

# Terms and Conditions Benchmarking Survey

2012

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## Executive Summary

The aim of GPRA's 2012 Terms and Conditions Benchmarking Survey is to empower registrars to negotiate the best possible terms and conditions for themselves. To achieve this, this report provides a benchmark of salaries and employment conditions of general practice registrars. This survey ran from late April to early June, 2012, and was completed by 501 respondents. All questions were optional.

The average respondent was undertaking a FRACGP in GP Term 1, located in RA2, female, and between the ages of 26 and 30. They work on average 7.4 sessions per week in general practice, less than 1-in-4 Saturdays, never on Sundays, and are never on-call overnight. They do not have private patients at a hospital.

The proportion of registrars with a signed contract of employment has increased in the two years since the last survey; however, 1 in 10 registrars are still employed without a contract. 17 out of 20 registrars read GPRA's National Minimum Terms and Conditions document prior to signing their contract. Almost three quarters of registrars are employees with just over 1 in 10 reporting they are contracting.

The average, weekly, pre-tax earnings are \$2,165.92, or \$291.10 per session. These figures vary according to stage of training and the regional classification of the practice. GPT4 registrars average \$345.18 per session, while RA4-based registrars average \$364.97 per session.

Almost two thirds of respondents are paid according to GPRA's National Minimum Terms and Conditions, including over 50% of GPT3, and 35% of GPT4 registrars. This is a significant increase from the 2010 benchmarking survey. The majority of registrars are therefore paid 45% of billings for ordinary hours, and this percentage increases according to out-of-hours' work, and stage of training. For a majority of respondents, percentage-of-billings figures are calculated fortnightly. More than half of respondents were not sure if SIPS/PIPS payments are included in their percentage of billings.

Two thirds of respondents are able to take paid personal leave, three quarters can take paid annual leave, and almost two thirds can take paid educational release for RTP education or workshops. Study leave is available unpaid to around one third of respondents, and not available at all to a slightly greater proportion. Almost half of the respondents reported that they were unsure as to maternity/paternity leave availability. More than 8 in 10 registrars are paid superannuation, with the remainder either unsure, contractors, and less than 2% reported not paid superannuation at all.

Two out of three respondents were not involved in teaching within the previous week. Almost 90% of FRACGP respondents in GPT1 were provided with some teaching in the previous week, 80% of those in GPT2, dropping to almost 40% of those in GPT3, and 25% of those in GPT4. In an average week, the reported proportions receiving teaching were almost 100% of those GPT1, just over 90% of those in GPT2, and over 40% of those in GPT3, and GPT4. Considering the RACGP Standards, these data indicate that close to 1-in-10 of GPT1 registrars and 2-in-10 GPT2 registrars receive less than half the mandated teaching time in an average week. Conversely, over 40% of GPT3 and GPT4 registrars report that they are receiving teaching beyond the mandated Standards.

When asked about satisfaction with the teaching they receive, very few respondents reported dissatisfaction. Only 11.5% of respondents were dissatisfied with their face to face, dedicated teaching

time, and less than 5% of respondents with opportunistic/corridor teaching, education delivered by their RTP, or education delivered by external providers. Almost 80% of respondents reported no problems with the quality or quantity of their in-practice teaching in proportions evenly divided between training terms. One in five of these individuals reported satisfactorily solving these problems.

Only 7.2% of respondents are dissatisfied with the current model of GP training, and 13% supportive of a centralised model of employment, similar to PGPPP.

## **I. Background and Objectives**

The purpose of GPRA's 2012 Terms and Conditions Benchmarking Survey is to benchmark the salaries and employment conditions of general practice registrars currently working in Australian general practice.

GPRA hopes to empower registrars to negotiate the best possible terms and conditions for themselves by informing them of the employment terms and conditions of other registrars across Australia.

In addition to assisting registrars in negotiating an employment contract with their practice, the survey results will also inform the development of some negotiating guidelines for registrars. Accurate data on registrar income will also be useful data for interested students, and junior doctors, and will assist medical practices and supervisors to understand what they may need to offer registrars to be competitive within the marketplace.

Another key objective of the benchmarking survey is to equip GPRA to negotiate the contents of the National Minimum Terms and Conditions for GPT1 and GPT2 Registrars document (NMTC) on behalf of registrars with the National General Practice Supervisors' Association (NGPSA). This process occurs every two years, and is underway in 2012.

The survey also explores the supervision and in-practice teaching that registrars receive within the context of the current RACGP standards. It also asks registrars to think about the current model of employment (employed by practices), and consider an alternative, centralised method of employment, similar to that used within the Prevocational General Practice Placements Program.

Finally, the results also provide some measure of compliance (and non-compliance) relating to college standards, and the current NMTC document.

## 2. Survey methodology

The survey was authored using SurveyMonkey, and open to all general practice registrars in Australia. It was advertised via GPRA e-mail newsletters and GPRA list servers. Following the initial email broadcasts, GPRA encouraged completion of the survey by issuing weekly reminder emails and conducting follow-ups via the GPRA council list server.

Prizes were offered to survey participants and RLO's. The 1<sup>st</sup>, 10<sup>th</sup>, 50<sup>th</sup>, 400<sup>th</sup> and 500<sup>th</sup> (or next after this number) respondents won a \$100 McGraw-Hill book voucher. One RLO from the RTP with the greatest number of responses, and one RLO from the RTP with the greatest proportional response won a \$200 McGraw-Hill book voucher.

The survey period ran from Monday 23 April 2012 to Tuesday 12 June 2012, allowing ample time for registrars to complete the survey. For comparisons sake, the previous survey was open from Thursday 29 October 2009 to Monday 4 January 2010.

The preamble to the survey stated that GPRA would use the results of the survey to advocate for registrars with specific reference to the NMTC renegotiations taking place in 2012. Additionally, it was stated that the data would also be used to update "More than Money: A Negotiation Guide for GP Registrars", and create a new benchmarking report. These documents are available at <http://www.gpra.org.au/negotiating-contracts>

The remainder of the preamble read:

*This is an ANONYMOUS survey. We will ask you questions about your practice, your pay, and your conditions, plus a few simple demographics. You can skip any questions that you would prefer not to answer (apart from the questions that ask what qualification and stage of GP training you are in).*

*This survey will take about 5-10 minutes to complete.*

*We are offering 5 x \$100 McGraw-Hill book vouchers to the 1st, 10th, 50th, 400th and 500th respondents (or closest) who have entered the prize draw.*

*To be eligible to win, please complete the last page of the survey that requests your name, e-mail and phone number. This information will be used for NO OTHER PURPOSE apart from contacting prize winners.*

*If you have any questions about this survey, please contact [renata.schindler@gpra.org.au](mailto:renata.schindler@gpra.org.au)*

The survey instrument was developed by GPRA, and covered the following broad topic areas (see Appendix B for survey questionnaire):

- Demographic details
- Employment conditions
- Negotiating terms of employment
- Billing profile and earning capacity
- Compliance with current NMTC for GPT1 and GPT2
- In-practice teaching
- Sick leave, annual leave, public holidays and other leave

- Alternate models of employment during training

A total 501 respondents completed the survey. The time to complete the survey was approximately 10 minutes. Due to the sensitive or personal nature of some of the questions, very few questions were compulsory to answer. A demographic profile of respondents is provided in Section 6.

Data was scrubbed of duplicates prior to interpretation. Records with duplicate IP addresses were examined, and any partially completed records (that may indicate an interruption to the session) were deleted. Records were only deleted when they shared an IP address, and matched in what data they contained. Some entries with matching IP addresses contained different information, and in these cases, both entries were preserved.

Throughout this report, the exact wording of each question is presented below each figure or table, along with the number of respondents (denoted as n=)

### **3. Limitations of this research**

The National Terms and Conditions document and associated “More than Money” negotiation guide are now mature documents, and have been widely marketed to registrars. The focus of this survey is therefore less about negotiation and conditions than the 2010 survey was, and more focused on supervision and teaching, and potential alternative employment models for registrars.

This survey was run with all questions (apart from the initial set of questions on fellowship) optional and not requiring a response to continue the survey. Understandably, some participants may find detailing their employment arrangements to be invasive, and it may be the case that these individuals over-represent a particular group (such as GPTI registrars). Questions were therefore largely optional in order to increase the overall response rate and ameliorate any potential bias this may cause throughout the survey. Traditionally, a reasonable proportion of respondents choose not to answer questions relating to their income. In the 2010 survey, 30% of respondents did not respond to the measure on what their average gross weekly earnings were from working in the training program and did not indicate how many sessions they worked per week. In the current survey, 14.2% of respondents did not provide an answer for their gross weekly earnings, and only 6 respondents (1.2%) did not provide an answer for the number of sessions per week they work.

Results from the 2010 registrar benchmarking survey have been included for comparison purposes where appropriate. Comparisons between 2012 and 2010 data should only be made for indicative purposes. Due to the changes within the marketplace in the last two years, small sample sizes of both surveys, and differences in the wording of many of the questions, it would be inappropriate to draw absolute conclusions from the data presented.



## 4. Demographic profile

These initial questions were compulsory and concerned training end-points/fellowships.

### What fellowship(s) are you training towards?

The vast majority of respondents were training towards a RACGP fellowship, either solely or together with another fellowship, and in an almost identical proportion to respondents from the 2010 survey (95.0% vs 94.9%). The number of respondents seeking a FACRRM or FARGP changed only marginally from 2010 to 2012.

	%	n
FACRRM	6.0	30
FRACGP	95.0	476
FARGP	12.4	62
Other	0.6	3

Q1. What fellowship(s) are you training towards? (Tick as many as apply)  
58 individuals were training towards multiple fellowships – 9 FACRRM and FRACGP, 37 FRACGP and FARGP, 3 FACRRM, FRACGP and FARGP and 3 FACRRM and FARGP. 1 respondent answered "Pall care".

### FRACGP - What general practice term are you in?

The largest group of respondents were in GP Term 1, followed by GP Term 3. Data collection was active during the first half of the year considering the 2012 survey, whereas 2010 survey data collection occurring during the latter half of the year. A significantly greater number of GPT1 respondents responded to the 2012 survey in comparison to the 2010 survey.

Term	%	n
Hospital year	4.8	24
GP Term 1	36.7	184
GP Term 2	9.8	49
GP Term 3	26.5	133
Extended skills (in general practice – GPT4)	8.8	44
Extended skills (in a non-GP setting)	4.2	21
FARGP	0.6	3
None – I'm on leave	2.4	12
Other (see below)	7.2	36

Q2. If you are training towards a FRACGP, what General Practice term are you in? (Tick all that apply).

**Other:** 20 - extension awaiting fellowship, 3 - Recently fellowed, 3 - FRACGP, 3 - elective, 2 - extension, 1 - extension for academic term, 1 - got through RACGP, 1 - Open-ended rural posting, 1 - Academic post.

2010

Endpoints Training Towards	%	n
FRACGP	94.9	411
FACRRM	7.2	31
FARGP	10.4	45
Other ('have FRACGP')	0.2	1

Base: All Respondents. Note: the following number of respondents did not provide a response for, 'training pathway', n=4; 'training workload', n=5; 'term currently in', n=43 and 'endpoints training towards', n=2.

Term Currently In	%	n
GPT1	20.7	81
GPT2	40.1	157
GPT3	19.6	77
Extended skills/Special skills	13.3	52
ARSP	5.4	21
Academic Post	1.0	4
Other (see below)		45

The 'other' responses (n=45), were as follows:

- Hospital term – 18 responses
- Commencing GPT1 in 2010 – 4 responses
- Maternity leave – 3 responses
- Academic post as well – 2 responses
- Extension, awaiting fellowship – 2 responses
- Subsequent term – 2 responses

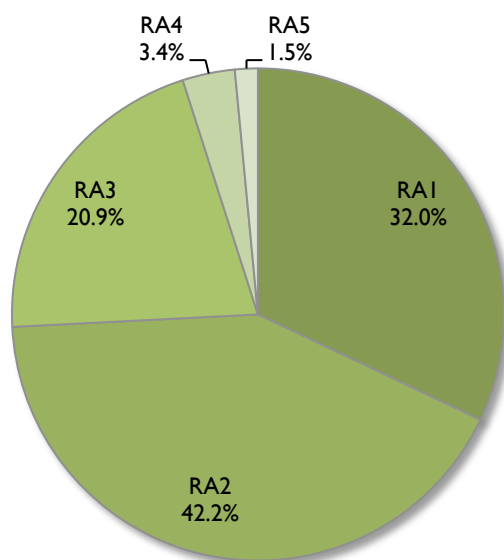
### FACRRM – What general practice term are you in?

Term	%	n
Core clinical training	22.7	10
Primary rural and remote training	47.7	21
Advanced specialised training	9.1	4
None – I'm on leave	0	0
Other (see below)	20.5	9

3. If you are training towards a FACRRM, what General Practice term are you in? (Tick all that apply)  
Other: 3 - FRACGP term, 3 - finished and awaiting fellowship, and 1 - hospital year.

### What is the RA classification of the area that you are practicing in?

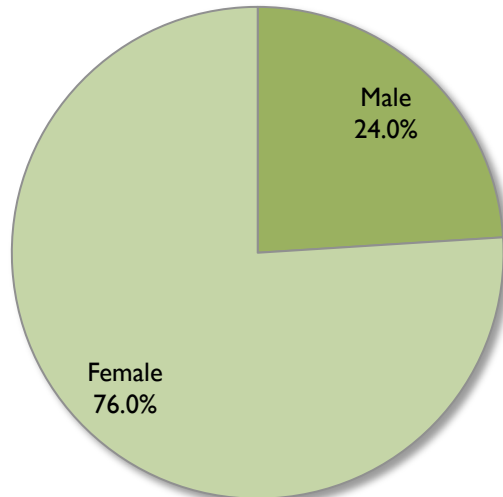
RA1-based respondents seem to be under-represented in the respondents to this survey. Otherwise, the relative proportions of RA2, RA3, and RA4-5 respondents appear to be approximately correct. Data from the GPET GP Registrar Satisfaction Survey indicates that in 2011, 46% of their respondents were training in an RRMA1-based practice (a classification roughly equivalent to RA1), down from 48% in 2010.



32. What is the RA classification of the area that you are practicing in? (n=465)

### Are you male or female?

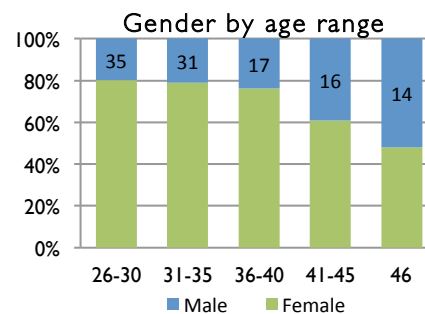
Females seem to be slightly over-represented in the respondents to this survey. According to the GPET AGPT Applicants Survey, females represented 67% of applicants to the AGPT program in 2011 and 64% of applicants in 2012, whereas 76.0% of the respondents to this survey are female. Although female respondents outnumber males overall, the male-female proportions approach equality as the age range increases.



35. Are you male or female? (n=475)

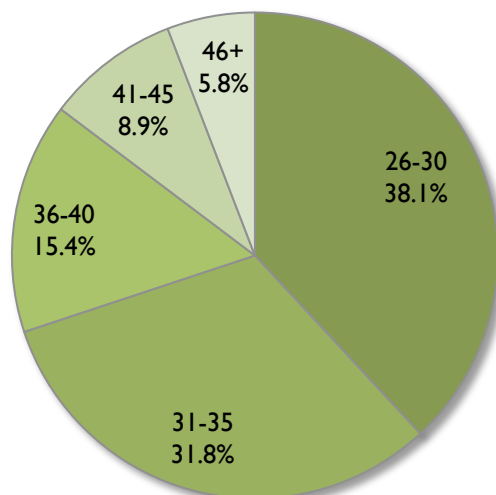
2010		
Gender	%	n
Male	34.3%	147
Female	65.7%	282

Base: All respondents. Note: n=4 did not provide a response.



### How old are you?

As in 2010, most respondents are within the 26-30 years of age bracket (2010, 37.6% vs. 2012, 38.1%), followed by 31-35 years of age (27.6% vs 31.8%).



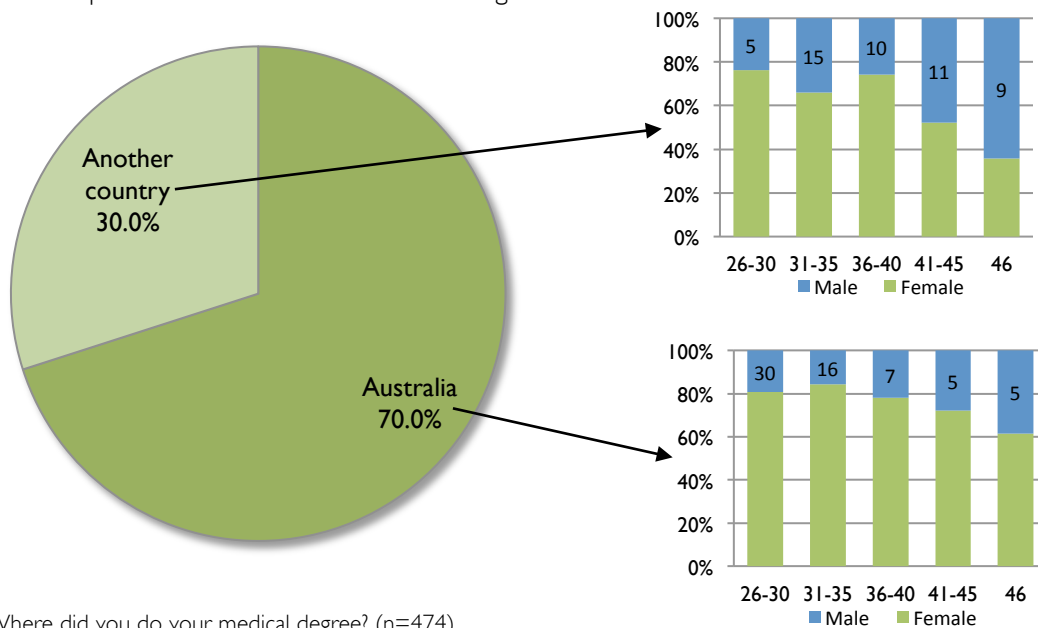
36. How old are you? (n=471)

2010		
Age Group	%	n
20 – 25	1.6%	7
26 – 30	37.6%	162
31 – 35	27.6%	119
36 – 40	10.4%	45
41 – 45	10.7%	46
46 – 50	6.3%	27
Over 50	5.8%	25

Base: All respondents. Note: n=6 did not provide a response.

### Where did you do your medical degree?

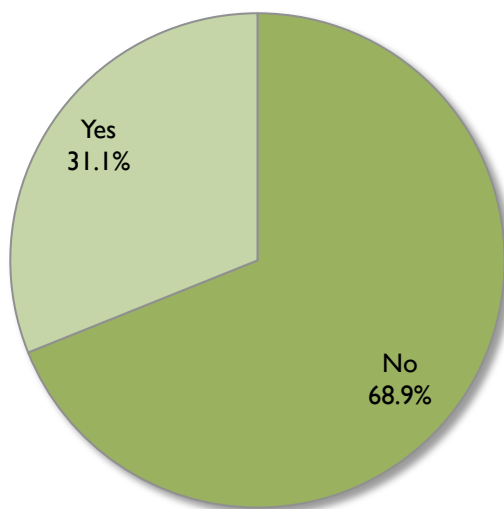
30.0% of respondents are international medical graduates.



37. Where did you do your medical degree? (n=474)

### Would you identify as being from a non-English speaking background?

31.1% of respondents identified as being from a non-English speaking background.



38. Would you identify as being from a non-English speaking background? (n=473)

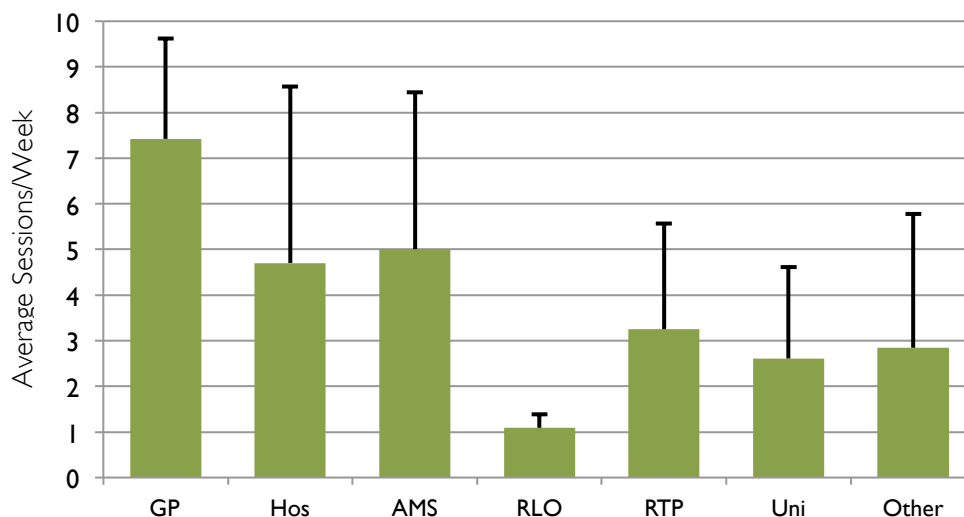
"Yes", or "No - English is my first/primary language".

## 5. Hours

### How many sessions do you work during the week?

On average, respondents work 7.4 sessions per week in general practice, with a median of 8 sessions.

Male respondents average one more session per week than female respondents (8.2 vs. 7.1 sessions per week).



FRACGP - GP

	GPT1		GPT2		GPT3		Total	
	Male	Fem	Male	Fem	Male	Fem	Male	Fem
Count	44	130	5	38	34	92	107	325
Average	8.55	7.81	8.60	6.24	7.88	7.14	8.09	7.17
Stdev	1.11	2.19	0.55	2.01	2.06	2.01	1.99	2.25

	Hos		AMS		RLO		RTP		Uni		Other	
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem
Count	26	70	6	12	10	15	7	5	6	16	12	22
Average	3.54	4.53	2.17	4.75	0.70	1.07	1.00	3.80	0.50	2.75	2.08	2.95
Stdev	3.97	3.64	3.49	3.62	0.67	0.26	1.83	2.39	0.84	2.08	3.34	2.75

4. In a USUAL week between MONDAY and FRIDAY, how many sessions do you work in each of these locations? (1 session is approximately 1/2 day of work with a minimum of 3.5 hours according to RACGP, n=501)

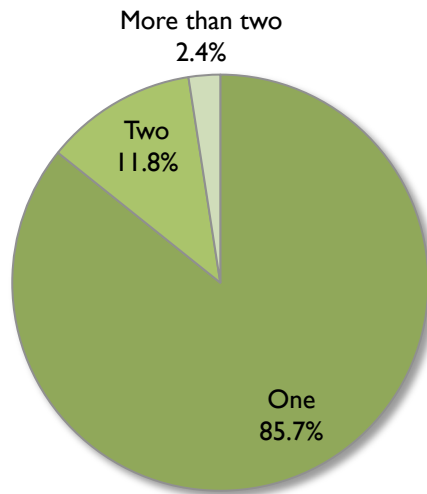
GP – general practice, Hos – Hospital, AMS – Aboriginal Medical Service, RLO – RTP as an RLO, RTP – RTP other, Uni – University. Error bars denote standard deviation.

### 5. If you answered, OTHER to the above question, please explain your answer.

Major themes: 11 x Hospital work, 7 x Academic and extended skills, 6 x Nursing Homes, 6 x Nursing Homes, 2 x Retrieval Medicine.

**For your general practice work, how many practices do you work in?**

The vast majority of respondents work in a single practice (85.7%), with only 14.2% of respondents working in more than one.

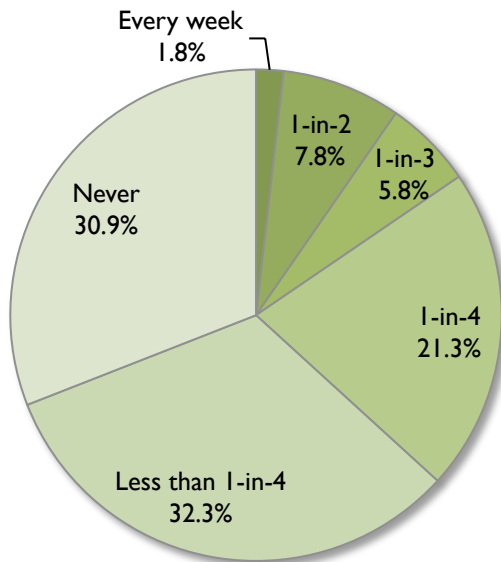


1. For your General Practice work, how many practices do you work in? (n=476)

Available answers were 1, 2, more than 2 or N/A, I'm not working in general practice at the moment.

### How often do you work on a Saturday (in general practice)?

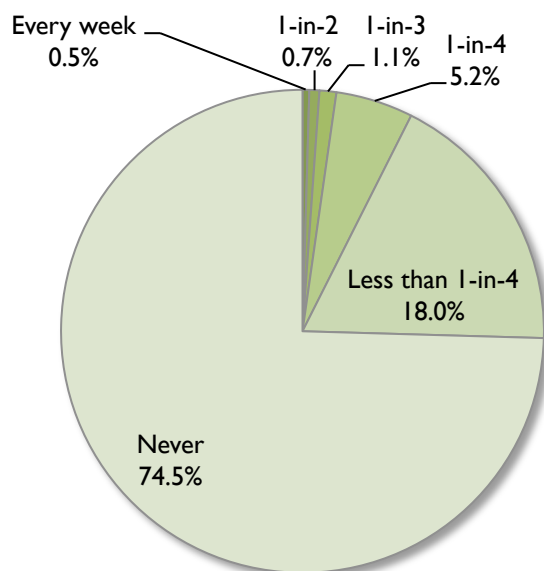
Almost one third of respondents working in general practice do not ever work on Saturdays (30.9%), while 36.7% work at least one Saturday per month. 32.3% of respondents work less frequently than 1-in-4 Saturdays.



2. How often do you work on a SATURDAY in General Practice? (n=446)  
Respondents who indicated 0 sessions work in general practice (Q4) were excluded.

### How often do you work on a Sunday (in general practice)?

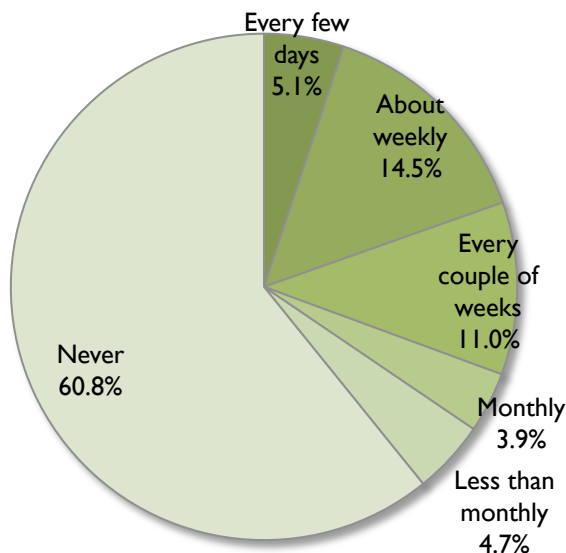
Only around one quarter of respondents working in general practice indicated they work on Sundays (25.5%). The majority of these respondents work on Sundays less frequently than once per month (18.0%).



3. How often do you work on a SUNDAY in General Practice? (n=444)  
Respondents who indicated 0 sessions work in general practice (Q4) were excluded.

#### How often are you on-call, overnight for your practice or local hospital?

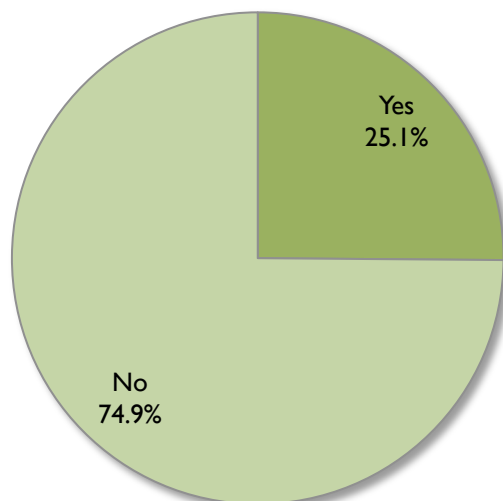
More than half the respondents reported that they are never on-call overnight for either their practice or local hospital (60.8%). Considering those that did report working on-call (39.2%), the majority of respondents reported that this occurs about weekly (14.5%) or every couple of weeks (11.0%).



4. Approximately, how often are you ON-CALL OVERNIGHT for your practice or local hospital? (n=490)

#### As part of your General Practice work, do you have private patients at a hospital (e.g. admit patients, do a daily ward round, A/H call for the hospital)?

Almost three out of four respondents do not have private patients at a hospital (74.9%).



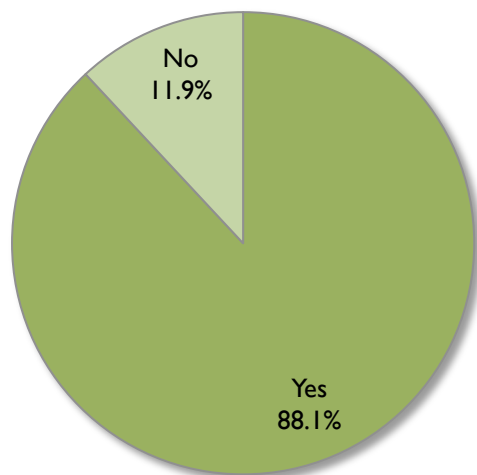
5. As part of your General Practice work, do you have private patients at a hospital (e.g. admit patients, do a daily ward round, A/H call for the hospital)? (n=487)



## 6. Pay

### If you work in General Practice, do you have a signed contract?

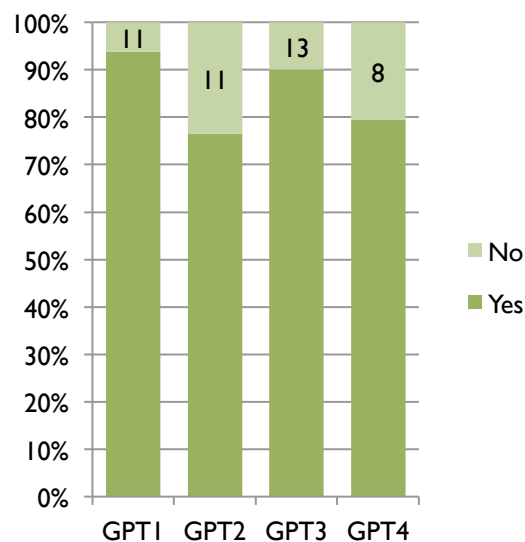
88.1% of respondents working in general practice have a signed contract. The 2010 survey indicated that 78.6% of respondents had a signed contract. This is an improvement of almost 10%. However, one in ten respondents are still employed without a signed contract.



2010		
Do you have a signed contract?		
Yes	78.6%	312
No	21.4%	85

11. If you work in General Practice, do you have a signed contract?

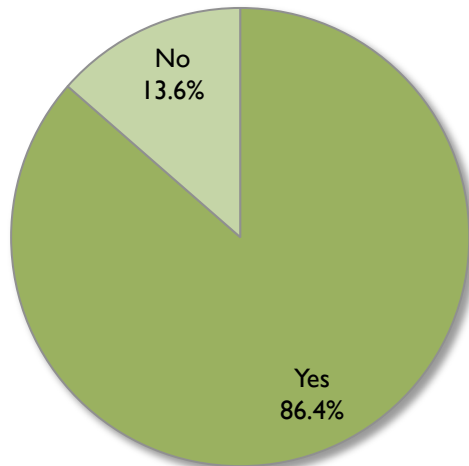
Surprisingly the greatest proportion of FRACGP respondents without a signed contract are in GPT2, and therefore covered by the NMTC document.



Signed contract by FRACGP term.

**If you have a contract, had you read the National Minimum Terms and Conditions for GP Registrars document before signing your contract?**

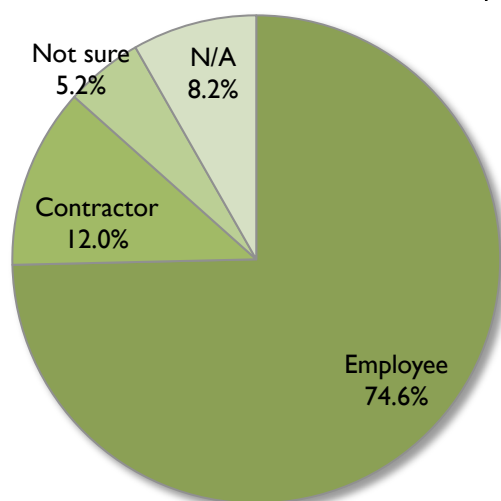
86.4% of respondents had read the NMTC document prior to signing their current contract. This is a significant result. In the 2010 survey, only slightly more than half of the respondents (55.2%) reported having referred to the NMTC document prior to signing their contract.



2010		
Did you refer to the NMTC doc?		
Yes	55.2%	216
No	44.8%	175

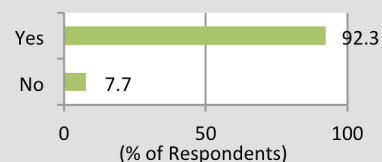
12. If you have a contract, had you read the National Minimum Terms and Conditions for GP Registrars document before signing your contract?

For your work in General Practice, are you a contractor or employee?



**2010**

Employed as...		
Employee	78.5%	310
Contractor	9.1%	36
Both (> 1 location)	5.1%	20
Unsure	7.3%	29
Other		7



Q42. Did you work (or are your working) as an employee during GPT1 and GPT2?  
Base: All Respondents (n=300; n=135 respondents did not answer this question).

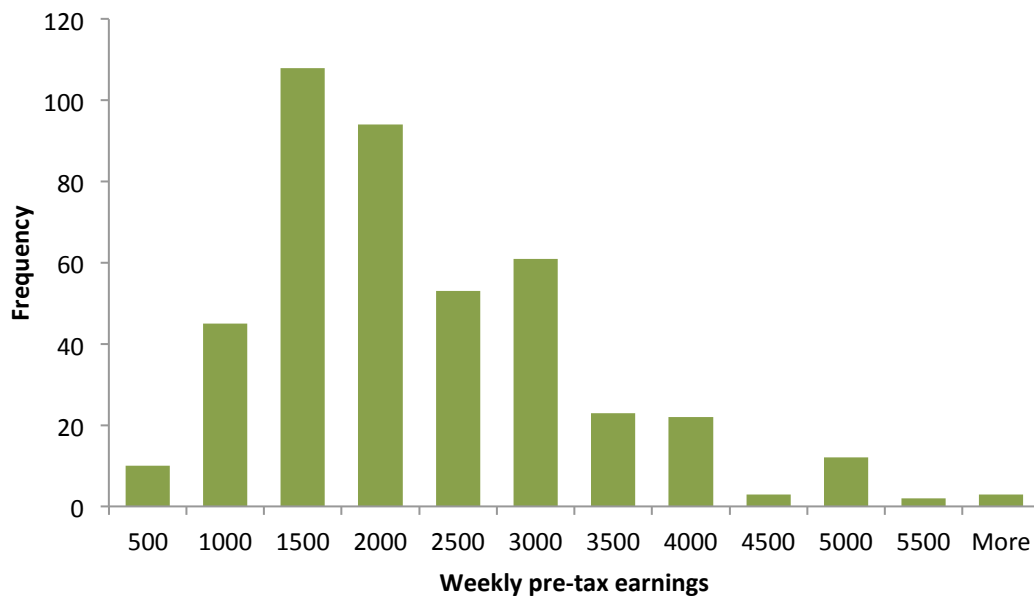
6. For your work in General Practice, you are?

	GPT1	%	GPT2	%	GPT3	%	GPT4	%
An employee	153	85%	43	93%	106	80%	28	70%
A contractor	6	3%	1	2%	23	17%	12	30%
Not sure	19	11%	2	4%	3	2%	-	
N/A	1	1%	-		-		-	
<b>Total</b>	<b>179</b>		<b>46</b>		<b>132</b>		<b>40</b>	

Employment status by FRACGP term.

### Weekly pre-tax earnings

The average pre-tax weekly earnings are \$2,165.92, equating to an average of \$291.10 per session. The difference in earnings according to gender can be largely (but not entirely) explained considering males work one additional session per week compared to females on average.



7. In your current term, how much do you earn EACH WEEK from General Practice (on average, BEFORE TAX)? (n=437)

	n	Session	2010	Week	2010
Average	445	291.10	274.00	2,166	2192

#### FRACGP Term

GP Term 1	179	229.55	248.60	1,835	1914
GP Term 2	46	265.99	258.80	1,746	2148
GP Term 3	130	345.18	331.50	2,546	2354
Extended skills (i.e GPT4)	39	371.67	325.70	2,430	2573

#### Region

RA1	136	282.89	n/a	1,995	n/a
RA2	182	294.27	n/a	2,256	n/a
RA3	93	290.02	n/a	2,174	n/a
RA4	14	364.97	n/a	2,946	n/a
RA5	2	350.00	n/a	1,750	n/a

#### Gender

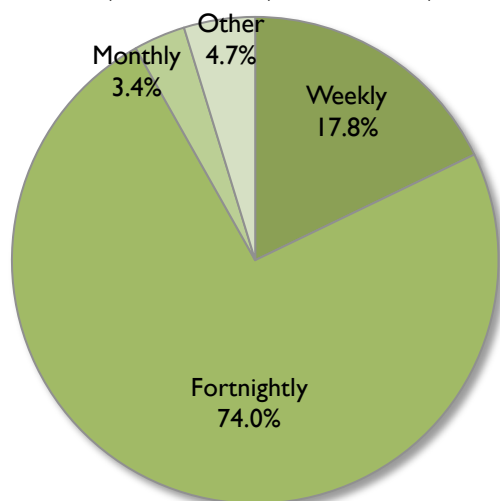
Male	106	316.29	287.50	2,584	2645
Female	324	284.27	259.70	2,043	2311

#### Country graduated

Australia	295	295.11	n/a	2,165	n/a
Another Country	134	287.93	n/a	2,196	n/a

How often are you paid for your general practice work?

Almost three quarters of respondents are paid fortnightly (74.0%).

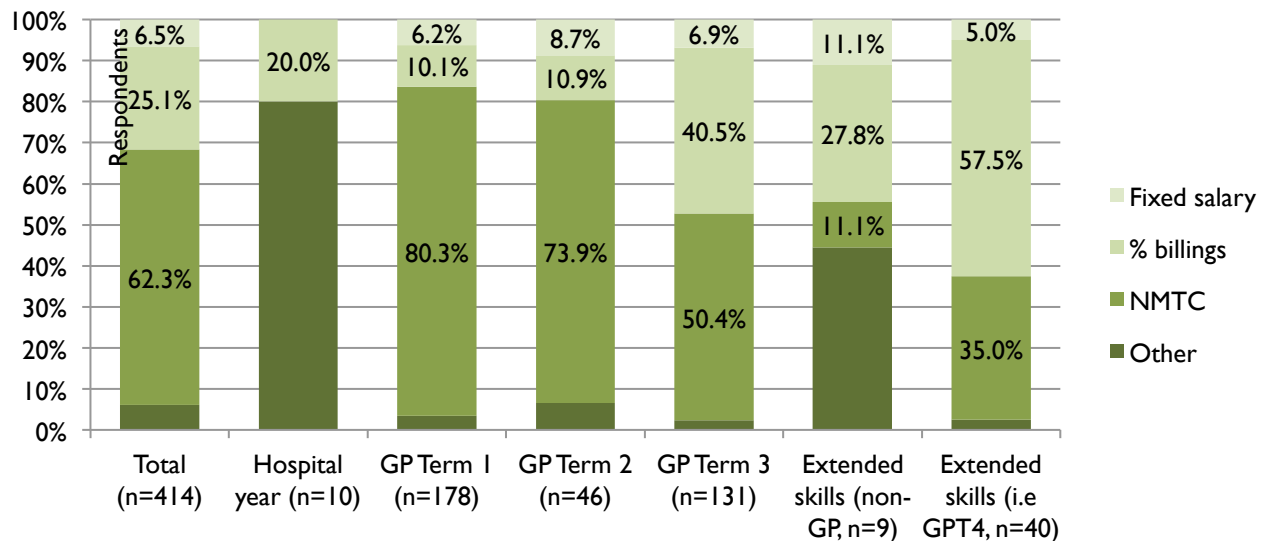


15. For your General Practice work, are you paid...

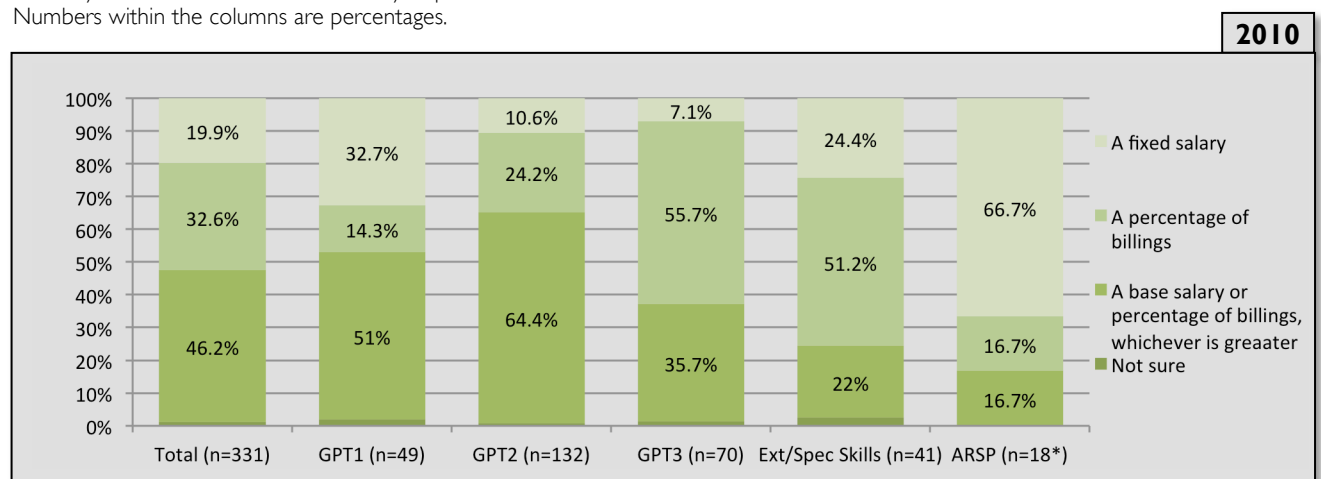
### For your general practice work, how is your pay calculated?

Overall, 62.3% of respondents are paid according to the National Minimum Terms and Conditions document. As the NMTC document is designed to cover registrars during GPT1 and GPT2 terms, it is encouraging to see 80.3% of FRACGP GPT1 respondents and 73.9% of FRACGP GPT2 respondents using the remuneration principals contained within it. Interestingly, more than half (50.4%) of FRACGP GPT3 registrars are also using the NMTC document to calculate their remuneration, in addition to 35.0% of FRACGP GPT4 registrars.

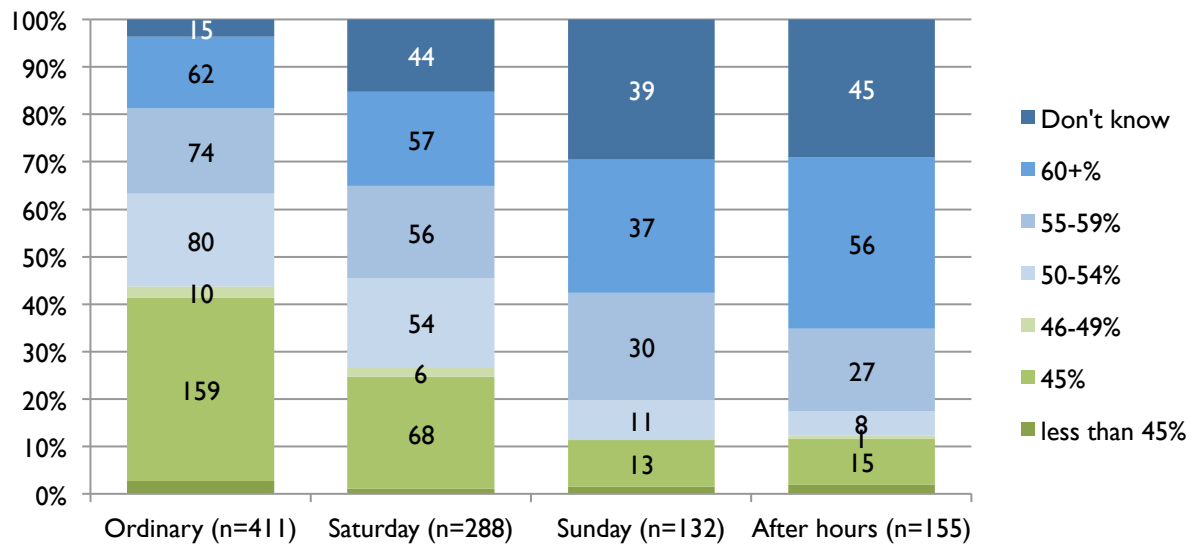
Comparatively, far more GPT1 registrars are now being paid according to the remuneration arrangements detailed by the NMTC document. In 2010, almost one-third (32.7%) of respondents in GPT1 were receiving a fixed salary, whereas only 6.2% of respondents to the 2012 survey are being paid in this manner.



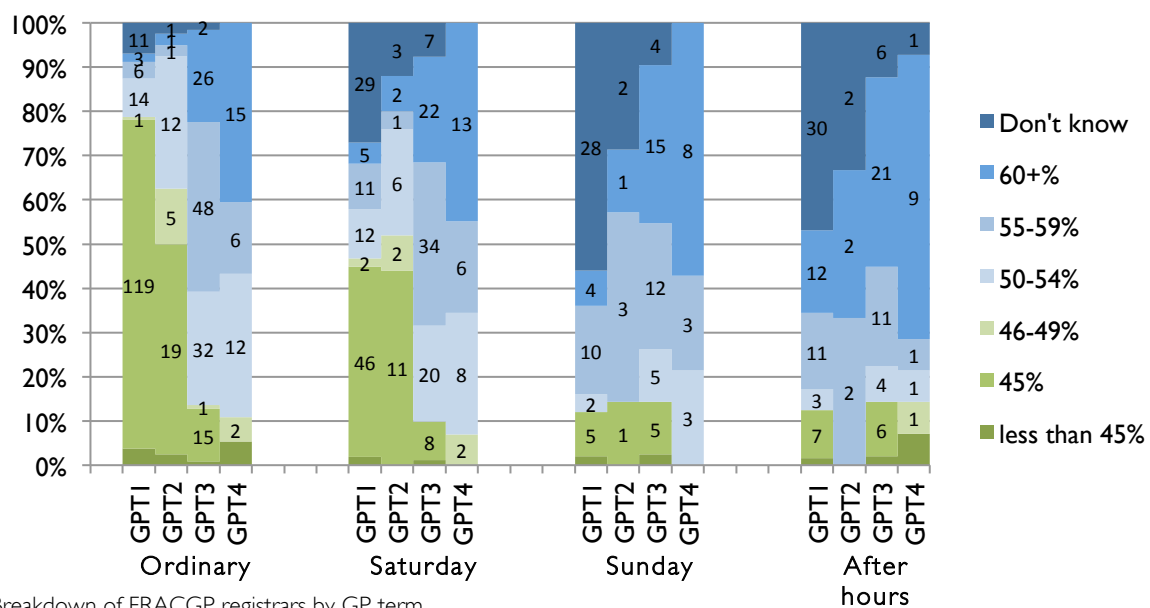
16. For your General Practice work, are you paid?  
Numbers within the columns are percentages.



What percentage of billings are you paid for?



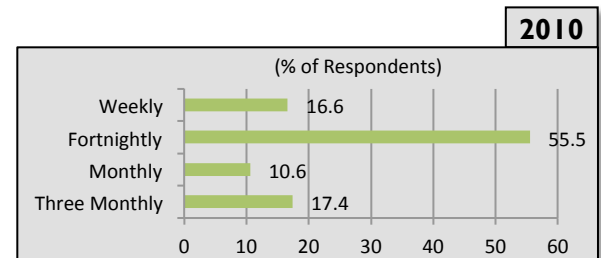
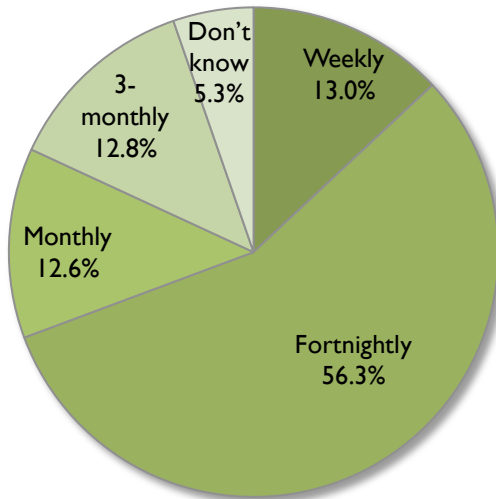
17. What percentage of billings are you paid for: EXCLUDING superannuation?  
"Ordinary" is defined as between Monday and Friday, 8am to 8pm.



Breakdown of FRACGP registrars by GP term.

**If you are paid a percentage of billings, how often is this calculated?**

Most respondents are paid fortnightly (56.3%), with the remainder distributed rather evenly between being paid weekly (13.0%), monthly (12.6%) and 3 monthly (12.8%).

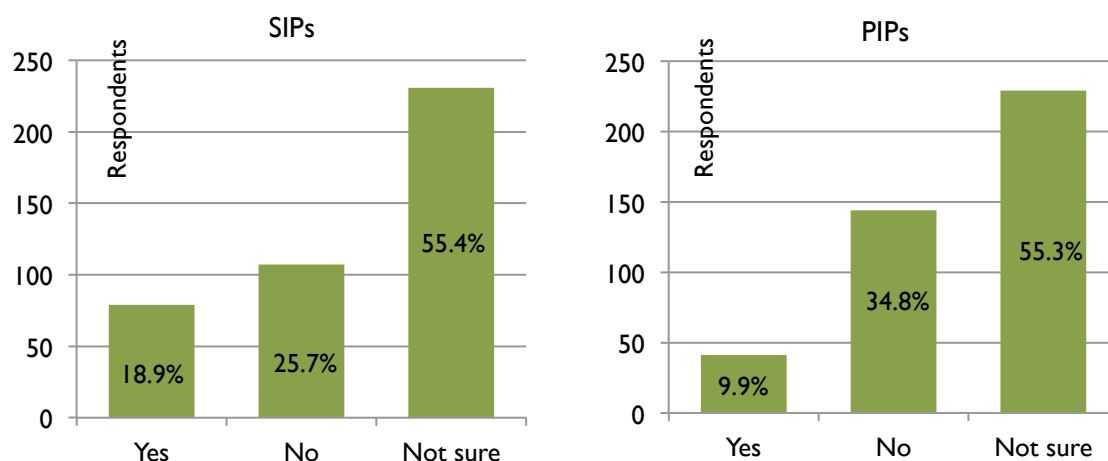


18. If you are paid a percentage of billings, how often is this calculated? (i.e. what is your billing cycle)



### When your practice calculates your pay using percentage of billings, are SIPS/PIPS included?

The majority of respondents are not sure if they are receiving SIPS (55.4%) or PIPS (55.3%) payments in percentage of billings payments. The National Minimum Terms and Conditions (6.1.2) states that SIPS (but not PIPs) are a component of gross billings.



19. When your practice calculates your pay using percentage of billings: Are SIPS/PIPS included? (n=417, 414)

2010			
	Yes	No	n
h) SIPS (or a portion)	<b>50.4% (118)</b>	49.6% (116)	234
i) PIPS (or a portion)	39.6% (89)	<b>60.4% (136)</b>	225

**As part of your employment in a general practice setting, do you have access to these types of leave?**

Worryingly, a smaller proportion of respondents have indicated they are able to take various types of leave compared to respondents from the 2010 survey. In particular, 1.6% fewer respondents indicated they were able to take annual leave (paid or unpaid), 2.7% fewer respondents for study leave, and 7.5% fewer respondents indicated they were able to take paid or unpaid maternity or paternity leave. Section 7 of the National Minimum Terms and Conditions details GPT 1/2 leave entitlements which includes personal and annual leave.

	Yes, paid	Yes, unpaid	No	Unsure	n
Personal leave	66.7% (295)	19.9% (88)	4.1% (18)	9.3% (41)	442
Annual leave	75.6% (335)	18.1% (80)	3.6% (16)	2.7% (12)	443
Study leave	12.6% (54)	30.3% (130)	32.6% (140)	24.5% (105)	429
Maternity/paternity leave	8.6% (34)	19.5% (77)	23.6% (93)	48.2% (190)	394
Educational release leave for RTP education/workshop	61.1% (258)	25.6% (108)	7.8% (33)	5.5% (23)	422

20. As part of your employment in a GENERAL PRACTICE setting, do you have access to the following:  
Respondents who answered N/A to this question were excluded.

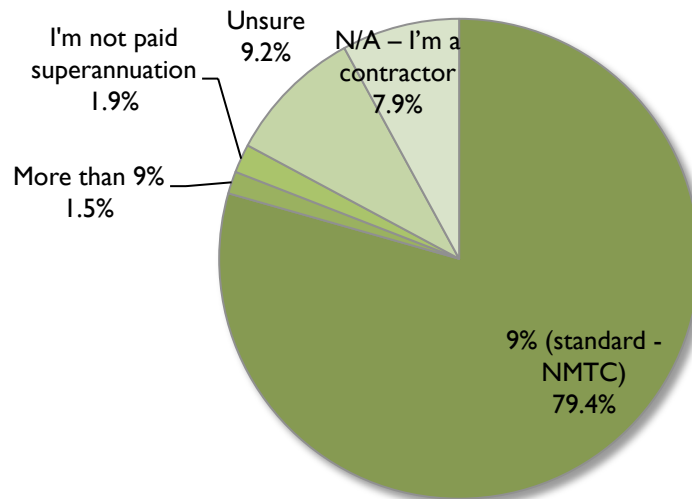
2010				
	Yes	No	Unsure	n
a) Sick leave	89.7% (269)	7.3% (22)	3.0% (9)	300
b) Annual leave	95.3% (286)	2.3% (7)	2.3% (7)	300
c) Study leave	45.6% (135)	27.7% (82)	26.7% (79)	296
d) Maternity/Paternity leave	35.7% (100)	18.6% (52)	45.7% (128)	280
e) Carers Leave	43.9% (125)	16.1% (46)	40.0% (114)	285
f) Public holidays	89.1% (262)	4.1% (12)	6.8% (20)	294

Q47. I am able to take... 134 respondents did not answer this question

### How much superannuation are you paid?

Over 80% of respondents are being paid superannuation. However, it is concerning that 9.2% of respondents are not aware of their superannuation arrangements.

The 2010 survey asked simply if respondents were being paid superannuation, and 89.5% of respondents reported being paid superannuation in 2010 compared to 80.9% of respondents in 2012. The proportion of respondents reporting they were not paid superannuation was 10.5% in 2010 and 9.8% in 2012.



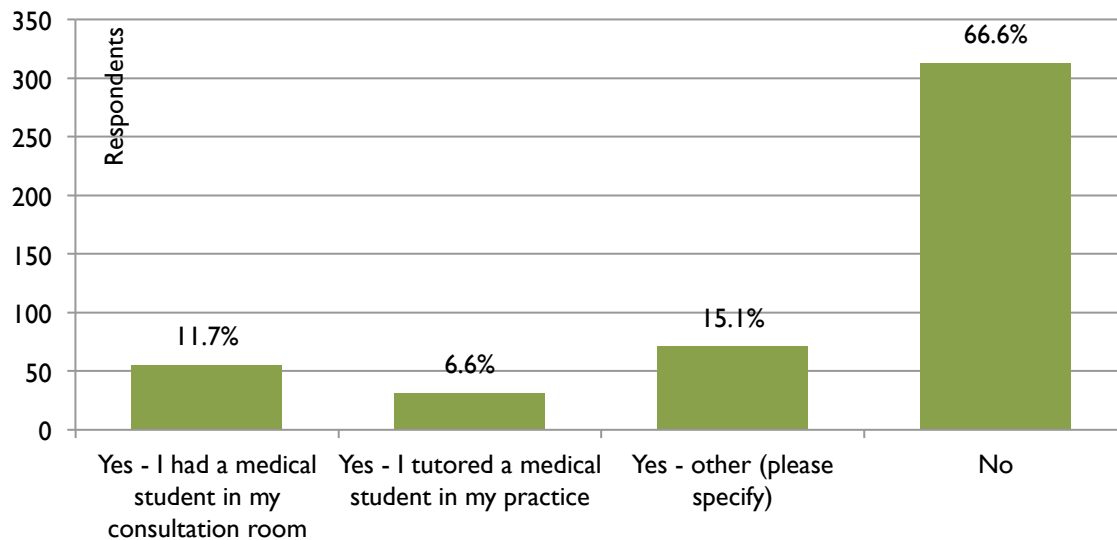
21. How much superannuation are you paid? (n=466)

2010			
	Yes	No	n
g) Superannuation	89.5% (255)	10.5% (30)	285

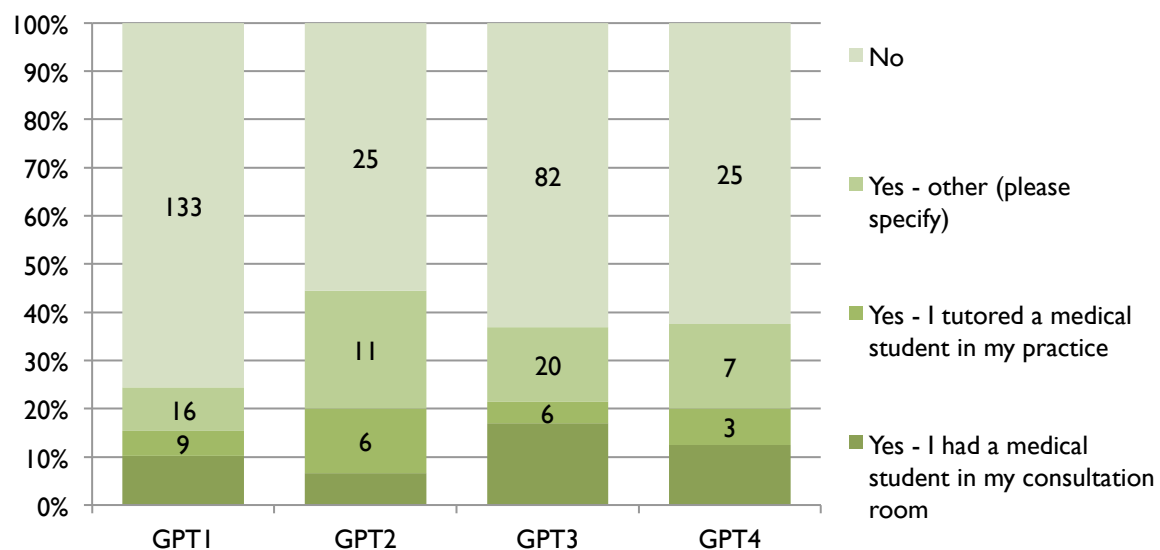
## 7. Teaching and Training

Were you involved in teaching another learner LAST week? (Tick as many as that apply)

Two thirds of respondents (66.6%) were not involved in teaching another learner within the last week.



22. Were you involved in teaching another learner LAST week? (Tick as many as that apply, n=470)



Breakdown of FRACGP registrars by GP term.

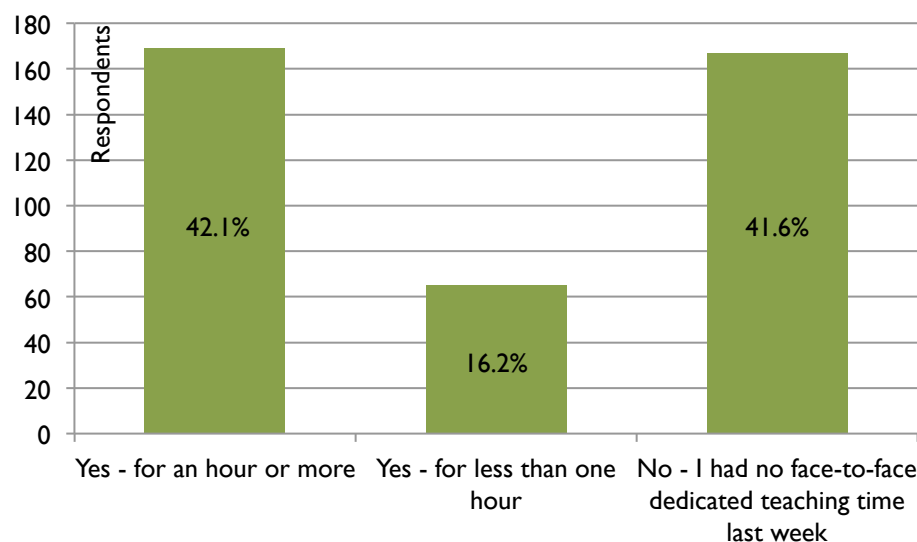
### Yes – other (please specify)

Major themes: 14 x University, 14 x PGPPP, 13 x Hospital, 12 x other/junior registrars/practice staff, 4 x Medical Educators.

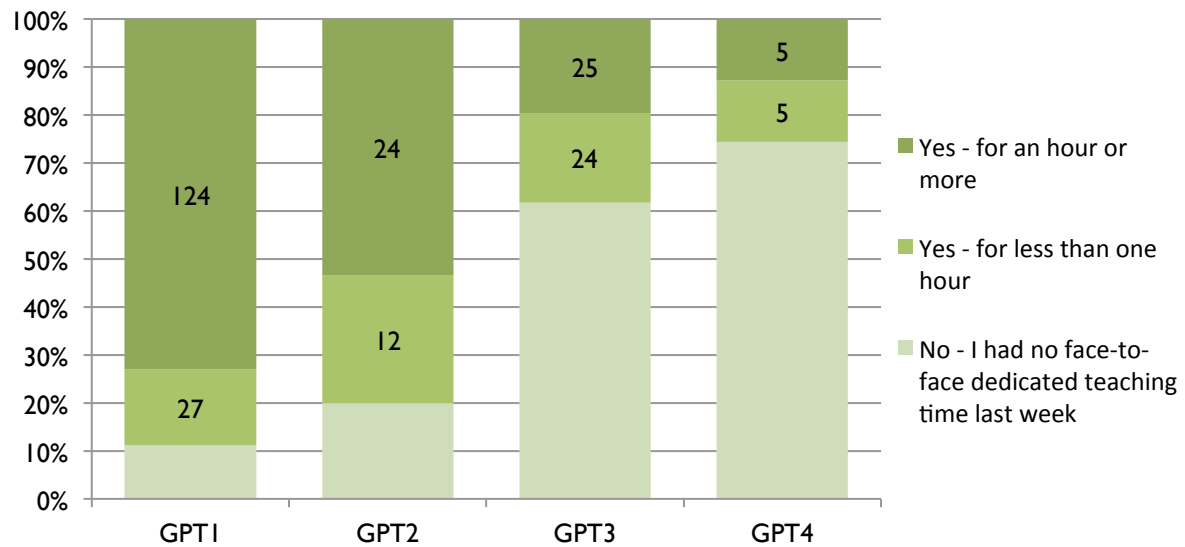
**If you worked in General Practice LAST WEEK, did your supervisor / trainer provide a dedicated, protected face-to-face training session?**

The requirement for dedicated face-to-face teaching varies depending on the registrars training route and stage of training. It is important to distinguish that according to the RACGP VT standards 2005, GPT1/2 registrars should receive 1 hour protected in practice teaching time, in addition to other teaching time. For GPT3/4 registrars, there is no requirement for dedicated, protected, face-to-face teaching. Similarly, the ACRRM standards state registrars should receive 3 hours per week of structured educational activity in the first six months, 1.5 hours in the second six months, and thereafter according to the needs of the registrar, but there is no requirement for face-to-face training. Therefore, ACRRM respondents have been excluded from this analysis.

Overall 43.1% of FRACGP respondents reported that last week, they received an hour or more of dedicated, protected, face-to-face training, with 16.0% receiving some training, but less than one hour's worth. 40.9% of registrars did not receive any face-to-face, dedicated teaching time last week. When these results are examined by GPT term, it is clear that the bulk of respondents who indicated they had no dedicated teaching last week were in their GPT3/4 terms, which would be consistent with the RACGP Standards.



23. If you worked in General Practice LAST WEEK, did your supervisor / trainer provide a dedicated, protected face-to-face training session? (n=440). Excludes FACRRM respondents.



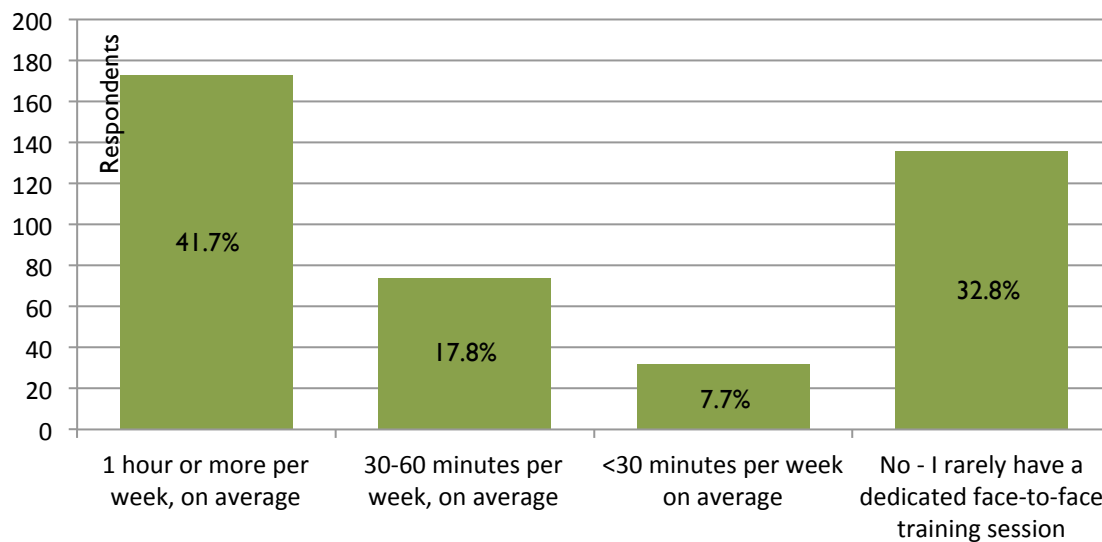
Breakdown of FRACGP registrars by GP term.

Standard T.16 The trainer must provide a planned education session each week in the 1 hour face to face session (please note that this is part of the availability requirement Standard T.9). These sessions must be consistent with the registrar's learning plan and at an appropriate level considering the registrar's knowledge and experience. They may be prepared by the registrar.

Standard T.9 The trainer must be available for teaching, support and discussion for 3 hours per week for the registrar's first 6 months of general practice training and 2 hours per week for the second 6 months. (This is inclusive of the 1 hour of face to face for all trainers described in Standard T.6).

**During your current GP term, in an AVERAGE week, does your supervisor / trainer provide a dedicated, protected face-to-face training session?**

Almost half of respondents receive more than 1 hour per week of dedicated, protected, face-to-face training from their supervisor/trainer, with a further 18.0% receiving between 30 and 60 minutes, and 8.0% less than 30 minutes per week. Alarming, 31.8% of respondents reported rarely having a dedicated, face-to-face training session with their supervisor/trainer. Again, this analysis excludes FACRRM respondents.



24. During your current GP term, in an AVERAGE week, does your supervisor / trainer provide a dedicated, protected face-to-face training session? (n=440)

When the above results are broken down by GPT term and considering the RACGP VT standards, the conclusions are somewhat different. Again, most respondents who indicated they received less than one hour of teaching per week were in their GPT3/4 terms.

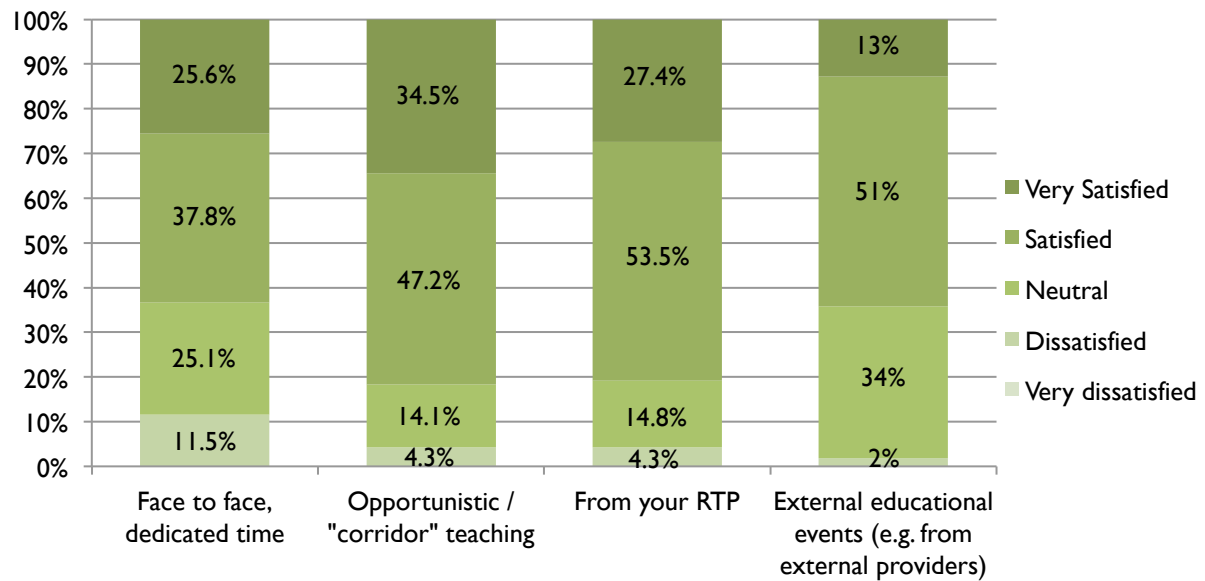


Breakdown of FRACGP registrars by GP term.

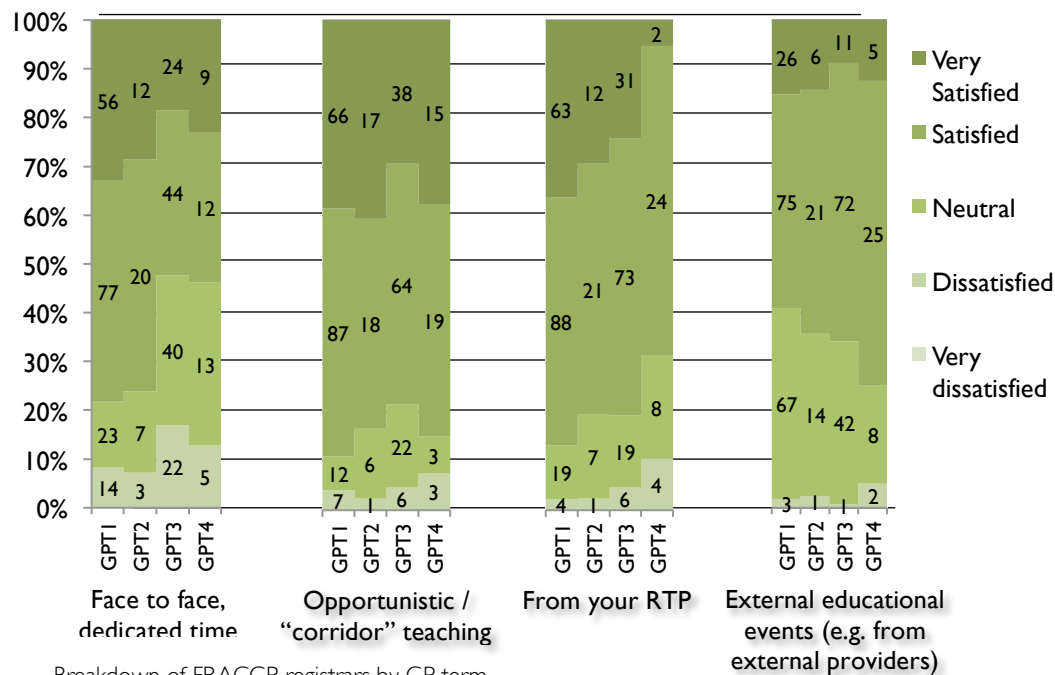
### Overall, how satisfied are you with the teaching that you receive?

The majority of respondents reported that they were satisfied with the face-to-face, dedicated, opportunistic (corridor), RTP provided and external teaching they receive.

64% of respondents are satisfied with the face-to-face, dedicated teaching they receive; 25% are neutral, and 12% report dissatisfaction. Considering opportunistic or corridor teaching, 81% of respondents report that they are satisfied, with 14% of respondents neutral. Respondents were also satisfied with the teaching provided by RTP's (80%), but less satisfied with external educational events (64%).



25. Overall, how satisfied are you with the teaching that you receive: (n=442, 447, 445, 445)

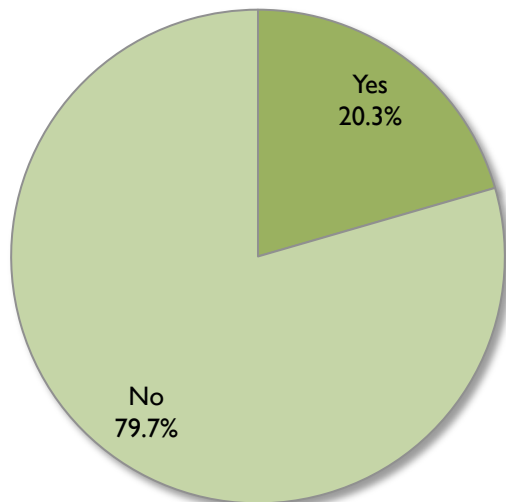


Breakdown of FRACGP registrars by GP term.



**Considering the RACGP standards for In-practice teaching, have you had any problems with the quality or quantity of your In-practice teaching during your training?**

Almost 80% of respondents (79.5%) report no problems with the quality or quantity of their in-practice teaching in relation to the RACGP standard. Excludes FACRRM respondents.



26. The RACGP Standard T.9 states that the trainer must be available for teaching, support and discussion for 3 hours per week in GPT1 and 2 hours per week in GPT2. (This is inclusive of the 1 hour of face to face for all trainers described in Standard T.6). Have you had any problems with the quality or quantity of your IN-PRACTICE teaching during your training? (n=463)

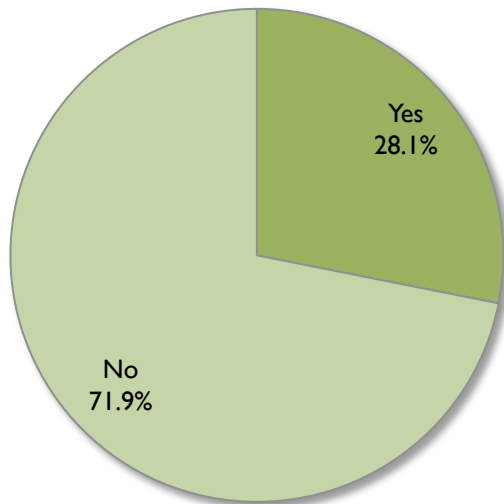
When the data is broken down into GP Terms, the marginally greatest proportion of respondents are dissatisfied with the in-practice teaching they receive in GPT2. However, this effect seems to be consistent regardless of term.



Breakdown of FRACGP registrars by GP term.

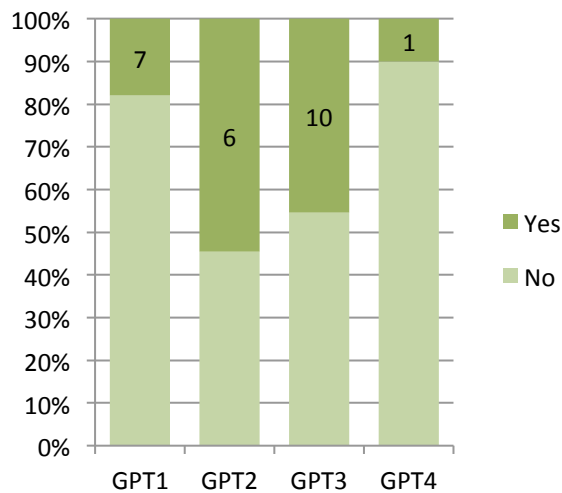
### ...Did you resolve this?

For those FRACGP respondents reporting their in-practice teaching quality of quantity did not meet the relevant RACGP standards, just over 70% said that they were unable to resolve this problem.



27. Did you resolve this? (n=96) FACRRM respondents ineligible.

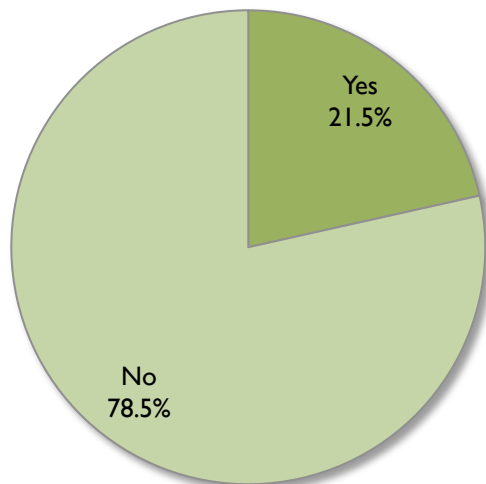
Respondents in GPT2 and GPT3 had far better success in resolving in-practice teaching problems than those in GPT1 or GPT4. This may reflect experience.



Breakdown of FRACGP registrars by GP term.

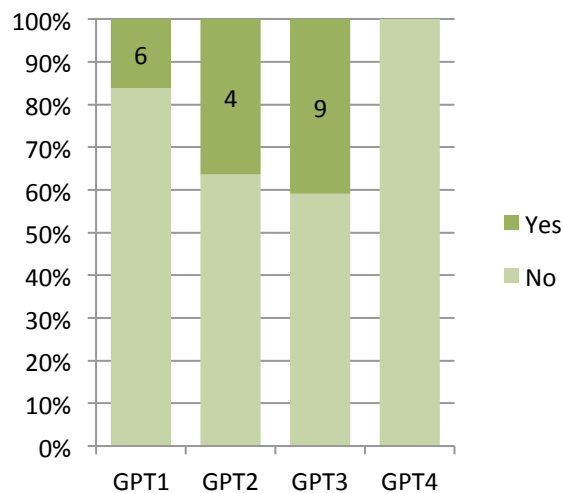
### Did you resolve the situation to your satisfaction?

Of those respondents that did manage to solve these issues with in-practice teaching, the majority are satisfied with the outcome (28.1% attempted to resolve the problem, 21.5% were happy with the outcome).



28. Did you resolve the situation to your satisfaction? (n=93) FACRRM respondents ineligible.

Most respondents who resolved in-practice teaching problems resolved them to their satisfaction. Those in GPT3 being the most successful.

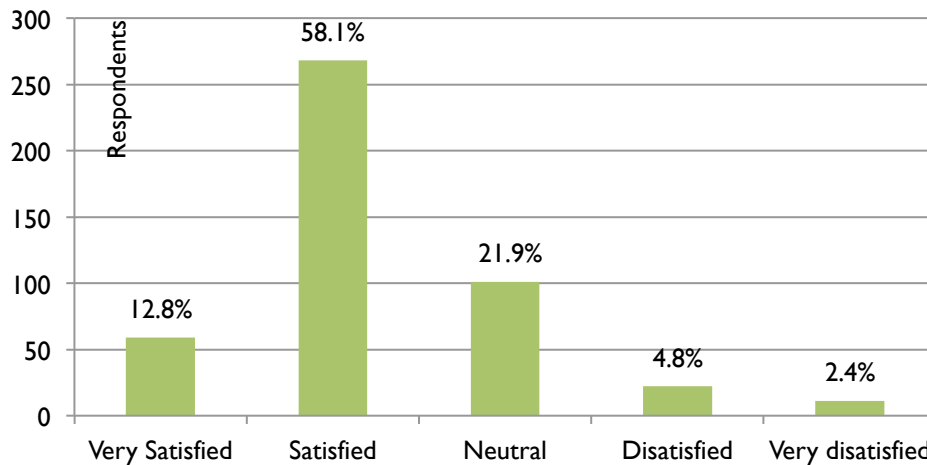


Breakdown of FRACGP registrars by GP term.

## 8. Employment Models

### How satisfied are you with the current model of employment within GP training?

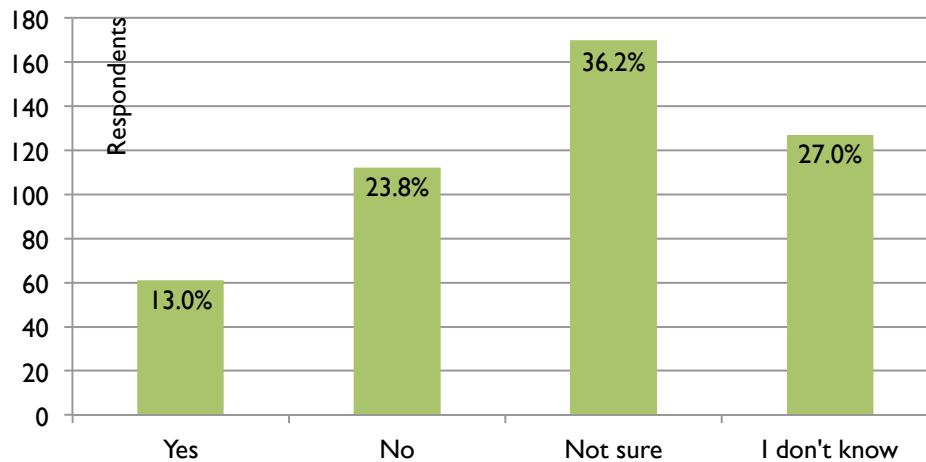
At the time this survey was run, registrars within the AGPT program were employed by the practice in which they work. There has been some suggestion that this model of employment is not ideal. However, 70.9% of respondents report they are satisfied with this employment model. Only 7.2% of respondents reported being dissatisfied with this employment model.



29. How satisfied are you with the current MODEL OF EMPLOYMENT within GP training? (i.e. Registrars being employed directly by each practice that they work for; n=461)

### Would you support a model of employment for GP registrars that involved centralised employment?

One of the suggestions that has been put forward as an alternative model of employment involves a centralised model. 36.2% of respondents are not sure, and can see both advantages and disadvantages to employment in a centralised model, whereas 27.0% are don't know what this model may mean to them when it comes to tax implications, their ability to negotiate holidays, and flexibility. 23.8% of respondents would not support an alternative model. 13.0% of respondents would support a centralised model.



30. In the PGPPP program, junior doctors are employed by the hospital and seconded to a general practice. Would you support a model of employment for GP registrars that involved centralised employment (i.e. employment by someone other than the practice you work at) with secondment to general practices? (n=470)

Not sure = "Not sure - I can see advantages and disadvantages to this model", and I don't know = "I don't know - I'm not sure what this would mean for me as a registrar (e.g. tax implications, ability to negotiate, holidays, flexibility)"

### Overall, General Comments

17 x Miscellaneous comments, 6 x Comments on the survey, 5 x Comments on Negotiation, 3 x Comments on RTPs, 2 x Comments on Employment Models, 2 x Comments on In-practice Teaching.