

# Trainee Survey Results

The Project Team of the Rural and Remote Institute of Palliative Medicine conducted a survey titled *Advanced Training in Palliative Medicine* via the Survey Monkey Platform. The survey link was open for 20 days between the 8<sup>th</sup> and 28<sup>th</sup> November 2023 and access to it was advertised via:

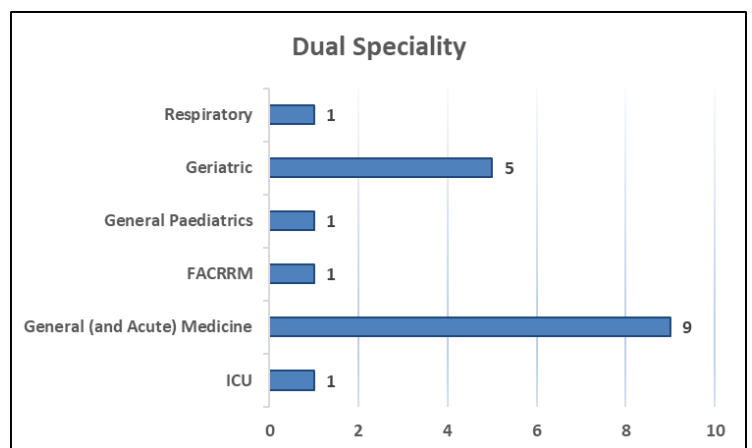
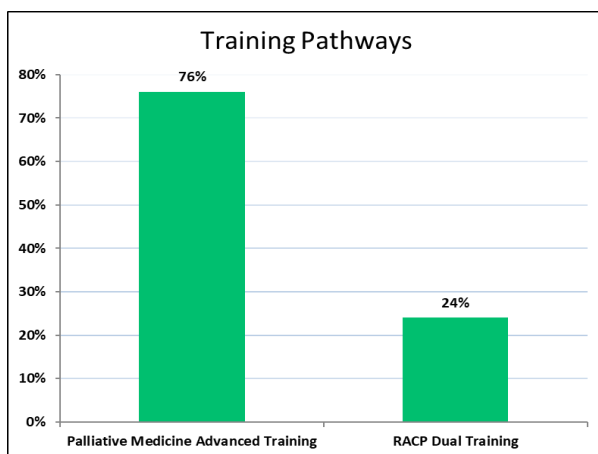
- The Royal Australasian College of Physicians (RACP) trainee mailing list
- The ANZSPM members mailing list (trainee filter)
- The ANZSPM E-Newsletter
- The ANZSPM LinkedIn and X (formerly Twitter) pages
- The RRIPM page of the ANZSPM website
- A QR Code on flyers distributed at the ANZSPM Medical Surgical Conference held in Melbourne 23-24 November.

The survey captured 75 responses from 216 trainees currently registered with the RACP (35% response rate). 20 respondents did not fully complete the survey, 4 respondents from New Zealand were excluded. Just over 50 fully completed responses have been used to reveal insights into the current status quo of palliative medicine training within Australia.

The analysis covers various aspects of the trainees' experiences, preferences, perceived barriers to rurality and their suggestions for how things could be improved.

## Question 1: Training Pathways

Most respondents (76%) are on the Palliative Medicine Advanced Training. A smaller cohort (24%) pursues the RACP Dual Training Pathway.

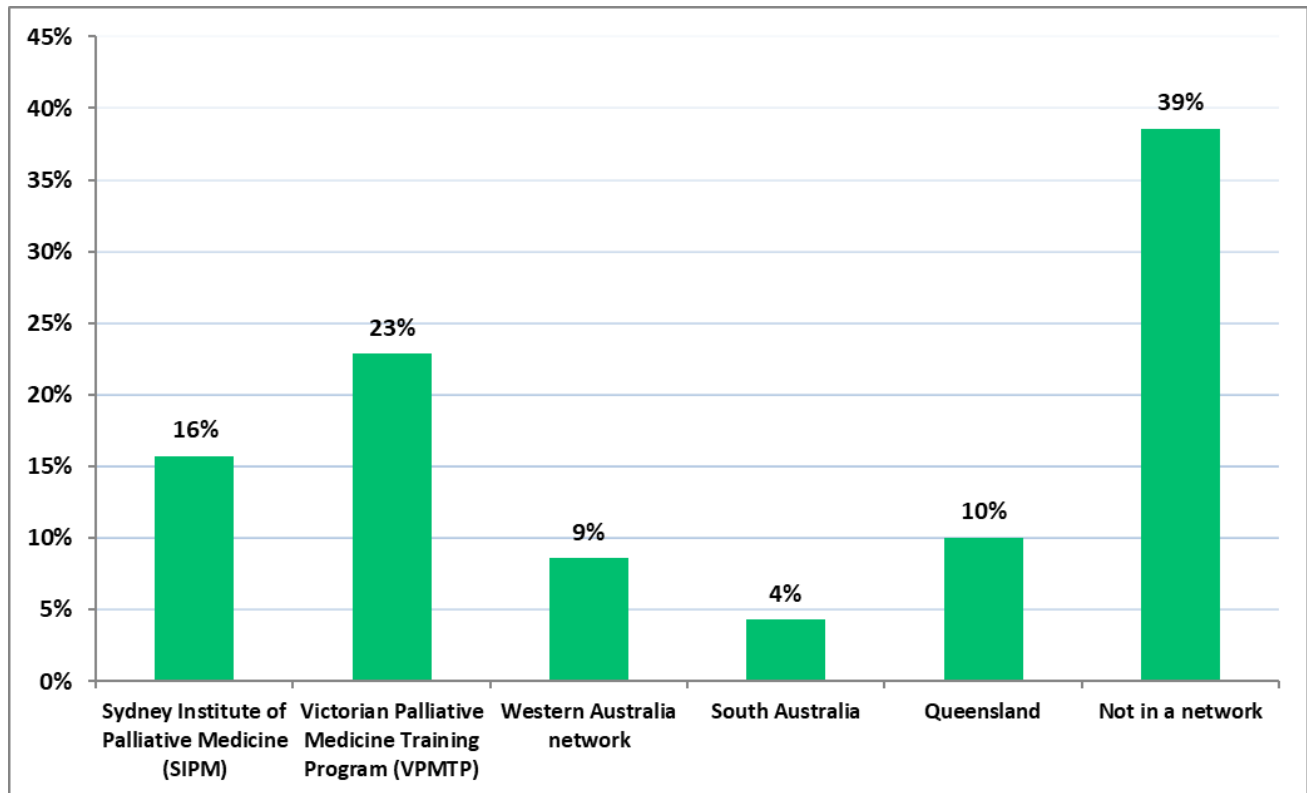


## Question 2: Terms Left to Finish

Most respondents (63%) are midway through their training, having 1 to 3 terms left before completion.

### Question 3: Training Networks

Seventy trainees answered this question. A significant percentage of the respondents (39%) are not training in any network; 16% are with the metropolitan based Sydney Institute of Palliative Medicine (SIPM); 23% are with the Victorian Palliative Medicine Training Program (VPMT), 10% are training in Queensland; 9% are with the Western Australia network.



### Question 4: Support Currently Provided by Training Networks

Networks operate independently of each other within their jurisdictions and offer a range of support for trainees which differs according to the level of network resourcing. For example, VPMT is funded through Victoria Health to provide a comprehensive service whereas SIPM does not receive specific funding with support for activities provided by participating services. Networks with allocated funding were described as providing a more comprehensive array of support and benefits for trainees, including:

#### Protected Teaching:

- Regular face-to-face and online teaching sessions.
- Regular meetings with colleagues, facilitating job sharing and community posts.

#### Educational Sessions and Guidance:

- Twice-monthly education sessions.
- Fortnightly teaching sessions aiding project work and job-sharing discussions.
- Ensuring all core training terms are covered.

#### Job Matching and Coordinated Allocation:

- Centralised job matching system reducing stress and time in applying to multiple hospitals.
- Coordinating and allocating positions based on training needs, providing a streamlined process.



### **Networking and Supportive Environment:**

- Opportunities for trainees to interact, share stories, and organise debriefings.
- WhatsApp groups and clear communication among trainees for smoother transitions and handovers.

Less well-resourced networks offered more limited support including:

### **Centralised Recruitment and Education Events:**

- Centralised recruitment for positions.

### **Regular Teaching and Allocation Assistance:**

- Regular teaching sessions and a journal club.
- Assistance from clinical leads in interpreting job positions and ensuring core term allocations.
- Term allocations managed by a training coordinator.

In summary, each network offered varying degrees of support according to jurisdictional resources available. In areas without networks, trainees navigated the training system without this level of support.

## **Question 5: How Might a Training Network Better Support Trainees?**

The suggestions from trainees highlight essential areas where a training network could significantly improve the training experience, including:

### **Teaching Methods**

- Offering a hybrid teaching model that combines both in-person and remote access sessions to accommodate diverse learning preferences and geographical challenges.
- Providing remote/online access to education sessions would alleviate the burden of travel, particularly for rural and remote trainees.

### **Networking and Support**

- Facilitating improved networking opportunities among trainees would foster collaboration and shared learning experiences.
- Access to self-care and burnout prevention support signifies a recognition of the mental health challenges trainees may face and the importance of adequate support structures.

### **Clinical and Educational Support**

- Ensuring clinical supervision and collaborative discussions among trainees to assist with assignments indicates the need for mentorship and peer learning.
- More frequent educational sessions and guidance regarding advanced training, especially with case study presentations and research projects, could enhance learning experiences.

### **Clinical Exposure and Placements**

- Prioritising exposure to outreach palliative services, interventional pain management, and improving support for rural and regional placements to meet trainees' need for diverse clinical experiences.
- Supporting trainees in finding accommodation for regional and rural terms given the logistical challenges of periodic relocation

## Advocacy and Policy Changes

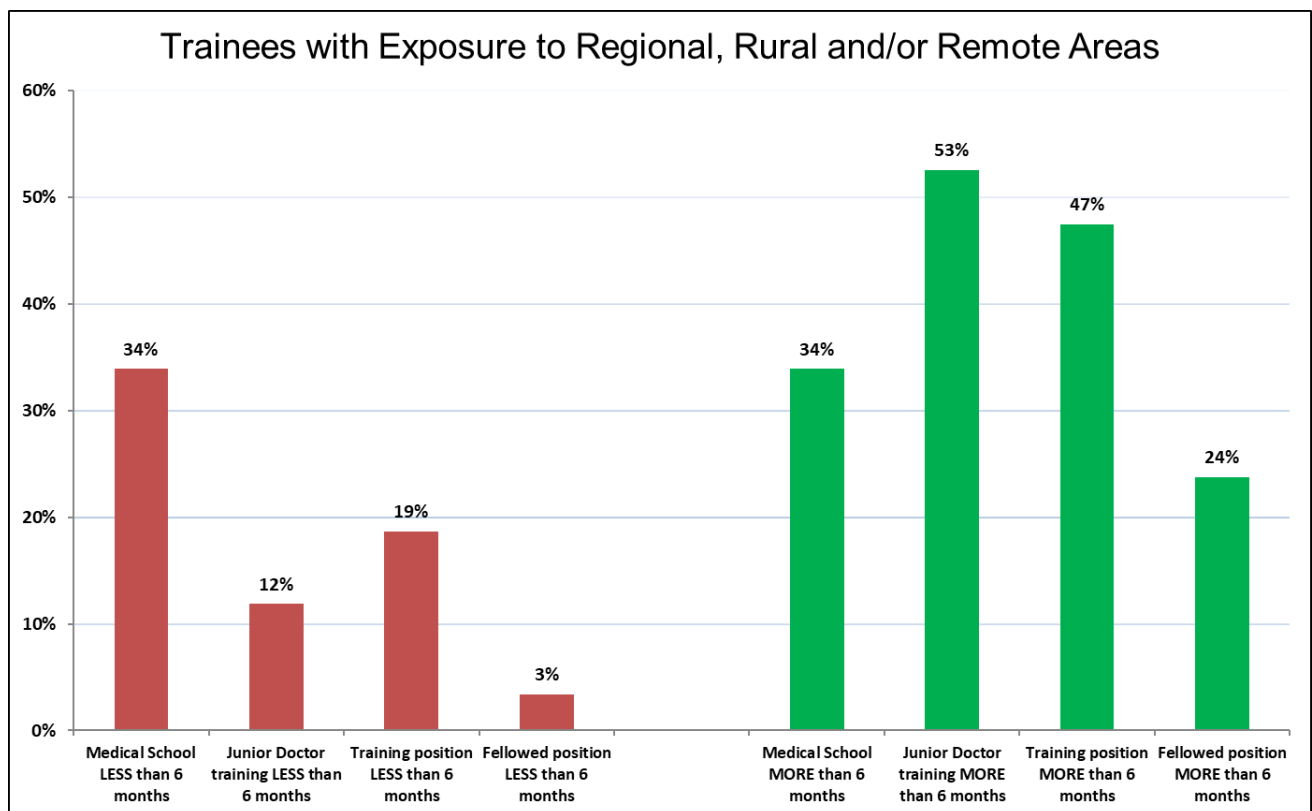
- Advocating for trainees' needs, including assistance with navigating College requirements, funding for positions, advocating for variations in training to include more rurally focused palliative care requirements, and addressing issues with parental and holiday leave management.
- Ensuring guaranteed training rotations and activities aiding the transition to Fellowship to provide a clearer career path for trainees.

## Equitable Access to Education

- Ensuring better balance in the geographical location of educational sessions by holding them not only in metropolitan hospitals but also in regional settings and providing more online teaching for rural and remote trainees, to provide equitable access to education.

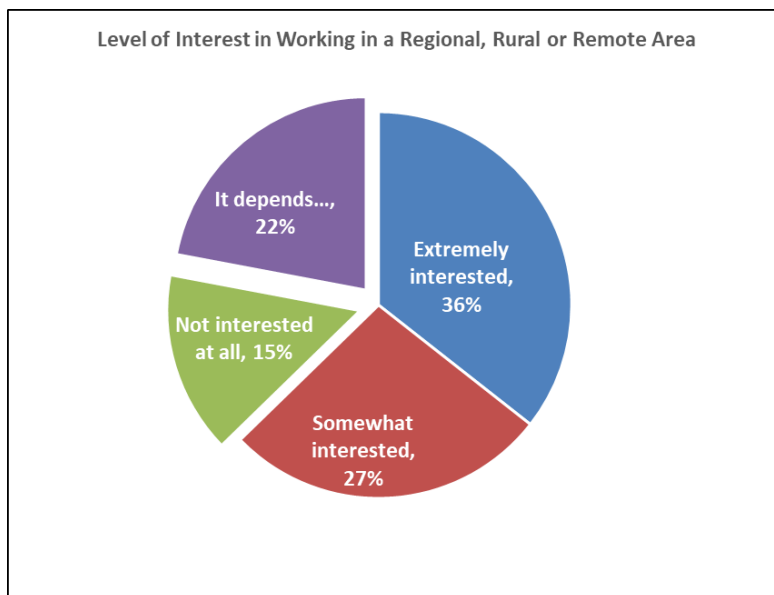
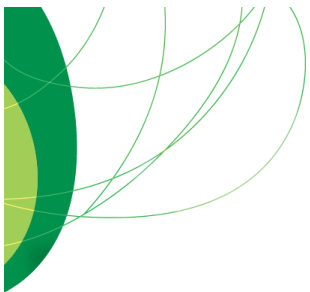
## Question 6: Exposure to Regional, Rural, and Remote Settings

Nearly 60 trainees answered this question. A significant number of the respondents appear to have had prolonged exposure (MORE than six months) to settings outside of metropolitan areas during their medical training and professional journey.



## Question 7: Interest in Training in Regional, Rural and Remote Areas

A considerable percentage of respondents expressed interest in training in regional, rural, or remote areas, indicating a positive attitude towards these settings. Nine respondents were not at all interested.



### Question 8. The Barriers to Going Rural

The barriers highlighted by trainees regarding pursuing training in rural Australia offer valuable insight into the multifaceted challenges faced by medical professionals considering or engaging in rural placements. These barriers can be categorised into several key themes:

#### Family Commitments and Partner's Employment

- Family and partner commitments, including their employment, perceived lack of good schooling options for children, and access to childcare.
- Concerns about relocating families, especially with young or school-going children, and the impact on their education and stability.

#### Job Availability and Relocation Costs

- The availability of jobs for partners, especially in non-medical fields, and the financial burden associated with relocating, including paying for temporary rental accommodation plus a mortgage somewhere else.

#### Lack of Training Positions and Specialised Care

- Limited or lack of accredited training positions in rural areas, which affects the location, quality, and variety of training experiences available.
- Concerns about access to specialised training, especially in areas like paediatric palliative medicine and oncology

#### Social Isolation and Support Networks

- The potential isolation from usual support networks, including family and friends, and the distance to travel to access healthcare and support systems were mentioned as barriers.
- The lack of knowledge regarding support structures outside metropolitan areas and the perceived inflexibility in education requirements contribute to this sense of isolation.



## Uncertainty and Future Planning

- The uncertainty associated with temporary relocations, the need to split families, and the difficulty in planning for the long term due to constant moving.
- Uncertainty about the future, including job availability post-fellowship, networking opportunities, and long-term career prospects, add to the hesitancy in opting for rural placements.

## Educational and Training Constraints

- Educational constraints, such as face-to-face attendance requirements, limited teaching opportunities, and insufficient flexibility in College training requirements were concerns for trainees in rural areas.

In summary, the barriers encompass a wide range of personal, professional, and logistical challenges that impact these largely metropolitan-based trainees' decisions and ability to leave metro centres to pursue training in rural areas. These challenges highlight the need for comprehensive support systems addressing family needs, partner employment, educational flexibility, and the overall logistics of relocations. Addressing these barriers could encourage more metropolitan-based palliative medicine trainees to seek rural experience, or to consider a rural advanced training pathway.

## Question 9: What Might Encourage a Trainee to Join a Regional, Rural or Remote Network?

Trainees were asked to consider four statements and attach a level of importance to them. The responses indicate the factors that significantly influence a trainee's decision to join a Regional, Rural, or Remote (RRR) network:

- **Certainty of having support in placements**

Nearly 90% of respondents thought it was very important to receive support, and the kind of support they identified included, for example, accommodation, travel logistics and funding certainty.

- **Peer Support and Education Network**

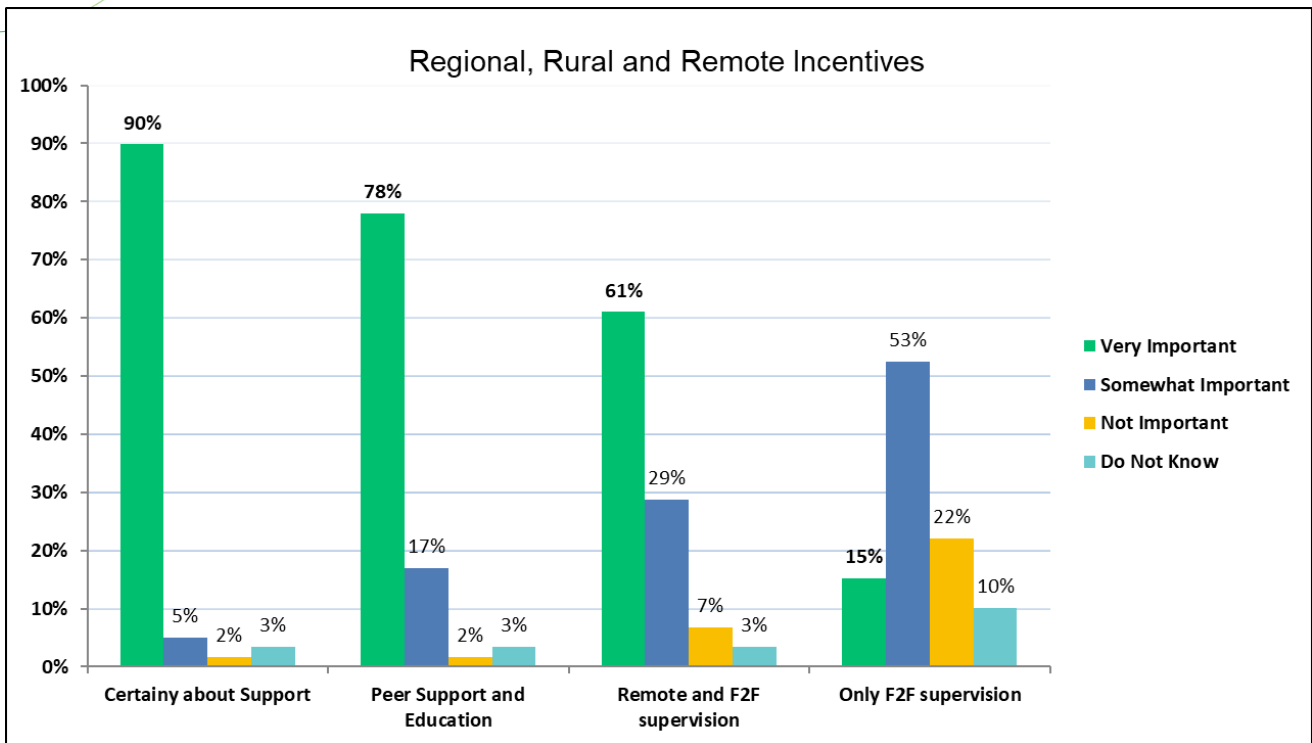
95% of respondents found the opportunity to participate in peer support and education networks very important or somewhat important. This underscores the value trainees place on being part of a supportive community that offers educational opportunities and fosters peer interaction and learning.

- **Supervision Methods - Remote and Face-to-Face**

About 89% consider a combination of remote and face-to-face supervision very important or somewhat important. This indicates a preference for flexibility in supervision methods, acknowledging the value of both remote and face-to-face meetings.

- **Solely Face-to-Face Supervision**

Interestingly, only 15% consider exclusive face-to-face supervision very important, while 53% consider it somewhat important. This suggests a recognition among trainees that while face-to-face supervision might be valuable, they are open to and accepting of alternative supervision methods, including remote options.



### Question 10: Training Placements

Trainees were asked to consider how strongly they feel about the following statements:

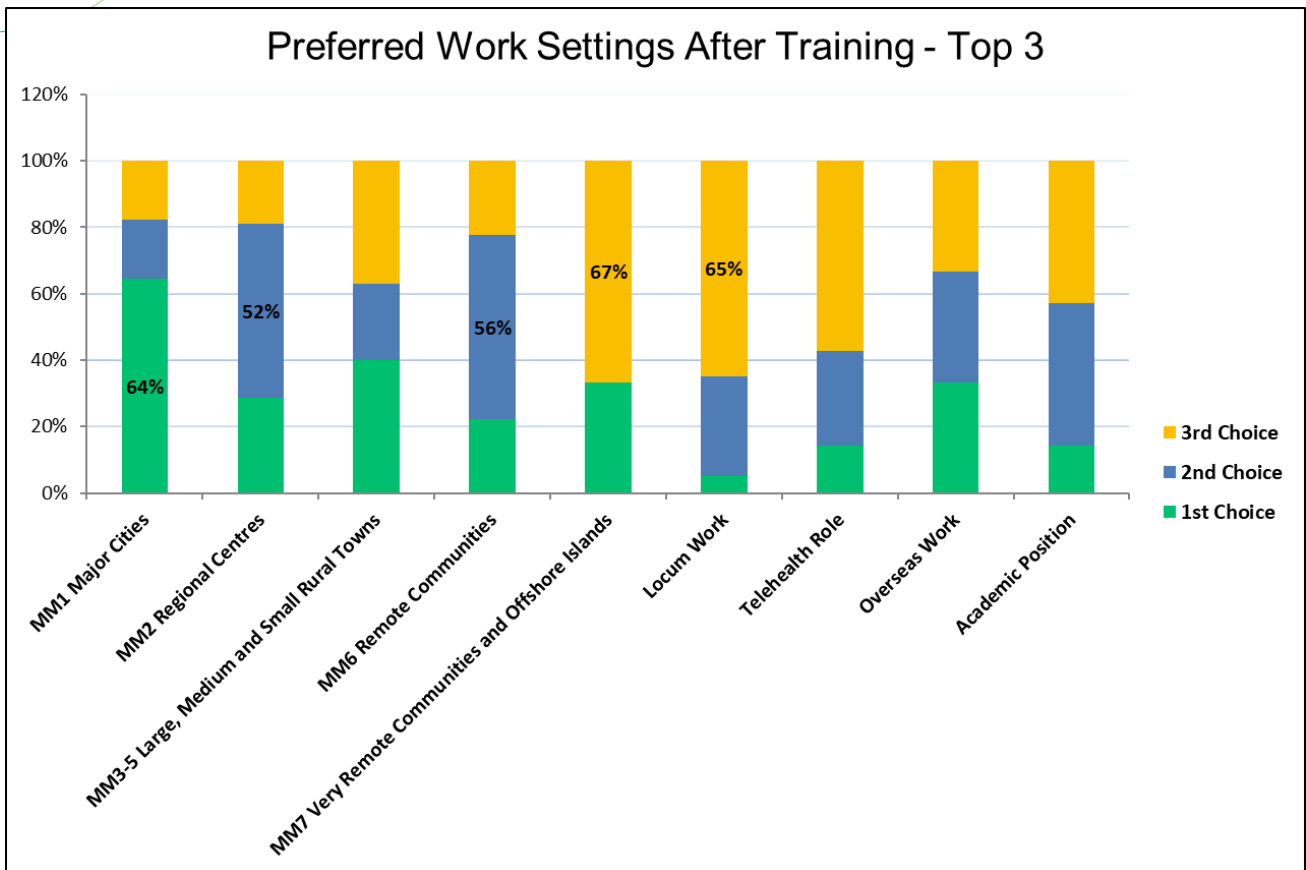
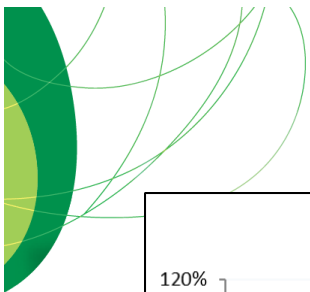
- The opportunity for regional, rural, and remote experience during training is likely to be beneficial for advanced trainees.
- The opportunity for a metropolitan placement is likely to be beneficial for advanced trainees.

Trainees indicated they **strongly** value exposure to a mix of settings, both regional/rural/remote and metropolitan, during their training. There was strong agreement among trainees regarding the benefits of experiencing both types of placements. The trainees' firm belief in the importance of experiencing a mix of settings signifies an understanding of the value of a well-rounded training experience.

### Question 11: Preferred Work Settings after Training

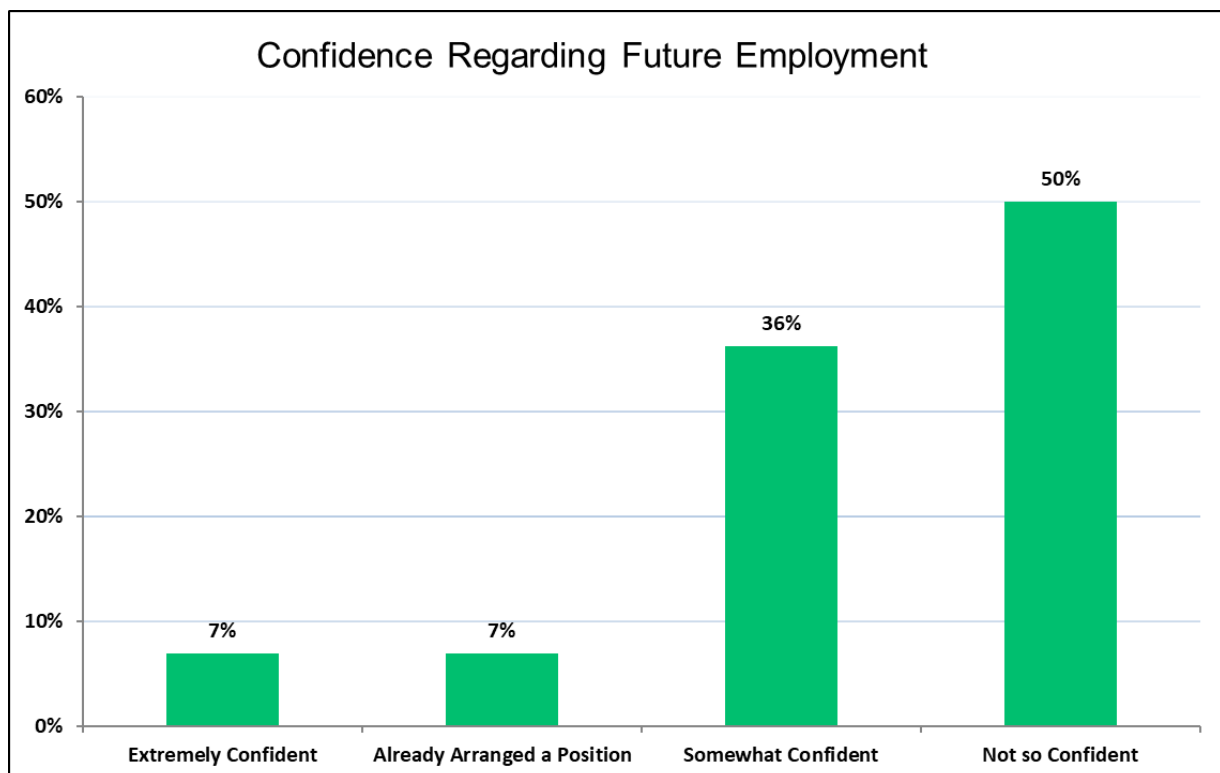
Trainees' preferences give a clear insight into their first choice and top three preferred work settings after completing their Advanced Training in Palliative Medicine:

Overall, the preferences demonstrate a varied spectrum of desired work settings post-training. While major cities remain the top choice for many, there is a substantial interest in regional centres and rural towns. This suggests a willingness among trainees to explore different practice environments, as well as non-traditional roles like telehealth and academic positions.




### Question 12: Confidence About Securing a Job After Training

These responses indicate a range of confidence levels among trainees regarding the availability of suitable positions upon completion of their Advanced Training in Palliative Medicine.







Overall, the results suggest a prevailing sense of uncertainty or pessimism among a significant number of trainees regarding the availability of suitable positions post-training.

### Question 13: Main Considerations when Deciding a Preferred Future Work Setting

In addition to the barriers previously identified about family considerations when choosing future employment options, the most significant concerns related to the work environment and culture.

- **Work Environment and Culture:** The culture of the department, cohesive teams, supportive environments, and opportunities for teaching, research, and continuous learning are crucial factors.
- **Team Dynamics:** Factors such as collegiality among colleagues, team culture, and the way palliative services are set up and supported holds significant weight.
- **Work-Life Balance and Lifestyle:** Considerations for a balanced lifestyle, flexible employment conditions, access to support networks, and proximity to home or familiar settings impact their preferences.
- **Job Availability and Location:** Availability of suitable positions, including the limited job market and the realistic need to go where work is available.
- **Professional Growth and Opportunities:** Opportunities for growth, including financial support for conferences, academic affiliations, research encouragement, and flexible work conditions contribute to their decision-making.
- **Service Provision and Patient Demographics:** Preferences for specific patient demographics, pathology mix, or service provisions, such as outreach to marginalised communities.
- **Community Impact:** A desire to serve disadvantaged or rural communities and support patient care in remote settings is a driving factor for some trainees.

Overall, these considerations indicate a holistic approach to choosing future work settings, encompassing personal, professional, and societal factors.

## Conclusions

There is a significant level of interest among trainees to pursue training in regional, rural, or remote areas. The survey provides insights into factors affecting the training choices and experiences of advanced trainees. It seems that providing a comprehensive and innovative network and a supported training experience (in the form of a dedicated Rural and Remote Institute of Palliative Medicine) are potential enablers for palliative medicine trainees to participate in rural training networks.