to which they expect to remain in the region of their training.

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. Table 12 shows that more than 50 per cent of all registrars were very confident that they had chosen the right career path. As shown in Figure 6, for both these questions, the results were uniformly high for all training locations. Confidence levels remained constant across various demographic characteristics and training contexts. At the national level, there was no difference between males and females, age groups, citizenship, indigenous background, type of fellowship, FTE training load or undertaking hospital based skills training.

Table 12: Confidence of registrars in their current career path (%)

How confident are you that...	Not Very Confident	2	3	4	Very Confident
general practice is the right career for you?	1.5	3.3	11.0	33.2	51.0
the GP fellowship you have chosen is correct for you?	0.8	2.3	10.1	34.1	52.7

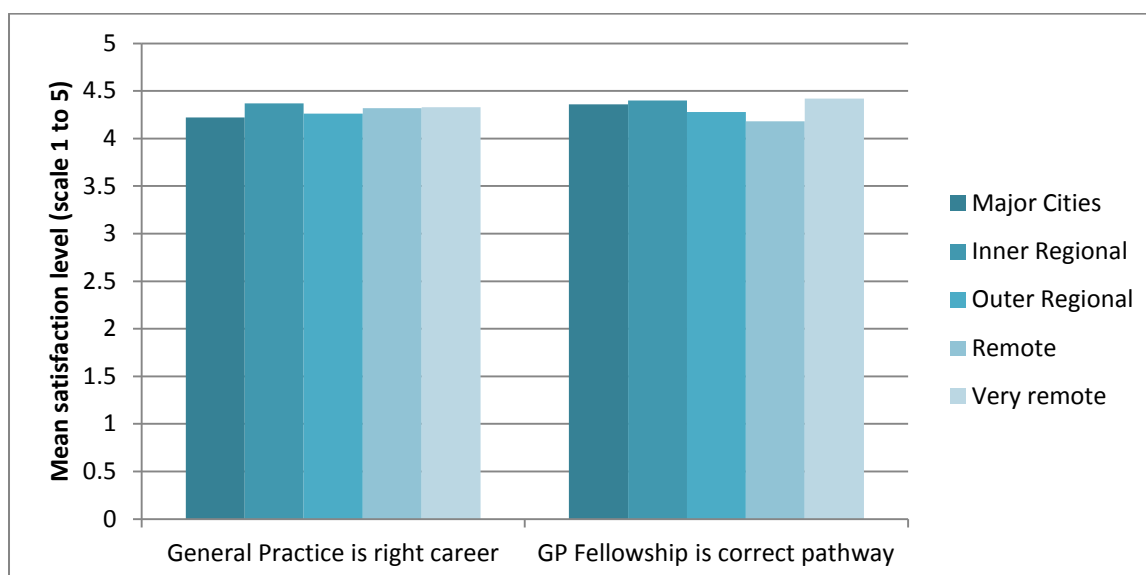


Figure 6: Overall confidence of registrars by location of training facility

The RSS asked registrars about their broad plans for the medium-term. A range of possibilities were suggested (see Table 13) and registrars were able to select more than one of these options. Overall about four in five registrars expect to be working as a GP either full-time or part-time. Other options being considered include working in medical education (just over a quarter of respondents), community based medicine or hospital based procedural work (about 16 per cent of respondents). A very small proportion (1 per cent) suggested that they did not intend to work as a GP at all, and an further 6.3 per cent of respondents were still unsure about their GP working career.

Table 13: Career aspirations of registrars (%)

In five years, you would like to be...Please select all that apply.	%
working full-time as a private GP.	42.7
working part-time as a private GP.	42.6
working in medical education or training.	27.1
working in community based medicine (aged, palliative, home care).	16.5
working in hospital-based procedural work.	15.8
not working as a GP at all.	1
I am unsure about my GP working career.	6.3

In relation to being involved in medical training in the future, a large proportion of registrars indicated that they would like to be supervising medical students in the next five years (Table 13). Of the respondents to this item, only 13.6 per cent of registrars indicated that they did not intend on being involved in any doctor training at all in the next five years.

Table 14: Aspirations for involvement in medical training (%)

Within the next five years, you would like to be... Please select all that apply.	%
supervising medical students.	60.5
supervising registrars.	44.5
supervising PGPPP.	27.7
a medical educator.	27.8
not involved in doctor training.	13.6

Analysis of registrar intentions relating to remaining in the region of training is also possible through the RSS. The 2014 results show that in general, regardless of location, at enrolment most registrars plan on staying in the location in which they are training (Figure 7). Registrars were also asked whether this intention at enrolment was still realistic once enrolled. In this regard, the majority of registrars planning on staying indicated that they still intended to stay in their location on completion of their training.

Given the results shown earlier (Figure 2) which suggested large proportions of registrars training in regional and remote areas had relocated to undertake their training, the fact that such a large proportion of registrars in regional and remote areas intend to stay in their region of training following completion is a positive finding for these communities.

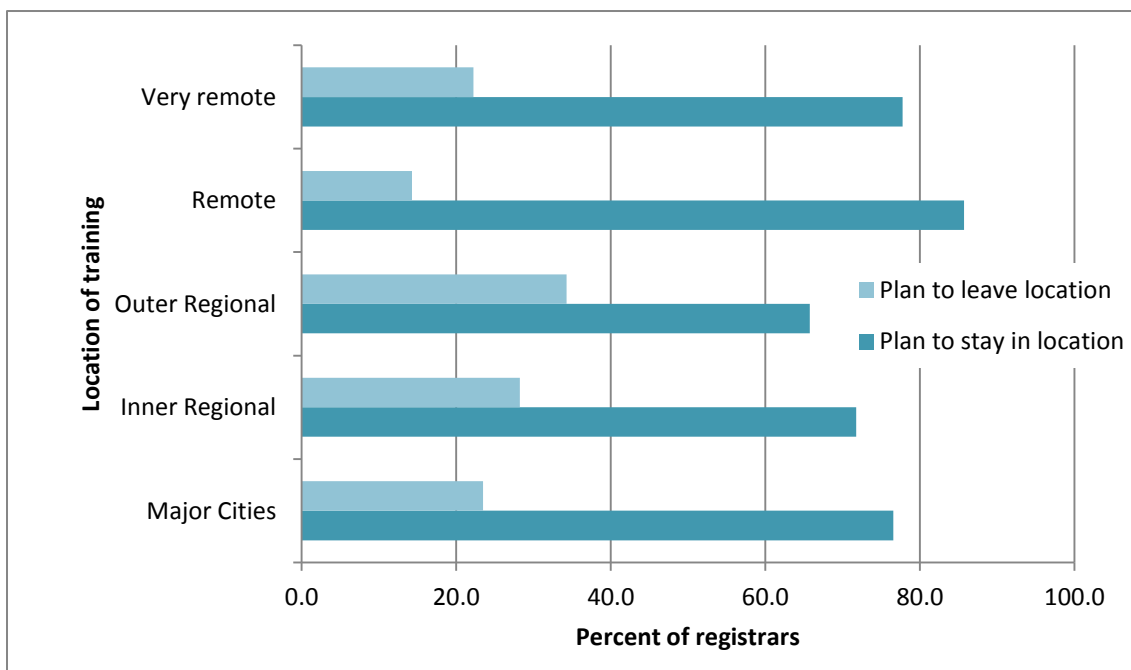


Figure 7: Registrars intentions at enrolment relating to relocation on completing training by location of training facility (%)

APPENDIX A

National Results for Key Items

GPET CORE ITEMS

How would you rate your satisfaction with the following aspects of your RTP this term?	% Very dissatisfied	2	3	4	Very satisfied
Quality of overall training and education experience	2.0	3.6	17.8	45.2	31.3
Quality of training advice	3.3	5.6	20.3	42.9	27.9
Induction/orientation provided	2.5	4.7	18.8	43.8	30.2
Feedback on your training progress	3.0	6.8	23.8	41.2	25.2
Workshops provided	2.1	4.3	17.3	40.1	36.1
Training and education resources available	1.9	4.6	19.2	44.7	29.7

Thinking of your experience with your RTP this term, how would you rate the amount of...	% Far too little	2	3	4	Far too much
training and education provided?	2.6	7.8	47.8	37.7	4.1
training advice provided?	3.7	11.8	46.3	34.5	3.6
feedback on your training progress?	3.1	15.0	45.7	32.3	3.9
training and education resources available?	1.8	8.5	48.1	36.4	5.2
workshops provided?	2.5	7.9	46.8	36.2	6.5

How would you rate your satisfaction with the following aspects of your RTP this term? Leave blank if the statement does not apply.	% Very dissatisfied	2	3	4	Very satisfied
Overall training & education	1.5	5	17.6	43.4	32.5
Training advice	1.4	6.3	21.4	42	28.9
Quality of supervision	1.9	5.2	19.3	37.8	35.7
Induction & orientation	2.0	6.3	17	42.2	32.5
Feedback on training	2.2	6.7	25.1	39.4	26.6
Training & education resources	2.4	6.4	22.2	41.9	27.2
Location	1.2	4.1	18	38.7	38.0
Terms and conditions	2.3	5.8	19.9	41.9	30.0

Thinking of your experience with your training facility (e.g. your practice, your hospital) this term, how would you rate the amount of...	% Far too little				Far too much
	2	3	4		
training and education provided?	2.8	8.9	46.3	37.4	4.6
training advice provided?	2.4	10	49.1	33.8	4.7
feedback on your training progress?	2.0	12.4	49.7	31.1	4.9
support provided by your supervisor?	2.3	6	43.9	38.4	9.3
training and education resources available?	2.6	8.6	48.9	34.5	5.4

Thinking about all of your training to date, overall how satisfied are you with each of the following?	% Very dissatisfied				Very satisfied
	2	3	4		
Administration	4.4	7.0	25.8	39.7	23.1
Education & training	1.4	5.1	20.3	46.8	26.4
Support	2.6	6.3	22.4	41.2	27.4

	Yes
Have you received assistance or support from your RTP for an adverse event or incident?	14.6%

	% Very dissatisfied				Very satisfied
	2	3	4		
How would you rate your satisfaction with the assistance or support your RTP provided during or after an adverse event or incident?	1.3	3.8	13.1	36.3	45.6

How confident are you that...	% Not very confident				Very confident
	2	3	4		
general practice is the right career for you?	1.5	3.3	11.0	33.2	51.0
the GP fellowship you have chosen is correct for you?	0.8	2.3	10.1	34.1	52.7
your RTP has processes in place to manage your concerns and complaints?	4.7	6.3	20.6	41	27.4

Thinking about your experience with your college , how would you rate your satisfaction with:	% Very dissatisfied	2	3	4	Very satisfied
Assessment?	2.1	5.0	41.0	38.7	13.2
Curriculum?	1.3	6.0	35.7	44.0	13.0
Communication?	2.3	8.0	36.9	38.4	14.4
Collegiate engagement?	2.9	8.5	40.8	35.6	12.2

GPET FOCUS ITEMS

Prior to commencing training, to what extent were you aware of the personal commitment to complete your GP fellowship(s) in terms of:	%				Very much
	Not at all	2	3	4	
time in face-to-face education with RTP?	7.0	16.7	31.9	34.6	9.8
time in in-practice education & training?	5.7	11.2	35.2	37.3	10.5
time in self-directed learning?	4.7	11.8	29.8	41.0	12.7
travel?	6.1	13.8	35.4	35.4	9.3
practice location?	6.1	11.6	31.3	39.8	11.2
intellectual demands?	3.4	8.2	32.6	45.0	10.8

How did you find information about the level of personal commitment expected?

Please select all that apply.

	%
Through the GPET website or documentation	27.8
Through the college website or documentation	20.4
Through the RTP website, documentation or orientation	43.6
Formally through seminars or sessions organised by the college	7.2
Formally through seminars or sessions organised by the RTP	33.7
Informally through discussion with other current or former registrars	58

Did the level of personal commitment required for training impact on your choice of:

	%		
	No	Yes	Unsure
specialisation in General Practice?	35	57	7.9
GP fellowship(s) (e.g. FACRRM, FRACGP, FARGP)?	38	55.6	6.4
RTP?	59.7	32.1	8.1
whether or not you undertook a rural pathway?	54.9	38.2	6.8
whether you enrolled full-time or part-time?	50.7	44.9	4.4
the timing of when you commenced training?	52.7	42.1	5.2

Now that you are in training, does the **actual level** of personal commitment required match what you were expecting in terms of:

	%				Much more commitment than expected
	Much less commitment than expected	2	3	4	
time in face-to-face education activities with your RTP?	3.7	5.9	57.6	27.6	5.3
time in in-practice education and training?	2.8	8.2	61.3	23.6	4.2
time in self-directed learning?	0.3	2.4	52.7	34.3	10.3
travel?	1.5	7.6	56.5	27.5	6.9
practice location?	1	5.2	63.8	23.8	6.1
intellectual demands?	0.3	2.1	57.5	32.7	7.4

What impact does the level of personal commitment to training have on the following aspects of your life:	% Very negative impact	Somewhat negative impact	No impact	Somewhat positive impact	Very positive impact	Not applicable
caring for dependent children?	4.1	24.6	19.2	8	5.3	38.9
caring for others?	2.7	24.3	31	9.6	6.6	25.8
physical health?	3.3	34.5	36.6	14.6	8.8	2.3
mental health?	4	31.7	35.5	17.5	9.1	2.3
social life?	6	36.3	28.1	18.2	10.4	1
your cultural commitments?	3.2	12.6	53.1	10.9	7.7	12.5
choice of residential location?	5.6	21.1	43.8	16.3	10	3.2

The following questions ask about your RTP's complaints process.	% No		Yes	Unaware process exists
Are you familiar with your RTP's formal complaints and grievance process?	45.6	33.8	20.6	
Could you readily access your RTP's formal complaints and grievance process if needed?	30.1	69.9	n/a	
Have you ever made a formal written complaint about your RTP?	98.7	1.3	n/a	

<IF MADE COMPLAINT>Thinking of when you made a formal written complaint, to what extent were you satisfied:	% Very dissatisfied	2	3	4	Very satisfied
with the documented process?	30.8	38.5	15.4	7.7	7.7
that the documented process was followed?	30.8	38.5	15.4	7.7	7.7
that the process was appropriate to deal with your situation?	53.8	38.5	0	0	7.7
that you were adequately supported during this process?	53.8	30.8	7.7	0	7.7

	Yes
Have you had an orientation to Aboriginal and Torres Strait Islander health?	84.9%
Have you had training in Aboriginal and Torres Strait Islander cultural safety?	72.0%

<IF YES to training for Aboriginal and Torres Strait Islander cultural safety>Who provided this cultural safety training? <i>Please select all that apply.</i>	%
Cultural educator	63.6
Cultural mentor	18.3
Aboriginal Health Worker	64.7

	% Not at all	2	3	4	Very much
How well did the training in Aboriginal and Torres Strait Islander cultural safety prepare you for clinical work?	3.6	11.2	36.9	34.7	13.7

<IF CURRENTLY WORKING IN AN AMS/ACCHS>	%
Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islanders?	54.3

	% Very dissatisfied	2	3	4	Very satisfied
How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander questions?	0.0	6	26	32	36.0

When did you first consider undertaking work in Aboriginal Health?	%
I have not yet considered working in Aboriginal Health	50.1
Before applying for Australian General Practice Training (AGPT)	27.6
When I applied for AGPT	6.5
At the end of my RTP orientation	2.7
At the end of my first term of training	5.3
At the end of my first year of training	5.2
At the end of my second year of training	1.3
After the end of my second year of training	1.2

RTP FOCUS ITEMS

What are the main reasons you chose **your RTP** as your training provider?
Please select all that apply.

	%
Accommodation	9.0
Family/partner support	27.4
Location	66.1
Lifestyle	21.4
Training opportunities	36.0
Career links with region (e.g. earlier placement, Prevocational General Practice Placements Program (PGPPP))	15.9
Reputation of the RTP	31.9

When did you decide on your fellowship pathway (FRACGP, FARGP or FACRRM)?

	%
When applying for Australian General Practice Training (AGPT)	75.1
At the end of the RTP orientation	8.0
At the end of the first term of training	6.8
At the end of the first year of training	3.7
At the end of the second year of training	2.2
After the end of the second year of training	0.7
Still unsure of which fellowship pathway to take	3.5

To what extent...	%				Very much
	Not at all	2	3	4	
did you know about both college pathways prior to entering Australian General Practice Training (AGPT)?	8.5	16.2	24.5	30.9	19.9
did you know the two fellowship pathway options available to you at the end of your orientation?	2.0	5.3	19.9	40.4	32.4
do you know the required vocational training to complete your fellowship?	1.4	5.6	22.8	44.5	25.7
do you know the assessment required to complete your fellowship?	0.5	7	22.2	44.2	26.0
do you know what is required to complete Australian General Practice Training (AGPT)?	0.7	6.9	21.6	47.3	23.5

Within the next five years, you would like to be... <i>Please select all that apply.</i>	
	%
supervising medical students.	60.5
supervising registrars.	44.5
supervising PGPPP.	27.7
a medical educator.	27.8
not involved in doctor training.	13.6

In five years, you would like to be... <i>Please select all that apply.</i>	
	%
working full-time as a private GP.	42.7
working part-time as a private GP.	42.6
working in medical education or training.	27.1
working in community based medicine (aged, palliative, home care).	16.5
working in hospital-based procedural work.	15.8
not working as a GP at all.	1.0
I am unsure about my GP working career.	6.3

	%	
	Yes	Unsure
Did you move to the current region to undertake training?	43.7	n/a
<IF MOVED> When you commenced training did you intend to leave the region immediately after completing your training?	27.8	n/a
<IF MOVED & INTENDED TO LEAVE> Do you still intend to leave the region immediately after completing your training?	55.6	37
<IF MOVED & DIDN'T INTEND TO LEAVE> Do you still plan to stay in the region after completing your training?	59.3	37.5