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New Fellows' Self-reported Preparedness for Unsupervised Practice

Results from the 2025 New Fellow Survey, August 2025

NEW FELLOW SURVEY 2025

Summary Overview

We surveyed new Fellows, who were admitted to Fellowship 1 May 2023 - 30 April 2024. 94 (11%) of these Fellows responded to the survey. This is our fourth time running this anonymous annual survey. Key findings are outlined below.

Need to improve and support training experiences

Some aspects of training are going well! More than 80% of respondents agreed that:

- the **training requirements are achievable**
- they knew how to **meet the requirements** of the training program
- they received **sufficient supervision** to guide their learning
- they knew **how to seek help** with their training.

More support is wanted. A lack of **College support** and **maintaining work-life balance** remain key training concerns.

Perceptions of assessments are changing. The perceived utility of the **research project** significantly increased from 2024, but the perceived utility of **work-based assessments** declined.

New Fellows generally feel well prepared. A very high proportion of respondents **felt prepared for unsupervised practice overall** (92%) there were **increased levels of preparedness in all domains of professional practice** from 2024.

New Fellows continue to feel less prepared in some key areas. Respondents were **least prepared** for unsupervised practice in **health policy, systems and advocacy; and research** (46% and 51%).

Need for targeted support for the transition to Fellowship

Many find it a challenging transition period. One third of new Fellows perceived the **transition from Advanced Trainee to Consultant/Specialist to be difficult or very difficult,** a slight increase from 2024.

Adjusting to the new role could be eased with targeted support. Assistance with the following aspects was desired:

- finding and maintaining consistent **employment**
- navigating **administrative requirements** (e.g. private practice, billing)
- taking on **leadership responsibilities** and feeling confident with clinical decision-making.

More RACP support is wanted. The topics identified as most helpful would be:

- **managing the transition** from trainee to consultant/specialist (68%)
- **career planning and advice** (61%)
- **artificial intelligence in medicine** (44%).

Awareness of existing RACP resources is low. More than half of respondents **were unaware of key resources for this career stage,** including: the New Fellows Forum, Medflix, RACP online wellbeing guides, and the RACP Support Program – Converge International.

Some existing support resources are regarded as useful. Of those that used the existing College resources, 80% or more found the following resources useful: Medflix, the College Learning Series, and the RACP online wellbeing guides.

2025 New Fellow Survey

The New Fellow Survey (NFS) is a cross-sectional survey for members 1-2 years post completion of an RACP training program. It aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant. Implemented annually, the New Fellow Survey allows us to track trends over time.

- The 2025 New Fellow Survey is the **fourth iteration** of the survey, previously implemented in 2021, and annually from 2023.
- **Anonymous, cross-sectional** survey with a mix of Likert style and open-ended questions
- **Administered by RACP online** via SurveyMonkey between 26 May and 22 June 2025
- Eligible respondents include **all members who completed RACP Advanced Division, Faculty or Chapter (DFaC) training 1-2 years prior** to survey period (ie 1 May 2023 to 30 April 2024).

838
eligible new Fellows

94
eligible respondents completed

11%
response rate

- Five incomplete responses were removed prior to data analysis in order to meet data quality standards

This report presents the findings of the 2025 New Fellow Survey, where possible comparing results to previous surveys including the 2024, 2023 and 2021 New Fellow Surveys, and the Medical Board of Australia's 2024 Medical Training Survey:

2021, 2023 and 2024 New Fellow Survey	2024 Medical Training Survey (MTS) by the Medical Board of Australia and Ahpra
Evaluated self-reported preparedness of new Fellows and experiences transitioning to unsupervised professional practice 2021 - 117 new Fellows; 13% response rate 2023 - 160 new Fellows; 10% response rate 2024 - 147 new Fellows; 12% response rate	Annual survey evaluating feedback from doctors in training in Australia from 2019 onwards 3,069 RACP trainee respondents; ~41% response rate

The **2023 and 2024 New Fellow Survey cohorts** would have been transitioning from training to unsupervised professional practice during the **COVID-19 pandemic.**

Aims and Objectives

The New Fellow Survey (NFS) focusses on the short-term graduate outcomes of RACP training programs, with the intent to identify strengths and opportunities for improvement

Aims:

- to enable longitudinal evaluation of the short-term graduate outcomes of RACP training programs
- identify opportunities for improvements.

For the purposes of this evaluation, graduate outcomes are defined as:

- preparedness in the domains of practice of the RACP Professional Practice Framework
- ability to manage the transition from the role of Advanced Trainee into unsupervised professional practice.

Figure 1. Professional Practice Framework

The objectives are to explore:

- The perceptions of new Fellows regarding their training experiences and preparedness for unsupervised professional practice one to two years after admission to Fellowship.
- The experiences of the transition between Advanced Training and unsupervised professional practice, the challenges encountered throughout this transition and mechanisms to effectively manage these challenges.
- The nature of the positions that new Fellows occupy, including public versus private practice roles and work structure.
- The time taken to commence specialist roles after completing Advanced Training and any perceived barriers associated with acquiring specialist roles.

New Fellow Survey methods

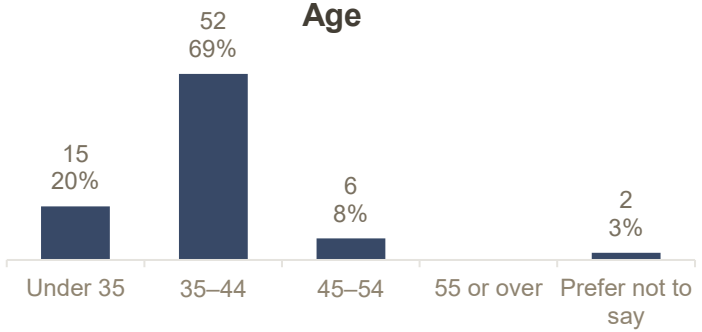
	2021	2023	2024	2025
Target population	Members who completed RACP Advanced DFaC training between **1 Oct 2019 and 1 Oct 2020**	Members who completed RACP Advanced DFaC training between **2 Oct 2020 and 31 March 2022**	Members who completed RACP Advanced DFaC training between **1 April 2022 and 31 May 2023**	Members who completed RACP Advanced DFaC training between **1 May 2023 and 30 April 2024**
Timing	**13 Oct - 30 Nov 2021** (7 weeks)	**18 April – 16 May 2023** (4 weeks)	**11 June – 14 July 2024** (4 weeks)	**26 May – 22 June 2025** (4 weeks)
Survey questions	• Inclusion of question regarding the impact of **COVID-19** • No questions regarding Advanced Training Research Projects	• Removal of question regarding the impact of COVID-19 • Inclusion of new of questions regarding **Advanced Training Research Projects** • **Modified questions** regarding the Cultural Safety professional standard, College resources currently available, list of topics for further support from the College	New/modified questions regarding: • **Reasons for difficulty/ease of obtaining a Consultant/Specialist role** • **Training experiences** (day-to-day work reflecting curriculum, alignment with specialist practice expectations, and how to seek help with training) • Utility of the **ATRPs** • Topics for further support • Awareness/use of the **Professional Practice Framework in Action** • Suggestions for **making the transition to meeting CPD requirements** easier.	Modified questions regarding: • **Reason(s) for working part-time** • **Factors contributing to undertaking other roles** prior to working as a Consultant/Specialist • **Gender identity** • **Māori ethnicity** Removal of questions regarding: • **Disruptions relating to COVID-19** as a challenge in completing the ATRP • Awareness/use of the **Professional Practice Framework in Action and the ROC**
Survey incentives	**None**	**Chance to win 1 of 3 $200 e-vouchers**	**None**	**None**
Data reporting	Static **PowerPoint report** to all stakeholders	• Static **PowerPoint report** to all stakeholders • **Longitudinal power BI report** allowing dynamic reporting of results for specialties with 10+ results across 2021 and 2023 surveys	• Static **PowerPoint report** to all stakeholders • **Longitudinal power BI report** allowing dynamic reporting of results for specialties with 10+ respondents across 2021-2024 surveys • **Rural and remote report**	• Static **PowerPoint report** to all stakeholders • **Longitudinal power BI report** allowing dynamic reporting of results for specialties with 10+ respondents across all surveys.

Respondent Demographics

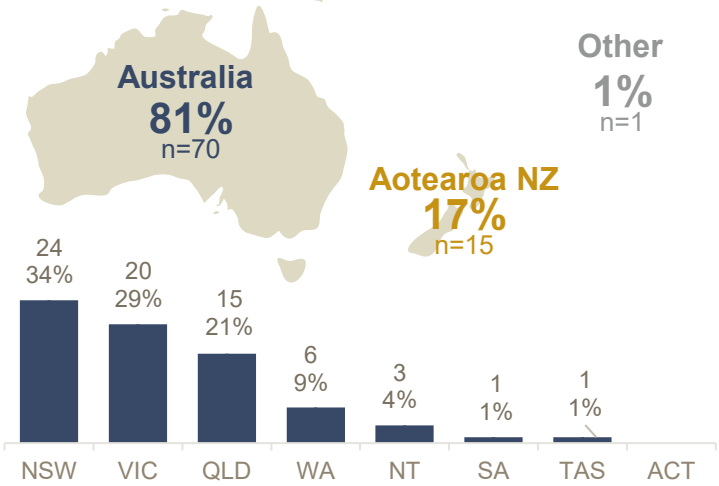
Gender

57%	37%	-	-	5%
n=43	n=28			n=28
Woman or female	Man or male	Non-binary	Self-described	Prefer not to say

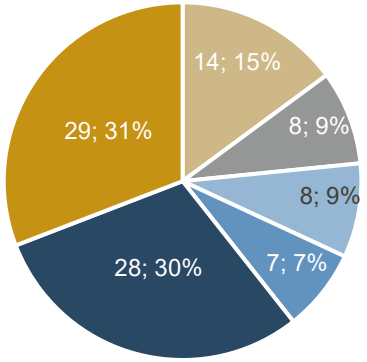
Age



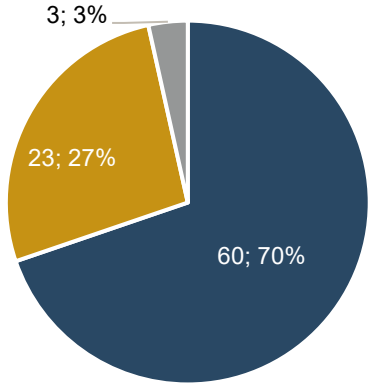
Location of final training rotation



Respondents' training programs



Division



Note:
- Respondents could select more than one training program.
- Training programs with 4-7% of responses: Gastroenterology (FRACP), Neonatal and Perinatal Medicine (FRACP), Neurology (FRACP), Cardiology (FRACP), and Palliative Medicine (FRACP/FAChPM).
- Other responses relate to training programs with fewer than 4% of responses.

7%
(n=7)
of respondents undertook **concurrent training in two specialties**

8%
(n=6)
of respondents were on the **Training Support Pathway** at some point in their training

Aboriginal and/or Torres Strait Islander origin

-	93%	7%
	n=70	n=5
Aboriginal and/or Torres Strait Islander	Neither Aboriginal or Torres Strait Islander	Prefer not to say

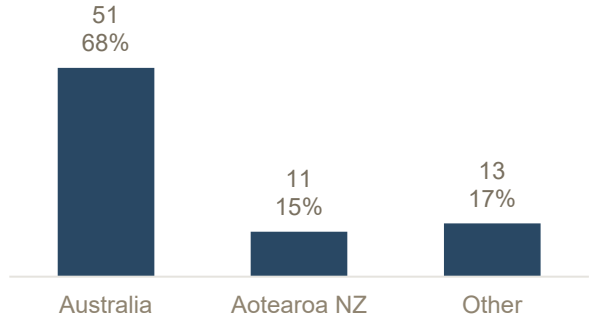
Māori ethnicity

-	96%	4%
	n=72	n=3
Māori ethnicity	Not of Māori ethnicity	Prefer not to say

Pacific heritage

-	96%	4%
	n=72	n=3
Pacific Heritage	Not of Pacific Heritage	Prefer not to say

Country of primary medical degree



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NEW FELLOW SURVEY 2025

Results

Training experiences

Preparedness for unsupervised practice

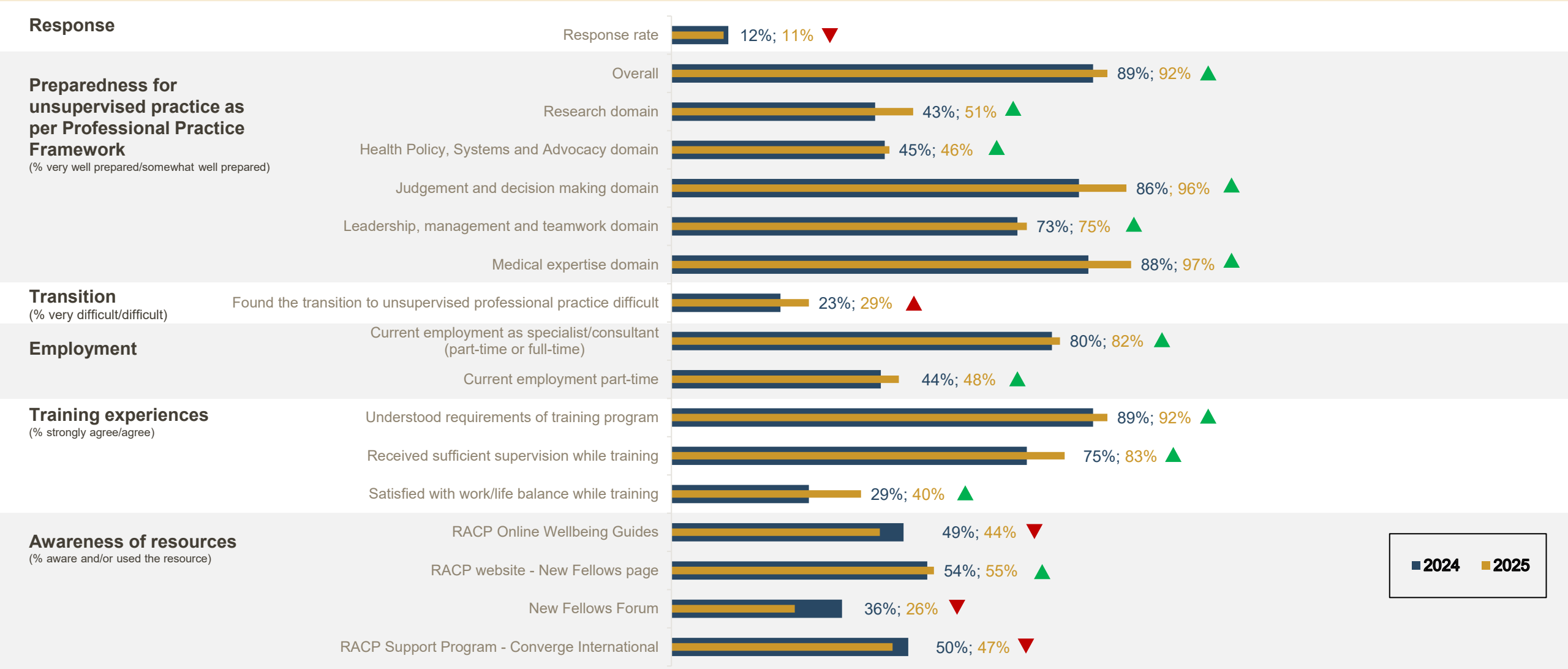
Transition from training to new Fellow

Supporting resources

Employment trends

Comparison of 2024 and 2025 NFS results

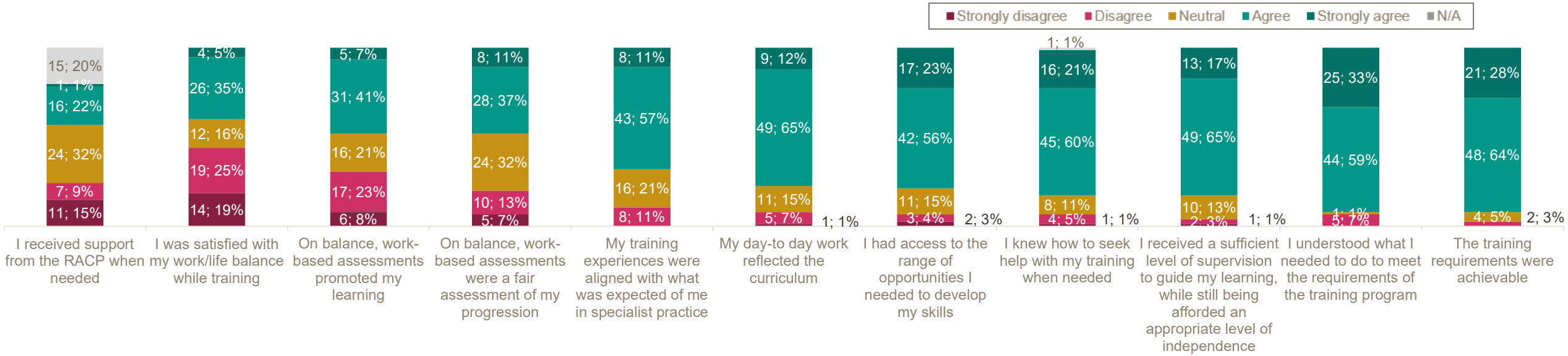
Similar findings are evident between the 2024 and the 2025 New Fellow Survey. Key comparisons between the surveys include:



Training

Training Experiences

Receiving the required support from the RACP and achieving a work/life balance continue to be key issues experienced in training. New Fellows were more likely to agree that training requirements were achievable, day-to-day work reflected the curriculum, and they had the range of opportunities needed to develop their skills in training in 2025 compared to 2024.



23%	40%	48%	48%	68%	77%	79%	81%	83%	92%	92%
(n=17) agreement	(n=30) agreement	(n=36) agreement	(n=36) agreement	(n=51) agreement	(n=58) agreement	(n=59) agreement	(n=61) agreement	(n=62) agreement	(n=69) agreement	(n=69) agreement
No change from 2024	▲+11% since 2024	▼-5% since 2024	▼-5% since 2024	▲+5% since 2024	▲+12% since 2024	▲+14% since 2024	▲+2% since 2024	▲+7% since 2024	▲+3% since 2024	▲+14% since 2024

These results generally accord with feedback from RACP respondents to the 2024 Medical Training Survey:

- **86%** agreed they understood what they needed to do to meet the training program requirements.
- **34%** agreed they received support from the RACP when needed. This question was asked in the context of college examinations.

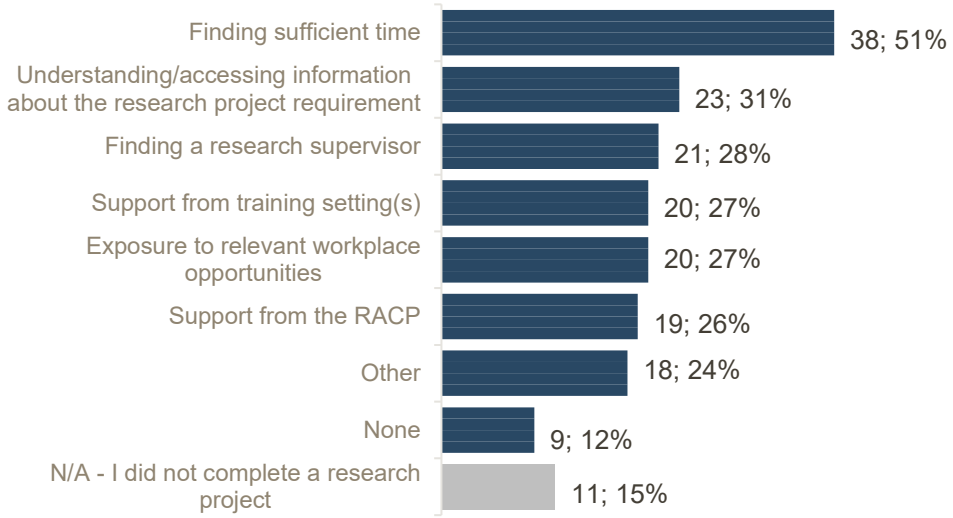
However, **a higher proportion of RACP respondents agreed they had a good work/life balance in the 2024 MTS** (53% in 2024 MTS vs 40% in 2024 NFS).

Training

Advanced Training Research Projects

"What challenges did you experience when completing your Advanced Training research project?"

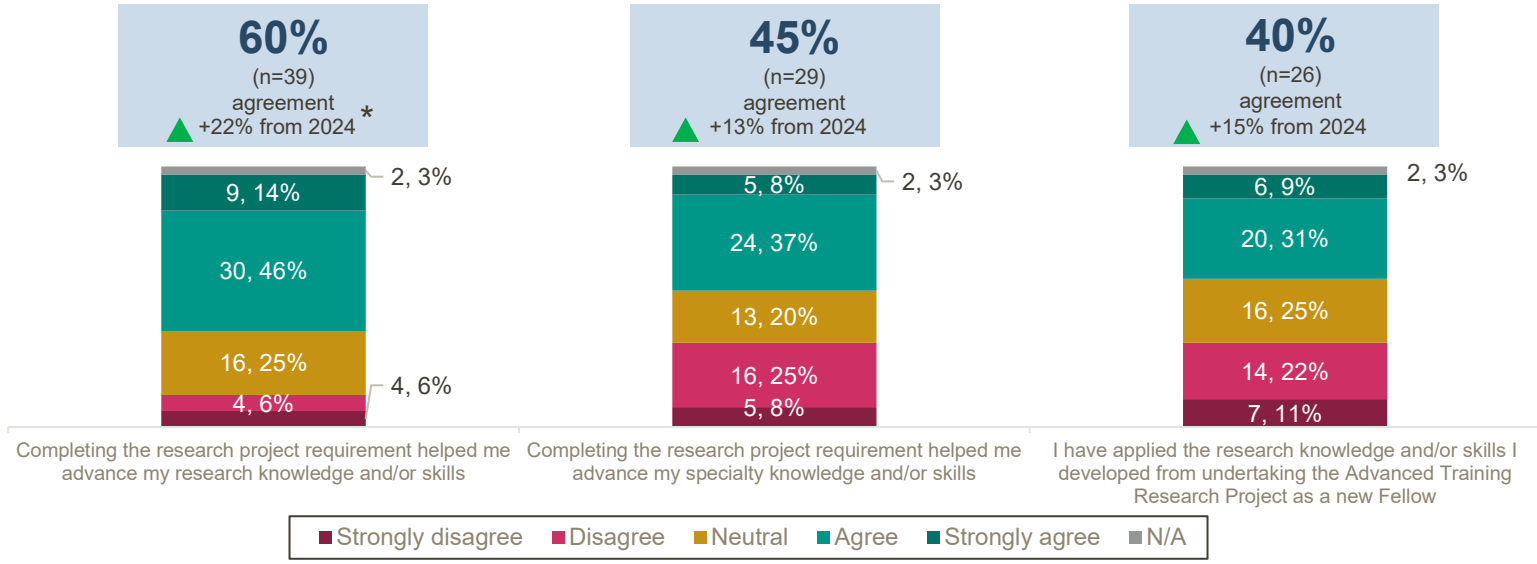
(based on % of question respondents)



The main **challenges** experienced with the Advanced Training Research Project (ATRP):

- Finding sufficient **time**
- **Understanding/accessing information** about the research project requirement
- Finding a **research supervisor**

Perceived utility of the Advanced Training Research Project †



There was a significant increase in agreement that completing the ATRP helped respondents progress their research knowledge and/or skills from 2024 to 2025 (60% in 2025 vs 38% in 2024).

Respondents also commented on:

- seeing **limited value**, particularly for those not interested in pursuing research or those that already had research-based degrees (n=9)
- lacking **guidance, support and/or training** from the College (n=9)
- significant **time commitment and lack of protected time** to complete the research requirement (n=7)
- lack of **flexibility or alternate pathways** for meeting the research requirement (n=4)
- lacking **appropriate supervision** (n=3)
- significant **delays in research project marking** (n=2)
- limited or **inconsistent access** to research opportunities (n=2)

† Questions asking about Advanced Training Research Projects were only asked in the 2023 NFS onwards. They were only asked of respondents once, no matter how many training programs (or research projects) they completed.

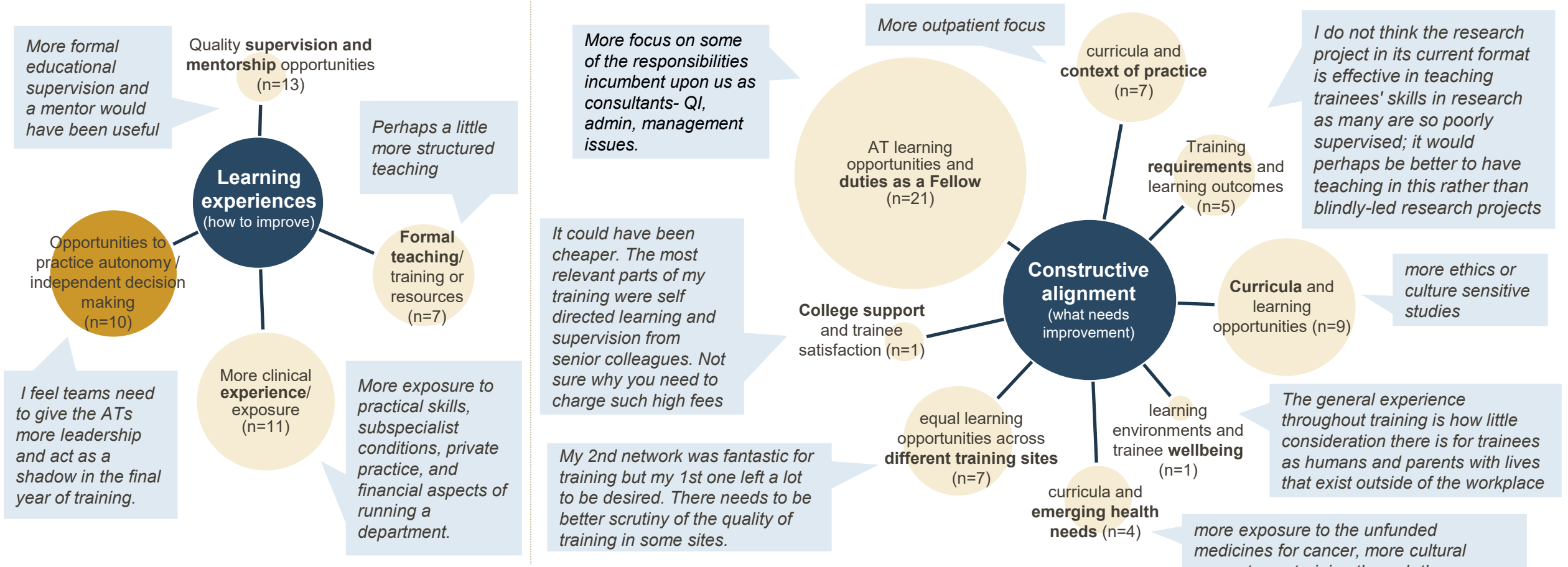
* Significant difference between 2024 and 2025 agreement at $p<0.05$ level

Training

Areas for Improvement

Almost half of the respondents commented on how the training programs could have been improved to better prepare them for unsupervised practice. Analysis of the comments revealed two key schemas related to 1) learning experiences and 2) constructive alignment.

New or revised themes for the 2025 NFS included: the need for more opportunities to practice autonomy and independent decision-making, particularly in the final year of training.



***Key**: Themes raised in both the 2024 and the 2025 NFS are shown in cream while new/modified themes emerging from the 2025 data are shown in gold. The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.*

Overall preparedness
for unsupervised professional practice

Preparedness

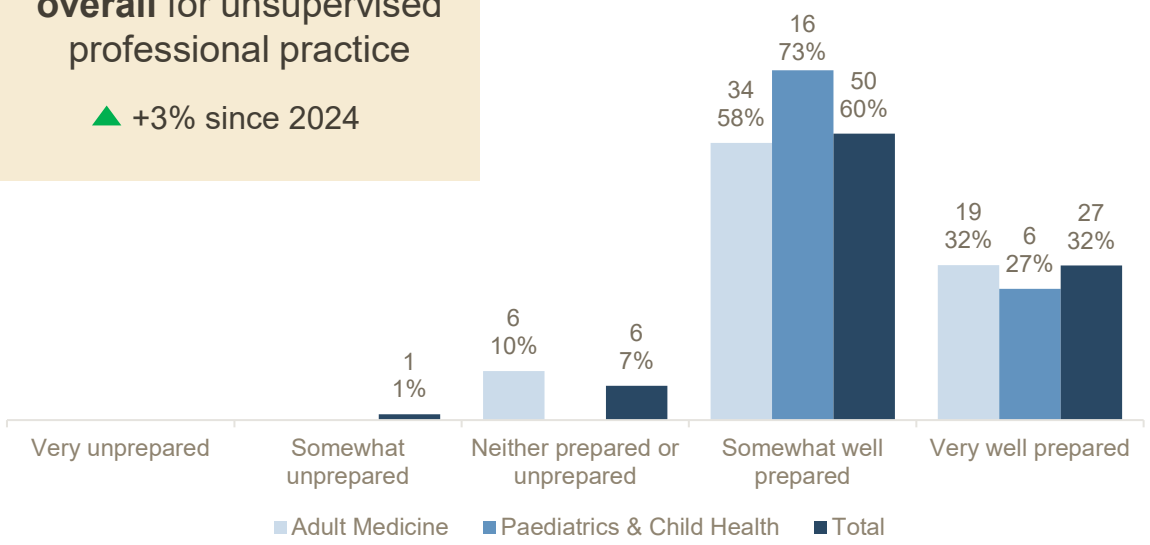
"To what extent has your training prepared you overall for unsupervised practice?"

92%

(n=77) ‡

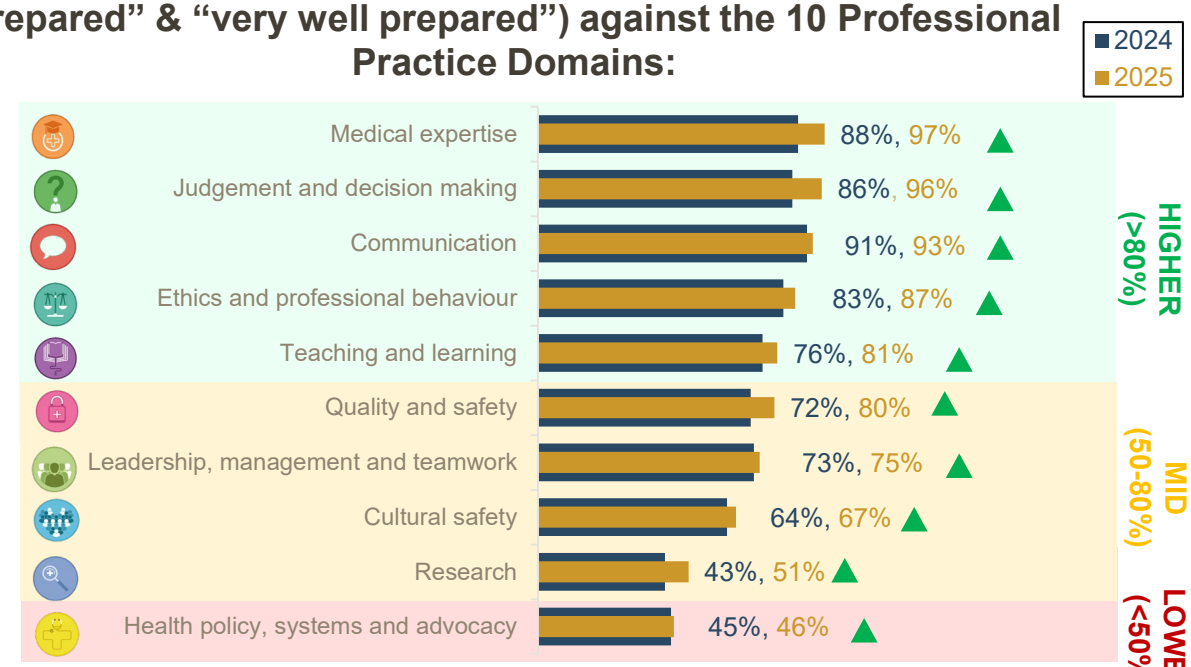
of respondents felt their training prepared them **overall** for unsupervised professional practice

▲ +3% since 2024



Similar levels of overall preparedness were reported between Adult Medicine and Paediatrics & Child Health respondents.

Respondents self-assessed preparedness ("somewhat well prepared" & "very well prepared") against the 10 Professional Practice Domains:



Respondent preparedness for unsupervised practice for all ten professional practice domains improved compared to 2024.

There has been a shift in the domains new fellows are prepared for over time:

- **2025** respondents felt **most prepared** for the domain of **medical expertise** and **least prepared** for the domain of **health policy, systems and advocacy**
- **2024** respondents felt **most prepared** for the domain of **communication** and **least prepared** for the domain of **research**

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the "total" category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

Preparedness

High preparedness (>80%) for unsupervised professional practice by domain

A high rate of self-assessed preparedness for professional practice was observed for the following six domains.

97%

(n=83) ‡
of responses indicated training prepared them for **medical expertise**

▲ +9% since 2024
88% in 2024
90% in 2023
84% in 2021

Feel ill prepared for private practice

96%

(n=82) ‡
of responses indicated training prepared them for **judgement and decision making**

▲ +10% since 2024
86% in 2024
93% in 2023
90% in 2021

I was involved in the patient's care from A to Z, under supervision, that was very helpful time for improving decision making skills especially patient-centred shared decision making

93%

(n=80) ‡
of responses indicated training prepared them for **communication**

▲ +2% since 2024
91% in 2024
94% in 2023
90% in 2021

It comes down to the individual sites you practice in, and modelling from consultants & other members

87%

(n=75) ‡
of responses indicated training prepared them for **ethics and professional behaviour**

▲ +4% since 2024
83% in 2024
86% in 2023
88% in 2021

Strong ethics component in genetics teaching and practice

81%

(n=69) ‡
of responses indicated training prepared them for **teaching and learning**

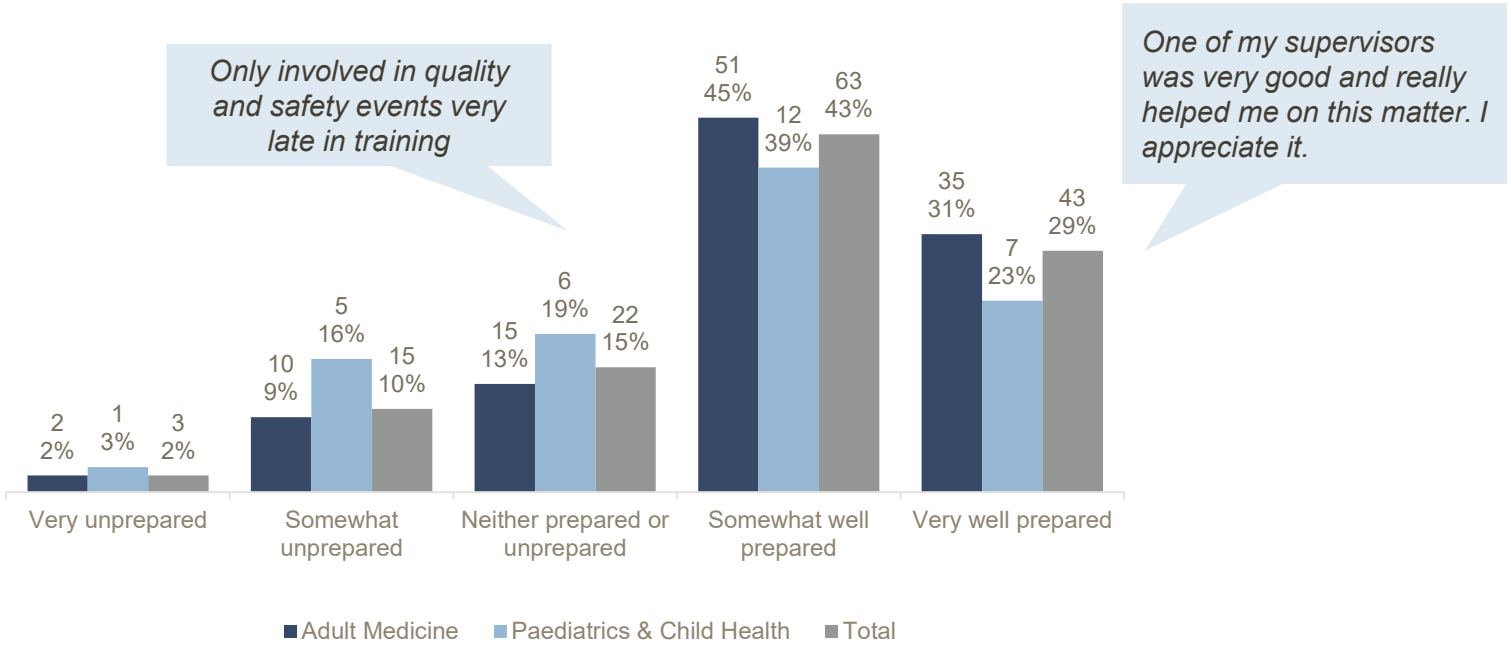
▲ +5% since 2024
76% in 2024
87% in 2023
78% in 2021

I completed SPDP modules soon after starting work as a consultant which improved my comfort supervising

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses which may vary by domain.

Preparedness for unsupervised professional practice related to quality and safety

"To what extent did your training prepare you for unsupervised professional practice related to quality and safety?"



80%

(n=69) ‡
of total responses indicated their training prepared them for **quality and safety**

▲ +8% since 2024
72% in 2024
79% in 2023 and 2021

Similar levels of quality and safety preparedness were reported between Adult Medicine and Paediatrics & Child Health respondents.

80% of RACP respondents to the 2024 MTS indicated the **quality of training to raise patient safety concerns** was excellent or good although **only 68% rated the quality of orientation** as excellent or good.

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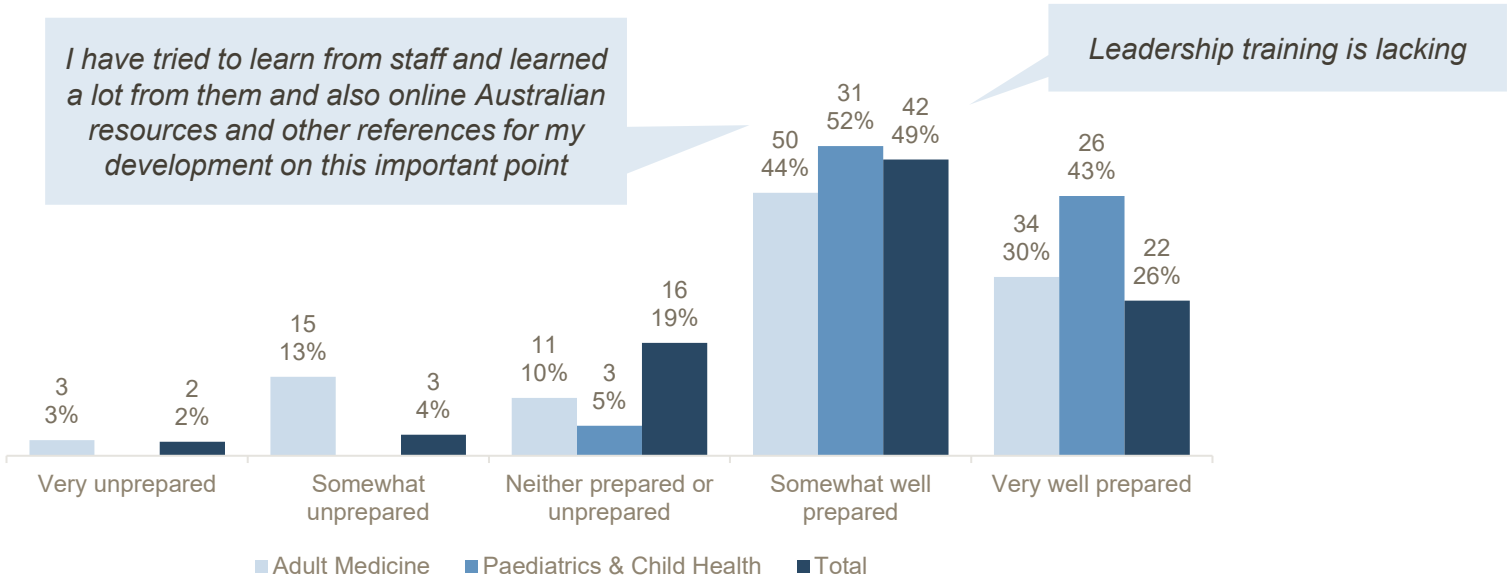
Preparedness

Preparedness for unsupervised professional practice related to leadership, management and teamwork

"To what extent did your training prepare you for unsupervised professional practice related to leadership, management and teamwork?"

I have tried to learn from staff and learned a lot from them and also online Australian resources and other references for my development on this important point

Leadership training is lacking



75%

(n=64) ‡
of total responses indicated their training prepared them for **leadership, management and teamwork**

▲ +2% since 2024
73% in 2024
66% in 2023
75% in 2021

Similar levels of leadership, management and teamwork preparedness were reported between Adult Medicine and Paediatrics & Child Health respondents.

86% of RACP respondents to the 2024 MTS indicated they had sufficient opportunities to **develop their knowledge and skills in leadership and management** yet only **75% of the 2025 NFS respondents** felt their training **prepared** them **for leadership, management and teamwork.**

Barriers to developing clinical leadership skills identified in the literature (Barnes et al., 2020; Vaaben et al.,2025):

- Limited acknowledgement, support and respect by more senior medical staff
- Perceived lower-ranking position in the medical hierarchy
- Lack of understanding of what defines clinical leadership and the absence of a consensus on effective teaching methods
- Inadequate preparation in training to take on a leadership role.

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the "total" category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

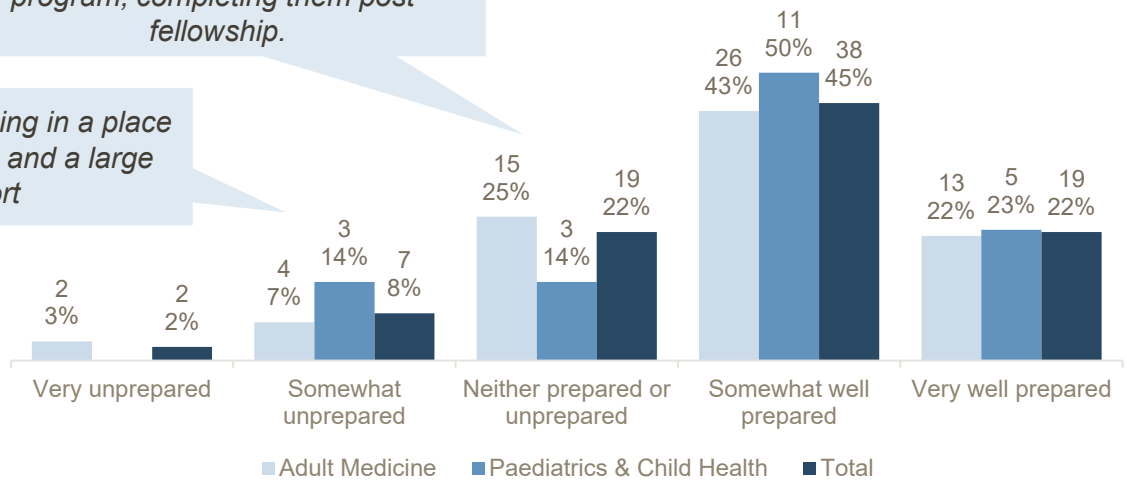
Preparedness

Preparedness for unsupervised professional practice related to cultural safety

"To what extent did your training prepare you for unsupervised professional practice related to cultural safety?"

I do note there are online training program; completing them post-fellowship.

Nothing prepares you for being in a place with massive health needs and a large indigenous cohort



67%

(n=57) ‡

of respondents felt their training prepared them for **cultural safety**

▲+3% since 2024

64% in 2024
70% in 2023
70% in 2021

Similar levels of cultural safety preparedness were reported between Adult Medicine and Paediatrics & Child Health respondents.

The RACP's 2022–2026 Strategic Plan identifies Indigenous health and priority populations as key priorities.

RACP respondents to the **2024 MTS** indicated that most (89%) perceive they they had sufficient opportunities to develop their knowledge and skills in **cultural safety**.

A literature review by Kurtz and colleagues showed that cultural safety education and application to practice are **linked to improved relationships, healthier outcomes, an increased number of Indigenous people entering health education programs, and graduates interested in working in diverse communities** (Kurtz et al., 2018).

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the "total" category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

* Significant difference in preparedness scores in cultural safety domain by division at $p<0.05$ level

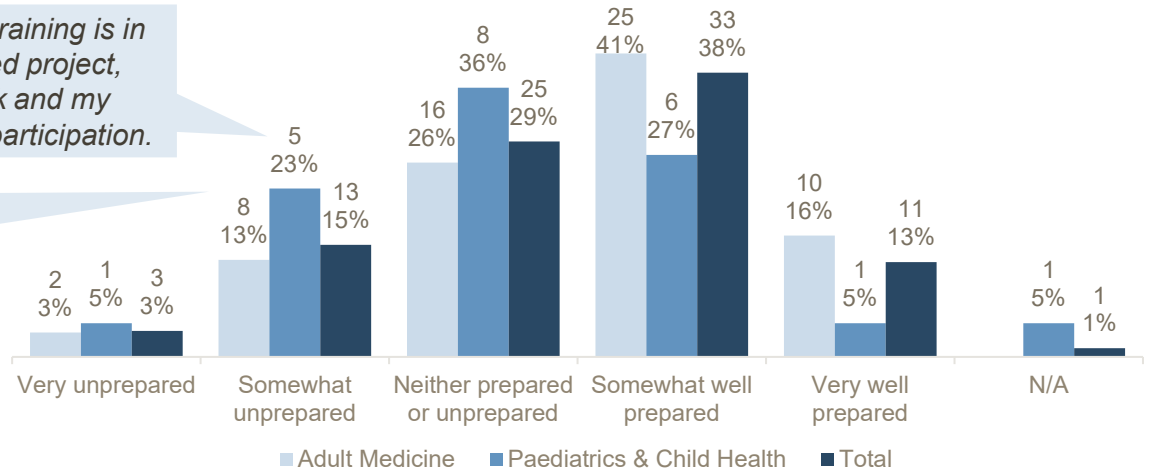
Preparedness for unsupervised professional practice related to research

Preparedness

"To what extent did your training prepare you for unsupervised professional practice related to research?"

The research component of RACP's advanced training is in my view worthless. Some inherited a completed project, some need to do each step themselves. Work and my Masters […] were the main drivers for research participation.

I prepared myself, training did not include training in research, but it was a learning by doing concept.



51%

(n=44) †

of total responses indicated training prepared them for **research**

▲ +8% since 2024 ‡

43% in 2024
56% in 2023
51% in 2021

- **Adult Medicine** respondents were **more likely to report feeling prepared** for research compared to Paediatrics & Child Health respondents (57% in Adult Medicine vs 32% in Paediatrics & Child Health)*
- Respondents completing their **primary medical degree in Australia** were **more likely to report feeling prepared** for research compared to those completing their medical degree in Aotearoa NZ (55% for Australia vs 18% for Aotearoa NZ)*

The RACP's 2022–2026 Strategic Plan identifies fostering the physician researcher as a key priority

According to the 2024 MTS, a high proportion (**61%) of RACP trainees are interested in getting involved in medical research, with 65%** indicating that they had sufficient opportunities to **develop their research knowledge and skills and 60%** indicating that they were able to **participate in research activities.**

Literature reveals that the **obstacles to research preparedness** include: long training periods, gaps in research productivity during clinical training, limited protected time for research activities, and an emphasis on leading research projects rather than promotion of core research competencies (Gephart et al. 2023; Stehlik et al. 2020) .

T**rainees' experiences and satisfaction with research projects** have also been shown to be influenced by (Brandenburg et al, 2024):

- pre-existing beliefs about the value and purpose of the research project
- access to key enablers such as protected time, supervisor support, and institutional structures; often up to chance as well as the trainee's own motivation and Brandenburg research capability
- research project outcomes in terms of quality, learning gains, career benefits and impacts on patient care.

† As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the "total" category are not the sum of both Divisions as they also include Faculty/Chapter respondents

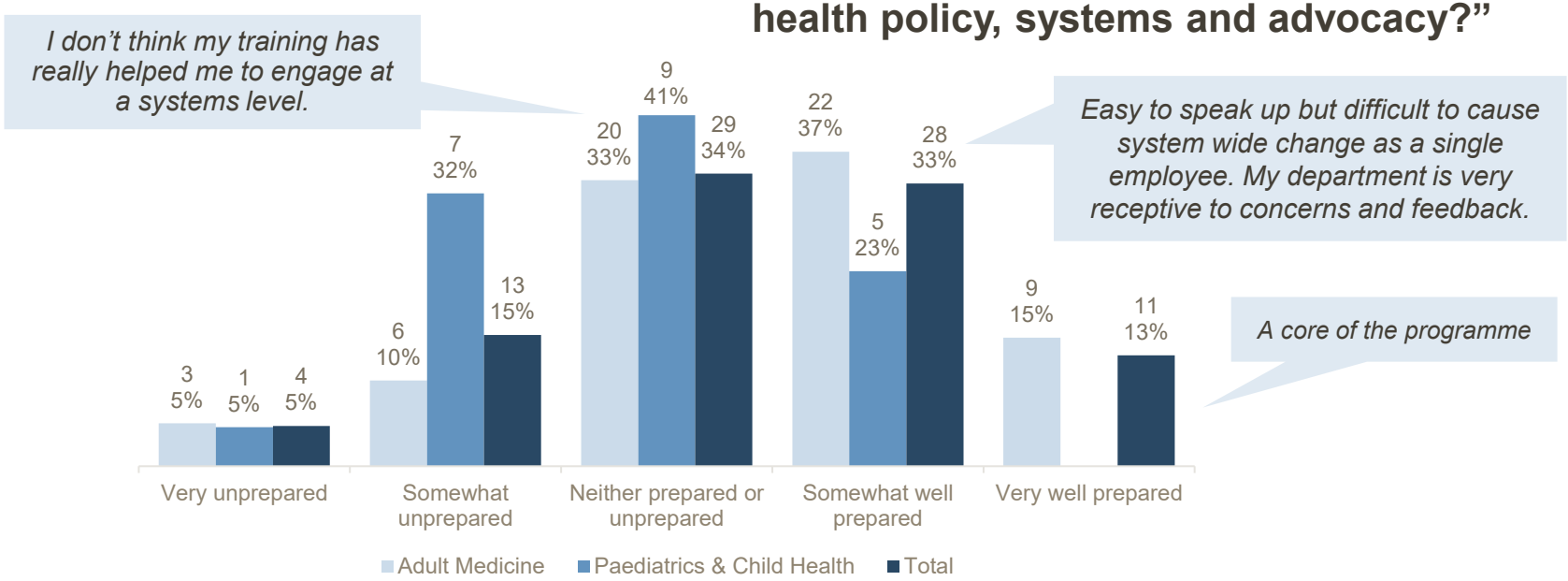
‡ A **waiver was enacted for the research requirement for all RACP trainees in their final year of training in 2022** due to the impacts of the COVID-19 pandemic, potentially impacting the 2024 NFS cohort's preparedness for research.

* Significant difference at p<0.05 level

Preparedness

Preparedness for unsupervised professional practice related to health policy, systems and advocacy

"To what extent did your training prepare you for unsupervised professional practice related to health policy, systems and advocacy?"



46%

(n=39) ‡

of total responses indicated training prepared them for **health policy, systems and advocacy**

▲ +1% since 2024

45% in 2024 and 2023
51% in 2021

Adult Medicine respondents were **more likely to report feeling prepared** for health policy, systems and advocacy compared to Paediatrics & Child Health respondents (52% in Adult Medicine vs 23% in Paediatrics & Child Health)*

Issues exacerbating teaching, learning, and assessing health advocacy competencies as identified in the literature:

- lack of resources in the clinical learning environment to engage with (Endres et al. 2022, Verma et al. 2005)
- lack of formal framework with clear learning objectives and activities (Douglas et al. 2018; LaDonna et al. 2021)
- different interpretations of what health advocacy competence entails as held by educators (Hubinette et al. 2014; Hubinette et al. 2021)
- contextual influences restricting learners' ability to learn about and practice as health advocates (Kahlke et al. 2023).

A recent study by Cochrane et al (2025) found that although training may adequately prepare physicians for patient-level advocacy, **system-level advocacy training remains insufficient**, leaving many physicians conflicted about their willingness, and responsibility to engage.

‡As some Fellows completed concurrent training in two specialties, this represents the total number of responses rather than respondents. The relative number is expressed as % of the total responses per category. The responses in the "total" category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

* Significant difference at $p<0.05$ level

Transition

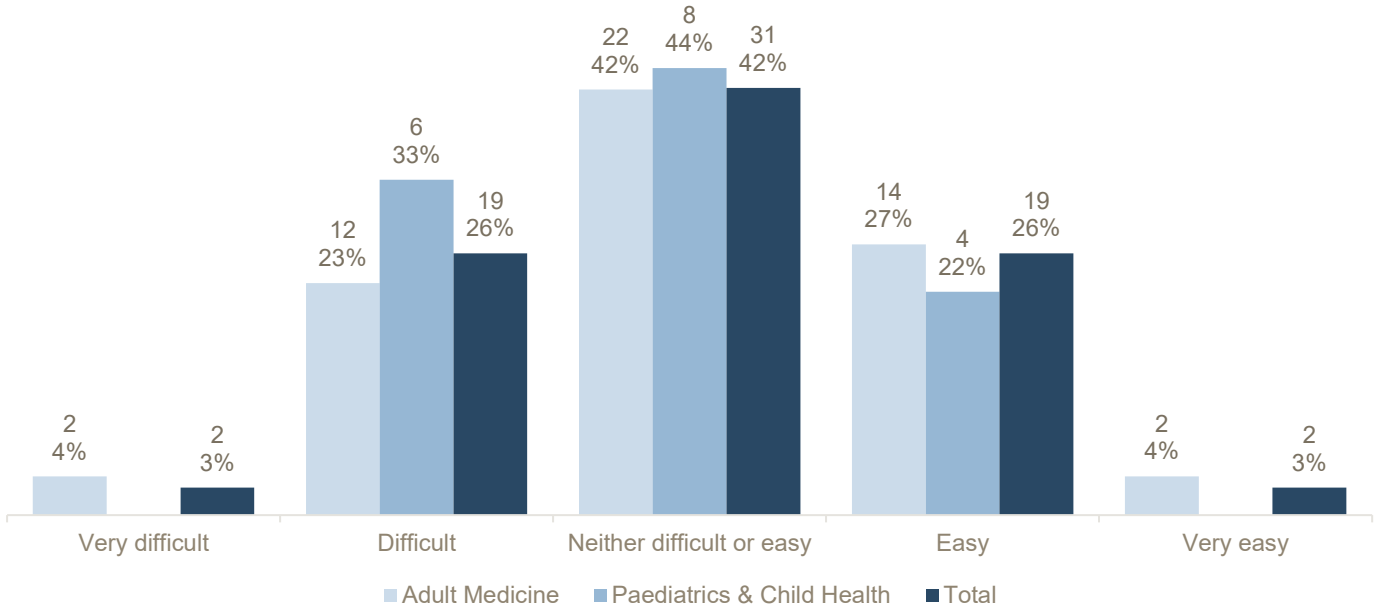
Ease/Difficulty of transition
from Advanced Training to unsupervised professional practice

Respondents rated the difficulty of their transition from Advanced Trainee to unsupervised professional practice.

29%

(n=21) ‡
of respondents indicated transitioning from AT to unsupervised professional practice was **difficult or very difficult**

▲ +6% since 2024
23% in 2024 and 2023
26% in 2021



- **Adult Medicine and Paediatrics & Child Health respondents** rated the **transition** from Advanced Training to unsupervised practice similarly.
- **Approximately 40% of respondents** indicated that the **transition** from Advanced Training to unsupervised professional practice was **neither difficult or easy**.

Respondents who found the transition difficult, cited reasons such as:
- limited **job availability** and the competitive nature of many specialties (n=9)
- having to **change career direction to meet demand** (e.g. taking temporary positions and working in private practice or alternative specialties) (n=6)
- **temporary/uncertain nature** of many roles (n=1)
- needing to **apply to many positions** (n=1)

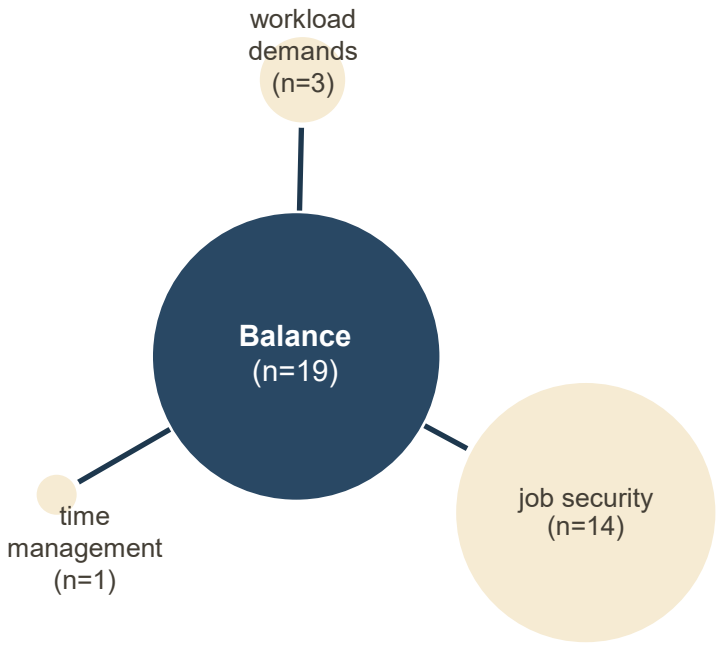
‡The responses in the “total” category are not the sum of both Divisions as they also include Faculty/Chapter respondents.

Transition

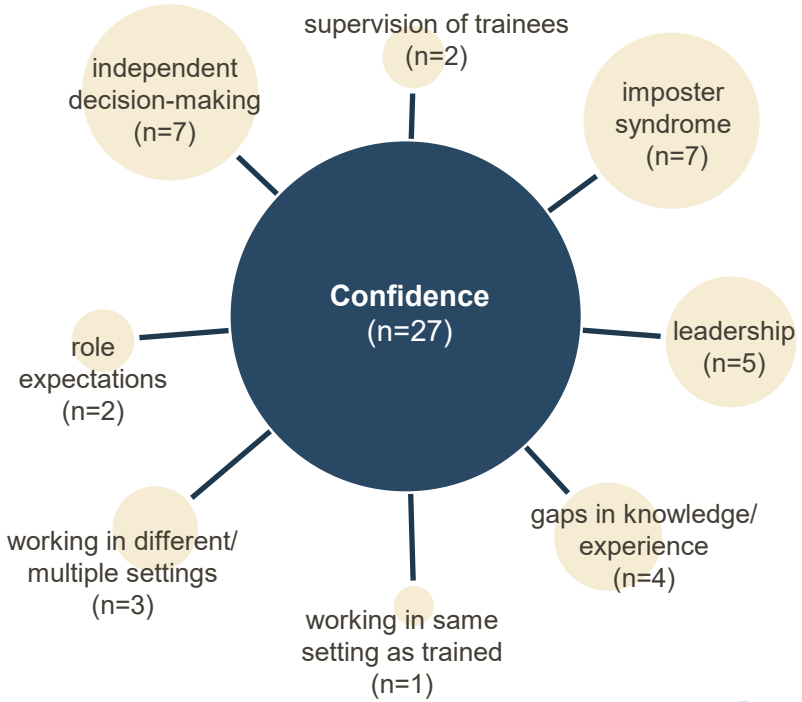
Key Challenges faced in Transition

More than half of the respondents commented on the key challenges they faced in their transition from Advanced Trainee to unsupervised professional practice. Analysis identified challenges related to the three key areas of 1) balance, 2) confidence and 3) support.

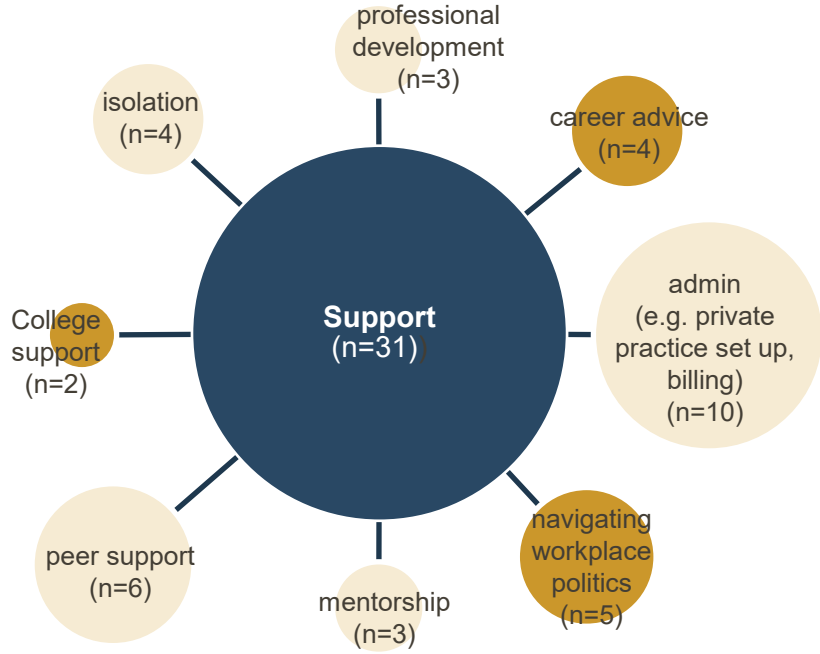
The biggest challenges to emerge were having job security, navigating new administrative tasks (such as private practice set up and billing), independent decision-making and not feeling like an imposter.



Finding a permanent job. 2 years on and I participate in only part time locum work. I have just applied for my first permanent role, and it is 0.1 FTE.



Feeling much more pressure as "last safety net" for owning patient care decisions



How to navigate the NSW Health system of awards and TESL allowances, how to set up in the private and how to advance one's career once a staff specialist

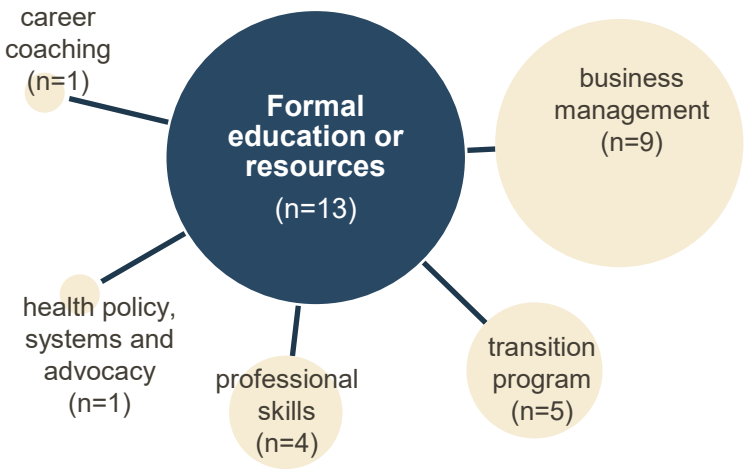
***Key**: Themes raised in both the 2024 and 2025 NFS are shown in cream while new/modified themes emerging from the 2025 NFS are shown in gold.*
The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

Transition

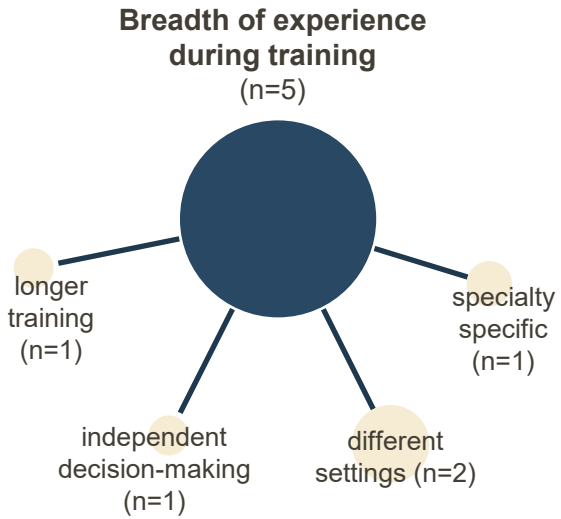
Suggestions for an Easier Transition

Almost half of the respondents provide suggestions about how their transition from Advanced Trainee to unsupervised professional practice could have been made easier. Analysis identified themes related to:
1) formal education or resources, 2) breadth of experience, 3) support; and 4) job opportunities.

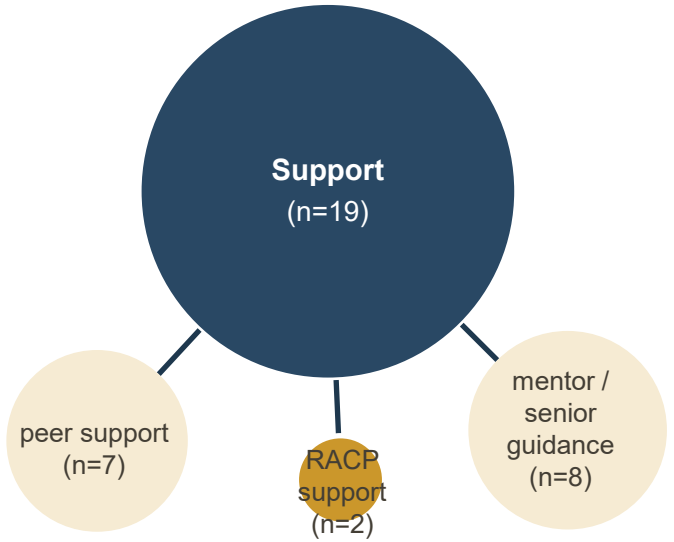
New or revised sub-themes for the 2025 NFS include the need for more support from the RACP in managing the transition and alternative job opportunities such as purpose-built junior consultant roles.



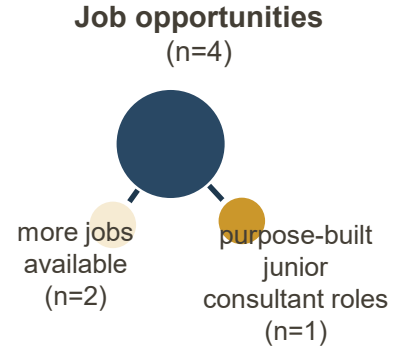
Sessions on the administrative side of transition to consultant, or even a checklist - APRAH, medicare, health funds, billing, etc



More outpatient exposure as a trainee



A formal mentor for junior consultants, or a safe forum, would be helpful.



Relieving the bottle neck at the end of training - there is no point having so many qualified junior consultants with no jobs available, including in regional and rural settings.

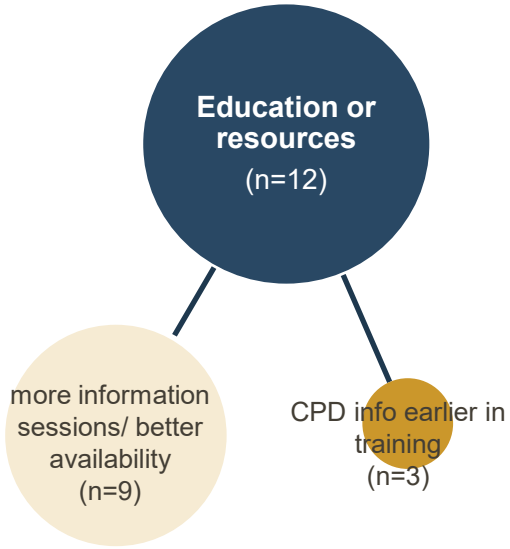
***Key**: Themes raised in both the 2024 and the 2025 NFS are shown in cream while new/modified themes emerging from the 2025 NFS are shown in gold.*
The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

Transition

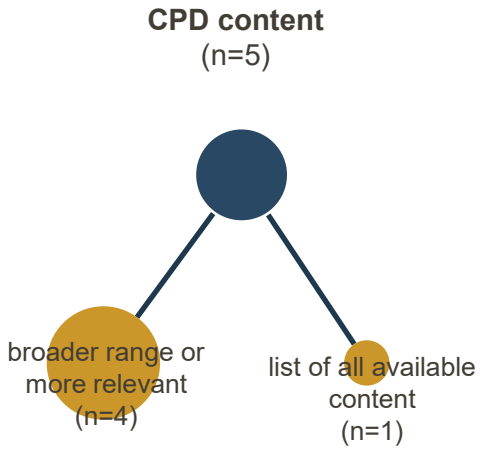
Suggestions for easier CPD transition

Only a third of respondents provided a suggestion for making the CPD transition easier, indicating that meeting CPD requirements may not be as much of a concern for new Fellows as other aspects of the transition to unsupervised practice.

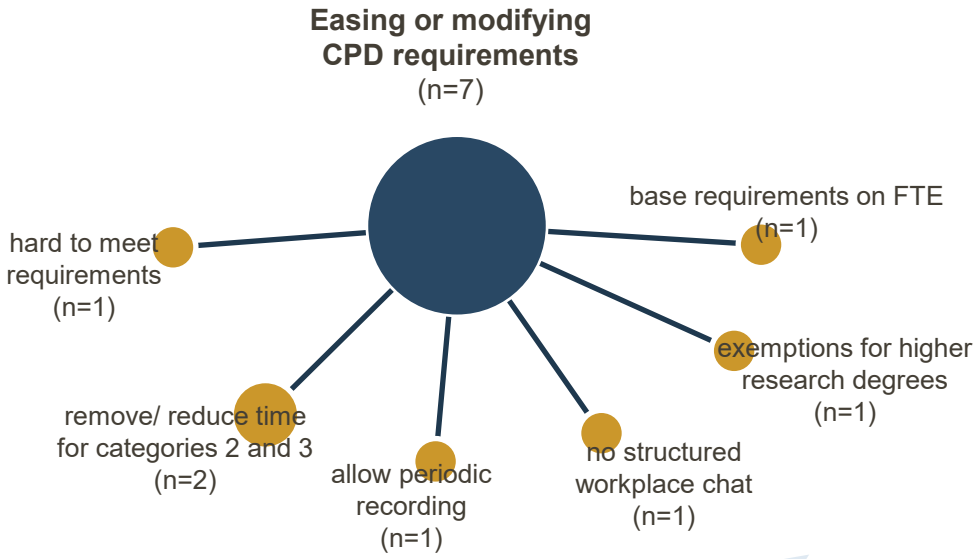
When suggestions were provided, they related to 1) education or resources, 2) technology, 3) workplace support and 4) easing or modifying CPD requirements.



Yes - some training on how to and what to do to get CPD!!! I still have no idea.



For private practice clinicians, QI projects and medical meetings like MnM are missing. Add something more

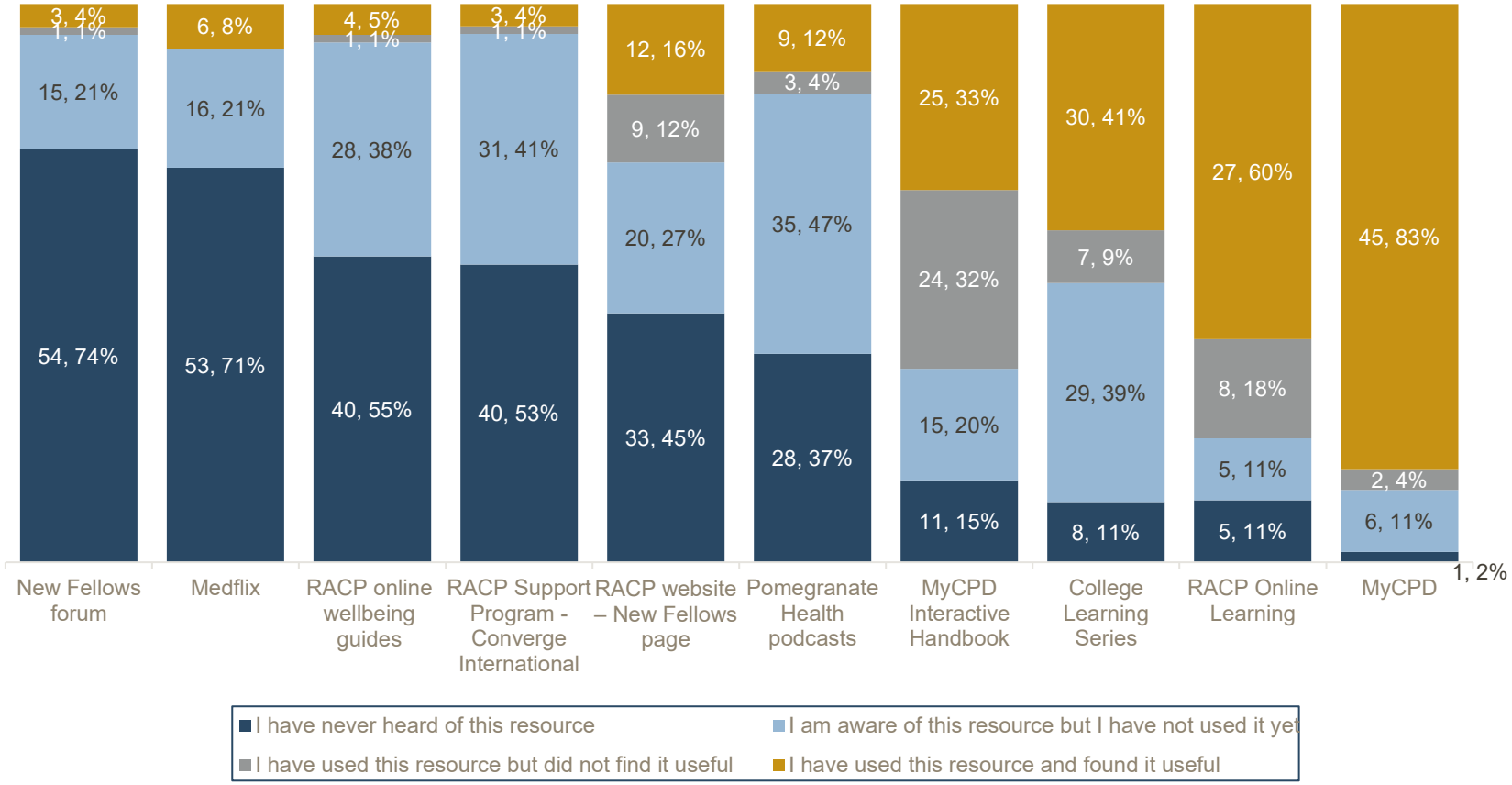


Of note, Category 3 requirements are difficult for FAFPHMs to achieve - I think there is too much emphasis on category 2 and 3 in the CPD scheme. I easily meet this requirement as I do a lot of supervision, but it is annoying to have to generate evidence that I have done this work.

Support

Involvement with and Support from the College

Respondents indicated the usefulness of various resources and identified topics they would like further support with



More than half of respondents were **not aware** of:

- New Fellows Forum ‡
- Medflix
- RACP online wellbeing guides
- RACP Support Program – Converge International

Following use, the majority of respondents found the following resources useful:

- Medflix
- College Learning Series
- RACP Online Learning

Enhancing the promotion of Medflix has the greatest potential to deliver positively regarded resources to new Fellows.

Top 3 topics respondents would find it helpful for the College to provide **further support** on:

1. Managing the transition from trainee to consultant/specialist: 68% (n=49)
2. Career planning and advice: 61% (n=44)
3. Artificial intelligence in medicine: 44% (n=32)

(% based on total 72 respondents to question)

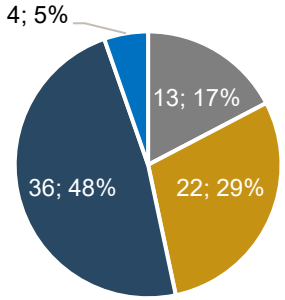
Awareness of the New Fellows forum remains low, decreasing over time since 2021 (74% of respondents were not aware in 2025, 64% not aware in 2024 and 2023, and 56% not aware in 2021). Of those respondents that did attend the New Fellows Forum in 2025, 75% found it useful.

‡ *The New Fellows Forum is a webinar facilitated by the RACP Regional Team typically and held in October each year. New Fellows are invited to attend the webinar on completion of their training. If the 2024 NFS cohort were to have attended the New Fellows Forum, they may have attended in either 2023 or 2024.*

Employment

Respondent Employment

Current employment as a Consultant/Specialist



No ▪ Yes, full-time ▪ Yes, part-time ▪ Other

4% increase in part-time employment from 2024

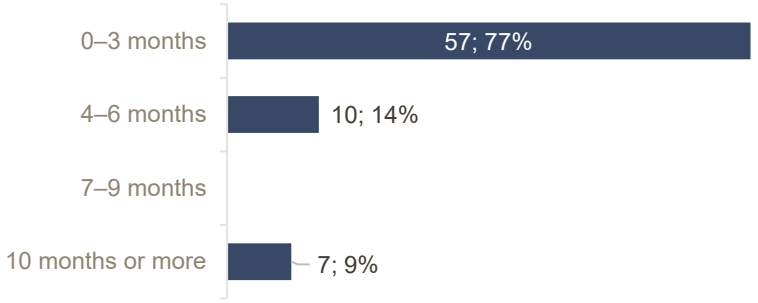
Reasons for part-time employment†

33%	42%	23%	2%
n=1	n=20	n=11	n=1
Personal choice	There were only part-time roles available	Undertaking further study	Other

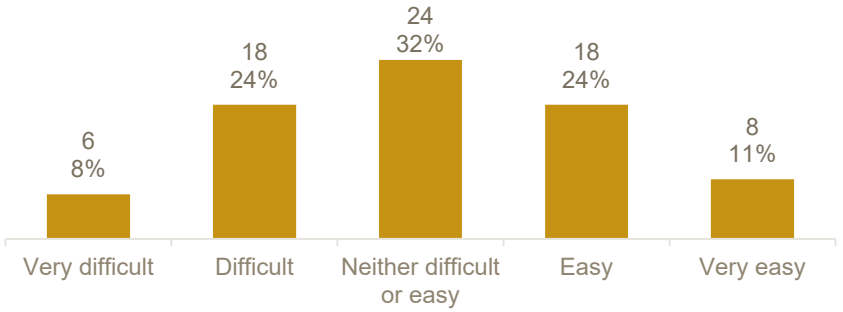
62% of RACP respondents to the 2024 MTS expressed **concerns about whether they would secure employment upon training completion** (+21% compared to the responses across all doctors in training).These concerns had previously been steadily decreasing over time (58% in 2023 MTS; 63% in the 2022 MTS, 68% in 2021 MTS).

Obtaining a Consultant/Specialist role

Time from completion of Advanced Training to commencement of role



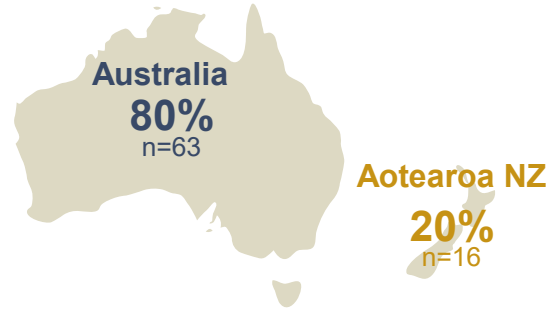
Difficulty of obtaining role



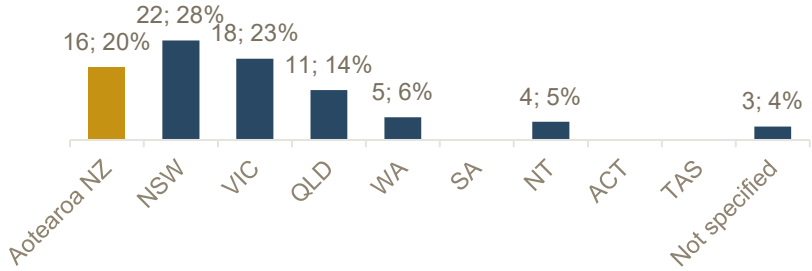
25%
n=19 out of 76
undertook a **non-Consultant/Specialist role** as their first role after completion

37%
n=7 out of 19
did so as a **Consultant/Specialist role was not initially available**

Location and place of current Consultant/Specialist role ‡



60%	35%	6%	0%
n=52	n=30	n=5	n=0
Metropolitan	Regional	Rural or remote	Unsure



Top 5 current place(s) of employment†

1. Public health service/Hospital: 55% (n=67)
2. Private practice: 19% (n=23)
3. Private health service/Hospital: 14% (n=17)
4. University/higher education sector: 5% (n=6)
5. Self-employed: 4% (n=5)

‡ As some Fellows chose more than one answer option, this represents the total number of responses rather than respondents. The relative numbers are expressed as % of the total responses.

NEW FELLOW SURVEY 2025

Key insights

Key insights are presented by:

1. **Findings consistent with existing observations**
2. **New insights for 2025**

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Findings consistent with previous surveys

High quality supervision

The proportion of new Fellows who perceived they received **sufficient supervision while still being afforded an appropriate level of independence** is **high (~80%)**

Lack of College support and maintaining work-life balance as key training concerns

Less than half of the respondents were satisfied with their **work life balance** while training and approximately one fifth of respondents agreed they **received support from the RACP when needed.**

Research requirement difficulties

Finding **sufficient time** was considered the biggest challenge when completing the Advanced Training Research Project, with over half of respondents citing time as a challenge.

Transitioning to unsupervised practice can be difficult

Around one third of new Fellows perceive the transition from Advanced Trainee to Consultant/Specialist to be difficult or very difficult.

Approximately two thirds of respondents would like **further College support on managing the transition**. Respondent comments also supported the need for a dedicated transition program.

There is room for improvement in training

Respondent comments outlined areas for further development in training:

- aligning learning activities, work experiences and training requirements to support job-readiness, linked with Professional Standards
- provision of co-ordinated mentorship, supervision and support in training, as well as opportunities for autonomy
- More support from the RACP in the form of formal training courses in areas of need

Overall, preparedness for unsupervised practice is high

Overall preparedness is generally high (>90%)

New Fellows feel their training prepared them least for unsupervised professional practice relating to:

- Research
- Health policy, systems and advocacy

Low awareness of existing College resources to support transition

The transition from training to professional practice is a distinct period in the learning continuum that stretches through the latter phase of training into early years of Fellowship.

Feedback from respondents indicates:

- a need to improve awareness about the existing suite of resources relevant to this period
- an appetite for further tailored support during the period of transition

New Fellows continue to find it challenging to adjust to new role expectations

Respondents commented on the need for improved mentorship, peer support, and support from the College in the form of :

- finding and maintaining consistent employment
- navigating administrative requirements such as private practice and billing
- taking on leadership responsibilities and feeling confident with clinical decision-making in an environment with less support.

Additional CPD support

A small number of respondents made suggestions to help ease the **transition to CPD requirements**:

- Dedicated **information sessions** or better availability of information sessions
- Broader range or more relevant **CPD content**
- **Easing or modifying the CPD requirements**

Career advice desired

Career planning and advice is a frequently requested topic for the College to provide additional resources for new Fellows (requested by 61% of respondents).

Respondent comments also supported the need for additional **career advice** to help support the transition to unsupervised practice.

New Fellow employment trends

The majority of new Fellows **find employment** as Consultants/Specialists within 6 months of Fellowship (>85%).

Just under half of new Fellows are **working part-time**.

***Note**: The stronger or more impactful findings are indicated in dark grey*

New insights

Perceived utility of research projects increasing

60% of respondents agreed completing the research requirement helped them **advance their research knowledge and/or skills** (up from 38% in 2024).

31% of respondents indicated they would find it helpful for the College to provide **further support with research skills** (down from 42% in 2024).

Increasing alignment of training experiences with expectations

The proportion of new Fellows who agreed that the **training requirements were achievable**, they had **access to the range of opportunities needed to develop their skills** and the **day-to-day work reflected the curriculum** increased from 2024 (up 14%, 14%, and 12% respectively).

There was also an 11% increase in **satisfaction with work/life balance** while training.

Preparedness is increasing in all domains of professional practice

Overall preparedness increased to 92% (up 3% in 2025)

Preparedness increased the most in the following domains:

- **Judgement and decision making** (up 10% in 2025)
- **Medical expertise** (up 9% in 2025)
- **Research** (up 8% in 2025)
- **Quality and safety** (up 8% in 2025)
- **Teaching and learning** (up 5% in 2025)

A transition program is the most frequently requested resource

More than two thirds of respondents requested further College support on managing the transition from trainee to Consultant/Specialist. Respondent comments also supported the need for a dedicated transition program.

Decline in awareness of existing College resources to support the transition

Respondents considered **MyCPD**, **RACP Online Learning,** the **College Learning Series** and **My CPD Interactive Handbook** to be the most useful resources, however awareness of each of these resources has slightly declined from 2024.

There is an opportunity to consider further promotion of other resources as at least half the respondents remain unaware of: the **New Fellows Forum, Medflix, RACP online wellbeing guides** and the **RACP Support Program - Converge International.**

Perceived utility of work-based assessments declining

The proportion of new Fellows who agreed work-based assessments **promoted their learning** and work-based assessments were a **fair assessment of their progression** is declining over time (both down 5% in 2025).

Rising interest in artificial intelligence in medicine

Artificial intelligence in medicine was the third most requested topic for the College to provide additional resources for new Fellows (requested by 44% of respondents).

***Note**: The stronger or more impactful findings are indicated in dark gold*

Recommendations

Improve and support training experiences

Recommendation	RACP mechanisms to address
1. Appraise needs for **additional or revised educational interventions** in **domains where respondents indicated they felt less prepared and where additional resources have been requested** and the best stages in training/ professional practice to implement these. These could include interventions on research and health policy, systems and advocacy, career planning and advice, artificial intelligence in medicine, and CPD support, noting that several resources already exist and select programs have had new curricula implemented from 2024.	• Curricula Renewal • RACP Online Learning • Review of ATRP requirements
2. Consider ways to improve the **constructive alignment of training experiences** with roles of Fellows, such as experiences in **a broader range of settings** such as outpatient clinics, private practice, and rural locations, noting that constructive alignment is a focus of the new curricula.	• Curricula Renewal • Accreditation renewal
3. Explore methods to better **identify and activate on-the-job learning opportunities for trainees and new Fellows**, including coaching.	• Curricula Renewal • SPDP refresh
4. Monitor how new Fellows' perceptions of **supervision**, **assessments** and the **alignment of training experiences with new Fellow role expectations evolve over time** with the rollout of the new curricula NEW	• Curricula Renewal evaluation
5. Improve trainee experience and belonging by being **responsive to requests for RACP support** and providing timely communication regarding training requirements, especially those with the potential to delay granting of Fellowships.	• Curricula Renewal • Member Support Centre • Member Value Proposition
6. Consider opportunities for the College to **assist trainees achieve more of a work-life balance** such as: a) advocating for appropriate workloads and protected time for education b) continuing to encourage flexible training/working arrangements c) reviewing ways to build and demonstrate research competencies that may be less time-intensive than the ATRP.	• Curricula Renewal • Accreditation renewal • Review of ATRP requirements • Flexible Training Policy

Recommendations

Provide targeted support for the transition to fellowship

Recommendation	RACP mechanisms to address
7. Explore development of a **transition to professional practice program** which could include existing and new initiatives for: a) support with career planning b) addressing common transition challenges (e.g. confidence in leadership and administrative tasks) c) mentorship and peer-support	• Approach and prioritisation to be assessed through strategy refresh
8. Continue to improve accessibility and consider additional promotional opportunities for existing **RACP resources to assist new Fellows**	• CPD Program
9. Continue to **promote CPD resources to ease the transition into unsupervised practice** including the New Fellows Forum, CPD Handbook and Online Learning.	• CPD Program
10. Continue to **track trends** over time to assess the impact of interventions, including the revised curricula.	• New Fellow Survey • Curricula Renewal evaluation

Strengths, Limitations and Further Research

Strengths	Limitations	Further research
• The findings from this research can be used to **inform training, professional development opportunities and resource development.** • This research extends and **complements previous iterations** of the survey in 2021, 2023 and 2024, as well as and other existing literature regarding new Fellow preparedness for unsupervised practice • **Longitudinal and speciality-specific analysis** possible due the routine implementation of the survey	• The data collected in this research is **self-reported** and therefore may not accurately portray actual new Fellow preparedness. • The **sample size was small**, with participation from 11% of eligible respondents. While this could potentially introduce respondent bias, triangulation using other datasets has yielded similar results. • As the response was anonymous there was **no way to follow up non-responders**. It may be worth considering embedding the survey in College administrative systems, automating the survey invitation to ne Fellows once they reach one year post completion of a new RACP program. • The 2024 NFS cohort transitioned from training to unsupervised professional practice during the **COVID-19 pandemic**, which may have been a **confounding factor** in differences between the 2024 and 2025 survey responses. • The **independent samples assumption** was not met for statistical analysis of preparedness scores as respondents who recently completed two concurrent training programs were counted twice. However, analysis removing respondents with multiple program completions yielded the same results.	• **Ongoing evaluation** of the preparedness of new Fellows, particularly in relation to the domains where respondents indicated they were less prepared and/or in areas where additional resources or interventions have been made as a result of this research. • Integrating **other sources of data** such as supervisor perspectives, assessment data, and/or actual usage rates of College resources to triangulate findings. • Considering **qualitative interviews** to explore more in-depth responses from new Fellows in terms of how to improve preparedness or assist with the transition to unsupervised practice.

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