

Australian and New Zealand College of Anaesthetists (ANZCA)

Curriculum Review

SURVEY RESULTS (QUALITATIVE)

Background:

As a second consultative phase in the ANZCA Curriculum Review, the ANZCA Curriculum Review Working Group (CRWG) launched a survey of ANZCA Fellows and Trainees, focussing on major issues surrounding the ANZCA Training Programme. The survey was launched on 21 September, and was open for six weeks in total, closing on 31 October 2009.

The survey was available to fill-in online and was advertised in all College media (i.e. Homepage, Individual Email, Bulletin, E-Newsletter and Trainee Newsletter). A hard-copy version of the survey, with reply-paid envelope, was sent to all ANZCA Fellows and Trainees in early October 2009.

For a copy of the survey, see [Appendix A](#).

For further details of the survey see: www.anzca.edu.au/edu/projects/curriculum-review/survey

For details of the ANZCA Curriculum Review Project, see: www.anzca.edu.au/edu/projects/curriculum-review

Document Details:

This document contains analysis of the qualitative results from survey responses received by the ANZCA CRWG by 31 October 2009. Survey results are provided in aggregate form, so individual respondents cannot be identified.

Results of quantitative responses have been analysed and reported in a separate document available from : www.anzca.edu.au/edu/projects/curriculum-review/survey

A complete document of all survey results (both quantitative and qualitative) will be made available in due course.

Any views expressed in this document are those derived from the survey results, and not necessarily the views of the Australian and New Zealand College of Anaesthetists.

THIS PAGE IS INTENTIONALLY LEFT BLANK

TABLE OF CONTENTS

DEMOGRAPHIC INFORMATION (Qs 1-11)	1
Response Rates	1
General Demographics	2
Respondent Location	2
Fellows' Demographics	3
Trainees' Demographics	4
Employment Details	5
Survey Type Completion	6
PREPARING FOR 2012	7
12. What do you see as the top three issues facing the ANZCA Training Programme with the increase in vocational trainee numbers expected in 2012?	7
THE ANZCA TRAINING PROGRAMME	10
Overall Content (Specific Topics)	10
16. Topics Under-represented	10
a) In terms of the knowledge required by the current ANZCA Training Programme	10
b) In terms of the clinical experience required by the current ANZCA Training Programme	13
17. Topics Over-represented	17
a) In terms of the knowledge required by the current ANZCA Training Programme	17
b) In terms of the clinical experience required by the current ANZCA Training Programme	20
Module Content	23
24. Please include any other comments you would like to make on recommendations for Module content within the future ANZCA Training Programme:	23
CURRICULUM FRAMEWORK	26
26. Other comments on the emphasis of the CanMEDS roles	26
TEACHING AND LEARNING RESOURCES	30
29. Other comments on teaching and learning resources	30
Assessment Tools and Processes – Overall	33
31. Please include any other comments you would like to make on assessment tools and processes (overall):	33
Workplace-based Assessment (WBA)	36
35. Please include any other comments you would like to make on the introduction of Workplace-based Assessments:	36
Primary Exam (Overall)	39
44. Please include any other comments you would like to make on the ANZCA Primary Exam:	39
Final Exam (Overall)	42
53. Please include any other comments you would like to make on the ANZCA Final Exam:	42
TRAINEE PROGRESSION	45
58. Other comments on trainee progression	45
STRUCTURE OF THE PROGRAMME	48
63. Other comments on the structure of the ANZCA Training Programme	48

TRAINEE SUPPORT AND GUIDANCE	51
65. Other comments/examples of possible ANZCA Trainee support and guidance initiatives ...	51
SELECTION OF ANZCA TRAINEES	54
66. What role could the College play in improving the processes for selection of ANZCA Trainees?	54
ANZCA TEACHER TRAINING AND SUPPORT	57
80. Other comments on ANZCA Teacher Training and Support initiatives	57
APPENDIX A: ANZCA CURRICULUM REVIEW SURVEY	60
APPENDIX B: Q12 THEMATIC ANALYSIS FRAMEWORK	70
APPENDIX C: Q12 THEMATIC CODE DESCRIPTIONS	71
APPENDIX D: Q16&17 THEMATIC ANALYSIS FRAMEWORK	73
APPENDIX E: Q16&17 THEMATIC CODE DESCRIPTIONS	75
APPENDIX F: Q24 THEMATIC ANALYSIS FRAMEWORK	79
APPENDIX G: Q24 THEMATIC CODE DESCRIPTIONS	80
APPENDIX H: Q26 THEMATIC ANALYSIS FRAMEWORK	82
APPENDIX I: Q26 THEMATIC CODE DESCRIPTIONS	84
APPENDIX J: Q29 THEMATIC ANALYSIS FRAMEWORK	87
APPENDIX K: Q29 THEMATIC CODE DESCRIPTIONS	88
APPENDIX L: Q31 THEMATIC ANALYSIS FRAMEWORK	90
APPENDIX M: Q31 THEMATIC CODE DESCRIPTIONS	91
APPENDIX N: Q35 THEMATIC ANALYSIS FRAMEWORK	93
APPENDIX O: Q35 THEMATIC CODE DESCRIPTIONS	94
APPENDIX P: Q44&Q53 THEMATIC ANALYSIS FRAMEWORK	96
APPENDIX Q: Q44&Q53 THEMATIC CODE DESCRIPTIONS	97
APPENDIX R: Q58 THEMATIC ANALYSIS FRAMEWORK	100
APPENDIX S: Q58 THEMATIC CODE DESCRIPTIONS	102
APPENDIX T: Q63 THEMATIC ANALYSIS FRAMEWORK	104
APPENDIX U: Q63 THEMATIC CODE DESCRIPTIONS	105
APPENDIX V: Q65 THEMATIC ANALYSIS FRAMEWORK	107
APPENDIX W: Q65 THEMATIC CODE DESCRIPTIONS	108
APPENDIX X: Q66 THEMATIC ANALYSIS FRAMEWORK	109
APPENDIX Y: Q66 THEMATIC CODE DESCRIPTIONS	110
APPENDIX Z: Q80 THEMATIC ANALYSIS FRAMEWORK	113
APPENDIX AA: Q80 THEMATIC CODE DESCRIPTIONS	114

DEMOGRAPHIC INFORMATION (Qs 1-11)

The following demographic data has been provided across respondents to the ANZCA Curriculum Review Survey:

- Response Rate
- General Demographics
- Respondent Location
- Fellows' Demographics
- Trainees' Demographics
- Employment Details
- Survey Type Completion

Response Rates

Table 1: Survey response rates

Response Data	Overall	Fellows and Trainees		
		Fellows	Trainees	Unknown
ANZCA Population				
Total (N)	6420	4617	1803	-
Contactable* (n)	6384	4582	1802	-
Overall Survey Response				
Responses (N)	2290	1538	697	55
Responses (corrected)** (n)	2290	1587	701	2
Overall Response Rate† (%)	35.9%	34.6%	38.9%	-
Active Survey Response				
More than demographics (n) ***	2228	1545	682	1
Active Response Rate†† (%)	34.9%	33.7%	37.8%	
Effective Survey Response				
At least 80% valid responses (n) ****	1966	1381	584	1
Effective Response Rate††† (%)	30.7%	30.1%	32.4%	-

* Contactable via email or post.

** Responses corrected (on the basis of subsequent answers) for those lacking designation to the Fellow or Trainee group.

*** Responses (corrected n) to more than simply the demographic questions (including IT questions) .

**** Valid responses (corrected n) to at least 80% of the likert-type survey questions (excluding demographic and IT questions).

† Overall response rate calculated using contactable population size and corrected responses.

†† Active response rate calculated using contactable population size and cases with responses beyond simple demographic questions.

††† Effective response rate calculated using contactable population size and cases with at least 80% valid responses.

Note.

Unless otherwise stated, the 'active overall survey responses' (i.e. those cases with responses to survey questions beyond the simple demographic items) will be used as the basis for all subsequent analyses.

General Demographics

Table 2: General demographic information

Demographic	Overall ^a (n=2228)	Fellows ^b (n= 1545)	Trainees ^b (n=682)
Sex (n [%])			
Male	1454 (65.3%)	1071 (69.3%)	382 (56.0%)
Female	766 (34.4%)	468 (30.3%)	298 (43.7%)
Unknown	8 (0.4%)	6 (0.4%)	2 (0.3%)

Age (years)

Valid responses (n)	2159	1488	670
Average (SD)	42.7 (11.4)	47.5 (10.4)	32.1 (4.0)
Range	24 - 93	30 - 93	24 - 51

^a Based on active overall survey responses (i.e. cases with responses beyond the simple demographic items).

^b Based on active overall survey responses, corrected for designation to Fellow or Trainee group.

Respondent Location

Table 3: Survey respondent locations, by Fellows and Trainees

Location	Fellows (n=1545 ^a)			Trainees (n=682 ^a)		
	Population	Response	%	Population	Response	%
AUS – ACT	55	25	45.5	35	21	60.0
AUS – NSW	1140	343	30.1	438	134	30.6
AUS – QLD	712	216	30.3	280	85	30.4
AUS – SA & NT	360	117	32.5	113	48	42.5
AUS – TAS	99	45	45.5	35	20	57.1
AUS – VIC	883	326	36.9	324	133	41.0
AUS – WA	337	158	46.9	103	61	59.2
Hong Kong	191	46	24.1	96	21	21.9
Malaysia	50	5	10.0	43	12	27.9
New Zealand	513	210	40.9	252	123	48.8
Singapore	68	7	10.3	60	13	21.7
Other	179	41	-	24	9	-
Unknown	30	6	-	0	2	-

^a Based on active overall survey responses, corrected for designation to Fellow or Trainee group.

Fellows' Demographics

Table 4: Current Fellowship status

Current Fellowship Status	% of Fellows (n=1545 ^a)
In clinical practice	92.8%
On extended leave	2.3%
Retired	3.8%
Other	0.8%
Unknown	0.4%

^a Fellows with an active overall survey response.

Table 5: Numbers of respondents in ANZCA Supervisory Roles

Role	Current Role (n ^a)	Previous Role (n ^a)
REO/NEO	15	33
Formal Project Officer	15	29
Rotational Supervisor	24	40
SOT	116	219
Module Supervisor	235	130
Primary Examiner	31	27
Final Examiner	50	42

^a Fellows with an active overall survey response.

Table 6: Current ANZCA Trainee interaction

Current Trainee Interaction	% of Fellows (n=1480 ^a)
Unknown	3.4%
No ANZCA Trainees in current workplace	18.1%
ANZCA Trainees in current workplace	78.4%

When trainees are in current workplace (n=1161):

Do not teach/supervise	0.3%
Occasionally teach/supervise	14.1%
Usually teach/supervise	85.3%
Unknown	0.3%

^a Non-retired Fellows with an active overall survey response

Trainees' Demographics

Table 7: Current Trainee Status

Current ANZCA Trainee Status	% of Trainees (n=682 ^a)
Registered, not commenced	4.3%
BTY1	18.5%
BTY2	21.3%
ATY1	16.9%
ATY2	17.9%
ATY3/PF	18.5%
Other	2.8%

^a Trainees with an active overall survey response

Table 8: Primary Exam status of Trainees

Primary Exam Status	% Trainees (n=682 ^a)
Exempt	1.0%
Passed	75.1%
Not Passed	21.8%
Unknown	2.1%

^a Trainees with an active overall survey response

Table 9: Final Exam status of Trainees

Final Exam Status	% Trainees (n=682 ^a)
Passed	24.9%
Not Passed	65.4%
Unknown	9.7%

^a Trainees with an active overall survey response

Table 10: ANZCA Trainee Supervision Level

Response Category	% Trainees (n=682 ^a)
Passed a formal assessment to move beyond 'Level 1 Supervision' ^b	39.4
Have moved beyond 'Level 1 Supervision', without a formal assessment process	42.1
Not yet moved beyond 'Level 1 Supervision'	8.4
Don't know/ Unsure	8.7
Unknown (i.e. no response)	1.5
TOTAL	100.0

^a Trainees with an active overall survey response

^b 'Level 1 Supervision' means one-to-one supervision.

Employment Details

Table 11: Employment sector and status, by Fellows and Trainees

Sector/Status	Fellows (n=1480 ^a)	Trainees (n=682 ^b)
Sector		
Unknown	0.7%	0.9%
Public only	32.6%	95.7%
Private only	13.6%	0.7%
Both public and private	53.2% (n=787)	2.6% (n=18)
% in public (<i>valid responses</i>)	766	18
% in public (<i>Range</i>)	1-99%	5-95%
% in public (<i>M/SD</i>)	55.6% (28.0)	76.7% (25.4)
Status		
Unknown	2.0%	2.9%
Full-time	76.7%	96.3%
Part-time	21.4% (n=316)	3.8% (n=26)
~days/week (<i>valid responses</i>)	276	22
~days/week (<i>Range</i>)	1-5	2-4
~days/week (<i>M/SD</i>)	3.0 (0.9)	2.9 (0.5)

^a Non-retired Fellows with an active overall survey response

^b Trainees with an active overall survey response.

Table 12: Hospital location and number of ANZCA Trainees, by Fellows and Trainees

Location/Trainees	Fellows (n=1480 ^a)	Trainees (n=682 ^b)
Hospital Location		
Metropolitan (Inner)	64.9%	68.2%
Metropolitan (Outer)	13.8%	14.1%
Regional	16.4%	14.5%
Rural	3.3%	1.9%
Unknown	1.7%	1.3%
Number of ANZCA Trainees in Department		
None	15.1%	1.5%
1-9	28.9%	28.9%
10-19	25.3%	28.6%
20+	27.9%	40.0%
Unknown	2.8%	1.0%

^a Non-retired Fellows with an active overall survey response

^b Trainees with an active overall survey response.

Survey Type Completion

Table 13: Survey type completion (online vs hard-copy) by age

Survey ^a	Age Group (years)							Total
	24-29	30-39	40-49	50-59	60-69	70+	Unknown	
Hard-copy	39 (25%)	214 (24%)	171 (31%)	111 (29%)	65 (44%)	29 (63%)	67 (97%)	696 (31%)
Online	120 (75%)	670 (76%)	374 (69%)	266 (71%)	83 (56%)	17 (37%)	2 (3%)	1532 (69%)
Total	159 (100%)	884 (100%)	545 (100%)	377 (100%)	148 (100%)	46 (100%)	69 (100%)	2228 (100%)

^a Based on active overall survey responses.

Note:

There was a trend toward increasing use of the hard-copy survey format with increasing age (as shown in Table 13). A trend was also shown with Fellows being more likely to use the hard-copy survey format; however, this was more likely due to the age difference between these groups. There was no noticeable difference in the use of survey types for completion between males and females.

PREPARING FOR 2012

Survey Information

In recent years there has been a large increase in the number of medical student places on offer in both Australia and New Zealand. In Australia, domestic medical graduate numbers are expected to double from 2005 to 2012. The first of these increases in medical graduates is expected to reach vocational training in 2012. The College is conducting this current Curriculum Review, in part, to ensure that the ANZCA Training Programme is equipped to manage this expected increase in ANZCA Trainees.

Response Options

Question 12 contained three short answer response options. Each response was thematically analysed with equal weighting and given a minimum of one and a maximum of three individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 12, see [Appendix B](#).

For a copy of the Thematic Code Descriptions for Question 12, see [Appendix C](#).

12. What do you see as the top three issues facing the ANZCA Training Programme with the increase in vocational trainee numbers expected in 2012?

Table 14: Q12 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
SUFFICIENT CLINICAL EXPERIENCE/EXPOSURE	1778	1
STRUCTURE OF THE PROGRAMME	1454	2
SUPERVISION, TEACHING AND LEARNING	1111	3
WORKFORCE	664	4
OTHER COMMENTS	492	5
ASSESSMENT	202	6
TOTAL	5701	-

Table 15: Q12 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
SUFFICIENT CLINICAL EXPERIENCE/EXPOSURE	1374	1
STRUCTURE OF THE PROGRAMME	913	2
SUPERVISION, TEACHING AND LEARNING	801	3
WORKFORCE	471	4
OTHER COMMENTS	387	5
ASSESSMENT	132	6
TOTAL	4078	-

12. *Top three issues with increase in ANZCA Trainees in 2012 (continued)*

Table 16: Q12 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
STRUCTURE OF THE PROGRAMME	540	1
SUFFICIENT CLINICAL EXPERIENCE/EXPOSURE	403	2
SUPERVISION, TEACHING AND LEARNING	310	3
WORKFORCE	193	4
OTHER COMMENTS	105	5
ASSESSMENT	69	6
TOTAL	1620	-

Table 17: Q12 Issues with top-ten response frequencies (Overall)

ISSUE (code)	Response Frequency	Order
Sufficient clinical experience/exposure (general) (19)	1023	1
Training Posts/Facilities (14)	817	2
Teaching and Learning (7)	549	3
Supervision (6)	483	4
Sufficient clinical experience/exposure (sub-specialties) (20)	433	5
Quality of Trainees (4)	286	6
Module Completion (8)	237	7
Post-training employment (16)	222	8
Miscellaneous (10)	212	9
Rotations/Resources (15)	201	10

12. Top three issues with increase in ANZCA Trainees in 2012 (continued)

Table 18: Q12 Issues with top-ten response frequencies (Fellows)

ISSUE (code)	Response Frequency	Order
Sufficient clinical experience/exposure (general) (19)	783	1
Training Posts/Facilities (14)	518	2
Teaching and Learning (7)	422	3
Sufficient clinical experience/exposure (sub-specialties) (20)	339	4
Supervision (6)	327	5
Quality of Trainees (4)	212	6
Miscellaneous (10)	162	7
Unrelated Comments (11)	149	8
Rotations/Resources (15)	138	9
Sufficient clinical experience/exposure (duration of training/working hours) (23)	138	9

Table 19: Q12 Issues with top-ten response frequencies (Trainees)

ISSUE (code)	Response Frequency	Order
Training Posts/Facilities (14)	298	1
Sufficient clinical experience/exposure (general) (19)	239	2
Supervision (6)	156	3
Teaching and Learning (7)	127	4
Module Completion (8)	107	5
Sufficient clinical experience/exposure (sub-specialties) (20)	94	6
Post-training employment (16)	94	6
Quality of Trainees (4)	74	8
Rotations/Resources (15)	63	9
Recruitment and Selection (5)	63	9

THE ANZCA TRAINING PROGRAMME

Overall Content (Specific Topics)

Survey Instructions

Please give a short description of topic areas (if any) that you feel are either under- or over-represented (in terms of knowledge and/or clinical experience required) in the content of the current ANZCA Training Programme, as follows:

Response Options

Question 16 (Topics Under-represented) and Question 17 (Topics over-represented) each contained two sub-headings (i.e. knowledge required and clinical experience required); with each subheading having three optional free text response fields. Each response was assigned an equal weighting and given a maximum of one thematic code.

For a copy of the Thematic Analysis Framework for Questions 16 and 17, see [Appendix D](#).

For a copy of the Thematic Code Descriptions for Questions 16 and 17, see [Appendix E](#).

16. Topics Under-represented

a) In terms of the knowledge required by the current ANZCA Training Programme

Table 20: Q16A Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHESIA OUTSIDE SURGERY	363	1
NON-TECHNICAL KNOWLEDGE/SKILLS	324	2
ANAESTHETIC TECHNIQUES AND TOOLS	301	3
ANAESTHETIC SCIENCES	240	4
OTHER	240	4
SURGERY TYPES	121	6
SCHOLAR	119	7
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	68	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	46	9
EXAMS	20	10
PATIENT FACTORS	13	11
SIMULATION	6	12
TOTAL	1861	-

16a. Topics under-represented in terms of knowledge required (continued)

Table 21: Q16A Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHESIA OUTSIDE SURGERY	271	1
NON-TECHNICAL KNOWLEDGE/SKILLS	257	2
ANAESTHETIC TECHNIQUES AND TOOLS	202	3
OTHER	178	4
ANAESTHETIC SCIENCES	160	5
SURGERY TYPES	97	6
SCHOLAR	83	7
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	55	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	37	9
EXAMS	13	10
PATIENT FACTORS	11	11
SIMULATION	4	12
TOTAL	1368	-

Table 22: Q16A Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHETIC TECHNIQUES AND TOOLS	99	1
ANAESTHESIA OUTSIDE SURGERY	92	2
ANAESTHETIC SCIENCES	80	3
NON-TECHNICAL KNOWLEDGE/SKILLS	67	4
OTHER	62	5
SCHOLAR	36	6
SURGERY TYPES	24	7
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	13	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	9	9
EXAMS	7	10
PATIENT FACTORS	2	11
SIMULATION	2	11
TOTAL	493	-

16a. Topics under-represented in terms of knowledge required (continued)

Table 23: Q16A Topics with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Unrelated Comments (47)	127	1
Business and Administration (58)	117	2
Anaesthetic Machines/Equipment (36)	116	3
Perioperative Medicine (28)	103	4
Regional Anaesthesia (31)	101	5
Emergency (25)	84	6
Uninterpretable Comments (48)	84	6
Pain (27)	82	8
Communication/Collaboration (55)	82	8
General Medicine (9)	65	10

Table 24: Q16A Topics with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Unrelated Comments (47)	97	1
Business and Administration (58)	93	2
Perioperative Medicine (28)	79	3
Anaesthetic Machines/Equipment (36)	78	4
Pain (27)	69	5
Communication/Collaboration (55)	68	6
Regional Anaesthesia (31)	66	7
Uninterpretable Comments (48)	63	8
Emergency (25)	52	9
Professional Skills(56)	46	10
Research/Evidence-based Medicine (42)	46	10

16a. Topics under-represented in terms of knowledge required (continued)

Table 25: Q16A Topics with top-ten response frequencies (Trainees)

TOPIC	Response Frequency	Order
Anaesthetic Machines/Equipment (36)	38	1
Regional Anaesthesia (31)	35	2
Emergency (25)	32	3
Unrelated Comments (47)	30	4
Business and Administration (58)	24	5
Perioperative Medicine (28)	24	5
General Medicine (9)	24	7
Uninterpretable Comments (48)	21	8
Teaching (43)	21	8
General Anatomy (3)	19	10
Ultrasound (34)	19	10

16. Topics Under-represented (continued)

b) In terms of the clinical experience required by the current ANZCA Training Programme

Table 26: Q16B Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
SURGERY TYPES	546	1
ANAESTHESIA OUTSIDE SURGERY	496	2
ANAESTHETIC TECHNIQUES AND TOOLS	428	3
OTHER	248	4
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	205	5
NON-TECHNICAL KNOWLEDGE/SKILLS	185	6
ANAESTHETIC SCIENCES	49	7
SCHOLAR	25	8
SIMULATION	22	9
PATIENT FACTORS	15	10
NON-ANAESTHETIC KNOWLEDGE/SKILLS	6	11
EXAMS	5	12
TOTAL	2230	-

16b. Topics under-represented in terms of clinical experience required (continued)

Table 27: Q16B Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
SURGERY TYPES	423	1
ANAESTHESIA OUTSIDE SURGERY	367	2
ANAESTHETIC TECHNIQUES AND TOOLS	267	3
OTHER	192	4
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	159	5
NON-TECHNICAL KNOWLEDGE/SKILLS	159	5
ANAESTHETIC SCIENCES	39	7
SCHOLAR	15	8
PATIENT FACTORS	12	9
SIMULATION	10	10
NON-ANAESTHETIC KNOWLEDGE/SKILLS	6	11
EXAMS	3	12
TOTAL	1652	-

Table 28: Q16B Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHETIC TECHNIQUES AND TOOLS	161	1
ANAESTHESIA OUTSIDE SURGERY	129	2
SURGERY TYPES	123	3
OTHER	56	4
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	46	5
NON-TECHNICAL KNOWLEDGE/SKILLS	26	6
SIMULATION	12	7
ANAESTHETIC SCIENCES	10	8
SCHOLAR	10	8
PATIENT FACTORS	3	10
EXAMS	2	11
NON-ANAESTHETIC KNOWLEDGE/SKILLS	0	-
TOTAL	578	-

16b. Topics under-represented in terms of clinical experience required (continued)

Table 29: Q16B Topics with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Paediatric Anaesthesia (21)	259	1
Regional Anaesthesia (31)	244	2
Unrelated Comments (47)	184	3
Airway (11)	162	4
Emergency (25)	134	5
Ultrasound (34)	99	6
Intensive Care (26)	94	7
Perioperative Medicine (28)	89	8
Pain (27)	77	9
Anaesthesia in different environments (30)	76	10

Table 30: Q16B Topics with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Paediatric Anaesthesia (21)	203	1
Regional Anaesthesia (31)	147	2
Unrelated Comments (47)	139	3
Airway (11)	127	4
Emergency (25)	86	5
Perioperative Medicine (28)	75	6
Intensive Care(26)	72	7
Ultrasound (34)	63	8
Pain (27)	62	9
Anaesthesia in different environments (30)	57	10
Cardio/Cardio-thoracic (13)	57	10

16b. Topics under-represented in terms of clinical experience required (continued)

Table 31: Q16B Topics with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Regional Anaesthesia (31)	97	1
Paediatric Anaesthesia (21)	56	2
Emergency (25)	48	3
Unrelated Comments (47)	45	4
Ultrasound (34)	36	5
Airway (11)	35	6
Intensive Care (26)	22	7
Anaesthesia in different environments (30)	19	8
Cardio/Cardio-thoracic (13)	16	9
Pain (27)	15	10

17. Topics Over-represented

a) In terms of the knowledge required by the current ANZCA Training Programme

Table 32: Q17A Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHETIC SCIENCES	298	1
EXAMS	125	2
SURGERY TYPES	124	3
OTHER	70	4
ANAESTHESIA OUTSIDE SURGERY	65	5
ANAESTHETIC TECHNIQUES AND TOOLS	62	6
SCHOLAR	32	7
NON-TECHNICAL KNOWLEDGE/SKILLS	20	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	13	9
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	6	10
SIMULATION	1	11
PATIENT FACTORS	0	-
TOTAL	816	-

Table 33: Q17A Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHETIC SCIENCES	185	1
SURGERY TYPES	99	2
EXAMS	67	3
OTHER	53	4
ANAESTHESIA OUTSIDE SURGERY	50	5
ANAESTHETIC TECHNIQUES AND TOOLS	35	6
SCHOLAR	19	7
NON-TECHNICAL KNOWLEDGE/SKILLS	12	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	11	9
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	2	10
SIMULATION	1	11
PATIENT FACTORS	0	-
TOTAL	534	-

17a. Topics over-represented in terms of knowledge required (continued)

Table 34: Q17A Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
ANAESTHETIC SCIENCES	113	1
EXAMS	58	2
ANAESTHETIC TECHNIQUES AND TOOLS	27	3
SURGERY TYPES	25	4
OTHER	17	5
ANAESTHESIA OUTSIDE SURGERY	15	6
SCHOLAR	13	7
NON-TECHNICAL KNOWLEDGE/SKILLS	8	8
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	4	9
NON-ANAESTHETIC KNOWLEDGE/SKILLS	2	10
SIMULATION	0	-
PATIENT FACTORS	0	-
TOTAL	282	-

Table 35: Q17A Topics with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Primary Exam (45)	114	1
Pharmacology (5)	87	2
Statistics (8)	87	2
Cardio/Cardio-thoracic (13)	77	4
Physiology (7)	63	5
Unrelated Comments (47)	48	6
Anaesthetic Machines/Equipment (36)	45	7
Pain (27)	39	8
Research/Evidence-based Medicine (42)	31	9
Basic Sciences (overall) (1)	30	10

17a. Topics over-represented in terms of knowledge required (continued)

Table 36: Q17A Topics with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Primary Exam (45)	61	1
Cardio/Cardio-thoracic (13)	61	1
Pharmacology (5)	55	3
Statistics (8)	50	4
Physiology (7)	38	5
Unrelated Comments (47)	36	6
Pain (27)	31	7
Basic Sciences (overall) (1)	23	8
Anaesthetic Machines/Equipment (36)	20	9
Research/Evidence-based Medicine (42)	18	10

Table 37: Q17A Topics with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Primary Exam (45)	53	1
Statistics (8)	37	2
Pharmacology (5)	32	3
Physiology (7)	25	4
Anaesthetic Machines/Equipment (36)	25	4
Cardio/Cardio-thoracic (13)	16	6
Research/Evidence-based Medicine (42)	13	7
Unrelated Comments (47)	12	8
Pain (27)	8	9
Basic Sciences (overall) (1)	7	10

17. Topics Over-represented (continued)

b) In terms of the clinical experience required by the current ANZCA Training Programme

Table 38: Q17B Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
SURGERY TYPES	296	1
OTHER	132	2
ANAESTHESIA OUTSIDE SURGERY	104	3
ANAESTHETIC TECHNIQUES AND TOOLS	25	4
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	17	5
SCHOLAR	10	6
NON-TECHNICAL KNOWLEDGE/SKILLS	5	7
SIMULATION	3	8
ANAESTHETIC SCIENCES	2	9
NON-ANAESTHETIC KNOWLEDGE/SKILLS	1	10
PATIENT FACTORS	0	-
EXAMS	0	-
TOTAL	595	-

Table 39: Q17B Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
SURGERY TYPES	229	1
OTHER	110	2
ANAESTHESIA OUTSIDE SURGERY	81	3
ANAESTHETIC TECHNIQUES AND TOOLS	21	4
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	14	5
SCHOLAR	4	6
SIMULATION	3	7
NON-TECHNICAL KNOWLEDGE/SKILLS	2	8
NON-ANAESTHETIC KNOWLEDGE/SKILLS	1	9
ANAESTHETIC SCIENCES	0	-
PATIENT FACTORS	0	-
EXAMS	0	-
TOTAL	465	-

17b. Topics over-represented in terms of clinical experience required (continued)

Table 40: Q17B Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
SURGERY TYPES	67	1
ANAESTHESIA OUTSIDE SURGERY	23	2
OTHER	22	3
SCHOLAR	6	4
ANAESTHETIC TECHNIQUES AND TOOLS	4	5
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	3	6
NON-TECHNICAL KNOWLEDGE/SKILLS	3	6
ANAESTHETIC SCIENCES	2	8
SIMULATION	0	-
NON-ANAESTHETIC KNOWLEDGE/SKILLS	0	-
PATIENT FACTORS	0	-
EXAMS	0	-
TOTAL	130	-

Table 41: Q17B Topics with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Cardio/Cardio-thoracic (13)	169	1
Unrelated Comments (47)	114	2
Pain (27)	54	3
Neuroanaesthesia (17)	39	4
Obstetrics (18)	29	5
Paediatric Anaesthesia (21)	29	5
Intensive Care (26)	26	7
Orthopaedics (20)	17	8
Emergency (25)	15	9
Sedation (32)	14	10

17b. Topics over-represented in terms of clinical experience required (continued)

Table 42: Q17B Topics with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Cardio/Cardio-thoracic (13)	134	1
Unrelated Comments (47)	94	2
Pain (27)	40	3
Neuroanaesthesia (17)	32	4
Paediatric Anaesthesia (21)	25	5
Intensive Care (36)	19	6
Obstetrics (18)	15	7
Orthopaedics (20)	14	8
Emergency (25)	14	8
Sedation (32)	12	10

Table 43: Q17B Topics with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Cardio/Cardio-thoracic (13)	35	1
Unrelated Comments (47)	20	2
Pain (27)	14	3
Obstetrics (18)	14	3
Neuroanaesthesia (17)	7	5
Intensive Care (26)	7	5
Research/Evidence-based Medicine (42)	6	7
Paediatric Anaesthesia (21)	4	8
Orthopaedics (20)	3	9
Basic Anaesthesia (10)	3	9
Sub-specialty Experience/Exposure (various) (59)	3	9

Module Content

Survey Information

The ANZCA Training Programme currently has its content arranged into 'modules', or units of study. It is important to ensure the module content of the future programme is based on an agreed set of principles.

Response Options

Question 24 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of four individual thematic codes. For a copy of the Thematic Analysis Framework for Question 24, see [Appendix F](#). For a copy of the Thematic Code Descriptions for Question 24, see [Appendix G](#).

24. Please include any other comments you would like to make on recommendations for Module content within the future ANZCA Training Programme:

Table 44: Q24 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
MODULES	570	1
OTHER COMMENTS	39	2
GENERALIST DEFINITION	23	3
EXAMS	18	4
TOTAL	650	-

Table 45: Q24 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
MODULES	402	1
OTHER COMMENTS	30	2
GENERALIST DEFINITION	22	3
EXAMS	13	4
TOTAL	467	-

Table 46: Q24 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
MODULES	168	1
OTHER COMMENTS	9	2
EXAMS	5	3
GENERALIST DEFINITION	1	4
TOTAL	183	-

24. *Other comments: Module Content (continued)*

Table 47: Q24 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
Module - Clinical Experience/Competence (definition) (4)	138	1
Module - Assessments (clinical experience/competence) (3)	100	2
Module - Assessments (general) (2)	78	3
Module - Specific Module Comments (current) (7)	55	4
Module - Specific Module Comments (proposed topics) (8)	49	5
Module - General Comments (1)	38	6
Module - Content (overall) (6)	36	7
Module - Timing and Process (9)	33	8
Other Comments - Uninterpretable and/or Irrelevant (17)	24	9
Generalist Anaesthetist Comments (15)	23	10
Module - Location (10)	23	10

Table 48: Q24 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
Module - Clinical Experience/Competence (definition) (4)	101	1
Module - Assessments (clinical experience/competence) (3)	68	2
Module - Assessments (general) (2)	51	3
Module - Specific Module Comments (proposed topics) (8)	37	4
Module - Specific Module Comments (current) (7)	31	5
Module - General Comments (1)	31	5
Module - Content (overall) (6)	30	7
Module - Timing and Process (9)	27	8
Generalist Anaesthetist Comments (15)	22	9
Other Comments - Uninterpretable and/or Irrelevant (17)	20	10

24. *Other comments: Module Content (continued)*

Table 49: Q24 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Module - Clinical Experience/Competence (definition) (4)	37	1
Module - Assessments (clinical experience/competence) (3)	32	2
Module - Assessments (general) (2)	27	3
Module - Specific Module Comments (current) (7)	24	4
Module - Specific Module Comments (proposed topics) (8)	12	5
Module - Location (10)	10	6
Module - General Comments (1)	7	7
Module - Content (overall) (6)	6	8
Module - Timing and Process (9)	6	8
Other Comments - Miscellaneous (16)	5	10
Module - Administration (11)	5	10

CURRICULUM FRAMEWORK

Survey Information

A Curriculum Framework is an organized set of learning outcomes which define the scope of content to be learned and what needs to be taught and assessed. To allow the focused development of teaching, learning and assessment resources for the ANZCA Training Programme, the ANZCA Curriculum Review Working Group (CRWG) has elected to adapt the CanMEDS Curriculum Framework (<http://rcpsc.medical.org/canmeds>). CanMEDS is an internationally recognised and objectively researched framework used by many different medical specialties worldwide. The ANZCA Curriculum Framework will aim to explicitly define all aspects of contemporary Australasian anaesthetic practice. From this definition we can ensure our training programme provides a comprehensive and thorough preparation for practice in this context.

Response Options

Question 26 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of four individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 26, see [Appendix H](#).

For a copy of the Thematic Code Descriptions for Question 26, see [Appendix I](#).

26. Other comments on the emphasis of the CanMEDS roles

Table 50: Q26 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
CANMEDS OVERALL	137	1
OTHER COMMENTS	58	2
COMMUNICATOR	33	3
MANAGER	25	4
PROFESSIONAL	25	4
MEDICAL EXPERT	24	6
COLLABORATOR	16	7
HEALTH ADVOCATE	16	7
OTHER TOPIC SPECIFIC	14	9
SCHOLAR	10	10
TOTAL	358	-

Table 51: Q26 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
CANMEDS OVERALL	112	1
OTHER COMMENTS	50	2
COMMUNICATOR	27	3
PROFESSIONAL	21	4
MANAGER	19	5
MEDICAL EXPERT	16	6
HEALTH ADVOCATE	12	7
OTHER TOPIC SPECIFIC	12	7
COLLABORATOR	11	9
SCHOLAR	8	10
TOTAL	288	-

26. Other comments on the emphasis of the CanMEDS roles (continued)

Table 52: Q26 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
CANMEDS OVERALL	25	1
MEDICAL EXPERT	8	2
OTHER COMMENTS	8	2
COMMUNICATOR	6	4
MANAGER	6	4
COLLABORATOR	5	6
HEALTH ADVOCATE	4	7
PROFESSIONAL	4	7
SCHOLAR	2	9
OTHER TOPIC SPECIFIC	2	9
TOTAL	70	-

Table 53: Q26 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
CanMEDS overall (within current training programme) (3)	41	1
CanMEDS overall (within future training programme) (4)	32	2
CanMEDS overall (negative comments and concerns) (2)	28	3
CanMEDS overall (positive and neutral comments) (1)	27	4
Miscellaneous (52)	21	5
Communicator - too little currently/need more (16)	13	6
Medical expert - positive and neutral (14)	12	7
Communicator - positive and neutral comments (8)	12	7
Lack of understanding (50)	12	7
Manager - too little currently/need more (48)	11	10
Perioperative Medicine/Physician (28)	11	10

26. *Other comments on the emphasis of the CanMEDS roles (continued)*

Table 54: Q26 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
CanMEDS Overall (within current training programme) (3)	30	1
CanMEDS Overall (within future training programme) (4)	26	2
CanMEDS Overall (positive and neutral comments) (1)	26	2
CanMEDS Overall (negative comments and concerns) (2)	21	4
Miscellaneous (52)	17	5
Communicator - Too little currently/need more (16)	11	6
Communicator - Positive and neutral comments (14)	10	7
Perioperative Medicine/Physician (48)	10	7
Medical Expert - Positive and Neutral (8)	9	9
Lack of Understanding (50)	9	9
Professional - Positive and Neutral (44)	9	9
CanMEDS Overall (post-fellowship) (5)	9	9
Not enough recent training experience to comment (51)	9	9

Table 55: Q26 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
CanMEDS Overall (within current training programme) (3)	11	1
CanMEDS Overall (negative comments and concerns) (2)	7	2
CanMEDS Overall (within future training programme) (4)	6	3
Miscellaneous (52)	4	4
Manager - Too little currently/need more (28)	4	4
Medical Expert - Positive and Neutral (8)	3	6
Lack of Understanding (50)	3	6

Note. Themes with a frequency of 2 or less are not shown.

TEACHING AND LEARNING RESOURCES

Response Options

Question 29 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Question 29, see [Appendix J](#). For a copy of the Thematic Code Descriptions for Question 29, see [Appendix K](#).

29. Other comments on teaching and learning resources

Table 56: Q29 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES OVERALL	163	1
TEACHER TRAINING AND SUPPORT	70	2
OTHER COMMENTS	56	3
SIMULATION	49	4
ONLINE RESOURCES/COURSES	45	5
EXAMS RESOURCES	20	6
FACE-TO-FACE RESOURCES/COURSES	12	7
WEBSITE	6	8
TOTAL	421	-

Table 57: Q29 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES OVERALL	126	1
TEACHER TRAINING AND SUPPORT	51	2
OTHER COMMENTS	47	3
SIMULATION	36	4
ONLINE RESOURCES/COURSES	25	5
EXAMS RESOURCES	7	6
WEBSITE	3	7
FACE-TO-FACE RESOURCES/COURSES	2	8
TOTAL	297	-

29. *Other comments on teaching and learning resources (continued)*

Table 58: Q29 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES OVERALL	37	1
ONLINE RESOURCES/COURSES	20	2
TEACHER TRAINING AND SUPPORT	19	3
SIMULATION	13	4
EXAMS RESOURCES	13	4
FACE-TO-FACE RESOURCES/COURSES	10	6
OTHER COMMENTS	9	7
WEBSITE	3	8
TOTAL	124	-

Table 59: Q29 Themes with top-ten response frequencies (Overall)

THEME(code)	Response Frequency	Order
Future Resources - general (positive and suggestions) (3)	40	1
Teacher - Future (positive and suggestions) (20)	37	2
Simulation - positive and suggestions (16)	34	3
Online Resources - Future (suggestions) (12)	31	4
Future Resources - standardisation (positive and suggestions) (5)	29	5
Current Resources - general (positive/neutral) (1)	19	6
Current Resources - general (negative) (2)	18	7
Miscellaneous (33)	18	7
Future Resources - standardisation (negative and concerns) (6)	17	9
Future Resources - responsibility college (8)	17	9

29. Other comments on teaching and learning resources (continued)

Table 60: Q29 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
Teacher - Future (positive and suggestions) (20)	31	1
Future Resources - general (positive and suggestions) (3)	29	2
Simulation - positive and suggestions (16)	22	3
Future Resources - standardisation (positive and suggestions) (5)	20	4
Online Resources - Future (suggestions) (12)	19	5
Current Resources - general (positive/neutral) (1)	16	6
Miscellaneous (33)	16	6
Future Resources - responsibility college (8)	15	8
Current Resources - general (negative) (2)	14	9
Future Resources - standardisation (negative and concerns) (6)	14	9
Simulation - negative and concerns (17)	14	9

Table 61: Q29 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Simulation - positive and suggestions (16)	12	1
Online Resources - Future (suggestions) (12)	12	1
Future Resources - general (positive and suggestions) (3)	11	3
Future Resources - standardisation (positive and suggestions) (5)	9	4
Teacher - Current (negative) (19)	7	5
Exam Resources - Future (positive and suggestions) (26)	7	5
Teacher - Future (positive and suggestions) (20)	6	7
Face to Face - positive and suggestions (14)	6	7
Exam resources - Current (negative) (25)	5	9
Current Resources - general (negative) (2)	4	9
Online Resources - Current (positive/neutral) (10)	4	9
Face to Face - negative and concerns (15)	4	9

Assessment Tools and Processes – Overall

Response Options

Question 31 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Question 31, see [Appendix L](#). For a copy of the Thematic Code Descriptions for Question 31, see [Appendix M](#).

31. *Please include any other comments you would like to make on assessment tools and processes (overall):*

Table 62: Q31 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
GENERAL COMMENTS	191	1
EXAMINATIONS	46	2
OTHER COMMENTS	29	3
MODE OF ASSESSMENT	18	4
FEASIBILITY	14	5
COLLEGE CONTRIBUTION	4	6
TOTAL	302	-

Table 63: Q31 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
GENERAL COMMENTS	132	1
OTHER COMMENTS	24	2
EXAMINATIONS	22	3
MODE OF ASSESSMENT	13	4
FEASIBILITY	6	5
COLLEGE CONTRIBUTION	3	6
TOTAL	302	-

31. *Other comments: Assessment tools and processes (continued)*

Table 64: Q31 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
GENERAL COMMENTS	59	1
EXAMINATIONS	24	2
FEASIBILITY	8	3
OTHER COMMENTS	5	4
MODE OF ASSESSMENT	5	4
COLLEGE CONTRIBUTION	1	6
TOTAL	102	-

Table 65: Q31 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
Principles of Assessment (1)	43	1
Principles of examinations (8)	41	2
Feedback (5)	34	3
Standardisation of assessment (4)	33	4
Syllabus for learning (7)	30	5
Type of assessment (2)	18	6
Unrelated comments (17)	17	7
Positive comments (20)	13	8
Online assessment (11)	11	9
Uninterpretable comments (18)	11	9

31. Other comments: Assessment tools and processes (continued)

Table 66: Q31 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
Principles of Assessment (1)	35	1
Standardisation of assessment (4)	22	2
Syllabus for learning (7)	21	3
Principles of examinations (8)	20	4
Feedback (5)	20	4
Unrelated comments (17)	14	6
Type of assessment (2)	11	7
Positive comments (20)	10	8
Uninterpretable comments (18)	9	9
Trainees in difficulty (6)	9	9

Table 67: Q31 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Principles of examinations (8)	21	1
Feedback (5)	14	2
Standardisation of assessment (4)	11	3
Syllabus for learning (7)	9	4
Principles of Assessment (1)t	8	5
Type of assessment (2)	7	6
Financial (13)	7	6
Objectivity of assessment (3)	6	8
Online assessment (11)	4	9
Unrelated comments (17)	3	10
Positive comments (20)	3	10

Workplace-based Assessment (WBA)

Survey Information

The College has determined that Workplace-based Assessment (WBA; e.g. tools to record direct observation of performance in the workplace) for summative purposes (i.e. for the purpose of progression through training) will be introduced into the ANZCA Training Programme.

Response Options

Question 35 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Question 35, see [Appendix N](#). For a copy of the Thematic Code Descriptions for Question 35, see [Appendix O](#).

35. Please include any other comments you would like to make on the introduction of Workplace-based Assessments:

Table 68: Q35 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE WBA PROCESS	321	1
OTHER COMMENTS	44	2
CURRENT ITA PROCESS	28	3
EXAMS	11	4
TOTAL	404	-

Table 69: Q35 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE WBA PROCESS	246	1
OTHER COMMENTS	37	2
CURRENT ITA PROCESS	14	3
EXAMS	8	4
TOTAL	305	-

35. Other comments: Workplace-based Assessments (continued)

Table 70: Q35 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE WBA PROCESS	75	1
CURRENT ITA PROCESS	14	2
OTHER COMMENTS	7	3
EXAMS	3	4
TOTAL	99	-

Table 71: Q35 Issues with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
WBA - Objectivity Concerns (5)	43	1
WBA - General Support (2)	42	2
WBA - Assessment Load (11)	42	2
WBA - Standardisation Concerns and Suggestions (6)	31	4
WBA - Suggestion for Process (13)	30	5
WBA - Assessor Burden (10)	29	6
Current ITA Process - Negative Comments & Suggestions (1)	28	7
Other – Miscellaneous (19)	21	8
WBA - Assessor Characteristics (8)	20	9
WBA - General Concerns (3)	18	10

Table 72: Q35 Issues with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
WBA - General Support (2)	34	1
WBA - Objectivity Concerns (5)	32	2
WBA - Assessment Load (11)	27	3
WBA - Standardisation Concerns and Suggestions (6)	27	3
WBA - Suggestion for Process (13)	26	5
WBA - Assessor Burden (10)	22	6
Other – Miscellaneous (19)	16	7
WBA - Assessor Characteristics (8)	16	7
Current ITA Process - Negative Comments & Suggestions (1)	14	9
WBA - Assessor Training (9)	14	9

35. *Other comments: Workplace-based assessments (continued)*

Table 73: Q35 Issues with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
WBA - Assessment Load (11)	15	1
Current ITA Process - Negative Comments & Suggestions (1)	14	2
WBA - Objectivity Concerns (5)	11	3
WBA - General Support (2)	8	4
WBA - General Concerns (3)	8	4
WBA - Assessor Burden (10)	7	6
Other – Miscellaneous (19)	5	7
WBA - Standardisation Concerns and Suggestions (6)	4	8
WBA - Suggestion for Process (13)	4	8
WBA - Assessor Characteristics (8)	4	8
WBA - Suggestions for use (14)	4	8
WBA - Effect on Trainees (12)	4	8
WBA – Feedback (11)	4	8

Primary Exam (Overall)

Response Options

Question 44 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Questions 44 and 53, see [Appendix P](#). For a copy of the Thematic Code Descriptions for Questions 44 and 53, see [Appendix Q](#).

44. Please include any other comments you would like to make on the ANZCA Primary Exam:

Table 74: Q44 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
CONTENT/RELEVANCE	187	1
TIMING AND ELIGIBILITY	166	2
STRUCTURE, STANDARDISATION AND OBJECTIVITY	100	3
OTHER COMMENTS	89	4
FINANCIAL	11	5
TOTAL	553	-

Table 75: Q44 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
CONTENT/RELEVANCE	123	1
TIMING AND ELIGIBILITY	114	2
OTHER COMMENTS	60	3
STRUCTURE, STANDARDISATION AND OBJECTIVITY	48	4
FINANCIAL	1	5
TOTAL	346	-

Table 76: Q44 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
CONTENT/RELEVANCE	64	1
TIMING AND ELIGIBILITY	52	2
STRUCTURE, STANDARDISATION AND OBJECTIVITY	52	2
OTHER COMMENTS	29	4
FINANCIAL	10	5
TOTAL	207	-

44. Other comments: ANZCA Primary Exam (continued)

Table 77: Q44 Issues with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Suggested inclusions for content (Primary) (6)	98	1
Primary Exam should not be used as a selection tool (2)	84	2
Relevance (9)	72	3
Format/ Standardisation of Questions (10)	57	4
Miscellaneous (16)	49	5
Primary Exam should be used as a selection tool (1)	48	6
Eligibility (5)	27	7
Unrelated Comments (18)	26	8
Feedback (14)	18	9
Suggested exclusions of content (Primary) (7)	17	10

Table 78: Q44 Issues with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Suggested inclusions for content (Primary) (6)	63	1
Primary Exam should not be used as a selection tool (2)	52	2
Relevance (9)	49	3
Primary Exam should be used as a selection tool (1)	41	4
Miscellaneous (16)	32	5
Format/ Standardisation of Questions (10)	29	6
Eligibility (5)	18	7
Unrelated Comments (18)	17	8
Suggested exclusions of content (Primary) (7)	11	9
Uninterpretable (17)	11	9

44. *Other comments: ANZCA Primary Exam (continued)*

Table 79: Q44 Issues with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Suggested inclusions for content (Primary) (6)	35	1
Primary Exam should not be used as a selection tool (2)	32	2
Format/ Standardisation of Questions (10)	28	3
Relevance (9)	23	4
Miscellaneous (16)	17	5
Feedback (14)	14	6
Cost of examination process (15)	10	7
Eligibility (5)	9	8
Unrelated Comments (18)	9	8
Primary Exam should be used as a selection tool (1)	7	10

Final Exam (Overall)

Response Options

Question 53 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Questions 44 and 53, see [Appendix P](#). For a copy of the Thematic Code Descriptions for Questions 44 and 53, see [Appendix Q](#).

53. Please include any other comments you would like to make on the ANZCA Final Exam:

Table 80: Q53 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
OTHER COMMENTS	105	1
TIMING AND ELIGIBILITY	95	2
CONTENT/RELEVANCE	80	3
STRUCTURE, STANDARDISATION AND OBJECTIVITY	72	4
FINANCIAL	2	5
TOTAL	354	-

Table 81: Q53 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
OTHER COMMENTS	89	1
TIMING AND ELIGIBILITY	80	2
CONTENT/RELEVANCE	70	3
STRUCTURE, STANDARDISATION AND OBJECTIVITY	49	4
FINANCIAL	0	5
TOTAL	288	-

Table 82: Q53 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
STRUCTURE, STANDARDISATION AND OBJECTIVITY	23	1
OTHER COMMENTS	16	2
TIMING AND ELIGIBILITY	15	3
CONTENT/RELEVANCE	10	4
FINANCIAL	2	5
TOTAL	66	-

53. *Other comments: ANZCA Final Exam (continued)*

Table 83: Q53 Issues with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Clinical practice following Final Exam (3)	70	1
Miscellaneous (16)	52	2
Relevance (9)	41	3
Format/ Standardisation of Questions (10)	40	4
Content (Final) (8)	39	5
Unrelated Comments (18)	32	6
Uninterpretable (17)	21	7
Feedback (14)	14	8
Eligibility (5)	11	9
Objectivity (12)	10	10

Table 84: Q53 Issues with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Clinical practice following Final Exam (3)	61	1
Miscellaneous (16)	41	2
Relevance (9)	36	3
Content (Final) (8)	34	4
Format/ Standardisation of Questions (10)	30	5
Unrelated Comments (18)	28	6
Uninterpretable (17)	20	7
Eligibility (5)	9	8
Objectivity (12)	7	9
Feedback (14)	6	10

53. *Other comments: ANZCA Final Exam (continued)*

Table 85: Q53 Issues with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Miscellaneous (16)	11	1
Format/ Standardisation of Questions (10)	10	2
Clinical practice following Final Exam (3)	9	3
Feedback (14)	8	4
Relevance (9)	5	5
Content (Final) (8)	5	5
Unrelated Comments (18)	4	7
Objectivity (12)	3	8
Exam Pass/ Failure (4)	3	8

Note. Themes with a frequency of 2 or less are not shown.

TRAINEE PROGRESSION

Response Options

Question 58 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 58, see [Appendix R](#).

For a copy of the Thematic Code Descriptions for Question 58, see [Appendix S](#).

58. Other comments on trainee progression

Table 86: Q58 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
Supervision	159	1
Progression	67	2
Assessment	57	3
Other Comments	52	4
TOTAL	335	-

Table 87: Q58 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
Supervision	115	1
Progression	49	2
Assessment	40	3
Other Comments	38	4
TOTAL	242	-

Table 88: Q58 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
Supervision	44	1
Progression	18	2
Assessment	17	3
Other Comments	14	4
TOTAL	93	-

58. *Other comments on trainee progression (continued)*

Table 89: Q58 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
Supervision - Variations in supervision (7)	48	1
Supervision - Decisions and Assessments (16)	32	2
Supervision - Levels 1-4 (use of - negative/ suggestion for change) (9)	31	3
Irrelevant (44)	30	4
Assessment - Objective assessments (negative) (33)	17	5
Uninterpretable (45)	17	5
Progression - Trainees in Difficulty (28)	16	7
Supervision - Levels 1-4 (recording useful) (12)	14	8
Progression - Miscellaneous (incl. programme structure) (29)	14	8
Progression - BT/ AT Distinction (not useful) (19)	10	10

Table 90: Q58 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
Supervision - Variations in supervision (7)	37	1
Supervision - Levels 1-4 (use of- negative/ suggestion for change) (9)	24	2
Supervision - Decisions and Assessments (16)	23	3
Irrelevant (44)	21	4
Assessment - Objective assessments (negative) (33)	15	5
Uninterpretable (45)	14	6
Progression - Trainees in Difficulty (28)	14	6
Progression - Miscellaneous (incl. programme structure) (29)	10	8
Progression - BT/ AT Distinction (not useful) (19)	7	9
Assessment - Objective assessments (positive) (32)	6	10
Supervision - Amount (currently excessive) (3)	6	10
Progression - Current system (negative/ suggestions for change) (23)	6	10

58. *Other comments on trainee progression (continued)*

Table 91: Q58 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Supervision - Variations in supervision (7)	11	1
Supervision - Levels 1-4 (recording useful) (12)	10	2
Supervision - Decisions and Assessments (16)	9	3
Irrelevant (44)	9	3
Supervision - Levels 1-4 (use of - negative/ suggestion for change) (9)	7	5
Progression - Miscellaneous (incl. programme structure) (29)	4	6
Assessment - Load (requires review) (35)	4	6
Uninterpretable (45)	3	8
Progression - BT/ AT Distinction (not useful) (19)	3	8
Assessment - Objective assessments (positive) (32)	3	8
Assessment - WBA (positive comments and suggestions) (39)	3	8
Progression - Current system (positive) (22)	3	8

STRUCTURE OF THE PROGRAMME

Response Options

Question 63 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 63, see [Appendix T](#).

For a copy of the Thematic Code Descriptions for Question 63, see [Appendix U](#).

63. Other comments on the structure of the ANZCA Training Programme

Table 92: Q63 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
Settings	155	1
RPL	93	2
Structure and Duration	84	3
General Comments	72	4
Module Completion	62	5
Clinical Experience	38	6
Other Comments	29	7
Exams	3	8
TOTAL	536	-

Table 93: Q63 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
Settings	122	1
RPL	67	2
Structure and Duration	63	3
General Comments	56	4
Module Completion	43	5
Clinical Experience	28	6
Other Comments	28	6
Exams	3	8
TOTAL	410	-

63. *Other comments on the structure of the ANZCA Training Programme (continued)*

Table 94: Q63 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
Settings	33	1
RPL	26	2
Structure and Duration	21	3
Module Completion	19	4
General Comments	16	5
Clinical Experience	10	6
Other Comments	1	7
Exams	0	8
TOTAL	126	-

Table 95: Q63 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
RPL (15)	93	1
Settings - Private Sector (support) (16)	83	2
Settings - Private Sector (oppose) (17)	58	3
General Comments (future programme) (2)	43	4
Module - Completion Requirements (10)	42	5
Clinical Exposure/Experience - Overall/General (9)	38	6
General Comments (current programme) (1)	29	7
Length of Training - >5 years (5)	24	8
Generalist Programme (support and ideas) (3)	23	9
Other Comments – Uninterpretable (28)	20	10

63. Other comments on the structure of the ANZCA Training Programme (continued)

Table 96: Q63 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
RPL (15)	67	1
Settings - Private Sector (support) (16)	62	2
Settings - Private Sector (oppose) (17)	50	3
General Comments (future programme) (2)	35	4
Module - Completion Requirements (10)	28	5
Clinical Exposure/Experience - Overall/General (9)	28	5
General Comments (current programme) (1)	21	7
Generalist Programme (support and ideas) (3)	19	8
Other Comments – Uninterpretable (28)	19	8
Length of Training - >5 years (5)	16	10

Table 97: Q63 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
RPL (15)	26	1
Settings - Private Sector (support) (16)	21	2
Module - Completion Requirements (10)	14	3
Clinical Exposure/Experience - Overall/General (9)	10	4
Settings - Private Sector (oppose) (17)	8	5
General Comments (future programme) (2)	8	5
General Comments (current programme) (1)	8	5
Length of Training - >5 years (5)	8	5
Consolidation Year (support) (7)	5	9
Generalist Programme (support and ideas) (3)	4	10

TRAINEE SUPPORT AND GUIDANCE

Response Options

Question 65 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 65, see [Appendix V](#).

For a copy of the Thematic Code Descriptions for Question 65, see [Appendix W](#).

65. Other comments/examples of possible ANZCA Trainee support and guidance initiatives

Table 98: Q65 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE SYSTEM – CENTRALISED	120	1
FUTURE SYSTEM – LOCALISED	91	2
CURRENT SYSTEM	61	3
FUTURE SYSTEM - COMBINATION	54	4
FUTURE SYSTEM - OTHER SUGGESTIONS	45	5
OTHER COMMENTS	20	6
TOTAL	391	-

Table 99: Q65 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE SYSTEM – CENTRALISED	91	1
FUTURE SYSTEM – LOCALISED	73	2
FUTURE SYSTEM - COMBINATION	46	3
CURRENT SYSTEM	41	4
FUTURE SYSTEM - OTHER SUGGESTIONS	30	5
OTHER COMMENTS	15	6
TOTAL	296	-

65. *Other comments/examples of possible ANZCA Trainee support and guidance initiatives (continued)*

Table 100: Q65 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
FUTURE SYSTEM – CENTRALISED	29	1
CURRENT SYSTEM	20	2
FUTURE SYSTEM – LOCALISED	18	3
FUTURE SYSTEM - OTHER SUGGESTIONS	15	4
FUTURE SYSTEM - COMBINATION	8	5
OTHER COMMENTS	5	6
TOTAL	95	-

Table 101: Q65 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
Localised (positive/neutral/suggestions) (6)	85	1
Combined (positive/neutral/suggestions) (8)	54	2
Centralised (positive/neutral/suggestions) (1)	49	3
Centralised (negative/concerns) (2)	47	4
Future System - other suggestions (10)	45	5
Current System (negative/concerns) (12)	23	6
Current System (Mentoring) (14)	17	7
Centralised (definition queries) (5)	14	8
Current System (positive/neutral) (11)	13	9
Uninterpretable (17)	12	10

65. *Other comments/examples of possible ANZCA Trainee support and guidance initiatives (continued)*

Table 102: Q65 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
Localised (positive/neutral/suggestions) (6)	67	1
Combined (positive/neutral/suggestions) (8)	46	2
Centralised (positive/neutral/suggestions) (1)	37	3
Centralised (negative/concerns) (2)	33	4
Future System - other suggestions (10)	30	5
Current System (negative/concerns) (12)	15	6
Centralised (definition queries) (5)	13	7
Current System (Mentoring) (14)	11	8
Current System (positive/neutral) (11)	9	9
Uninterpretable (17)	9	9

Table 103: Q65 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Localised (positive/neutral/suggestions) (6)	18	1
Future System - other suggestions (10)	15	2
Centralised (negative/concerns) (2)	14	3
Centralised (positive/neutral/suggestions) (1)	12	4
Combined (positive/neutral/suggestions) (8)	8	5
Current System (negative/concerns) (12)	8	5
Current System (Mentoring) (14)	6	7
Current System (positive/neutral) (11)	4	8
Uninterpretable (13)	3	9

Note. Themes with a frequency of 2 or less are not shown.

SELECTION OF ANZCA TRAINEES

Survey Information

The selection of ANZCA Trainees is currently conducted by hospitals that are approved as training sites by the College. Selection is conducted in line with guidelines set by the College, but must also adhere to requirements set by the hospital and local governing bodies. The College approves departments as a whole as being suitable for training; it does not approve a particular number of posts. The number of trainees is decided by the hospital. The current ANZCA Guidelines for the Selection of Trainees can be found on the College Website:

www.anzca.edu.au/trainees/atp/registration/guidelines-for-the-selection-of-trainees

Response Options

Question 66 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes. For a copy of the Thematic Analysis Framework for Question 66, see [Appendix X](#). For a copy of the Thematic Code Descriptions for Question 66, see [Appendix Y](#).

66. What role could the College play in improving the processes for selection of ANZCA Trainees?

Table 104: Q66 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
Future Selection System/Process	532	1
Current Selection System/Process	293	2
Training Posts	199	3
Other Comments	63	4
Interview Process	60	5
Site Accreditation	23	6
TOTAL	1170	-

Table 105: Q66 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
Future Selection System/Process	380	1
Current Selection System/Process	215	2
Training Posts	138	3
Other Comments	49	4
Interview Process	38	5
Site Accreditation	15	6
TOTAL	835	-

66. What role could the College play in improving the processes for selection of ANZCA Trainees (continued)

Table 106: Q66 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
Future Selection System/Process	151	1
Current Selection System/Process	78	2
Training Posts	61	3
Interview Process	22	4
Other Comments	14	5
Site Accreditation	8	6
TOTAL	334	-

Table 107: Q66 Issues with top-ten response frequencies (Overall)

TOPIC (code)	Response Frequency	Order
Current System - positive and neutral comments	172	1
Future System - General suggestions for change/recommendations	162	2
Future System -Centralised (support for college/central management)	67	3
Current System - Negative Comments	63	4
Training Posts - Support for College/central determination of post numbers	61	5
Current System - Suggestions for change/recommendations	58	6
Future System - Centralised (Support for State/Region Management)	55	7
Interview Process - Negative/suggestions for change/recommendations	54	8
Training Posts - Comments for adequate and appropriate training posts	49	9
Training Posts - Comments for College/central allocation to posts/hospitals	49	9

66. What role could the College play in improving the processes for selection of ANZCA Trainees (continued)

Table 108: Q66 Issues with top-ten response frequencies (Fellows)

TOPIC (code)	Response Frequency	Order
Future System - General suggestions for change/recommendations	123	1
Current System - positive and neutral comments	121	2
Current System - Negative Comments	51	3
Current System - Suggestions for change/recommendations	43	4
Future System -Centralised (support for college/central management)	41	5
Training Posts - Support for College/central determination of post numbers	40	6
Interview Process - Negative/suggestions for change/recommendations	37	7
Future System - Centralised (Support for State/Region Management)	36	8
Training Posts - Comments for adequate and appropriate training posts	35	9
Training Posts - Comments for College/central allocation to posts/hospitals	34	10

Table 109: Q66 Issues with top-ten response frequencies (Trainees)

TOPIC (code)	Response Frequency	Order
Current System - positive and neutral comments	51	1
Future System - General suggestions for change/recommendations	39	2
Future System -Centralised (support for college/central management)	25	3
Future System - Comments against selection exam/test	23	4
Training Posts - Support for College/central determination of post numbers	21	5
Future System - Centralised (Support for State/Region Management)	19	6
Interview Process - Negative/suggestions for change/recommendations	17	7
Current System - Suggestions for change/recommendations	15	8
Training Posts - Comments for College/central allocation to posts/hospitals	15	8
Training Posts - Comments for adequate and appropriate training posts	14	10

ANZCA TEACHER TRAINING AND SUPPORT

Response Options

Question 80 contained one short answer response option. Each response was thematically analysed and given a minimum of one and a maximum of three individual thematic codes.

For a copy of the Thematic Analysis Framework for Question 80, see [Appendix Z](#).

For a copy of the Thematic Code Descriptions for Question 80, see [Appendix AA](#).

80. Other comments on ANZCA Teacher Training and Support initiatives

Table 110: Q80 Summary categories ordered by response frequency (Overall)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES	65	1
OTHER COMMENTS	50	2
TEACHER TRAINING AND SUPPORT - GENERAL COMMENTS	49	3
QUALITY	13	4
COURSES	5	5
TEACHING ROLES	4	6
TOTAL	186	-

Table 111: Q80 Summary categories ordered by response frequency (Fellows)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES	51	1
TEACHER TRAINING AND SUPPORT - GENERAL COMMENTS	41	2
OTHER COMMENTS	35	3
COURSES	4	4
QUALITY	3	5
TEACHING ROLES	1	6
TOTAL	135	-

80. Other comments on ANZCA Teacher Training and Support initiatives (continued)

Table 112: Q80 Summary categories ordered by response frequency (Trainees)

SUMMARY CATEGORY	Response Frequency	Order
RESOURCES	14	1
OTHER COMMENTS	14	1
QUALITY	10	3
TEACHER TRAINING AND SUPPORT - GENERAL COMMENTS	8	4
TEACHING ROLES	3	5
COURSES	1	6
TOTAL	50	-

Table 113: Q80 Themes with top-ten response frequencies (Overall)

THEME (code)	Response Frequency	Order
General comments - Suggestions for change/ recommendations (7)	32	1
Resources - Mode of Delivery e.g. online, face-to-face (16)	31	2
Irrelevant (24)	29	3
Uninterpretable (25)	14	4
Resources - Availability/ Accessibility of Teacher Training (15)	12	5
Quality of teaching - Negative comments/ suggestions for change (18)	11	6
General comments - Positive (including importance of) (5)	7	7
Resources – Time (11)	7	7
Miscellaneous (23)	7	7
General comments – Miscellaneous (8)	6	10
Resources – Personnel (12)	6	10

80. Other comments on ANZCA Teacher Training and Support initiatives (continued)

Table 114: Q80 Themes with top-ten response frequencies (Fellows)

THEME (code)	Response Frequency	Order
General comments - Suggestions for change/ recommendations (7)	27	1
Resources - Mode of Delivery e.g. online, face-to-face (16)	27	1
Irrelevant (24)	17	3
Uninterpretable (25)	13	4
Resources - Availability/ Accessibility of Teacher Training (15)	10	5
General comments – Miscellaneous (8)	6	6
Resources – Time (11)	5	7
Miscellaneous (23)	5	7
Resources – Personnel (12)	5	7
General comments - Positive (including importance of) (5)	4	10
General comments – Negative (6)	4	10

Table 115: Q80 Themes with top-ten response frequencies (Trainees)

THEME (code)	Response Frequency	Order
Irrelevant (24)	12	1
Quality of teaching - Negative comments/ suggestions for change (18)	8	2
General comments - Suggestions for change/ recommendations (7)	5	3
Resources - Mode of Delivery e.g. online, face-to-face (16)	4	4
General comments - Positive (including importance of) (5)	3	5
Resources - General comments (9)	3	5
Teaching roles - Negative comments/ suggestions for change (21)	3	5

Note. Themes with a frequency of 2 or less are not shown.

APPENDIX A: ANZCA CURRICULUM REVIEW SURVEY



ANZCA Curriculum Review Survey

For ANZCA Fellows and Trainees Only
Also available online at: www.anzca.websurvey.net.au
Closing date: 31 October 2009

Message from the President



Dear ANZCA Fellows and Trainees,

As a member of the College I am calling on you to help us achieve one of our key objectives, to cultivate and maintain the highest principles and standards in Anaesthesia training. The ANZCA Curriculum Review Survey represents another opportunity for you to make an active contribution to the shape of our training programme for future generations of Anaesthetists.

In the near future our College will need to successfully contend and compete with a number of major issues facing the medical systems in which we work and train. In particular, we will need to be prepared for the increased number of junior doctors seeking a place in vocational training from 2012, due to the increased number of medical student places offered by both the Australian and New Zealand governments in recent times. Similarly, we will need to be able to respond effectively to government calls for us to further expand our range of training settings; into the private sector and rural areas, for example.

Whilst I realise that this survey is a lengthy one, it is necessarily so, as the questions asked cover an array of complex issues that surround our training programme. To move our training programme confidently into the future we need our members (both Fellows and Trainees) to provide us with a consensus view and a clear mandate regarding these issues. To produce a set of recommendations that are both comprehensive and relevant, we need to ensure the input comes from a wide and representative sample of our College body:

- **Current Trainees and Teaching/Supervising Fellows:** For those of you who are actively involved in the current ANZCA Training Programme (e.g. current trainees, supervisors, and other active teachers), we call on your first-hand experience and expertise to comment on the existing training programme and to also make recommendations for improvements.
- **Non-Teaching Fellows:** For those of you either not actively involved with the training programme, or working in settings which have not traditionally included trainees (e.g. private practice, VMOs etc.), we call on you to provide your opinions and suggestions on improvements to our training programme; particularly those that would allow feasible expansion into such settings.
- **Other Fellows:** For those of you that have been involved with our training programme in the past (e.g. retired Fellows), we would highly value the insights from your previous experience, including the many changes and advances in our speciality in recent times.

Please take the time to complete this survey regarding the future of the ANZCA Training Programme, it is our collective professional responsibility to ensure we maintain a high standard of training for future Anaesthetists which will ensure our continuing reputation for providing safe and effective care for our patients.

Dr Leona Wilson
ANZCA President

Instructions

Please complete the following survey to help the College shape the future ANZCA Training Programme!

Can I complete this survey online?

Yes, you can complete the survey online at:
www.anzca.websurvey.net.au

Please Note. You will require your College ID and Surname to login to the online version.

Who can complete this survey?

ANZCA Fellows and Trainees only.

Please Note. Earlier stages of the review process have included external stakeholder input. For details, see the ANZCA Curriculum Review Homepage: www.anzca.edu.au/edu/projects/curriculum-review

How much of the survey do I need to complete?

The more questions you answer the better! The survey allows you to comment on all aspects of the programme, but remember, you do not need to answer every question to make a valuable contribution.

Can I claim ANZCA CPD points?

Yes, you can claim ANZCA CPD points for completing this survey. ANZCA CPD Programme (approval number 1577); Category 3/Level 1, 2 credits per hour.

What is the participation prize?

Encourage your peers to complete the survey too! On reaching a final response rate of 40% a complementary registration to the ANZCA 2010 Annual Scientific Meeting will be drawn. One prize each for a Fellow and a Trainee will be on offer. Fill in your contact details on the last page to be included in the draw!

How will my confidentiality be assured?

An external contractor (Strategic Data Pty. Ltd.) has been employed to manage all data collection for this survey (both online and hard-copy). To protect your anonymity, any identifying information supplied by you (e.g. for login to the online version and/or contact details for the participation prize) will be removed from the survey database by the external contractor, prior to the data being made accessible to the College.

How do I return this survey?

Simply return your completed survey by **31 October 2009**, in the reply-paid envelope provided.

Otherwise you can complete this survey by **31 October 2009** online at: www.anzca.websurvey.net.au

ANZCA Curriculum Review Survey

Demographic Information

Please complete questions 1 - 11 (as appropriate) to provide contextual information for your survey responses.

1. Sex: Male Female
2. Age (in years, at 31 Oct 2009): _____
3. Fellow or Trainee: Fellow (go to Question 4) Trainee (go to Question 7)

Fellows Only

4. Formal ANZCA Supervisory Roles:

Please indicate your current and previous formal ANZCA Supervisory Roles, if any.

	Regional/National Education Officer	Formal Project Officer	Rotational Supervisor	Supervisor of Training	Module Supervisor	Primary Examiner	Final Examiner
Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Current Fellowship Status:

- Currently in clinical practice
- Currently on extended leave (e.g. maternity, sabbatical, etc.)
- Retired (go to Question 10)
- Other, please describe: _____

6. Interaction with ANZCA Trainees: (except retired Fellows)

- There are usually no ANZCA Trainees in my current workplace.
- There are ANZCA Trainees in my current workplace. When trainees are in my workplace, I:
- do not teach or supervise.
 - occasionally teach and/or supervise
 - usually teach and/or supervise

Trainees Only

7. ANZCA Trainee Status:

- Registered, but not commenced ANZCA Training
- BTY1 (Basic Trainee, Year 1)
- BTY2 (Basic Trainee, Year 2)
- ATY1 (Advanced Trainee, Year 1)
- ATY2 (Advanced Trainee, Year 2)
- ATY3/PF (Advanced Trainee, Year 3 /Provisional Fellow)
- Other, please specify: _____

8. ANZCA Supervision Level:

- Passed a formal assessment to move beyond 'Level 1 Supervision' (i.e. one-to-one supervision)
- Have moved beyond 'Level 1 Supervision', without a formal assessment process
- Not yet moved beyond 'Level 1 Supervision'
- Don't Know / Unsure

9. ANZCA Examination Status:

	Passed	Not Passed	Exempt
ANZCA Primary Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANZCA Final Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Both Fellows and Trainees

10. ANZCA Nation/Region:

Please indicate your current work or training location (or last work/training location if not currently working or training).

- | | |
|---|--|
| <input type="checkbox"/> Australia – Australian Capital Territory | <input type="checkbox"/> Australia – New South Wales |
| <input type="checkbox"/> Australia – Northern Territory | <input type="checkbox"/> Australia – Queensland |
| <input type="checkbox"/> Australia – South Australia | <input type="checkbox"/> Australia – Tasmania |
| <input type="checkbox"/> Australia – Victoria | <input type="checkbox"/> Australia – Western Australia |
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Malaysia |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Singapore |
| <input type="checkbox"/> Other, please specify: _____ | |

11. Current Employment Details: (except retired Fellows)

a. Sector:

- Public Only
- Private Only
- Both Public and Private
- Please estimate % in Public: _____

b. Status:

- Full-time
- Part-time
- Please specify -- days/week: _____

c. Hospital - Location:

- Metropolitan (Inner)
- Metropolitan (Outer)
- Regional
- Rural

d. Department - Number of ANZCA Trainees:

- 0
- 1-9
- 10-19
- 20+

Please turn over

ANZCA Curriculum Review Survey 01

ANZCA Curriculum Review Survey continued

Preparing for 2012

In recent years there has been a large increase in the number of medical student places on offer in both Australia and New Zealand. In Australia, domestic medical graduate numbers are expected to double from 2005 to 2012. The first of these increases in medical graduates is expected to reach vocational training in 2012. The College is conducting this current Curriculum Review, in part, to ensure that the ANZCA Training Programme is equipped to manage this expected increase in ANZCA Trainees.

12. What do you see as the top three issues facing the ANZCA Training Programme with the increase in vocational trainee numbers expected in 2012?

- a. _____
- b. _____
- c. _____

Please consider this increase in vocational trainee numbers when responding to the rest of this survey

The ANZCA Training Programme

Overall Content

Please indicate the degree to which you agree with the following statements regarding the **content** of the **current** ANZCA Training Programme:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
13. The breadth of the content included is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The depth of the content included is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The majority of the content has practical relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a short description of topic areas (if any) that you feel are either under- or over-represented (in terms of the knowledge and/or clinical experience required) in the content of the current ANZCA Training Programme, as follows:

16. Topics Under-represented:

a. In terms of the **knowledge** required by the current ANZCA Training Programme:

- i. _____
- ii. _____
- iii. _____

b. In terms of the **clinical experience** required by the current ANZCA Training Programme:

- i. _____
- ii. _____
- iii. _____

17. Topics Over-represented:

a. In terms of the **knowledge** required by the current ANZCA Training Programme:

- i. _____
- ii. _____
- iii. _____

b. In terms of the **clinical experience** required by the current ANZCA Training Programme:

- i. _____
- ii. _____
- iii. _____

Module Content

The ANZCA Training Programme currently has its content arranged into 'modules', or units of study. It is important to ensure the module content of the future programme is based on an agreed set of principles.

Please indicate the degree to which you agree with the following statements regarding **recommendations** for the **Module content** within the **future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
18. Collectively, the modules should encompass the range of practice areas of a generalist anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The learning outcomes for each module should be set at the level required of a generalist anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Each module should cover learning outcomes of knowledge, skills & professional attitudes/behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Each module should include assessment of relevant knowledge, skills & professional attitudes/behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Successful completion of the clinical experience component of any module should include:					
a. The completion of an appropriate time requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The completion of an appropriate volume of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The achievement of appropriate competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The appropriate amount of time, volume of practice and/or competencies should be based on the usual work of a generalist anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Please include any other comments you would like to make on recommendations for Module content within the future ANZCA Training Programme:	<hr/> <hr/>				

Curriculum Framework

A **curriculum framework** is an organised set of learning outcomes which define the scope of content to be learned and what needs to be taught and assessed. To allow the focussed development of teaching, learning and assessment resources for the ANZCA Training Programme, the ANZCA Curriculum Review Working Group (CRWG) has elected to adapt the CanMEDS Curriculum Framework (<http://rcpsc.medical.org/canmeds>). CanMEDS is an internationally recognised and objectively researched framework used by many different medical specialties worldwide. The ANZCA Curriculum Framework will aim to explicitly define all aspects of contemporary Australasian anaesthetic practice. From this definition we can ensure our training programme provides a comprehensive and thorough preparation for practice in this context.

25. The current ANZCA Training Programme was intended to be aligned with the CanMEDS Framework. Please indicate the degree of emphasis you feel the following Roles are given within the **current ANZCA Training Programme**:

Role	No emphasis	Little emphasis	Some emphasis	A lot of emphasis	Unable to Comment
a. The Anaesthetist as Medical Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Anaesthetist as Communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Anaesthetist as Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The Anaesthetist as Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Anaesthetist as Health Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The Anaesthetist as Scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The Anaesthetist as Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please include any **other comments** you would like to make on the emphasis of these Roles:

ANZCA Curriculum Review Survey continued

Teaching and Learning Resources

Please indicate the degree to which you agree with the following statements regarding **recommendations** for the **teaching and learning resources** within the **future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
27. The College should make efforts to:					
a. increase its role as an educational provider for ANZCA Trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. standardise the learning resources available to ANZCA Trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. coordinate learning resources with good quality external sources (e.g. links to online journals etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. standardise the teaching resources available to ANZCA Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. increase the learning resources available to ANZCA Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. increase the use of simulation for teaching and learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The College should make efforts to provide more:					
a. paper-based factual information and guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. online self-directed learning materials (including factual information, guides, podcasts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. online interactive learning (including web conferencing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. guidelines for face-to-face tutorial activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. guidelines for simulation exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. guidelines for structured clinical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Please include any other comments you would like to make on the teaching and learning resources:					

Assessment Tools and Processes - Overall

Please indicate the degree to which you agree with the following statements regarding **recommendations** for the **assessment tools and processes** (i.e. including all types of assessments, not only exams) within the **future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
30. The College should make efforts to:					
a. standardise its assessment tools and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. increase the practical and clinical relevance of its assessment tools and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ensure its assessment tools and processes have an impact on learning that is positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. increase the feedback provided to ANZCA Trainees following assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. increase the transparency of its assessment processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ensure the costs of assessment processes are transparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ensure the feasibility of implementing its assessment tools and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. allow assessment outcomes to be entered online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ensure specific assessment methods chosen match the intended learning outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ensure the overall assessment regime comprehensively assesses all learning outcomes of the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. ensure there is an explicit syllabus and teaching/learning programme for all assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Please include any other comments you would like to make on assessment tools and processes (overall):					

Workplace-based Assessment (WBA)

The College has determined that Workplace-based Assessment (WBA; e.g. tools to record direct observation of performance in the workplace) for summative purposes (i.e. for the purpose of progression through training) will be introduced into the ANZCA Training Programme.

Please indicate the degree to which you agree with the following statements regarding the **introduction of summative WBAs** within the future ANZCA Training Programme:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
32. The introduction of summative WBAs should be additional to the existing assessment load of ANZCA Trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. The existing summative assessment load should be reduced to compensate for the introduction of summative WBAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Any WBAs introduced would need to be easily collated and summarised into a revised In-Training Assessment (ITA) process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Please include any other comments you would like to make on the introduction of Workplace-based Assessment:	<hr/> <hr/>				

Primary Exam

Please indicate the degree to which you agree with the following statements regarding the **current ANZCA Primary Exam**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
36. The current ANZCA Primary Exam is fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. The current ANZCA Primary Exam is transparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. The current ANZCA Primary Exam is well aligned with other areas of the training programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. One of the legitimate purposes of the current ANZCA Primary Exam is to test the commitment and motivation of ANZCA Trainees to the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. The role of the vivas in the current ANZCA Primary Exam is to assess the application of basic anaesthetic knowledge to patient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the degree to which you agree with the following statements regarding **recommendations** for the ANZCA Primary Exam within the **future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
41. The College should make further efforts to ensure that successful completion of the ANZCA Primary Exam is not used as a selection tool for entry into ANZCA Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. The ANZCA Primary Exam should assess ANZCA Trainees against an objectively pre-determined standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. The ANZCA Primary Exam should assess knowledge of the basic anaesthetic sciences that underpin the learning outcomes of the entire training programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Please include any other comments you would like to make on the ANZCA Primary Exam:	<hr/> <hr/>				

ANZCA Curriculum Review Survey continued

Final Exam					
Please indicate the degree to which you agree with the following statements regarding the current ANZCA Final Exam :					
Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
45. The current ANZCA Final Exam is fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. The current ANZCA Final Exam is transparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. The current ANZCA Final Exam is well aligned with other areas of the training programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. One of the legitimate purposes of the current ANZCA Final Exam is to test the commitment and motivation of ANZCA Trainees to the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. The role of the vivas in the current ANZCA Final Exam is to assess the application of anaesthetic knowledge to patient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the degree to which you agree with the following statements regarding recommendations for the ANZCA Final Exam within the future ANZCA Training Programme :					
Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
50. The ANZCA Final Exam should assess ANZCA Trainees against an objectively pre-determined standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. The ANZCA Final Exam should assess application of anaesthetic knowledge in the management of patients in the areas of practice covered in the training programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. A period of consolidated clinical practice following successful completion of the ANZCA Final Exam is desirable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Please include any other comments you would like to make on the ANZCA Final Exam :					

Operational Matters

Trainee Progression					
Please indicate the degree to which you agree with the following statements regarding the current progression of ANZCA Trainees:					
Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
54. The current distinction between Basic Training (BTY1&2) and Advanced Training (ATY1,2&3) is useful to determine how much supervision an ANZCA Trainee needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. The current formal ANZCA Supervision Levels (i.e. Levels 1-4) are useful to describe the supervision a trainee is given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the degree to which you agree with the following statements regarding recommendations for trainee progression within the future ANZCA Training Programme :					
Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
56. In the future , there should be a formal process to record the experience gained at different levels of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. In the future , any formal decision to reduce the amount of supervision required for an ANZCA Trainee should be based on objective assessments of knowledge, skills and professional attitudes/behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Please include any other comments you would like to make on trainee progression :					

DE: ANZCA Curriculum Review Survey

Please continue on next page



Structure of the Programme

Please indicate the degree to which you agree with the following statements regarding **recommendations for the structure of the future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
59. The College should make efforts to increase the flexibility in timing and completion of the Modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. The ANZCA Training Programme should comprise four years generalist anaesthetic training and a flexible fifth year for sub-speciality or further generalist experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. The College should make efforts to increase flexibility in the Recognition of Prior Learning (RPL) for ANZCA Trainees (e.g. time spent in another training programme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. The College should make efforts to increase training opportunities for ANZCA Trainees in the private sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Please include any other comments you would like to make on the structure of the ANZCA Training Programme:					

Trainee Support and Guidance

Please indicate the degree to which you agree with the following statement regarding **recommendations for trainee support and guidance** provided for the **future ANZCA Training Programme**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
64. There should be a centralised system for providing support and guidance to ANZCA Trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Please include any other comments or examples of possible ANZCA Trainee support and guidance initiatives:					

Selection of ANZCA Trainees

The selection of ANZCA Trainees is currently conducted by hospitals that are approved as training sites by the College. Selection is conducted in line with guidelines set by the College, but must also adhere to requirements set by the hospital and local governing bodies. The College approves departments as a whole as being suitable for training; it does not approve a particular number of posts. The number of trainees is decided by the hospital. The current ANZCA Guidelines for the Selection of Trainees can be found on the College website: www.anzca.edu.au/trainees/atp/registration/guidelines-for-the-selection-of-trainees

66. Given the above system, the ANZCA CRWG would like to know what role you feel the College could play in further improving the processes for selection of ANZCA Trainees.

IT Requirements

67. Which operating systems do you usually use?

- Windows (e.g. XP, Vista, etc.)
Please specify version: _____
- Macintosh (e.g. OSX)
Please specify version: _____
- Other
Please specify: _____
- Unsure / Don't Know

68. Which internet browsers do you usually use?

- Internet Explorer
Please specify version number: _____
- Firefox
- Chrome
- Safari
- Opera
- Other
Please specify: _____
- Unsure / Don't Know

ANZCA Curriculum Review Survey continued

ANZCA Teacher Training and Support

Please indicate the degree to which you agree with the following statements regarding the **current ANZCA Teacher Training and Support initiatives**:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
69. The current supervision received by ANZCA Trainees is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. delivered in an appropriate format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. of adequate quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. provided in sufficient amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. The guidance and feedback currently provided to ANZCA Trainees is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. delivered in an appropriate format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. of adequate quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. provided in sufficient amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. The current training and support for ANZCA Teachers is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. delivered in an appropriate format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. of adequate quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. provided in sufficient amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the degree to which you agree with the following statements regarding **recommendations** for the **ANZCA Teacher Training and Support** to align with the future ANZCA Training Programme:

Statement	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unable to Comment
72. An introduction to core teaching and supervisory-skills should be mandatory for all Anaesthetists involved in teaching ANZCA Trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. A core teaching and supervisory-skills course should be completed as part of the ANZCA Training Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. An advanced teaching and supervisory-skills course should be available to those who wish to undertake such training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. The ANZCA Teacher Course in supervisory-skills should allow credit or advanced standing in higher education courses (e.g. Grad Cert/Diploma in Medical Education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. It is important to recognise the completion of previous teaching and supervisory-skills training activities within the context of the ANZCA Teacher Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Formal ANZCA Supervisory Roles (e.g. SOTs, Module Supervisors, Examiners, etc.) should have explicit criteria which include recommendations on completion of specific teacher/supervisory-skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Teaching resources and links to relevant websites should be made available on the ANZCA website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Please rate the following modes of delivery for ANZCA Teacher training to support the future ANZCA Training Programme (from 1 = most preferred, to 5 = least preferred):					
___ Face-to-Face (in each ANZCA Region/Nation)					
___ Online (self-directed)					
___ Online (interactive format)					
___ Mxed Mode (both online and face-to-face)					
___ Delivered at the ANZCA Annual Scientific Meeting					

80. Please include any **other comments** you would like to make on the **ANZCA Teacher Training and Support** initiatives:

Thank you!

The College would like to sincerely thank you for taking the time to complete this important survey.

Your opinions will help shape the ANZCA Training Programme for the future!

Please don't forget to fill in your details on the following page for entry into the participation prize draw!

08: ANZCA Curriculum Review Survey

APPENDIX B: Q12 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 12 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
SUFFICIENT CLINICAL EXPERIENCE/EXPOSURE	19	General
	20	Sub-specialties
	21	Case-mix
	22	Varied Settings
	23	Related to duration of training and/or working hours
STRUCTURE OF THE TRAINING PROGRAMME	5	Recruitment and Selection
	8	Module Completion
	14	Training Posts and Facilities
	15	Rotations and Resources
	24	Training Duration and/or Working Hours
SUPERVISION, TEACHING AND LEARNING	6	Supervision
	7	Teaching and Learning
	17	Trainee Support (including educational resources)
ASSESSMENT	13	General
	18	Examinations
WORKFORCE ISSUES/PLANNING	4	Quality of Trainees
	9	Funding
	16	Post-training Employment
OTHER COMMENTS	10	Miscellaneous
	11	Unrelated Comments
	12	Uninterpretable Comments

APPENDIX C: Q12 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 12 of the ANZCA Curriculum Review Survey.

SUFFICIENT CLINICAL EXPERIENCE/ EXPOSURE

19. Sufficient clinical experience/ exposure (general)

Including the issue of trainees gaining sufficient clinical experience/exposure, with increased trainee numbers; comments regarding: access to adequate/ appropriate clinical work (including complex/rare cases and basic anaesthesia skills); competition between trainees and medical students, paramedics and ED/ICU trainees; dilution/adequate case-load; trainee to patient ratio.

20. Sufficient clinical experience/ exposure (subspecialties)

Including inadequate/ decreased exposure to particular subspecialties e.g. cardiac/ cardiothoracic, obstetrics, neuroanaesthesia, ENT, vascular etc; references to access and competition for sub-specialty cases/experience.

21. Sufficient clinical experience/ exposure (case-mix)

Including inadequate case-mix; including exposure to elective and acute cases and comments on generalist vs sub-specialist training.

22. Sufficient clinical experience/ exposure (varied settings)

Including adequate experience/exposure in varied settings (including on-call/ out of hours exposure, clinical opportunities in public vs. private, metro vs. rural/ regional, tertiary centres and major trauma centres)

23. Sufficient clinical experience/ exposure (related to duration of training/working hours)

Including inadequacies in clinical experience/exposure in relation to the duration of training and changes in working hours.

STRUCTURE OF THE TRAINING PROGRAMME

5. Recruitment and selection

Including recruitment and selection of trainees: including attracting quality candidates; retaining trainees; maintain high standards and transparent process for selection; early intake of junior doctors; transition to training; training positions for IMGs; and use of the Primary Exam as a selection tool.

8. Module completion

Comments regarding completion of modules, including: access to adequate clinical experience for satisfactory module completion; access to advanced modules; relevance of modules and time required for modules.

14. Training posts and facilities

Comments regarding training posts and training facilities; including: access to accredited training posts and facilities (including the need to increase the number of training sites and posts); access to training posts in varied settings (e.g. public vs. private, metro vs rural/regional); increased numbers of candidates and competition for training posts; references alternative training providers; trainees occupying non-training positions; trainees leaving the programme early.

15. Rotations and resources

Including rotations and resources within the training programme, including: capacity to provide training and adequate rotations (including hospital resources and rotations across varied settings); developing a rural training programme (including references to increasing the length of rural rotations); references to bottlenecks in training; and trainee dissatisfaction with rotations

24. Training duration/Working Hours

References to duration of training (overall) and the potential need and/ or pressure to increase/ decrease length of training. Including references to increased shift-work.

SUPERVISION, TEACHING AND LEARNING

6. Supervision

Comments on supervision. Including references to: requirements of supervisors (including time available); training and support for supervisors; financial reimbursement for supervisors; balance between supervised and independent practice; private practitioners as supervisors.

7. Teaching & Learning

Comments regarding teaching and learning within the training programme. Including: access to teachers; access differences between training locations; protected time for teaching; qualifications of teachers.

17. Trainee support (including educational resources)

Comments regarding trainee support and welfare, as well as educational resources for trainees.

ASSESSMENT

13. Assessment (general)

General comments regarding assessment within the training programme. Including: lack of feedback; defining competencies; developing new assessments; difficulty of assessment with increased trainee numbers; documentation of competence.

18. Examinations

Comments regarding the examinations within the training programme. Including: suggestions for changing timing and content of exams; coping with increased number of examination candidates; exam standards.

WORKFORCE ISSUES/ PLANNING

4. Quality of trainees

Comments on the quality of ANZCA Trainees. Including ensuring quality of clinical exposure; maintenance of patient safety and care; maintaining standards of training; maintaining quality training; producing high standard of trainee.

9. Funding

Comments regarding funding for training, including: hospitals; training posts; and salaries.

16. Post training employment

Comments regarding post-training employment of FANZCAs, including: availability; preventing over-supply; retaining Fellows; and lack of generalist anaesthetists.

OTHER COMMENTS

10. Miscellaneous

11. Unrelated comments

12. Uninterpretable comments

APPENDIX D: Q16&17 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for questions 16 and 17 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
ANAESTHETIC SCIENCES	1	Basic Sciences (overall)
	2	Biochemistry
	3	General Anatomy
	4	Specific Anatomy
	5	Pharmacology
	6	Physics
	7	Physiology
	8	Statistics
	9	General Medicine
FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE	10	Basic Anaesthesia
	11	Airway
	12	Life-Support
SURGERY TYPES	13	Cardio/Cardio-thoracic
	15	Day Surgery
	16	ENT/Facial
	17	Neuroanaesthesia
	18	Obstetrics
	19	Ophthalmology
	20	Orthopaedics
	21	Paediatric Anaesthesia
	22	Vascular
59	Sub-specialty Experience/Exposure (various)	
PATIENT FACTORS	23	Geriatrics
	24	Obesity
ANAESTHESIA OUTSIDE SURGERY	25	Emergency
	26	Intensive Care
	27	Pain
	28	Peri-operative Medicine
	29	Anaesthesia outside the OR
	30	Anaesthesia in different environments

Summary Category	Code	Topic
ANAESTHETIC TECHNIQUES AND TOOLS	31	Regional Anaesthesia
	32	Sedation
	33	New Anaesthetic Tools/Techniques (unspecified/broad)
	34	Ultrasound
	35	Echocardiography
	36	Anaesthetic Machines/Equipment
NON-TECHNICAL KNOWLEDGE/SKILLS	37	Non-Technical Skills/Knowledge
	50	QA/Audit
	51	IT Skills/Knowledge
	53	Psychological aspects of patient care
	54	Career Planning
	55	Communication/Collaboration
	56	Professional Skills
	57	Patient Safety/Medico-legal
	58	Business and Administration
NON-ANAESTHETIC KNOWLEDGE/SKILLS	38	Non-Clinical Skills/Knowledge
	39	Non-Anaesthetic Drugs
	40	Disease Management
SCHOLAR	42	Research/Evidence-based Medicine
	43	Teaching
SIMULATION	44	Simulation
EXAMS	45	Primary Exam
	46	Final Exam
OTHER	47	Unrelated Comments
	48	Uninterpretable Comments
	49	Miscellaneous
	52	History of Anaesthesia

APPENDIX E: Q16&17 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of questions 16 and 17 of the ANZCA Curriculum Review Survey.

ANAESTHETIC SCIENCES

1. Basic Sciences (overall)

References to 'basic sciences', including lists of basic sciences.

2. Biochemistry

References to biochemistry.

3. General Anatomy

References to anatomy and general/basic anatomy.
Including references to basic anatomy

4. Specific Anatomy

References to specific anatomy needed for areas of relevance to Anaesthesia (including for the increasing use of regional techniques).

5. Pharmacology

References to pharmacology (including pharmacokinetics and drugs no longer in use)

6. Physics

References to physics.

7. Physiology

References to physiology, including specific physiology (such as cardio-vascular physiology)

8. Statistics

References to statistics and bio-statistics.

9. General Medicine

References to general medicine (including: internal medicine; clinical medicine, basic medical conditions; endocrine; haematology/transfusion; urology; management of Diabetes)

FUNDAMENTAL ANAESTHETIC SKILLS/KNOWLEDGE

10. Basic Anaesthesia

References to basic/general anaesthesia (Including: basic techniques; basic ventilator knowledge/skills; basic general medical knowledge)

11. Airway

References to airway and airway management (including: difficult/advanced airway management, mask/bag ventilation, awake-fibreoptic intubation, blind nasal intubation, surgical airway and invasive airway crises)

12. Life-Support

References to life-support (including: basic life support, advanced life support and resuscitation)

SURGERY TYPES

13. Cardio/Cardio-thoracic

Including Cardiac Anaesthesia, Cardiovascular, Cardiovascular Physiology, advanced cardiology (including arrhythmias and pacemakers)

14. [code not in use]

15. Day Surgery

16. ENT/Facial

Including: ORL; Maxillo-facial; plastic & reconstructive

17. Neuroanaesthesia

Including intra-cranial anaesthesia

18. Obstetrics

Including general anaesthesia for caesarean section.

19. Ophthalmology

20. Orthopaedics

21. Paediatric Anaesthesia

Including neonatal.

22. Vascular

PATIENT FACTORS

23. Geriatrics

24. Obesity

Including bariatric Surgery

ANAESTHESIA OUTSIDE SURGERY

25. Emergency

Including references to: trauma; crisis management; communication during crisis management; management of anaesthesia in the ED; after hours experience.

26. Intensive Care

Including references to acute care.

27. Pain

Including: chronic and acute; and references to pain management.

28. Perioperative Medicine

Including: pre- and post-operative assessments and management; pain management post-operatively; and recovery.

29. Anaesthesia outside the OR

Including: MRI, XRay, cath lab, nuclear med, radiotherapy

30. Anaesthesia in different environments

Including Rural and regional; working alone or in under-resourced settings; outpatient anaesthesia; developing countries; retrieval; war/ conflict zone; ambulatory anaesthesia

ANAESTHETIC TECHNIQUES AND TOOLS

31. Regional Anaesthesia

Including axillary blocks.

32. Sedation

Including sedation for: bronchoscopy, endoscopy, colonoscopy, cardio-version and other procedures.

33. New Anaesthetic Tools/Techniques (unspecified/broad)

34. Ultrasound

Including ultrasound, specifically for regional anaesthesia.

35. Echocardiography

Including transthoracic and transoesophageal.

36. Anaesthetic Machines/Equipment

Including machine-checking; machine maintenance; machine troubleshooting and electrical safety.

NON-TECHNICAL KNOWLEDGE/SKILLS

37. Non-Technical Skills/Knowledge

References to non-technical skills/knowledge overall (i.e. broad/unspecified).

NON-ANAESTHETIC KNOWLEDGE/SKILLS

38. Non-Clinical Skills/Knowledge

Including: time management (generally); work-life balance; stress management; welfare of anaesthetists (including personal wellbeing) and human factors (including self-assessment of capability).

39. Non-Anaesthetic Drugs

Including: antibiotics, antimicrobials (i.e. for sepsis), and drug interactions.

40. Disease Management

Including: chronic disease, rare disease, infectious disease and immunology.

41. [code not in use]

SCHOLAR

42. Research/Evidence-based Medicine

References to research knowledge/skills and evidence-based medicine.

Including: research techniques (such as review of journal articles); clinical reasoning; new knowledge implementation; the ANZCA Formal Project

43. Teaching

References to teaching skills, including teaching junior colleagues.

SIMULATION

44. Simulation

References to the use of simulation.

EXAMS

45. Primary Exam

Including specific mention of Pharmacology and GIT physiology in the exam

46. Final Exam

OTHER

47. Unrelated Comments

48. Uninterpretable Comments

49. Miscellaneous

Including specific surgery types (such as: elective surgery, general surgery, spinal surgery, head and neck surgery, bowel surgery); Specific procedural skills (including dialysis, central-line insertion, insertion of double lumen tubes, chest tube insertion); Other clinical skills (including burns management, ECT); Other non-anaesthetic skills/knowledge (including pathology, co-morbidities, nutrition [incl. nutrition in critical care], pathology, dentistry); Other non-technical skills (including management of drug abuse and dependency, and use of resources and reducing waste).

MISCELLANEOUS – SECOND PASS

50. QA/Audit

References to Quality Assurance (QA) and clinical audits.
Including incident monitoring (principles and practice)

51. IT Skills/Knowledge

52. History of Anaesthesia

53. Psychological aspects of patient care

54. Career Planning

NON-TECHNICAL SKILLS – SECOND PASS

55. Communication/Collaboration

References to communication and collaboration.
Including: breaking bad news; obtaining informed consent; teamwork (including leadership); supporting colleagues in difficulty; and conflict resolution.

56. Professional Skills

References to professional skills.
Including: ethics, dealing with complaints or adverse outcomes, and references to independent practice.

57. Patient Safety/Medico-legal

References to patient safety and medico-legal implications.
Including risk management and occupational health.

58. Business and Administration

References to business and administration skills/knowledge.
Including: health economics, working in private practice and management (such as clinical governance, interpersonal management, running lists)

MISCELLANEOUS – THIRD PASS

59. Sub-specialty Experience/Exposure (various)

APPENDIX F: Q24 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 24 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
MODULES	1	General Comments
	2	Assessments (general)
	3	Assessments (clinical experience/competence)
	4	Clinical Experience/Competence (definition)
	5	Knowledge and Skills
	6	Content (overall)
	7	Specific Module Comments (current)
	8	Specific Module Comments (proposed topics)
	9	Timing and Process
	10	Location
	11	Administration
EXAMS	12	General
	13	Primary
	14	Final
OTHER COMMENTS	15	Queries and comments regarding the term 'generalist'
	16	Miscellaneous
	17	Uninterpretable and/or Irrelevant Comments

APPENDIX G: Q24 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 24 of the ANZCA Curriculum Review Survey.

MODULES

1. Module – General Comments

General comments regarding modules overall

2. Module – Assessments (general)

General comments on module assessments, including: suggestions for assessments, support for assessments in each module and comments on current module assessments.

3. Module - Assessments (clinical experience/competence)

Comments on the assessment on clinical experience/competence within Modules, including references to: log-book assessments, competency-based assessment, time required, volume of practice, standards, specific skill assessments and who should assess.

4. Module – Clinical Experience/Competence (definition)

Comments on how to define the amount of clinical experience required in Modules, including: Whether experience should be based on a generalist anaesthetist, and whether case-mix should be included as another variable in the definition of clinical experience.

5. Module – Knowledge and Skills

Suggestions for improved standardisation of the curriculum overall and teaching & learning.

6. Module – Content (Overall)

Comments on overall content coverage of modules.

7. Module – Specific Module Comments (current)

Comments on current modules/topics, including: Modules 2 and 12, Module 11 (and the Formal Project), Cardiac, Paediatrics, Neuroanaesthesia, Module 9 (ICU), Module 3 (Major and Trauma Surgery).

8. Module – Specific Module Comments (proposed topics)

Proposals for future modules / topics/ skills, including: Regional; Patient Safety (including incident reporting); Human Factors; Ambulatory medicine; General medicine; Vascular; Orthopaedics; Day-Stay/Day-Surgery; Remote Anaesthesia; Airway; Basic Anaesthesia; Regional Nerve Block; Perioperative Medicine; Trauma/Emergency; Paediatric; Obstetrics; ENT; Theory of unusual cases; Military/austere/retrieval medicine; Ultrasound; Eye; Pain Medicine; and Advanced Generalist

9. Module – Timing and Process

Comments on the timing and process of Module completion. Including references to the order/timing of modules; suggestions for flexibility in completion of modules; suggestions for a core plus options approach; suggestions for advanced modules; suggestions for generalist and sub-specialist pathways; suggestions for the return of the PF year (including calls for training time post Final Exam); suggestions for a modular framework.

10. Module – Location

Comments on the differences in experience of Modules between different locations, such as: Rural/Metro, Public/Private. Including differences in quality of modules and ability to complete requirements between different locations.

11. Module – Administration

Comments on the administration of Modules, including time required of SOTs and Module Supervisor and comments on College administration.

EXAMS

- 12. Exams – General
- 13. Exams – Primary
- 14. Exams - Final

OTHER COMMENTS

15. Generalist Anaesthetist

Queries and comments regarding the use of the term “Generalist Anaesthetist”

16. Miscellaneous

17. Other Comments

Including uninterpretable and irrelevant comments.

APPENDIX H: Q26 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 26 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
CanMEDS OVERALL	1	CanMEDS Overall (positive and neutral comments)
	2	CanMEDS Overall (negative comments and concerns)
	3	CanMEDS Overall (within current training programme)
	4	CanMEDS Overall (within future training programme)
	5	CanMEDS Overall (post-fellowship)
Medical Expert	6	Medical Expert – Suggested Definitions
	7	Medical Expert – Queries on Definitions
	8	Medical Expert – Positive and Neutral
	9	Medical Expert – Negative and Concerns
	10	Medical Expert – Too little currently/need More
	11	Medical Expert – Too much currently/need Less
Communicator	12	Communicator – Suggested Definitions
	13	Communicator – Queries on Definitions
	14	Communicator – Positive and Neutral comments
	15	Communicator – Negative and Concerns
	16	Communicator – Too little currently/need more
	17	Communicator – Too much currently/need less
Collaborator	18	Collaborator - Suggested Definitions
	19	Collaborator - Queries on Definitions
	20	Collaborator - Positive and Neutral comments
	21	Collaborator - Negative and Concerns
	22	Collaborator - Too little currently/need more
	23	Collaborator - Too much currently/need less
Manager	24	Manager - Suggested Definitions
	25	Manager - Queries on Definitions
	26	Manager - Positive and Neutral comments
	27	Manager - Negative and Concerns
	28	Manager - Too little currently/need more
	29	Manager - Too much currently/need less

Summary Category	Code	Topic
Health Advocate	30	Health Advocate - Suggested Definitions
	31	Health Advocate - Queries on Definitions
	32	Health Advocate - Positive and Neutral comments
	33	Health Advocate - Negative and Concerns
	34	Health Advocate - Too little currently/need more
	35	Health Advocate - Too much currently/need less
Scholar	36	Scholar - Suggested Definitions
	37	Scholar - Queries on Definitions
	38	Scholar - Positive and Neutral comments
	39	Scholar - Negative and Concerns
	40	Scholar - Too little currently/need more
	41	Scholar - Too much currently/need less
Professional	42	Professional - Suggested Definitions
	43	Professional - Queries on Definitions
	44	Professional - Positive and Neutral comments
	45	Professional - Negative and Concerns
	46	Professional - Too little currently/need more
	47	Professional - Too much currently/need less
Other Topic Specific	48	Perioperative Medicine/ Physician
	49	Module 11/ Research
Other Comments	50	Lack of understanding
	51	Not enough recent training experience to comment
	52	Miscellaneous
	53	Irrelevant
	54	Uninterpretable

APPENDIX I: Q26 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 26 of the ANZCA Curriculum Review Survey.

CANMEDS – OVERALL

1. **CanMEDS Overall (positive and neutral comments)**
2. **CanMEDS Overall (negative comments and concerns)**
Including references to the difficulty of 'teaching' these Roles
3. **CanMEDS Overall (within current training programme)**
4. **CanMEDS Overall (within future training programme)**
Including suggestions for teaching, learning, assessments and progression for these Roles within the future Training Programme.
5. **CanMEDS Overall (post-fellowship)**
References to these Roles being more appropriate/relevant post-fellowship.

CANMEDS – ROLE SPECIFIC

6. **Medical Expert –Suggested Definitions**
7. **Medical Expert – Queries on Definitions**
8. **Medical Expert – Positive and Neutral**
9. **Medical Expert – Negative and Concerns**
10. **Medical Expert – Too Little Currently/Need more**
11. **Medical Expert – Too much Currently/Need Less**
12. **Communicator –Suggested Definitions**
13. **Communicator – Queries on Definitions**
14. **Communicator – Positive and neutral comments**
Including comments referring to trainees' need for teaching in this Role
15. **Communicator – Negative and Concerns**
16. **Communicator - Too little currently / need more (including calls for improved skills)**
17. **Communicator - Too much currently / need less**
18. **Collaborator –Suggested Definitions**
19. **Collaborator – Queries on Definitions**
20. **Collaborator – Positive and Neutral**
21. **Collaborator – Negative and Concerns**
22. **Collaborator – Too Little currently/need more**
23. **Collaborator – Too much currently/need less**

24. Manager –Suggested Definitions
25. Manager – Queries on Definitions
26. Manager – Positive and Neutral
27. Manager – Negative and Concerns
28. Manager – Too little currently/need more
29. Manager – Too much currently/need less
30. Health Advocate –Suggested Definitions
31. Health Advocate – Queries on Definitions
32. Health Advocate – Positive and Neutral
33. Health Advocate – Negative and Concerns
34. Health Advocate – Too little currently/need more
35. Health Advocate – Too much currently/need less
36. Scholar –Suggested Definitions
37. Scholar– Queries on Definitions
38. Scholar – Positive and Neutral
39. Scholar – Negative and Concerns
40. Scholar – Too little currently/need more
41. Scholar – Too much currently/need less
42. Professional –Suggested Definitions
43. Professional – Queries on Definitions
44. Professional – Positive and Neutral (including dress code)
45. Professional – Negative and Concerns
46. Professional – Too little currently/need more
47. Professional – Too much currently/need less

Other Topic Specific

48. Perioperative Medicine/Physician
49. Module 11 / Research

OTHER COMMENTS

50. Lack of understanding

Including references to educational jargon issues, and queries on the relevance of this section of the survey (e.g. "what's the point?")

51. Not enough recent training experience to comment

52. Miscellaneous

53. Irrelevant

54. Uninterpretable

APPENDIX J: Q29 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 29 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
Resources Overall	1	Current resources – general (positive/neutral)
	2	Current resources – general (negative)
	3	Future resources – general (positive and suggestions)
	4	Future resources – general (concerns)
	5	Future resources – standardisation (positive/suggestions)
	6	Future resources – standardisation (negative/concerns)
	7	Future resources – responsibility queries
	8	Future resources – responsibility College
	9	Future resources – responsibility other
Online Resources/ Courses	10	Online resources – Current (positive/ neutral)
	11	Online resources – Current (negative)
	12	Online resources – Future (suggestions)
	13	Online resources – Future (concerns)
Face-to-Face Resources/ Courses	14	Face-to-Face – positive and suggestions
	15	Face-to-Face – negative and concerns
Simulation	16	Simulation – positive and suggestions
	17	Simulation – negative and concerns
Teacher Training and Support	18	Teacher – Current (positive and neutral)
	19	Teacher – Current (negative)
	20	Teacher Future (positive and suggestions)
	21	Teacher – Future (negative and concerns)
	22	Teacher – Comments on SOTs (positive/suggestions)
	23	Teacher – Comments
Examination Resources	24	Exam Resources – Current (positive and neutral)
	25	Exam Resources – Current (negative)
	26	Exam Resources – Future (positive and suggestions)
	27	Exam Resources – Future (negative and concerns)
Website	28	Website Overall (positive and neutral)
	29	Website Overall (negative)
	30	Website Overall (suggestions)
Other Comments	31	Comments on importance of clinical experience
	32	Lack of understanding (incl. education terminology issues)
	33	Miscellaneous
	34	Irrelevant
	35	Uninterpretable

APPENDIX K: Q29 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 29 of the ANZCA Curriculum Review Survey.

RESOURCES OVERALL

1. **Current Resources –general (positive/neutral)**
2. **Current Resources – general (negative)**
3. **Future Resources – general (positive and suggestions)**
4. **Future Resources – general (concerns)**
5. **Future Resources – standardisation (positive and suggestions)**
Need guidelines in each hospital, there is a need for standardization
6. **Future Resources – standardisation (negative and concerns)**
Including its difficult, doesn't suit all, reduced exposure to variety
7. **Future Resources – responsibility queries**
8. **Future Resources – responsibility college**
9. **Future Resources – responsibility other**

ONLINE RESOURCES/COURSES

10. **Online Resources – Current (positive/neutral)**
Including podcasts, webinars, links to online journals, etc.
11. **Online Resources – Current (negative)**
12. **Online Resources – Future (suggestions)**
Online suggestions – more web conferencing, more podcasts, more journals, more web based resources
13. **Online Resources – Future (concerns)**

FACE-TO-FACE RESOURCES/COURSES

14. **Face-to-Face – positive and suggestions**
15. **Face-to-Face – negative and concerns**

SIMULATION

- 16. Simulation – positive and suggestions
- 17. Simulation – negative and concerns

TEACHER TRAINING AND SUPPORT

- 18. Teacher – Current (positive and neutral)
- 19. Teacher – Current (negative)
- 20. Teacher – Future (positive and suggestions)
There is a need, need teacher courses for trainees, teaching resources standardized
- 21. Teacher – Future (negative and concerns)
Must have appropriate teaching resources
- 22. Teacher – Comments on SOTs (positive, neutral and suggestions)
- 23. Teacher – Comments on SOTs (negative and concerns)
Including large expectation of them

EXAMS RESOURCES

- 24. Exam Resources – Current (positive and neutral)
- 25. Exam Resources – Current (negative)
- 26. Exam Resources – Future (positive and suggestions)
Re-marking exam service, feedback of results, question and answer service, resources available for the exam
- 27. Exam Resources – Future (negative and concerns)

WEBSITE

- 28. Website Overall (positive and neutral)
- 29. Website Overall (negative)
- 30. Website Overall (suggestions)

OTHER COMMENTS

- 31. Comments on importance of clinical experience/exposure
- 32. Lack of Understanding (including education terminology issues)
- 33. Miscellaneous
- 34. Irrelevant
- 35. Uninterpretable

APPENDIX L: Q31 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 31 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
GENERAL COMMENTS	1	Principles of Assessment
	2	Type of Assessment
	3	Objectivity of Assessment
	4	Standardisation of Assessment
	5	Feedback
	6	Trainees in Difficulty
	7	Syllabus for Learning
	20	Positive Comments
EXAMINATIONS	8	Principles of Examinations
	9	Exam Courses and Resources
	10	Examiners
MODE OF ASSESSMENT	11	Online Assessment
	12	Paper-based Assessment
	19	Assessors
FEASIBILITY	13	Financial
	14	Implementation of Assessment Processes
COLLEGE CONTRIBUTION	15	College Input
OTHER COMMENTS	16	Miscellaneous
	17	Unrelated Comments
	18	Uninterpretable Comments

APPENDIX M: Q31 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 31 of the ANZCA Curriculum Review Survey.

GENERAL COMMENTS

1. Principles of Assessment

The importance of assessing clinical skills and aligning assessment with realistic learning outcomes; references to legal challenges to the assessment process and the importance of a defensible assessment system and process; transparency; SOT responsibility for assessment; references to the complexity/ stress of assessment; references to the scope (or lack thereof) for assessment of clinical skills; using a variety of assessment tools; flexibility; 'over-use' of assessment; importance of continuous review of assessment; ease of use of assessment tools; availability of assessment resources; importance of individualised assessment; introduction of summative assessment; suggestion for improved/ specific WPBA tools

2. Type of assessment

The importance and utility of formative assessment and suggestions of assessment methods/ tools including: compulsory end of module survey completed by module supervisor; self assessment; log book; standardised assessment of non-technical skills; use of simulation (incl. objections); once weekly assessment; a compulsory, supervised, online end of module assessment that counts towards exam pass mark (thereby reducing weighting and stress of exam); use of behavioural models of assessment; value of face-to-face assessment; strength of WBA e.g. ITA

3. Objectivity of assessment

References to the subjective nature of assessment; importance of objective and meaningful assessment; subjectivity of particular assessment tools e.g. ITA; subjective nature of assessment; tacit knowledge should be valued

4. Standardisation of assessment

References to the standardisation of assessment (including: a lack thereof); comments that standardised tools cannot be used in all hospitals; standardisations of assessment tools disadvantages trainees who learn in different ways; some standardisation helpful, but cannot be too prescriptive; references to a need to standardise the primary exam; assessment variation between hospitals; the need for valid and reliable assessment tools; the need to remove duplication and streamline the assessment process; assessment must be achievable across different settings/ hospitals; adequacy of current assessment tools e.g. the end of module assessment; assessment should be targeted towards the most important learning outcomes

5. Feedback

Providing feedback (both positive and negative); importance of regular and comprehensive feedback; feedback as part of the exam process; importance of peer/ consultant feedback; College ensuring feedback delivered to trainees

6. Trainees in difficulty

Coping with a failing trainee; references to the need and importance of a process for removing a failing trainee

7. Syllabus for learning

References to the need for/ lack of a syllabus; importance of defining learning outcomes; syllabus cannot be too specific as to limit learning experiences; references to a syllabus not necessarily being relevant; syllabus cannot cover all clinical situations; important to teach learning methods; explicit guidelines could encourage passive/ rote learning; curriculum objectives should be transparent; modules require clearer syllabi; syllabus does not outline depth of knowledge required

20. Positive comments

Assessment system is robust; assessment initiatives are good; general comments re good work of the College

EXAMINATIONS

8. Principles of examinations

Including references to the importance of the examination process and the need for a syllabus (for both the Primary and Final); comments that the Exam syllabus cannot account for spectrum of clinical performance and broad nature of assessment; content of the Primary Exam/ Final Exam and resources; transparency; recommendation to sit both parts together; the importance of standardised questions and references to significant variation in VIVA questions; suggestion to exclude SAQ and retain MCQ; suggestion to increase the clinical emphasis of the exams and provide detailed examination results; references to the Primary exam as a tool for identifying committed trainees; comments that the Exam is resource intensive and logistically difficult; references to the stress/ emotional distress caused by the exam process

9. Exam courses and resources

Style of exam courses; provision of past papers

10. Examiners

Importance of examiner training (to ensure consistency); availability of examiners; examiner consistency (Incl. references to different examiners marking differently)

MODE OF ASSESSMENT

11. Online assessment

References to use of online assessment including: making information available to the College; objectivity of online assessment; privacy implications; references to the finality of online assessment; suggestion for online module tests e.g. for modules 2 and 12; use of an online portfolio; online assessment cannot account for poor performance; recommendation of a 1-2 weekly online assessment to support modules

12. Paper based assessment

References to ease of use and feasibility of a paper-based system

19. Assessors

References to the importance of assessor training; topics for training incl. techniques for effective supervision; providing effective feedback; the number of assessors available; assessors having appropriate authority i.e. not having to over-justify their decisions

FEASIBILITY

13. Financial

Cost of assessment processes (more transparency); cost of examination process; effective use of financial resources; references to cutting expenses (overall)

14. Implementation of assessment processes

Implementation of assessment tools and processes; implementation of assessment processes varies from hospital to hospital; references to a lack of resources for implementation of assessment at the departmental level (including time)

COLLEGE CONTRIBUTION

15. College input

College communication with Hospital departments (incl. a lack of); College should work to maintain assessment standards; College has a responsibility for assessment; College remaining as the educator

OTHER COMMENTS

16. Miscellaneous

17. Unrelated comments

18. Uninterpretable comments

APPENDIX N: Q35 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 35 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
CURRENT ITA PROCESS	1	Negative Comments and Suggestions
FUTURE WBA PROCESS	2	General Support
	3	General Concerns
	4	Reliability/Validity Concerns
	5	Objectivity Concerns
	6	Standardisation Concerns and Suggestions
	7	Feedback
	8	Assessor Characteristics
	9	Assessor Training
	10	Assessor Burden
	11	Assessment Load
	12	Effect on Trainees
	13	Suggestions for Process
	14	Suggestions for use
	EXAMS	15
16		Primary
17		Final
OTHER COMMENTS	18	Education Terminology Issues
	19	Miscellaneous
	20	Irrelevant Comments
	21	Uninterpretable

APPENDIX O: Q35 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 35 of the ANZCA Curriculum Review Survey.

CURRENT ITA PROCESS

1. Negative Comments and Improvements

Negative comments and suggestions for improvements to the current ITA process.

FUTURE WORKPLACE-BASED ASSESSMENT (WBA) PROCESS

2. General Support

General comments of support for WBAs.

3. General Concerns

General Comments of concern regarding the introduction of WBAs.

4. Reliability/Validity Concerns

Concerns regarding the reliability and/or validity of WBAs.

5. Objectivity Concerns

Concerns regarding the objectivity of WBAs. Including references to their subjective nature and assessor bias.

6. Standardisation Concerns and Suggestions

Concerns and suggestions to improve the standardisation of any WBAs introduced.

7. Feedback

Comments on feedback given as part of the WBA process.

8. Assessor Characteristics

Comments on the required characteristics of assessors, including suggestions for 'external' (or unknown assessors) and 'experienced'/'senior' anaesthetists to assess.

9. Assessor Training

10. Assessor Burden

Comments regarding the added burden on consultants to assess; including time and paperwork requirements.

11. Assessment Load

Comments on whether the WBAs should result in an addition to, or reduction in, other assessments.

12. Effect on Trainees

Comments regarding the potential effect of WBAs on trainees (including both negative [e.g. stress] and positive [e.g. learning impact] effects).

13. Suggestions for Process

Suggestions for the WBA process within the training programme; including suggested timing and time between WBAs and consequences of the assessments.

14. Suggestions for use

Comments on what can be assessed by WBAs.

EXAMS

- 15. General
- 16. Primary
- 17. Final

OTHER COMMENTS

- 18. Education Terminology Issues
- 19. Miscellaneous
- 20. Irrelevant
- 21. Uninterpretable

APPENDIX P: Q44&Q53 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for questions 44 and 53 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
TIMING AND ELIGIBILITY	1	Primary Exam should be used as a selection tool
	2	Primary Exam should <u>not</u> be used as a selection tool
	3	Clinical practice following exam
	4	Exam pass/failure
	5	Eligibility
CONTENT/RELEVANCE	6	Suggested inclusions of content (Primary Exam)
	7	Suggested exclusions of content (Primary Exam)
	8	Content (Final Exam)
	9	Relevance
STRUCTURE, STANDARDISATION AND OBJECTIVITY	10	Format/Standardisation of Questions
	11	Scoring
	12	Objectivity
	13	Examiners
	14	Feedback
FINANCIAL	15	Cost of examination process
OTHER COMMENTS	16	Miscellaneous Comments
	17	Uninterpretable Comments
	18	Unrelated Comments

APPENDIX Q: Q44&Q53 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of questions 44 and 53 of the ANZCA Curriculum Review Survey.

TIMING AND ELIGIBILITY

1. Primary Exam should be used as a selection tool

References to keeping the Primary exam as a trainee selection tool or as part of the selection process (with additional suggestion to remain aware that potentially excellent anaesthetists fail the exam and vice versa) The exam as a means to test the commitment of trainees; comments that the exam is a useful selection tool when there are more candidates than training posts and that repeated failure encourages reassessment of career choice; suggestion to replace the Primary exam as a selection tool, with a short, focused MCQ exam covering topics such as respiratory physiology, induction agents and opiates

2. Primary Exam should not be used as a selection tool

Including comments that the exam should not be used as a selection tool, as it does not always reflect a trainee's clinical ability; the exam should not be used to test the commitment or motivation of trainees; candidates are attempting the exam with little or no anaesthetic experience; the exam should be taken after the commencement of training; the exam should only be open to those already in the training program; both parts of the exam should be taken together and that one pass can be carried forward if necessary; comment that it was a poor decision to allow the Primary to be taken in two stages; comments that the exam is not used as a selection tool in some areas

3. Clinical practice following Final Exam

Including comments that trainees should complete a further period of consolidated (supervised) clinical practice post fellowship and that this post fellowship experience could be spent in a subspecialty area, research or rural practice; suggestion to bring back the PFY (Provisional Fellow Year)

4. Exam Pass/ Failure

Suggestion that there should be no limit on the number of attempts allowed at either exam, and no expiration of time between passing the Primary and the Final; suggestion that there should be a limit to the number of attempts; comments re high number of overseas trained doctors failing the final exam; comments that the final exam is an inappropriate assessment for IMGs; comments re skilled trainees failing the exam and if this is a problem of exam structure; comments re the high failure rate in the Primary; references to the stress of the exam process and the effect on personal/ family life

5. Eligibility

General comments regarding exam eligibility including: suggestion that candidates should successfully complete all WBA before presenting to exam; that overseas doctors should sit the final exam; candidates should pass the exams within defined criteria (e.g. a particular time frame) in order to progress further in the training program; suggestion that candidates should sit both components of the Primary exam together (as sitting separately creates delays in training and reduces relevance of the exam); suggestion for financial incentive for those candidates who sit both components of the Primary exam together; clinical competence is unrelated to the timing of the examinations; comment that the Final exam should be taken towards the end of training

CONTENT/RELEVANCE

6. Suggested inclusions for content (Primary)

Including comments that the exam should test basic science and how trainees link this to clinical practice, or test basic science without clinical application; that the exam should be knowledge based, rather than clinically based and should include the relevant anatomy, equipment and pathology; suggestion to include tests of competency in basic skills e.g. calculating appropriate endotracheal sizes in children, weight, resuscitation drug doses and algorithms and crisis management; comments that the VIVA questions are necessary and there should be more VIVA topics (Incl. basic anaesthetic knowledge and patient management); the exam should be more practically based, rather than theoretical; the exam does not test depth of knowledge vs. too much depth of knowledge required and the knowledge breadth is too narrow; suggestion to focus on core topics; Physiology and Pharmacology; General medicine; Research methods; Statistical methods

7. Suggested exclusions of content (Primary)

Suggested decrease in physiology and pharmacology; detailed molecular science; basic science; Physics and equipment; decrease the breadth of knowledge required; VIVAs; statistics

8. Content (Final)

Comments that the exam is broad but lacks depth; that the Final exam should test clinical decision making; a syllabus and defined resources would aid learning; comments that the exam needs to be comprehensive and broad; references to over-representation of topics e.g. neuro and cardiothoracic; overemphasis on emergency situations in the exam with insufficient emphasis on elective situations; the exam should test clinical readiness; simulation scenarios; suggested inclusion of applied physiology and pharmacology; the exam could also assess professionalism and strength of character

9. Relevance

Including general comments that the examinations are not clinically relevant and do not test practical skills; suggestion to remove the examinations and replace them with regular workplace based assessment or an alternative university badged qualification; comments that the examinations should not be used to test the commitment or motivation of trainees and that it is a distraction from clinical practice; comments that the examinations remain an important objective measurement of safety and competence and ensures uniform competency amongst trainees; suggestion to provide sample responses to aid study and that asking clinically meaningful questions will encourage trainees to retain the knowledge learned; comments that overseas trained doctors should sit the final exam; comments that the Final exam over-compensates for the lack of continuous workplace based assessment

STRUCTURE, STANDARDISATION AND OBJECTIVITY

10. Format/Standardisation of Questions

Including suggestions that examination questions should be standardised, (incl. VIVA questions); suggestions to increase/ decrease/ remove the number of VIVA questions or change to station format; the importance of maintaining reliability and validity; comments on poor format of MCQ questions (Incl. over-emphasis on these); comment that MCQs do not always have one right answer; comments on the poor format and suggested removal of SAQs; retention of SAQs; increase time to complete SAQs and MCQs; candidates should attain a certain standard in the written part before attempting the VIVAs (Final); references to difficulty maintaining consistent performance in the VIVA section (especially if English is not the candidate's first language); examinations should remain flexible, to preserve the expert and scholar aspects of training that encourage problem solving skills and allow handling of unusual clinical situations

11. Scoring

VIVA questions appear unfair i.e. one area can be scored poorly and it affects the overall score; suggestion that the scoring process does not allow for failure of borderline candidates comments that performance during the VIVAs is important, rather than the actual knowledge presented; VIVA questions favour confident rather than quiet candidates, who may still be good anaesthetists; scoring could be based on an objective pre-determined standard (Incl. references to a flexible standard to allow for misdirected examination of candidate); suggestion that MCQs and SAQs form the majority of the marks

12. Objectivity

Concerns re objectivity of the VIVA questions; general comments on objectivity of examinations (including examiner comments); comments that exam technique should not disadvantage a candidate; comments re a lack of transparency; MCQs lack transparency; objectivity is adequate; objectivity difficult to maintain with language barriers; comment that a degree of subjective peer assessment is necessary; suggested video monitoring of VIVAs, to ensure quality

13. Examiners

Examiners should be trained; candidates should not be examined by someone they know; quality of examiners; Examiners should examine singly rather than in pairs, to increase objectivity and fairness; suggestion to maintain system of examining in pairs

14. Feedback

Including comments that feedback to candidates is poor; feedback should include more detailed results, other than "pass"

15. Cost of examination process

Examination costs should be more transparent; references to the increased cost of the Primary Exam; references to the cost for trainees

OTHER COMMENTS

16. Miscellaneous

17. Uninterpretable Comments

18. Unrelated Comments

APPENDIX R: Q58 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 58 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
SUPERVISION	1	Supervision – Importance of supervision
	2	Supervision – Amount (adequate)
	3	Supervision – Amount (currently excessive)
	4	Supervision – Amount (currently inadequate)
	5	Supervision – Amount needed (increase supervision)
	6	Supervision – Amount needed (decrease supervision)
	7	Supervision – Variations in supervision
	8	Supervision – Levels 1-4 (use of- positive)
	9	Supervision - Levels 1-4 (negative/suggestion for change)
	10	Supervision - Levels 1-4 (time spent)
	11	Supervision - Levels 1-4 (beyond level 1 assessment)
	12	Supervision - Levels 1-4 (recording useful)
	13	Supervision - Levels 1-4 (recording not useful)
	14	Supervision – BT/AT (use of – positive)
	15	Supervision – BT/AT (negative/ suggestion for change)
	16	Supervision – Decisions and Assessments
	17	Supervision - Miscellaneous
PROGRESSION	18	Progression – BT/AT Distinction (useful)
	19	Progression – BT/AT Distinction (not useful)
	20	Progression – BT/AT Distinction (primary exam)
	21	Progression – BT/AT Assessment (suggestions)
	22	Progression – Current system (positive)
	23	Progression – Current system (negative/suggestions)
	24	Progression – Suggestion for competency based
	25	Progression – Not simply time based
	26	Progression – Decisions and Assessments
	27	Progression – Clinical Experience/ Exposure
	28	Progression – Trainees in Difficulty
	29	Progression - Miscellaneous

Summary Category	Code	Topic
ASSESSMENT	30	Assessment – General
	31	Assessment – General suggestions
	32	Assessment – Objective assessments (positive)
	33	Assessment – Objective assessments (negative)
	34	Assessment – Load (currently adequate)
	35	Assessment – Load (requires review)
	36	Assessment – Load (currently inadequate)
	37	Assessment – Specific Practice Types
	38	Assessment – Regime (individualised)
	39	Assessment –WBA (positive comments/ suggestions)
	40	Assessment – WBA (negative comments)
	41	Assessment – Clinical experience
	42	Assessment - Miscellaneous
OTHER COMMENTS	43	Miscellaneous
	44	Irrelevant
	45	Uninterpretable

APPENDIX S: Q58 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 58 of the ANZCA Curriculum Review Survey.

SUPERVISION

1. **Supervision – Importance of Supervision**
2. **Supervision – Amount (adequate)**
3. **Supervision – Amount (currently excessive)**
Including references to “too much supervision”
4. **Supervision – Amount (currently inadequate)**
Including reference to “not enough consultants to deliver supervision”
5. **Supervision – Amount Needed (increase supervision)**
6. **Supervision – Amount Needed (decrease supervision)**
7. **Supervision – Variations in Supervision**
Including variation between what trainees require across hospitals; variation in clinical complexity; variation between supervisors (including concerns in objectivity of supervisors)
8. **Supervision – Levels 1-4 (use of- positive)**
9. **Supervision – Levels 1-4, (use of -negative/suggestion for change)**
10. **Supervision – Levels 1-4 (time spent)**
11. **Supervision – Levels 1-4 (beyond Level 1 assessment)**
12. **Supervision – Levels 1-4 (recording useful)**
13. **Supervision – Levels 1-4 (recording not useful)**
14. **Supervision – BT/AT (use of – positive)**
15. **Supervision – BT/AT (use of – negative/suggestion for change)**
16. **Supervision – Decisions and Assessments**
Including references to who should make the decision to increase/decrease supervision and how to make such decisions (including use of techniques such as simulation, WBA, ITA and supervisor judgement)
17. **Supervision – Miscellaneous**

PROGRESSION

18. **Progression – BT/AT Distinction (useful)**
19. **Progression – BT/AT Distinction (not useful)**
Including references to the distinction being “unnecessary”, “unclear”, “unrealistic”
20. **Progression – BT/AT Distinction (primary exam)**
21. **Progression – BT/AT Assessment (suggestions)**
22. **Progression – Current System (positive)**
23. **Progression – Current System (negative/suggestions for change)**

24. Progression – Suggestion for competency-based

Including suggestions to “fast-track” candidates, and suggestions to progress on clinical ability.

25. Progression – Not simply time based

Including suggestions for “volume of practice” and “competencies” (excluding solely competency-based)

26. Progression - Decisions and Assessments (suggestions)

Including references to assessments, and who and how these decisions are made.

27. Progression – Clinical Experience/Exposure Required

28. Progression – Trainees in Difficulty

29. Progression – Miscellaneous

Including structure of the programme

ASSESSMENT

30. Assessment – General

31. Assessment – General suggestions

32. Assessment – Objective Assessments (positive)

33. Assessment – Objective Assessments (negative)

34. Assessment – Load (currently adequate)

35. Assessment – Load (requires review)

36. Assessment – Load (currently inadequate)

37. Assessment – Specific Practice Types

Including references to assessment prior to “after-hours work”, “independent practice”, etc.

38. Assessment – Regime (individualised)

References to the need for more individualised assessments

39. Assessment – WBA (positive comments and suggestions)

40. Assessment – WBA (negative comments)

41. Assessment – Clinical experience

42. Assessment – Miscellaneous

OTHER COMMENTS

43. Miscellaneous

44. Irrelevant

45. Uninterpretable

APPENDIX T: Q63 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 63 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
GENERAL COMMENTS	1	General Comments (current programme)
	2	General Comments (future programme)
STRUCTURE AND DURATION	3	Generalist Programme (support and ideas)
	4	Length of training – 5 years
	5	Length of training - >5 years
	6	Length of training - <5 years
CONSOLIDATION YEAR	7	Consolidation Year (support)
	8	Consolidation Year (opposed)
CLINICAL EXPERIENCE	9	Clinical Exposure/Experience – Overall/General
MODULE COMPLETION	10	Module – Completion requirements
	11	Module – Subspecialties (non specific)
	12	Module – Paediatric (increase)
	13	Module – Cardiac (decrease)
	14	Module – Neuro (increase)
RPL	15	RPL
SETTINGS	16	Settings – Private Sector (support)
	17	Settings – Private Sector (oppose)
	18	Settings – Public Sector (comments)
	19	Settings – Other (comments)
EXAMS	20	Exams – General (positive regarding current)
	21	Exams – General (negative/suggestions for change)
	22	Exams – Primary (positive regarding current)
	23	Exams – Primary (negative/suggestions for change)
	24	Exams – Final (positive regarding current)
	25	Exams – Final (negative/suggestions for change)
OTHER COMMENTS	26	Other Comments – Miscellaneous
	27	Other Comments – Irrelevant
	28	Other Comments - Uninterpretable

APPENDIX U: Q63 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 63 of the ANZCA Curriculum Review Survey.

GENERAL COMMENTS

1. **General Comments (current programme)**
2. **General Comments (future programme)**
3. **Generalist Programme (support and ideas)**

STRUCTURE AND DURATION

4. **Length of Training – 5 years**
5. **Length of Training - >5**
6. **Length of Training - <5 years**
7. **Consolidation Year (support)**
Suggestions for Provisional Fellowship Year, year of training following final exam, flexible 5th year, etc.
8. **Consolidation Year (opposed)**
Against Provisional Fellowship Year, year of training following final exam, flexible 5th year, etc.

CLINICAL EXPERIENCE

9. **Clinical Exposure/Experience – Overall/General (call for increase)**
Including comments on case-load and working hours

MODULE COMPLETION

10. **Module – Completion requirements**
Including flexibility in timing/order; module-specific clinical experience/ requirements
11. **Module – Subspecialties (non specific)**
Including calls for more module exposure.
12. **Module – Paediatric (increase)**
13. **Module – Cardiac (decrease)**
14. **Module – Neuro (increase)**

RPL

15. RPL

Including OS trainees

SETTINGS

16. Settings - Private Sector (support)

17. Settings - Private Sector (oppose)

18. Settings - Public Sector (comments)

19. Settings - Other (comments)

EXAMS

20. Exams – General (positive regarding current)

21. Exams – General (negative/suggestions for change)

22. Exams – Primary (positive regarding current)

23. Exams – Primary (negative/suggestions for change)

24. Exams – Final (positive regarding current)

25. Exams – Final (negative/suggestions for change)

OTHER COMMENTS

26. Other Comments – Miscellaneous

27. Other Comments – Irrelevant

28. Other Comments – Uninterpretable

APPENDIX V: Q65 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 65 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
FUTURE SYSTEM - CENTRALISED	1	Centralised (positive/neutral/suggestions)
	2	Centralised (negative/concerns)
	3	Centralised (support queries)
	4	Centralised (implementation queries)
	5	Centralised (definition queries)
FUTURE SYSTEM - LOCALISED	6	Localised (positive/neutral/suggestions)
	7	Localised (negative/concerns)
FUTURE SYSTEM - COMBINATION	8	Combined (positive/neutral/suggestions)
	9	Combined (negative/concerns)
FUTURE SYSTEM – OTHER SUGGESTIONS	10	Future System – other suggestions incl. mentoring
CURRENT SYSTEM	11	Current System (positive/neutral)
	12	Current System (negative/concerns)
	13	Current System (SOTs)
	14	Current System (Mentoring)
OTHER COMMENTS	15	Miscellaneous
	16	Irrelevant
	17	Uninterpretable

APPENDIX W: Q65 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 65 of the ANZCA Curriculum Review Survey.

FUTURE SYSTEM – CENTRALISED

1. Centralised (positive/neutral/suggestions)
2. Centralised (negative/concerns)
3. Centralised (support queries)
4. Including who will support the initiative and how this will be done
5. Centralised (implementation queries)
6. Centralised (definition queries)

FUTURE SYSTEM – LOCALISED (Including all local levels: departmental, regional, state, etc.)

7. Localised (positive/neutral/suggestions)
8. Including suggestions for close personal relationships between trainee and support
9. Localised (negative/concerns)

FUTURE SYSTEM – COMBINATION

10. Combined (positive/neutral/suggestions)
11. Combined (negative/concerns)

FUTURE SYSTEM – OTHER SUGGESTIONS

12. Future System - other suggestions including mentoring programme

CURRENT SYSTEM

13. Current System (positive/neutral)
14. Current System (negative/concerns)
15. Current System (SOTs)
16. Current System (Mentoring)

OTHER COMMENTS

17. Miscellaneous
18. Irrelevant
19. Uninterpretable

APPENDIX X: Q66 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 66 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
CURRENT SELECTION SYSTEM/ PROCESS	1	Current system – positive/neutral comments
	2	Current system – negative comments
	3	Current system – suggestions for change
FUTURE SELECTION SYSTEM/ PROCESS	4	Future system – general positive/neutral comments
	5	Future system – general negative comments
	6	Future system – general suggestions/recommendations
	7	Future system – support for provisional candidature
	8	Future system – support for standardisation
	9	Future system – support for selection exam/ test
	10	Future system – comments against selection exam/test
	11	Future system – centralised (general positive)
	12	Future system – centralised (general negative/neutral)
	13	Future system – centralised (against College mgt)
	14	Future system – centralised (support for College mgt)
	15	Future system – centralised (support for region mgt)
INTERVIEW PROCESS	16	Interview process – positive/neutral comments
	17	Interview process – negative/suggestions for change
TRAINING POSTS	18	Training posts – general positive/neutral comments
	19	Training posts – general negative comments
	20	Training posts – comments for adequate training posts
	21	Training posts – support for College/ central determination of training post numbers
	22	Training posts – comments against College/ central determination of training post numbers
	23	Training posts – comments for College/ central allocation to posts/ hospitals
	24	Training posts – comments against College/ central allocation to posts/ hospitals
SITE ACCREDITATION	25	Site accreditation – positive/neutral comments
	26	Site accreditation – negative comments
	27	Site accreditation – suggestions/ recommendations
OTHER COMMENTS	28	Miscellaneous
	29	Irrelevant
	30	Uninterpretable

APPENDIX Y: Q66 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 66 of the ANZCA Curriculum Review Survey.

CURRENT SELECTION SYSTEM/ PROCESS

1. Current system – positive and neutral comments (general support)

2. Current system – Negative comments

Including comments that there is no role for the College in the current or future process and that the current system involves multiple job applications and stress; the current system does not allow trainees to finish their training in a timely manner and is not transparent; the current Selection process is time consuming and labour intensive

3. Current system - Suggestions for change/ recommendations

That selection is best carried out by the hospitals without College involvement

FUTURE SELECTION SYSTEM/ PROCESS

4. Future system – general positive and neutral comments

Standards should not be lowered to fill vacancies

5. Future system – general negative comments

6. Future system – general suggestions for change/recommendations

Including that trainees should sign a contract with the College; that the selection process be independent so as to avoid legal implications from trainees deemed unsuitable for training; College development of guidelines for the selection of trainees and the importance of reaching a balance between College guidelines and hospital input; suggestion to use objective psychological testing (or mentor assessment) to identify attributes key to an anaesthetist; that selection criteria be broad to encompass a range of personalities, skills and ideas; suggestion for simulation as part of the selection process; that there could be an additional emphasis on the need for anaesthetists in rural areas and selection could take this into account; that feedback be provided to unsuccessful applicants; that work should be done to ensure the transparency and fairness of selection processes; maintaining a balance between the needs of the hospitals and those of the trainees; provide contact details of anaesthetists who are happy to discuss career prospects with prospective candidates

7. Future system – support for initial provisional candidature

Introduce a provisional first year; suggest trainees should be on 'probation' for first two years

8. Future system – support for standardisation (application and selection)

Selection should be nationally standardised to avoid local bias such as requirement to hold Primary exam prior to admission to programme; that the College ensure standardisation of the selection process; that there could be a standard selection Committee in each state; and that the application process be standardised

9. Future system – support for selection exam/test

Including use of the Primary Exam as a selection tool (excluding psychological testing); suggestion that prior experience/ completion of the Primary exam could carry more weight in the selection process; suggestion to recommend online assessment/ courses that can be done prior to application for training

10. Future system – comments against selection exam/test

Including use of the Primary Exam as a selection tool (excluding psychological testing)

11. Future system – centralised (general positive)

Including comments that the College should be more involved

12. Future system – centralised (general negative and neutral)

Including comments that the College should not be involved in a centralised selection process

13. Future system – centralised (against College/central management)

Including comments that centralised selection and matching should not be pursued as this would be detrimental to trainees; that the College should not have any role in the selection of trainees

14. Future system – centralised (support for College/central management)

Initial selection should be centralised as this would be more time efficient and fair; selection process should be centralised and managed by the College; the College should ensure selection of quality trainees; the College should take the lead in maintaining standards in the selection process and assessing workforce requirements

15. Future system – centralised (support for State/Region management)

Selection process should be centralised by region e.g. Melbourne, North Sydney etc; State based selection process would be more fair

INTERVIEW PROCESS

16. Interview process – positive and neutral comments

17. Interview process – negative comments/ suggestions for change/ recommendations

Suggestions include: an objective method for assessment of previous experience (including anaesthesia); that the Interview carry 40-50% weight during the selection process; that interviews be conducted in each city on the same date and at the same time; that the panel include a College representative; that the College could work to ensure interview standards and maintain interview guidelines; and that training be provided for those conducting the interviewing and selection of trainees

TRAINING POSTS

18. Training posts – general positive and neutral comments

19. Training posts – general negative comments

20. Training posts – Comments for adequate and appropriate training posts

College could take a more active role (along with government) to ensure that there are enough training posts to fulfil training requirements, including ensuring that the number of training posts available is based on case load, and number of staff consultants. Other suggestions included development of a formula to determine an appropriate number of registrars per department/ hospital (based on case load, case mix, number of FTE Consultants, number of theatres) and that allocation be based on hospital capacity; accredited positions and service component algorithm

21. Training posts – Support for College/central determination of training post numbers

If College has centralised control over the number of trainees entering the programme it can thereby influence the quality of training and ultimately, the quality of those who gain Fellowship and enter the profession Trainee numbers should be controlled by the College, to ensure quality of training and appropriate educational opportunities

22. Training posts – Comments against College/central determination of training post numbers

Trainee numbers should be decided by the hospital

23. Training posts – Comments for College/central allocation to posts/hospitals

College should have responsibility for hospital allocation (including ensuring that training can be provided for a number of years, to minimise regular rotation)

College could also be involved in rotational trainee selection

24. Trainings posts – Comments against College/central allocation to posts/hospitals

Including that allocation to hospitals should be based on trainee preference

SITE ACCREDITATION

25. Site accreditation – Positive and neutral comments

26. Site accreditation – Negative comments

27. Site accreditation – suggestions for change/ recommendations

Ensure there are enough accredited training sites and that they can provide appropriate training (including supervision, case load and case mix); Undertake review of accredited training sites; comments on the need to avoid political pressure in accrediting training sites; that the College develop guidelines for the accreditation of hospitals

OTHER COMMENTS

28. Miscellaneous

29. Irrelevant

30. Uninterpretable

APPENDIX Z: Q80 THEMATIC ANALYSIS FRAMEWORK

The following table shows the outline of the thematic analysis framework used for question 80 of the ANZCA Curriculum Review Survey.

Summary Category	Code	Topic
COURSES	1	Courses – positive comments (including importance of)
	2	Courses – negative/suggestions for change (general)
	3	Courses – content (suggestions for change/future content)
	4	Courses - miscellaneous
TEACHER TRAINING AND SUPPORT GENERAL COMMENTS	5	General comments – positive (incl. importance of)
	6	General comments – negative
	7	General comments – suggestions for change
	8	General comments - miscellaneous
RESOURCES	9	Resources – general comments (College resources)
	10	Resources – suggestions for change
	11	Resources – time
	12	Resources – personnel
	13	Resources – funding
	14	Resources – practicality of teaching
	15	Resources – availability of teacher training
	16	Resources – mode of delivery
QUALITY	17	Quality of teaching – positive comments
	18	Quality of teaching – negative comments
	19	Quality of teaching - transparency
TEACHING ROLES	20	Teaching roles – positive comments
	21	Teaching roles – negative comments
	22	Teaching roles – provision of feedback
OTHER COMMENTS	23	Miscellaneous
	24	Irrelevant
	25	Uninterpretable

APPENDIX AA: Q80 THEMATIC CODE DESCRIPTIONS

The following list describes the thematic codes used for analysis framework of question 66 of the ANZCA Curriculum Review Survey.

COURSES

1. **Courses – Positive Comments (Including importance of)**
2. **Courses – Negative/ suggestions for change (General)**
3. **Courses – Content (suggestions for change/ future content)**
Including covering a variety of teaching methods
4. **Courses – Miscellaneous**

TEACHER TRAINING AND SUPPORT – GENERAL COMMENTS

5. **General comments – Positive (Including importance of)**
6. **General comments - Negative**
7. **General comments – Suggestions for change/ recommendations**
Including suggestions for mentor training and that teacher training become part of the curriculum.
Other suggestions include: formalisation of the structure of teacher training; that teacher training should not be mandatory, as this discourages those who teach informally; that teacher training be more widely advertised
8. **General comments – Miscellaneous**
That Teacher training should remain flexible
Recognition of teaching

RESOURCES

9. **Resources – General Comments (Incl. College learning resources e.g. podcasts & course material)**
Including negative comments re resources
10. **Resources – Suggestions for change**
Including short workshops for those who teach informally
11. **Resources – Time**
Including references to the negative impact of an increased workload for teachers
12. **Resources – Personnel**
Including recruitment of appropriate applicants/ prospective teachers; encourage Fellows to undertake training
13. **Resources – Funding**
Including references to a lack of funding, particularly in regional areas
Including references to paid salary
14. **Resources – Practicality of teaching alongside full time clinical commitments**
15. **Resources – Availability of Teacher training/ Accessibility**
Difficult for rural and remote trainees to access face-to-face teaching; should be inclusive for all who wish to access it i.e. all Fellows

16. Resources – Mode of delivery (e.g. online, face-to-face, ASM; week day workshops)

Including comments that online is the most time-efficient mode of teacher training; that face-to-face is more effective; that face-to-face is not practical due to workload; that regional centres are disadvantaged if no online delivery of teacher training; that the ASM is not an appropriate setting for delivery of teacher training

QUALITY

17. Quality of teaching – Positive comments (including importance of)

18. Quality of teaching – Negative comments/ suggestions for change

Including suggestion for trainee assessment of teachers to ensure ongoing quality; ANZCA-led review of Teacher Training and support initiatives on an annual basis and comments that the quality of teaching is dependent on the quality of the teacher

19. Quality of teaching – Transparency (including importance of)

TEACHING ROLES

20. Teaching roles – Positive comments

21. Teaching roles - Negative comments/ suggestions for change

Including suggestion that SOTs should complete a formal training qualification

22. Teaching roles – Provision of feedback

OTHER COMMENTS

23. Miscellaneous

24. Irrelevant

25. Uninterpretable