



# Medical Practitioners' ongoing fitness and competence to practise

## Report

Prepared for the Medical Board of Australia



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# Executive Summary

## Background and objectives

The Medical Board of Australia (the Board), in partnership with the Australian Health Practitioner Regulation Agency (AHPRA), is currently considering whether the introduction of revalidation of medical practitioners is needed as a more proactive step to contribute to the 'protection of the public.' Revalidation is a process by which medical practitioners are evaluated to ensure that their skills are up-to-date and that they are still fit to practise. The Board is consulting widely within the profession and the wider community on the issue of revalidation, and which options may be most appropriate in Australia.

The Board wished to undertake a study in order to understand:

- What medical practitioners believe they need to do to maintain and enhance their knowledge and skills;
- How medical practitioners access information about the Board's codes and guidelines and their level of awareness of these codes and guidelines; and
- What the public expects medical practitioners to do to demonstrate their ongoing fitness and competence to practise.

## Methodology

Prior to the commencement of fieldwork, two questionnaires were developed: the first for the medical practitioners component; and the second for the general public component. In developing these surveys, Ipsos SRI reviewed a number of research reports from other countries.

Cognitive interviews were conducted with both medical practitioners (n=6) and members of the general public (n=6) in order to ensure questionnaire validity and that both medical practitioners and members of the general public were able to follow the questionnaire routing instructions; and confirm that individual questions were relevant and that no crucial question areas were missing.

The medical practitioners survey was carried out between 25 May – 20 June 2016 and comprised an online survey with a final sample size of n=3,062 medical practitioners. A total of n=14,747 medical practitioners were invited to participate using their email address included in the Medical Board's database. This group was stratified according to type of registration, gender, age, location and speciality.

The general public survey was carried out between 27 May – 2 June 2016 and comprised an online survey of n=1,040 Australian's aged 18 and over.

Analysis of survey data was carried out using SPSS and Q data analysis software. Significance testing was undertaken by testing the proportion of participants from a particular group who gave a particular response against the proportion of all other participants who gave that same response.

## Findings – Medical Practitioners

### Reflecting on, assessing and discussing quality of practice

- Doctors typically see self-assessment and reflecting on their own practice as important and undertake both of these on a regular basis.
- Discussing their practice with other doctors is also seen as important, although less so, and while still occurring relatively regularly, happens less frequently.

### Attitudes towards reviewing and reporting other doctors' quality of care

- Half of doctors agree that they should review the quality of care provided by other doctors, with one in five disagreeing.
- On the other hand, the vast majority agree that they should report impaired or incompetent doctors.

### Maintaining professional competence

- Almost all doctors think that they should take personal responsibility for maintaining their professional competence.
- Almost all are confident they are maintaining their professional competence.
- Almost all agree that professional development activities help to keep their medical knowledge and skills up to date and that the activities benefit both themselves and their patients.
- The vast majority of doctors have undertaken a range of activities to maintain their professional competence, most commonly engaging with professional texts and electronic media; attending formal professional development sessions; and being involved in discussions.
- Most see all types of professional development activities as useful.
- Finding time is the biggest obstacle to accessing CPD activities for many.

### Reviewing medical competence

- Most doctors agree that the current CPD arrangements work well to ensure that doctors provide high quality care.
- Most think that all doctors should be reviewed, however substantial minorities do not think there is a need for this.
- Doctors see reviewing what they have done to keep up to date with medical developments as the most important method of ensuring they are practising to a high standard.
- While the majority agree that they should undergo periodic reviews throughout their career, a quarter disagree.
- Fewer than a third agree that they should undergo periodic examinations.
- Doctors think it is most important for their patients to provide feedback on their communication skills and whether they treat patients with dignity and respect.

- To demonstrate competence and high quality care, doctors most commonly think the general public wants them to demonstrate up-to-date knowledge and skills and clear and effective communication.
- To build confidence and trust, they most commonly selected explaining diagnoses and treatments in an understandable way and communicating effectively as the most important attributes.
- Very few doctors support increasing the amount of professional development activities that they participate in.

### Access and use of Medical Board of Australia and AHPRA information

- The most frequently accessed Medical Board of Australia publication is the newsletter.
- Doctors most commonly access publications to enhance their professionalism, guide their professional judgement and ensure they are meeting the minimum standards.
- To access information from the Board or AHPRA, most doctors use either of the organisations' websites or the Board newsletter.
- If they needed information on how to make a notification, the most common information source would be their professional indemnity insurance provider, with a slightly smaller proportion contacting AHPRA or the Board.

## Findings – General Public

### Confidence and trust in medical practitioners

- Almost all members of the general public have seen a medical practitioner in the past 12 months.
- Four in five were satisfied with their last visit, with around half *very* satisfied.
- Doctors are the most trusted professionals, together with nurses and pharmacists.
- The majority of respondents see having confidence and trust in a doctor as very important.
- The most important factors for having confidence and trust in a doctor are demonstrating good medical skills and knowledge; keeping up to date with medical developments; being highly experienced; and monitoring outcomes of treatments.
- For each of these factors, the vast majority of respondents are confident that doctors in general are demonstrating these qualities.
- Respondents see communicating effectively, including listening to patients and taking them seriously and explaining diagnoses in a way that the patient can understand as most important for building confidence and trust.

### Attitudes towards reviewing competence

- Almost all participants believe that doctors should regularly review the way they practise.
- The vast majority believe it is important that all doctors are reviewed from time to time.
- However, the majority of the general public know little to nothing at all about the way in which doctors are reviewed, including how often they are reviewed.
- Half think that doctors should be reviewed at least once every two years.

- Participants most commonly think this review should be conducted by doctors within the same specialty and by those with a similar level of experience.
- Participants most commonly rated undertaking audits of a doctor's medical care as the best method to ensure they are providing high quality care.

## Awareness of the Medical Board and its responsibilities

- To make a complaint about a medical practitioner, participants would most commonly contact the Health Ombudsman and the Australian Medical Association.
- Almost half know 'nothing at all' about how to make a complaint and another two in five know 'not very much.'

## Conclusions

### Community trust

- Doctors are among Australia's most trusted professionals: The vast majority of Australians have trust in their doctors, in stark contrast to how some other professionals are viewed.
- Communication is the most important factor in building the doctor-patient relationship: Among both doctors and the community, the top attributes for building confidence and trust with patients are doctors explaining their diagnosis and treatment and communicating effectively with patients.

### CPD activities undertaken by doctors

- Doctors are engaging in a wide range of professional development activities: In the past 12 months, the vast majority of doctors have read texts and journals or attended forums, meetings, workshops, clinical meetings.
- Professional development activities are seen as important: Almost all doctors agree that professional development activities help to keep their medical knowledge and skills up to date and that this benefits both themselves and their patients, and doctors typically see self-assessment, reflecting on their own practice and discussing their practice with other doctors as important and undertake each of these on a regular basis.
- Doctors feel that their current professional development routines are sufficient: Almost all doctors are confident that they are currently maintaining their professional competence.
- There is little support among doctors for increasing the amount of CPD: Only 15% support increasing the amount of professional development activities and most doctors agree that the current CPD arrangements work well to ensure that they provide high quality care.

## Reviewing doctors

- Australians are unaware of how doctors are currently reviewed: The majority of the general public currently know little to nothing at all about the way in which doctors are reviewed.
- The general public see reviewing doctors as important: Four in five members of the general public think it is important doctors are reviewed from time to time. This compares with two thirds of doctors.
- Reviews should be conducted by colleagues with the same speciality and similar experience: Three in five doctors think that reviews should be conducted by colleagues within the same specialty and two in five by those with a similar level of experience.
- Reviews should ensure that doctors are up to date. Doctors believe that the most important ways to view their practise should be to ensure they have kept up to date with medical developments.
- There is support for demonstrating capacity as part of renewal of registration: Most doctors support demonstrating their capacity to provide high quality medical care as a requirement of their renewal of registration.

## Awareness of the Medical Board's codes and guidelines

- Doctors tend to understand when to make a notification: The vast majority realise they must make a notification if another health practitioner practises while intoxicated, places a patient at risk due to an impairment or is engaged in sexual misconduct.
- Doctors would consult their insurance provider or AHPRA for advice about making a notification: 68% of doctors would contact their professional indemnity insurance provider and 62% would contact AHPRA for information on how to make a notification.
- Use of the Medical Board and AHPRA information sources is fairly widespread: Two in three doctors have used the AHPRA website for accessing information; two in five have used the Medical Board website; and more than half have read the Medical Board newsletters.
- Very few members of the general public are aware of the Medical Board: Almost half of know 'nothing at all' about the Medical Board and another one in three know 'not very much.'

# 1 Background and objectives

## 1.1 Background

A key objective of the Medical Board of Australia (the Board) is “to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.” In doing so, the Board works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA).

The Board is currently considering whether the introduction of revalidation of medical practitioners is needed as a more proactive step to contribute to the ‘protection of the public.’ Revalidation in its various forms – also known as recertification or maintenance of licensure depending on the country – is a process by which medical practitioners are evaluated to ensure that their skills are up-to-date and that they are still fit to practise. The intention is that revalidation supports patient safety, raises professional standards and promotes community confidence in the medical profession.

The international medical community has progressed the concept and introduction of revalidation, with the General Medical Council in the UK first introducing a scheme in December 2012. This followed in the wake of a loss of public confidence in the medical profession due to high profile misconduct cases, such as those of the Liverpool Alder Hey Hospital, and Dr. Harold Shipman. New programs of revalidation have also been introduced in New Zealand, Canada, Ireland and the United States.

The Board is consulting widely within the profession and the wider community on the issue of revalidation, and which options may be most appropriate in Australia. In other countries, research has formed a part of that consultation process.

## 1.2 Objectives

The Board wished to undertake a study in order to understand:

- What medical practitioners believe they need to do to maintain and enhance their knowledge and skills;
- How medical practitioners access information about the Board’s codes and guidelines and their level of awareness of these codes and guidelines; and
- What the public expects medical practitioners to do to demonstrate their ongoing fitness and competence to practise.

The intention of this research was to provide a sound baseline from which to revisit the findings over time and assess how both professional and public opinion is changing. The research required a robust and replicable design so that the Board can be confident that any movement in opinion derives from statistically significant changes in opinion over time, rather than reflections of alterations to the mode or design of data collection.

# 2 Methodology

## 2.1 Research design

Figure 1 below illustrates the keys phases of this study, along with the deliverables that were produced at each stage. Each key stage is detailed in the following section.

**Figure 1: Research design**

		Deliverables			
Phase 1: Project inception	Inception meeting	<ul style="list-style-type: none"> <li>Finalised project plan and timeline</li> </ul>			
Phase 2: Quantitative	Cognitive interviews Medical practitioners n=6 General public n=6	<ul style="list-style-type: none"> <li>Draft and final discussion guides</li> <li>Verbal feedback</li> </ul>			
	<table border="1"> <tr> <td>Medical practitioners</td> <td>General public</td> </tr> <tr> <td>Online n=3,062</td> <td>Online n=1,040</td> </tr> </table>	Medical practitioners	General public	Online n=3,062	Online n=1,040
Medical practitioners	General public				
Online n=3,062	Online n=1,040				
Phase 3: Analysis and reporting	Full analysis and reporting	<ul style="list-style-type: none"> <li>Top line/draft findings</li> <li>Draft and final reports</li> </ul>			

## 2.2 Fieldwork phase

### Questionnaire development

Prior to the commencement of fieldwork, two questionnaires were developed: the first for the medical practitioners component; and the second for the general public component. In developing these surveys, Ipsos SRI reviewed a number of research reports from other countries:

- Irish Medical Council, 'Talking about good professional practice: Views on what it means to be a good doctor,' 2013
- The Medical Council of New Zealand, 'Qualitative Research with Key Audiences: Doctors and Stakeholders,' 2010
- The Department of Health (United Kingdom), 'Attitudes to Medical Regulation and Revalidation of Doctors,' 2005

Questions used in these studies formed the basis of each of the medical practitioners and general public questionnaires, with the remainder of questions developed from scratch based on the specific objectives of this study. The questionnaires are included in the Appendices.

### Cognitive interviews

Cognitive interviews were conducted with both medical practitioners (n=6) and members of the general public (n=6) in order to investigate how they interpreted and responded to the draft version of the questionnaire. This was performed to:

- Ensure questionnaire validity (i.e. that questions were understood, consistently interpreted and measured what they were intended to measure)
- Ensure that both medical practitioners and members of the general public were able to follow the questionnaire routing instructions; and
- Confirm that individual questions were relevant and that no crucial question areas were missing (from the participant's perspective).

Interviewing for both components was conducted in two stages. Questions identified as problematic in the first stage were redrafted and presented to participants in the second stage or removed altogether.

Cognitive interviewing took place between 16 March and 4 May 2016. The profile of participants is below.

**Table 1: Cognitive interviewing profiles**

Category	Profile	Location
Doctors	Specialist general practitioner	Urban
	Specialist general practitioner	Urban
	Specialist general practitioner	Regional
	Paediatrician	Urban
	Haematologist	Urban
	Rheumatologist	Urban
Patients	Visited General Practitioner	Urban
	Visited General Practitioner	Urban
	Visited General Practitioner	Urban
	Visited Specialist	Urban
	Visited Specialist	Regional
	Visited Specialist	Regional

## Medical practitioners survey

The medical practitioners survey was carried out between 25 May – 20 June 2016. This component comprised an online survey with a final sample size of n=3,062 medical practitioners. It included those who practise in public settings as well as private.

### Sample characteristics

Invitations to participate were sent to a proportion of medical practitioners registered with the Board. n=14,747 medical practitioners were contacted using their email address included in the Medical Board's database. This group was stratified according to type of registration, gender, age, location and speciality so as to broadly represent the medical practitioner population. Approximately 20 per cent of those contacted participated in the survey.

n=3,062 medical practitioners completed the survey. The final achieved sample is detailed in the Appendices.

## General public survey

The general public survey was carried out between 27 May – 2 June 2016. This component comprised an online survey of n=1,040 Australian's aged 18 and over, followed by a comprehensive analysis of the data. This subsection details the methodology of the general public survey undertaken in this study.

## Sample characteristics

The sample for the general public survey was broadly representative of the Australian population according to gender, age and location. Five age brackets were used:

- 18-29
- 30-39
- 40-49
- 50-59
- 60+

For location, participants were sampled so as to represent the populations of each state as a proportion of the Australian population overall. In addition, within each state, quotas were placed on the capital city and the rest of the state.

Participants were sourced from Ipsos' online panel of market research participants (the MyView panel).

Weighting was applied to the final achieved sample to ensure the representativeness of the data was maintained. Quota groups and a full demographic profile of the survey sample can be found in the Appendices.

## 2.3 Interpreting the findings

### Analysis and reporting of differences

Analysis of survey data was carried out using SPSS and Q data analysis software (software packages used for statistical analyses in social research).

### Statistically significant differences

Significance testing was undertaken by testing the proportion of participants from a particular group who gave a particular response against the proportion of all other participants who gave that same response.

A sample size of  $n=1,049$  (as in the case of the general public survey) gives a **confidence interval** (or margin of error) of  $\pm 3.03\%$  (at the 95% confidence level). This means that if the survey were carried out 100 times, a finding of 50% of the sample saying, for instance, that they trust doctors, would be between 46.97% and 53.03% 95 times out of 100. A difference in findings between subgroups within the sample is considered statistically significant if it is larger than the confidence interval for that sample.

Where there are two sub-groups (e.g. for gender), we can say that the sub-groups are significantly different from each other. Where there are more than two sub-groups (e.g. for age), a group reported in the findings as 'different' is significantly different from the average for all other groups for that question.

Statistically significant differences are annotated throughout the report. Where the terms **‘more likely’** or **‘less likely’**, or **‘a greater proportion’** or **‘a lesser proportion’** are used, these refer to statistically significant differences.

Outlined below are the subgroups the general public and medical practitioner surveys were analysed by. While all variables were included in analysis, comparisons do not appear in the report for some of these variables as no meaningful significant differences were found.

**Medical Practitioners:**

- Type of registration
- Gender
- Age
- Location
  - State
  - Urban vs rural
- Speciality
- Number of years practising
- Workplace type
- Practice arrangements
- Weekly work hours
- Whether qualified overseas
- Aboriginal and/or Torres Strait Islander status

**General public:**

- Gender
- Age
- Location
  - State
  - ARIA
- SES
- Income
- Education
- CALD status
- Aboriginal and/or Torres Strait Islander status
- Carer status (and type)
- Whether visited a doctor in the last year
- Satisfaction with last trip to a doctor

## Rounding in charts

In some charts, response categories shown may not sum to 100% due to rounding of the numbers displayed. It should also be noted that for questions where multiple responses were allowed response categories may sum to more than 100%.

## Anonymity of responses

All responses by participants in all phases of the research were provided in a confidential context. Participants were assured before interviews and the survey that:

- Responses would not be attributed directly to them or their practice;
- No identifying information would be published or provided to AHPRA or the Board, and
- Responses would be aggregated.

This helped ensure that candid responses were elicited from participants in order to provide the Board with accurate, unbiased feedback.

## 3 Findings – Medical Practitioners

### 3.1 Reflecting on, assessing and discussing quality of practice

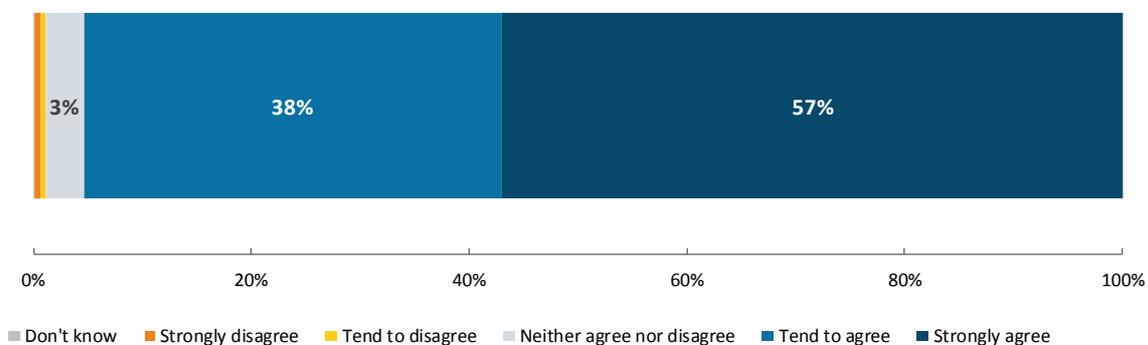
Doctors typically see self-assessment and reflecting on their own practice as important and undertake both of these on a regular basis.

Discussing their practice with other doctors is also seen as important, although less so, and while still occurring relatively regularly, happens less frequently.

#### Reflection on practice

Almost all doctors agree that they should routinely reflect on the quality of their practice (96%). More than half strongly agree (57%), with 38% tending to agree.

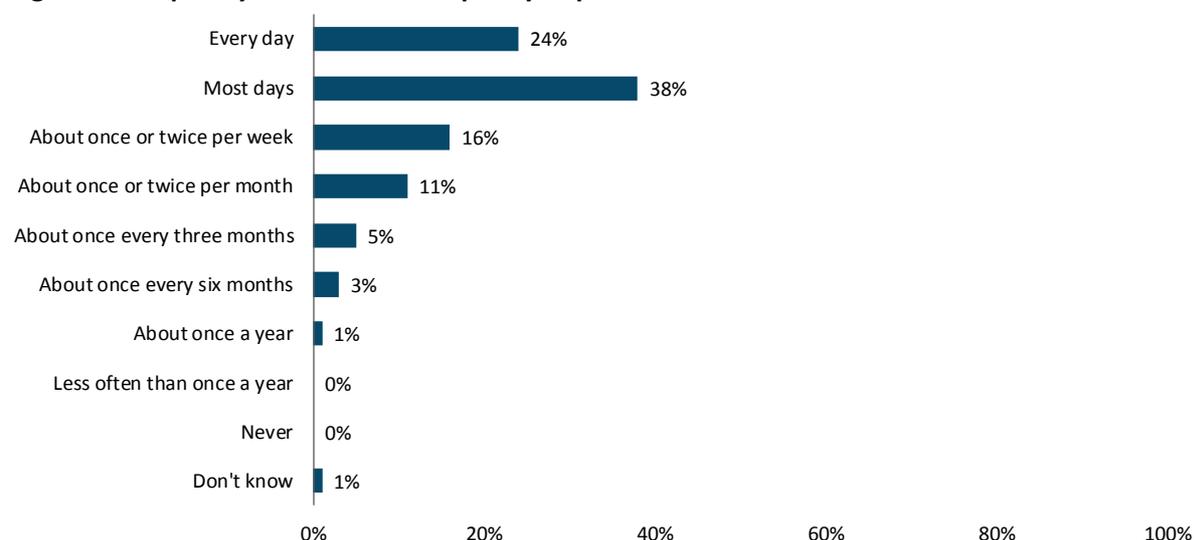
**Figure 2: Agreement or disagreement that doctors should routinely reflect on the quality of their practice as a doctor**



Q9\_3. To what extent do you agree or disagree with the following statements? – *Doctors should routinely reflect on the quality of their practice as a doctor* (Base: All medical practitioner participants n=3,062)

Four in five doctors reflect on their practice weekly or more often (79%). One in four say they do this every day (24%).

**Figure 3: Frequency of reflection on quality of practice**



Q2. On average how frequently would you say you...?

*Reflect on the quality of how you practise* (Base: All medical practitioner participants n=3,062)

Overall, doctors aged under 35 and those who practise full-time tend to reflect on the quality of their practice more frequently:

- 89% of doctors aged under 35 reflect on the quality of their practice at least weekly, compared with 74% of those aged 60 or older.
- 81% of doctors who practise full-time reflect on the quality of their practice at least weekly, compared with 74% of those who practise part-time.

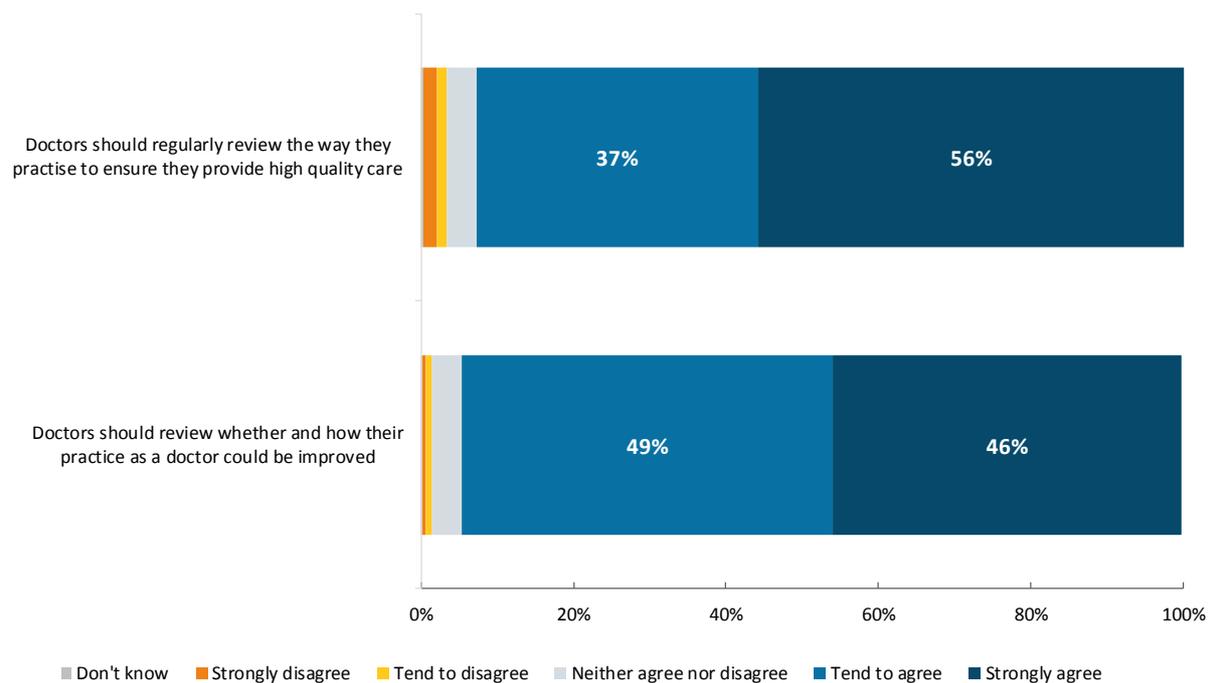
In addition to this, those who practise in hospitals are more likely to spend time reflecting on the quality of their practice on a weekly basis or more often than those in private practice (83%, compared with 76%), while those who trained overseas are less likely to do so (75%, compared with 80% of those who trained in Australia).

## Self-assessment of practice

As with reflection on the quality of their practice, almost all doctors agree that they should regularly review the way they practise to ensure they provide high quality care (93%). More than half strongly agree with this statement (56%).

Similarly, almost all agree that they should review whether and how their practice as a doctor could be improved (94%), with around half strongly agreeing (46%).

**Figure 4: Agreement or disagreement with statements about whether doctors should review their practice**

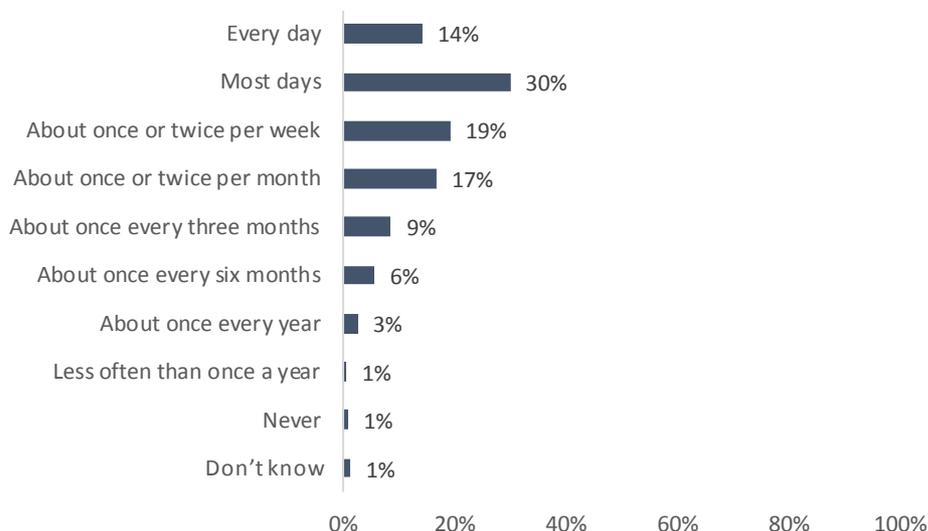


Q8\_5. To what extent do you agree or disagree with the following statements? – *Doctors should regularly review the way they practise to ensure they provide high quality care* (Base: All medical practitioner participants n=3,062)

Q9\_5. To what extent do you agree or disagree with the following statements? – *Doctors should review whether and how their practice as a doctor could be improved* (Base: All medical practitioner participants n=3,062)

Two in three doctors analyse whether and how their practice could be improved weekly or more often (63%). Fourteen percent say they do so on a daily basis.

**Figure 5: Frequency of analysis of whether and how practice could be improved**



Q2. On average how frequently would you say you...? – Analyse whether and how your practice as a doctor could be improved (Base: All medical practitioner participants n=3,062)

Again, results differ by age, whether practising full-time or part-time and setting:

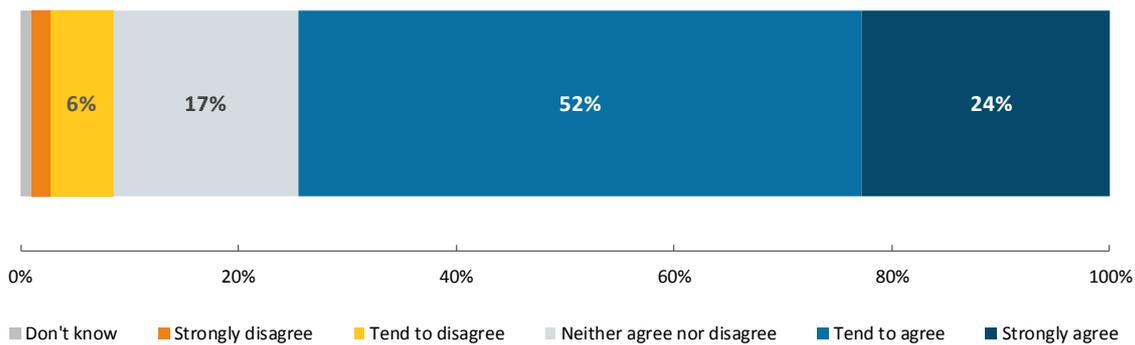
- Doctors aged under 35 tend to say they analyse how their practice could be improved more frequently, with 82% of these doctors doing so weekly or more often, compared with 54% of their counterparts aged 60 or older.
- 67% of doctors who practise full-time say they analyse potential for practice improvements at least weekly, compared with 55% of those who practise part-time.
- Those who practise in a hospital setting are more likely to analyse practice improvements at least weekly than those in private practice (69%, compared with 60%). This difference appears to be driven by gender to some extent, with 56% of male doctors in private practice analysing at least weekly, compared with 67% of female doctors.

Once more, female doctors reflect on practice improvements more frequently on average than male doctors (68% analyse at least weekly, in comparison with 61% of male doctors).

## Discussing improvements

Three in four doctors agree they should discuss how their practice could be improved with other health practitioners (75%). Of these, most *tend to agree* with this statement (52% of all) rather than strongly agree (24%).

**Figure 6: Agreement or disagreement that doctors should discuss with other health practitioners how their practice as a doctor could be improved**

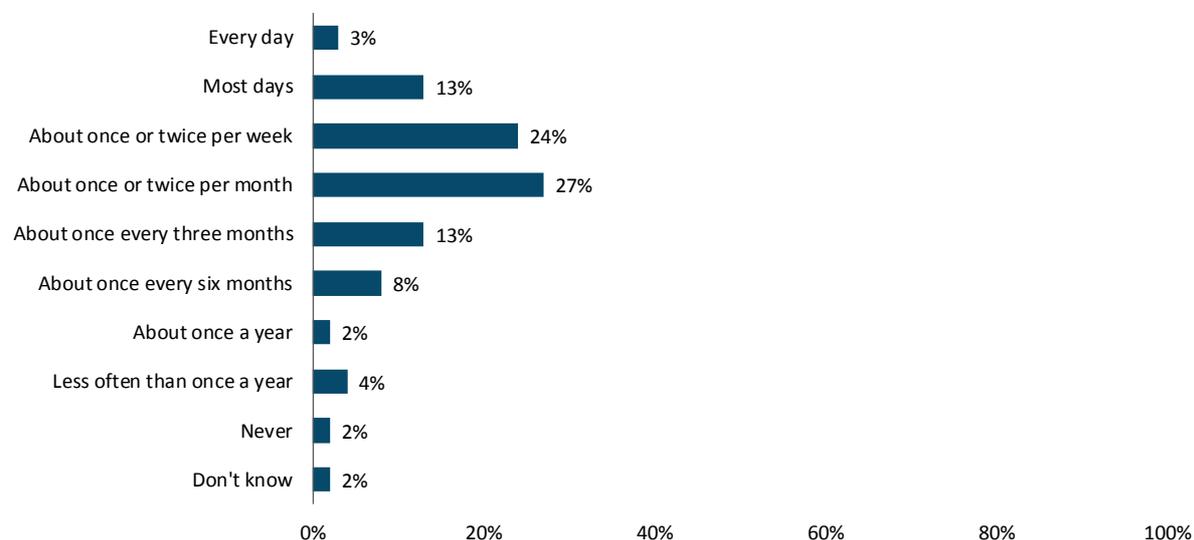


Q9\_9. To what extent do you agree or disagree with the following statements? – *Doctors should discuss with other health practitioners how their practice as a doctor could be improved* (Base: All medical practitioner participants n=3,062)

Nearly one in five doctors neither agree nor disagree with this statement (17%). These participants are more likely to be aged 60 or older (22%) or in private practice (19%, compared with 13% of those practising in a hospital setting).

Most doctors say they have discussions about potential practice improvements monthly or more often (68%). Two in five do so at least fortnightly (41%).

**Figure 7: Frequency of discussion with others regarding how practice could be improved**



Q2. On average how frequently would you say you...? – Discuss with others how your practice as a doctor could be improved (Base: All medical practitioner responses n=3,062)

Once more, results differ by age, whether practising full-time or part-time and by care setting for both likelihood to agree that doctors should discuss their practice and frequency of doing so:

- Doctors aged under 35 are both more likely to agree and more likely to discuss improvements to their practice monthly or more often than those aged 60 or older (83% compared with 68% and 81% compared with 56% respectively).
- Doctors who practise full-time discuss practice improvements more frequently on average than those who practise part-time (72% discuss at least monthly compared with 60%). Part-time doctors are also less likely than others to *strongly* agree with the statement (19%).
- 82% of those who practise in a hospital setting agree, compared with 71% of those in private practice, and 74% of the former discuss their practice at least monthly, in comparison with 64% of the latter.

In addition, general practitioners<sup>1</sup> are less likely to agree (69%). As with frequency of analysis, female doctors also tend to discuss their practice more often than male doctors (72%, compared with 65%).

<sup>1</sup> General practitioners, as referred to throughout this report, are doctors who hold specialist registration in general practice, commonly known as GPs.

## 3.2 Attitudes towards reviewing and reporting other doctors

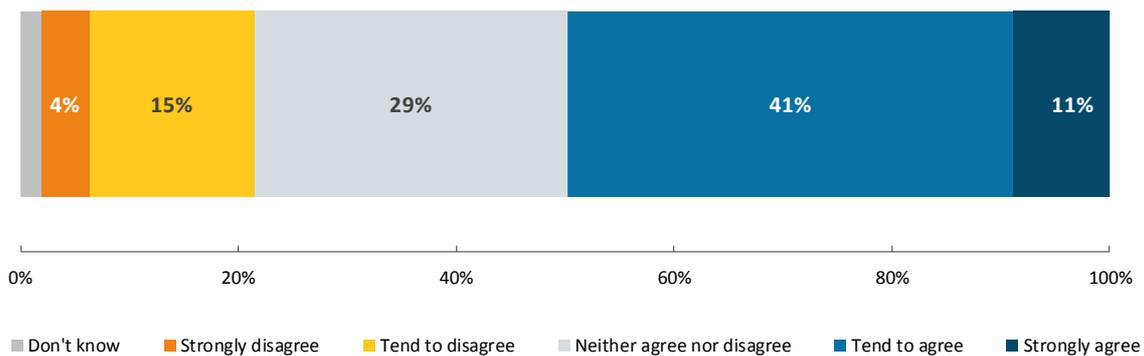
Half of doctors agree that they should review the quality of care provided by other doctors, with one in five disagreeing.

On the other hand, the vast majority agree that they should report impaired or incompetent doctors.

### Reviewing and reporting other doctors

Half of doctors agree that they should review the quality of care provided by other doctors (52%), however more *tend to agree* (41%) rather than *strongly agree* (11%) with this statement. One in five disagree (20%).

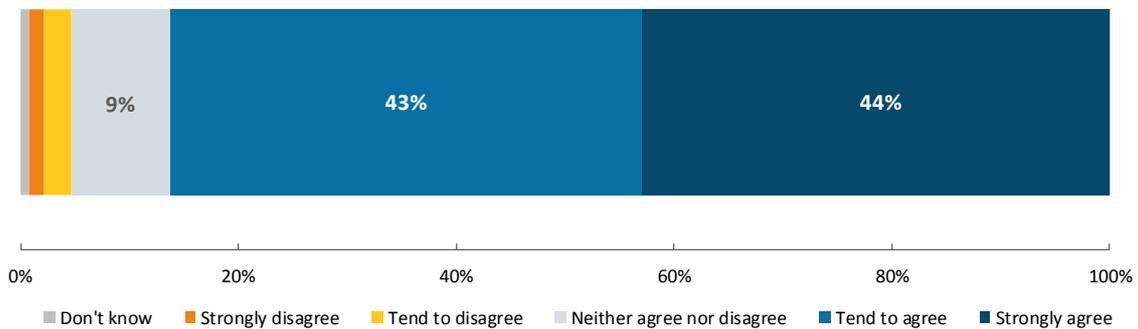
**Figure 8: Reviewing other doctors' quality of care**



Q9\_1. To what extent do you agree or disagree with the following statements? – *Doctors should review the quality of care provided by other doctors* (Base: All medical practitioner participants n=3,062)

If other doctors demonstrate significant impairment or incompetence, though, the vast majority agree that they should report them (87%), with nearly half strongly agreeing (44%).

**Figure 9: Reporting other doctors with significant impairment or demonstrating incompetence**



Q9\_2. To what extent do you agree or disagree with the following statements? – *Doctors should report if they become aware of other health practitioners who may have significant impairment or may be incompetent* (Base: All medical practitioner participants n=3,062)

There is variation in opinion by care setting, with those doctors who practise in hospitals more likely to agree with both of these statements (62% agree that they should review other doctors and 91% that they should report others who are impaired or incompetent, compared with 44% and 85% of those in private practice respectively).

In addition, both doctors aged under 35 and female doctors are more likely to agree that they should report others who are impaired or incompetent (90% each, compared with 84% of doctors aged 60 or older and 85% of male doctors). On the other hand, general practitioners are less likely to agree with both statements (44% and 84%).

Around one in ten doctors neither agree nor disagree with this statement (9%). These participants are more likely to be male doctors than female (10%, compared with 7%). They are also more likely to work in private practice (11%, compared with 6% of those in a hospital setting).

### 3.3 Maintaining professional competence

Almost all doctors think that they should take personal responsibility for maintaining their professional competence and that they should contribute to safety and quality improvement efforts within their organisation or practice. Similarly, almost all are confident they are maintaining their professional competence and that they know which activities, and the amounts of these activities, that they are required to do.

Almost all agree that professional development activities help to keep their medical knowledge and skills up to date and that the activities benefit both themselves and their patients.

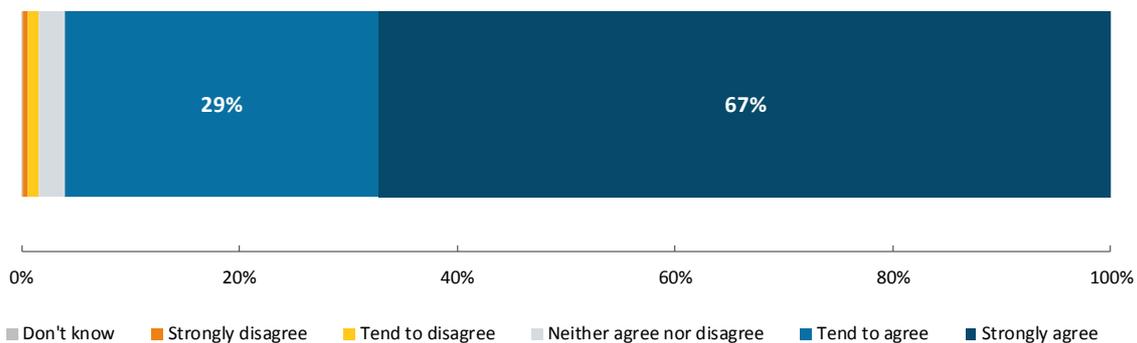
The vast majority of doctors have undertaken a range of activities to maintain their professional competence, most commonly engaging with professional texts and electronic media; attending formal professional development sessions; and being involved in discussions. In general, doctors perceive the best CPD activities as those that they have undertaken. Most see all types of professional development activities as useful, with attending formal CPD sessions, participating in discussions and professional reading deemed most useful. Almost half had undertaken a clinical audit and 40% had participated in peer review.

Finding time is the biggest obstacle to accessing CPD activities for many, with relevance, cost and cover also impacting large proportions of doctors.

#### Attitudes towards maintaining professional competence

Almost all doctors agree that they should take personal responsibility for maintaining their professional competence (96%), with two in three strongly agreeing (67%).

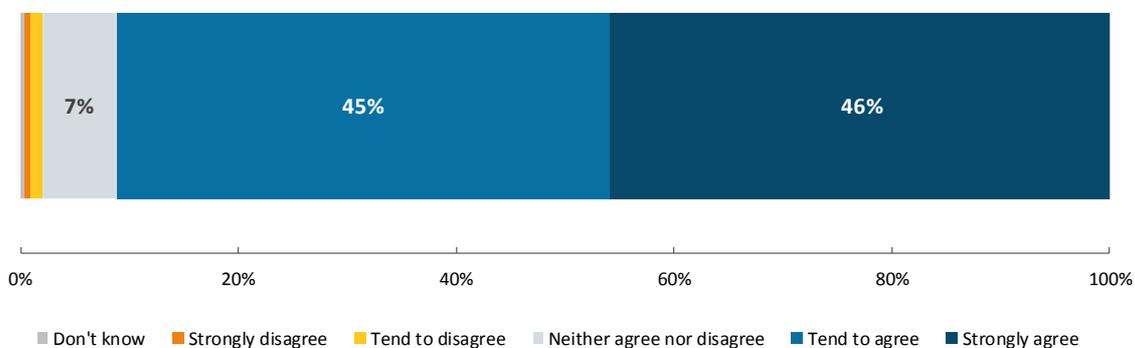
**Figure 10: Professional competence as a personal responsibility**



Q9\_4. To what extent do you agree or disagree with the following statements? – *Doctors should take personal responsibility for maintaining their professional competence* (Base: All medical practitioner participants n=3,062)

Similarly, almost all agree that they should contribute to safety and quality improvement efforts within their organisation or practice location (92%), with around half strongly agreeing (46%).

**Figure 11: Contribution to safety and quality improvements**

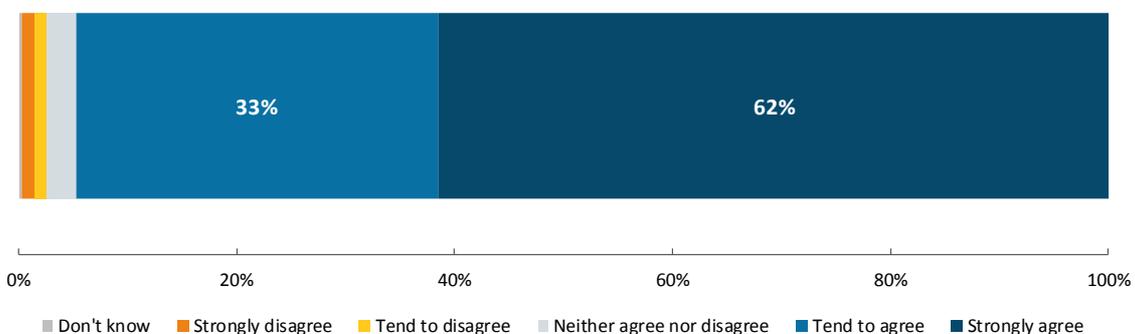


Q9\_8. To what extent do you agree or disagree with the following statements? – *Doctors should contribute to safety and quality improvement efforts within their organisation or practice location* (Base: All medical practitioner participants n=3,062)

## Understanding of time and effort involved in maintaining professional competence

Almost all doctors are confident that they are able to maintain their professional competence. Ninety-five percent agree that this is the case, with three in five strongly agreeing (62%).

**Figure 12: Confidence in ability to maintain professional competence**



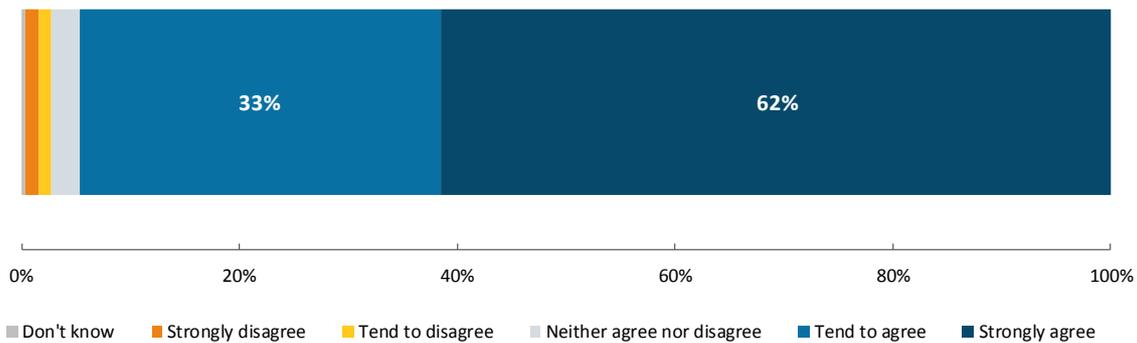
Q3\_1. The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each – *I am confident I am maintaining my professional competence*. (Base: All medical practitioner participants n=3,062)

Overall, confidence is higher among male doctors (65% strongly agree, compared with 56% of female doctors) and lower for general practitioners (59%) and doctors aged under 35 (50%, compared with 64% of those in the aged between 35 and 59). The latter difference is driven by the difference between male and female doctors, with 68% of men in the under 35 age group strongly agreeing, compared with 59% of women.

Also more likely to be confident are those practising full-time (65%, compared with 56% of those practising part-time), those in private practice (64%), those who trained overseas (66%, compared with 60% of those who trained in Australia) and surgeons (76%).

Knowledge of the activities required to maintain professional competence is similarly high. Again, 95% agree that they are aware of the types of activities required, with three in five strongly agreeing (62%).

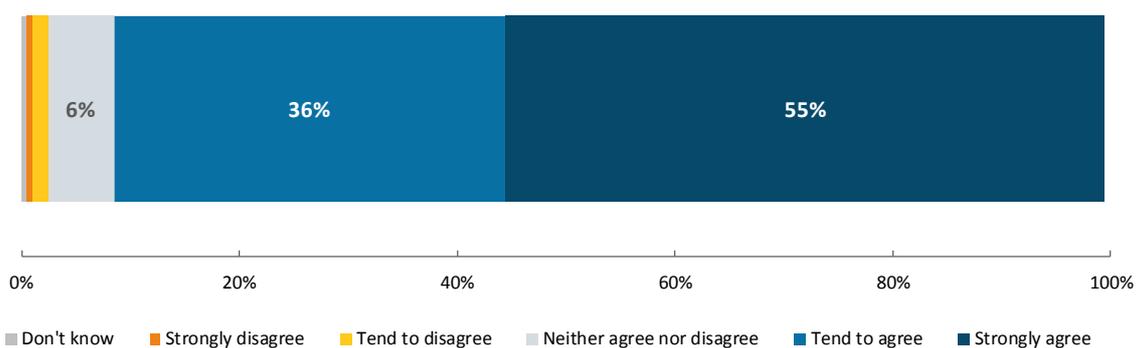
**Figure 13: Perceived knowledge of activities required**



Q3\_4. The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each – *I am aware of the types of activities required to help me maintain my professional competence.* (Base: All medical practitioner participants n=3,062)

Knowledge of the amount of activities required is slightly lower, although once more almost all agree that they are aware of the required amounts (91%), with more than half strongly agreeing (55%).

**Figure 14: Perceived awareness of the amount of activities required**



Q3\_5. The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each – *I am aware of the amount of activities required to help me maintain my professional competence.* (Base: All medical practitioner participants n=3,062)

As with confidence, awareness differs by age and setting:

- Doctors aged under 35 are less likely to be aware of both the types and amount of activities required (43% and 33% strongly agree respectively, compared with 65% and 59% among those aged between 35 and 59).
- Doctors in private practice are more likely to be aware of both of these than those who practise in a hospital (64% and 59%, compared with 58% and 49%).

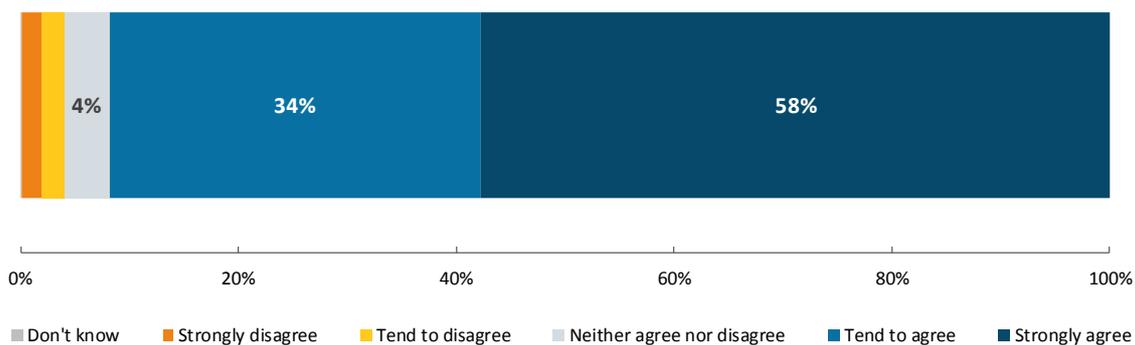
In addition, general practitioners are less likely than overall to strongly agree that they are aware of the types of activities required (59%).

Six percent of doctors neither agree nor disagree with this question. These participants are more likely to be aged under 35 (14%, compared with 4% of those aged between 35 and 59) and to practise in a hospital setting (8%, compared with 4% of those in private practice).

## Perceived usefulness of current CPD activities

Almost all doctors agree that professional development activities help to keep their medical knowledge and skills up to date (92%), with three in five strongly agreeing (58%).

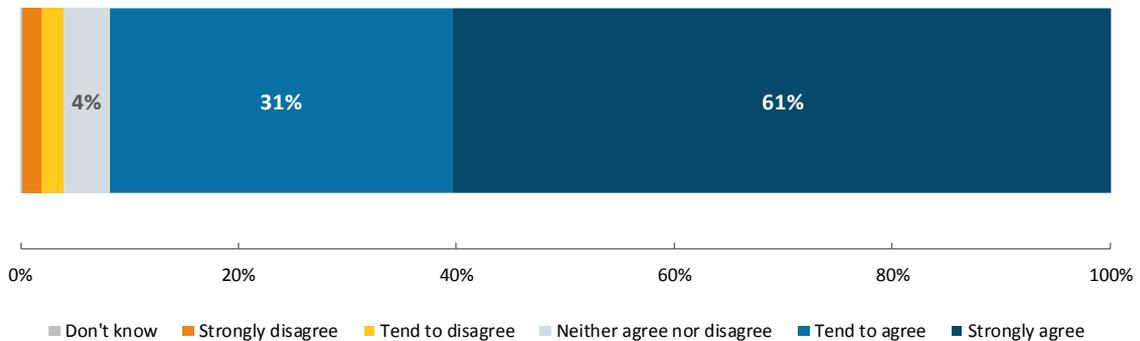
**Figure 15: Knowledge and skills benefit of professional development activities**



Q3\_2. The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each – *Professional development activities help me to keep my medical knowledge and skills up to date.* (Base: All medical practitioner participants n=3,062)

As with keeping their knowledge and skills up to date, almost all doctors agree that professional development activities benefit themselves and their patients (92%), with three in five strongly agreeing (61%).

**Figure 16: Patient benefit of professional development activities**



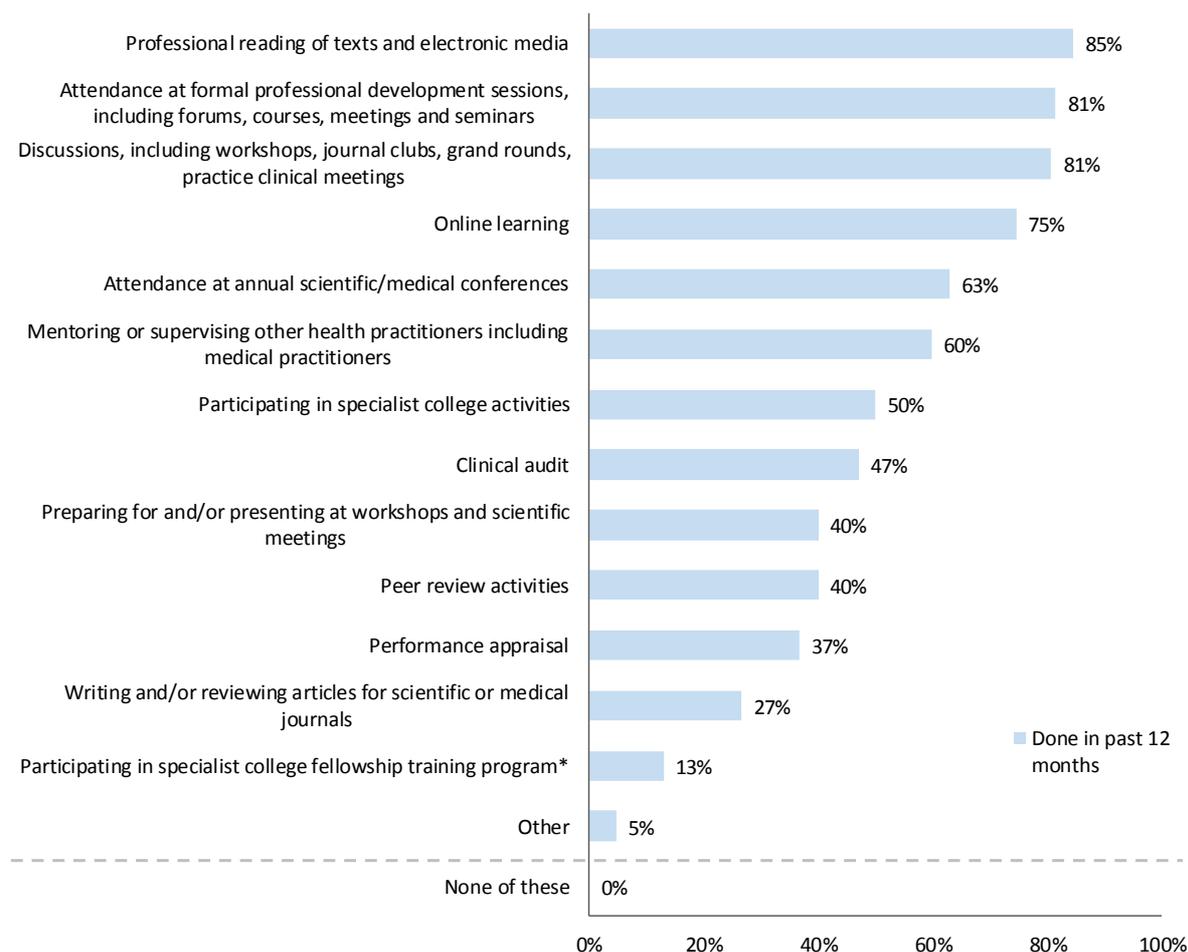
Q3\_3. The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each – *Professional development activities benefit me and my patients.* (Base: All medical practitioner participants n=3,062)

Doctors who trained overseas are more likely to strongly agree with both of these statements (65% strongly agree that professional development activities help them to keep their medical knowledge and skills up to date and 69% that they benefit themselves and their patients, compared with 55% and 57% of those who trained in Australia respectively).

## How is professional competence being maintained?

In the past 12 months, the vast majority of doctors have engaged in a range of activities to maintain their professional competence. These include reading professional texts and electronic media (85%); attending formal professional development sessions (81%); being involved in discussions including workshops, journal clubs, grand rounds and practice clinical meetings (81%); and participating in online learning (75%). Most have also mentored or supervised other health practitioners (60%), around half have participated in specialist college activities (50%) or undertaken clinical audit (47%) and 40% have participated in peer review activities.

**Figure 17: CPD activities undertaken in the past 12 months**

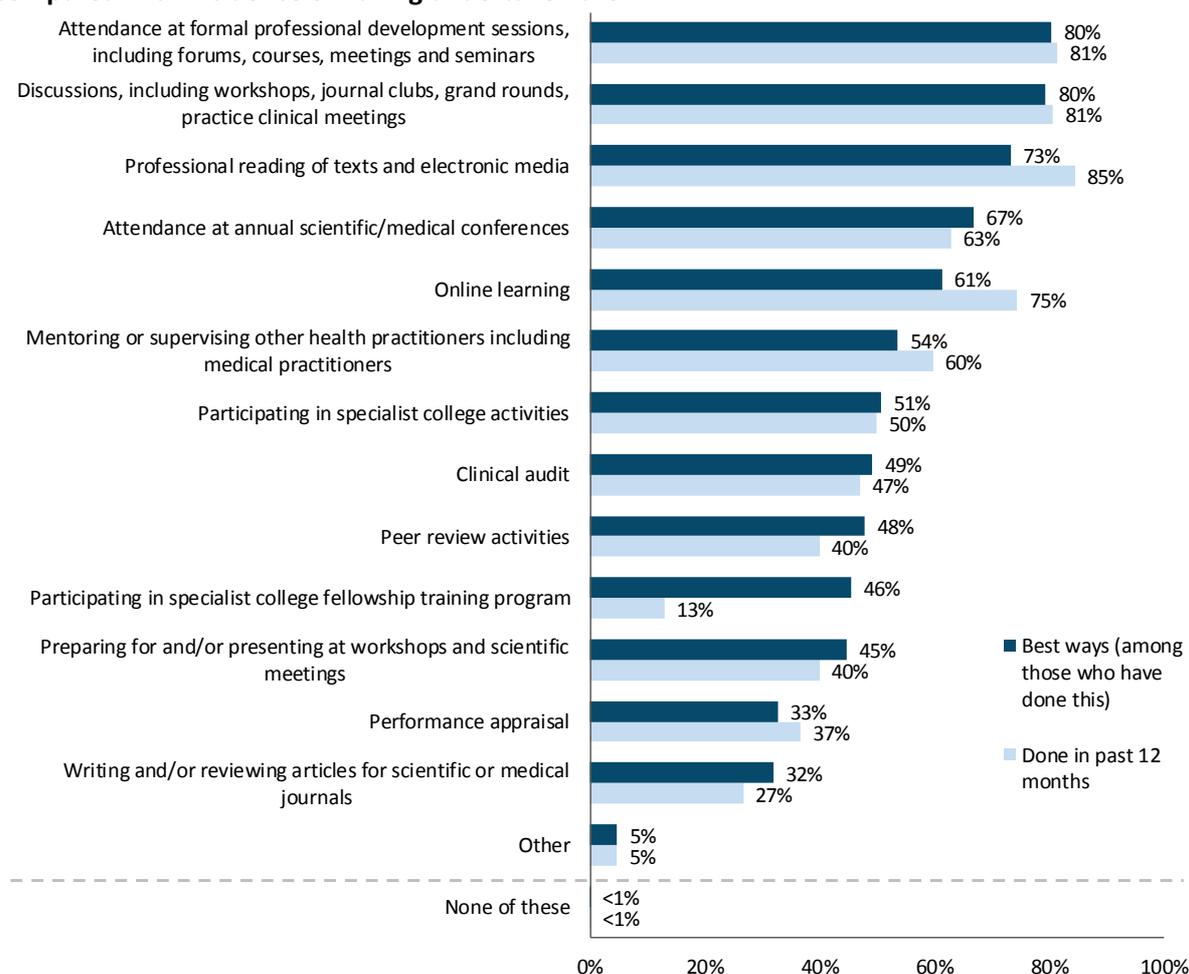


Q5. Which of the following have you done in the past 12 months to maintain your professional competence? (Base: All medical practitioner participants n=3,062)

\*Note that this figure includes only those who hold general registration only, as those with specialist registration are not eligible for this activity

There is correlation between the CPD activities doctors have undertaken and those they see as the best ways of maintaining their professional competence. Four in five of those who have done so see attending formal professional development sessions and being involved in discussions as one the best ways (81% each) and three in four of those who have done so mentioned viewing professional texts and electronic media (73%). The main exception to this is online learning, which three in four doctors have undertaken (75%) but only three in five of those who have done so see as one of the best ways (61%).

**Figure 18: CPD activities perceived as the best ways of maintaining professional competence compared with incidence of having undertaken them**



Q4. Which of the following do you think would be the best ways to maintain your professional competence? (Base: All medical practitioner participants n=3,062)

Q5. Which of the following have you done in the past 12 months to maintain your professional competence? (Base: All medical practitioner participants n=3,062)

Opinion among doctors varies widely in terms of preferences and activities undertaken. In particular, doctors practising full-time and those practising in hospitals are more likely to have engaged in most of the activities presented to them and to see each of these as the best ways.

In addition, there are differences of opinion by whether doctors are practising in an urban or rural location, whether they trained in Australia or overseas and by age:

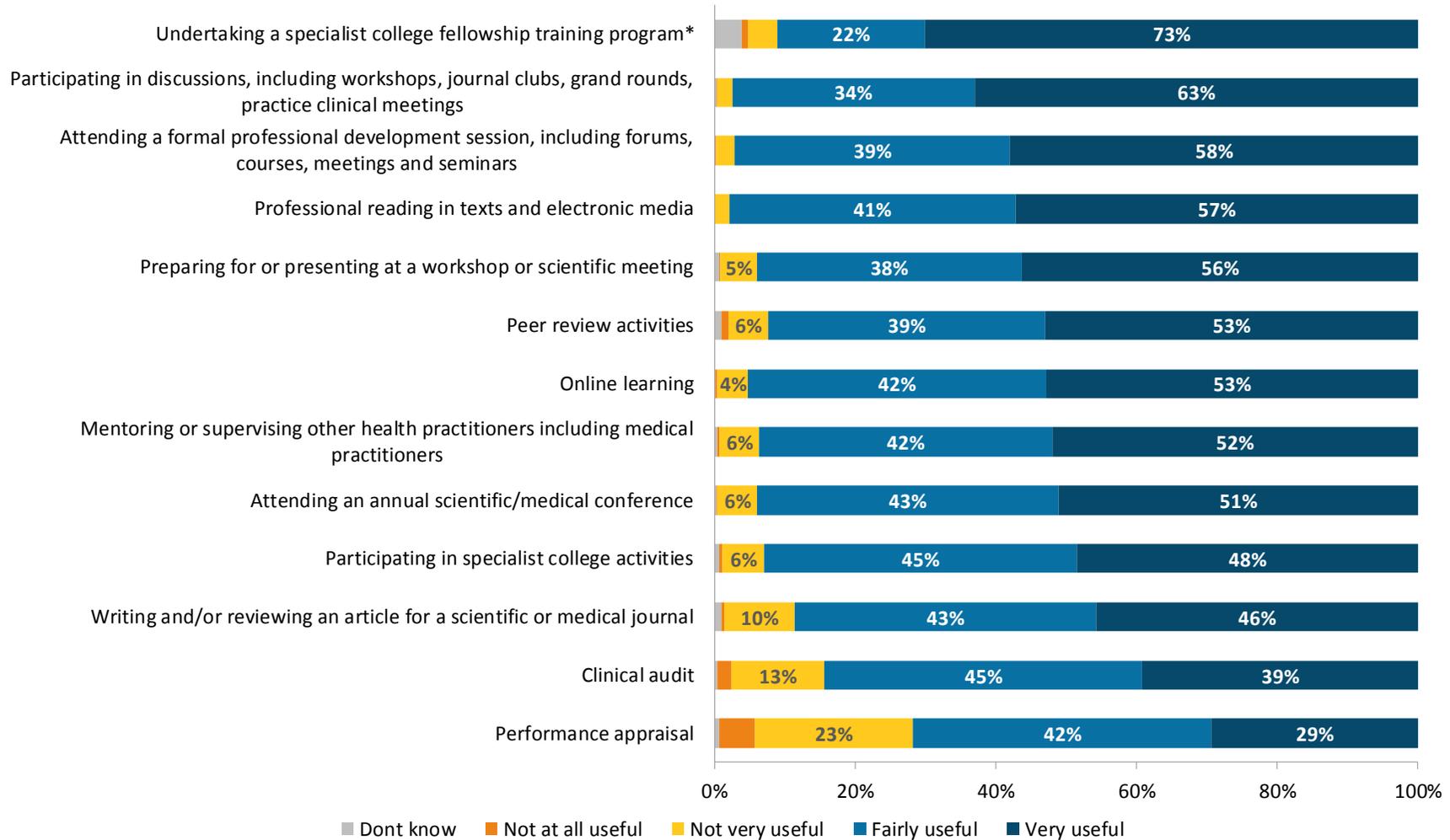
- Doctors practising in rural locations are more likely to see online learning and mentoring or supervising others among the best ways (67% and 59% respectively, compared with 60% and 52% of those in urban locations) and to have engaged in both of these (79% and 65%, compared with 73% and 58%). Those in urban areas are more likely to see preparing or presenting at meetings as one of the best ways (46%, compared with 40% of those in rural areas) and to have done so (42% and 33%).
- Those who trained overseas more commonly see professional development sessions and online learning among the best ways (83% and 70% respectively, compared with 79% and 58% of those who trained in Australia).
- Doctors aged under 35 are more likely to view performance appraisal as being among the best ways (46%, compared with 24% of those aged 60 or older) and to have taken part in these (56%, compared with 24%). Doctors aged 60 or older more commonly see texts and electronic media among the best ways (78%, compared with 67% of those aged under 35). Doctors aged between 35 and 59 are more likely to see both clinical audit and peer review activities among the best ways (54% and 51% respectively, compared with 49% and 31% of those aged under 35). These differences are driven by gender, with 58% of male doctors in this age group seeing clinical audits as important, compared with 49% of female doctors, and 56% seeing peer reviews as important, compared with 46%).

Finally, in general, female and male doctors have varying preferences when considering the best CPD activities. Female doctors are more likely to see both professional development sessions and discussions among the best ways (84% and 82% respectively, compared with 78% of male doctors for both), and to have undertaken each of these (85% and 83%, compared with 79% for both). On the other hand, male doctors are more likely to view clinical audit and peer review among the best ways (52% and 51%, compared with 46% and 43% of female doctors respectively), and to have undertaken both (50% and 43%, compared with 43% and 36%).

As shown overleaf, of those doctors who have undertaken them, most see all of the types of professional development activities as useful, with more than half rating most of the activities as *very useful*. Deemed most useful are undertaking a specialist college fellowship training program (73% very useful; among those holding general registration only), participating in discussions, including workshops, grand rounds and practice clinical meetings (63%) and. Similar proportions find professional development sessions (58%), professional texts and electronic media (57%) and preparing for or presenting at a workshop or scientific meeting (56%) as useful.



**Figure 19: Usefulness of professional development activities**



\*Note that this figure includes only those who hold general registration only, as those with specialist registration are not eligible for this activity

Q6. Overall, how useful do you think these activities were to maintain your professional competence? (Base: Medical practitioners who have undertaken at least one activity in Q5 n=145-2,602)

Doctors who trained overseas are more likely to see a range of these activities as very useful, including professional development sessions (65%, compared with 55% of those who trained in Australia), peer review (61% and 50%), professional reading (63% and 55%), online learning (63% and 48%) and specialist college activities (55% and 46%). In addition, those who practise in rural areas are more likely to find professional development sessions very useful (64%, compared with 56% of those who practise in urban areas).

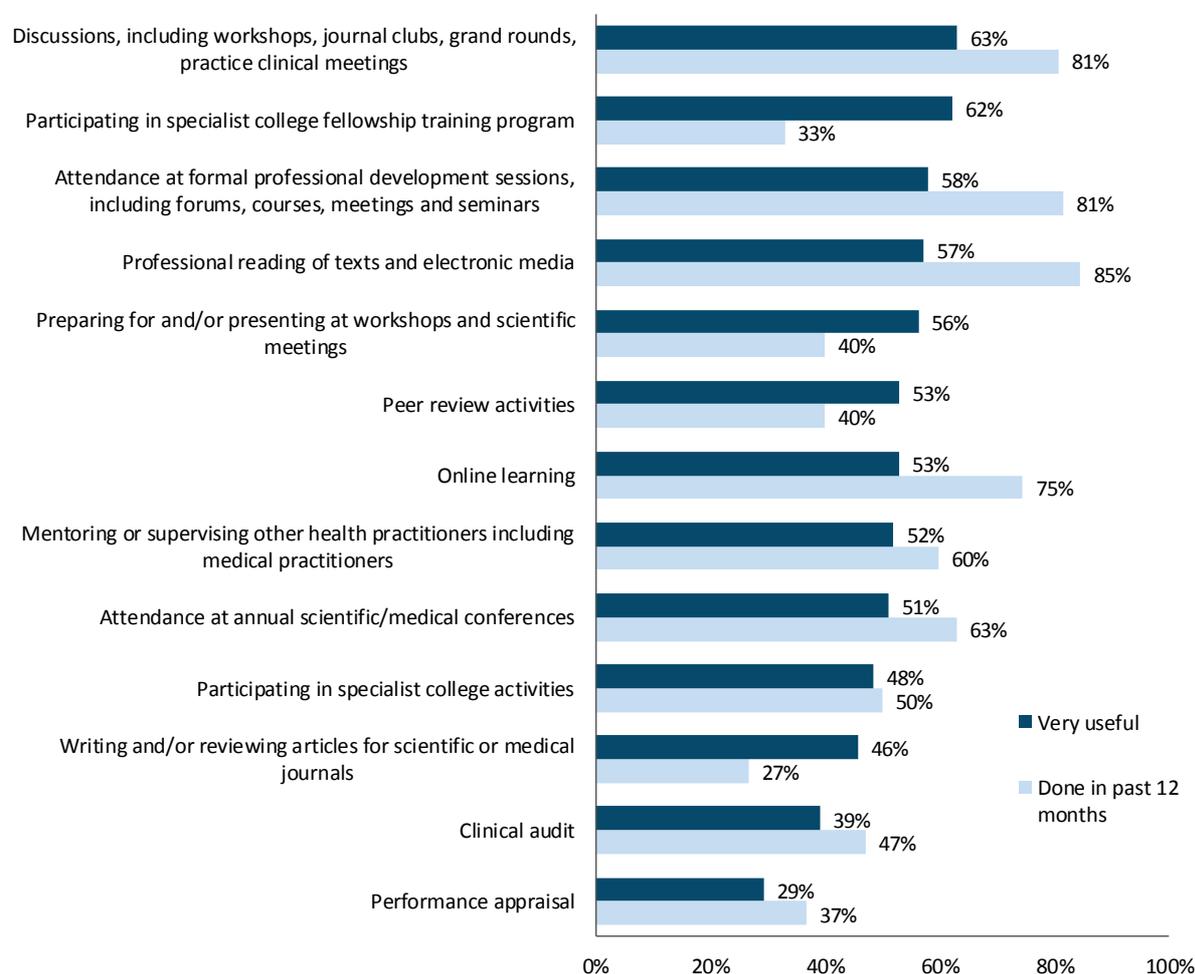
There are also differences by age. Doctors aged under 35 are more likely to find performance appraisals useful (88%, compared with 65% of doctors aged 60 or older, and 69% of those aged between 35 and 59). Those aged 60 or older, on the other hand, are more likely to find writing or reviewing articles as very useful (60%).

Finally, doctors with specialist registration are more likely to find both clinical audits and online learning useful (92% and 99%); those with general registration are more likely to find performance appraisals useful (85%); and those with both general and specialist registrations are more likely to find specialist college fellowships useful (95%).

There is also correlation between incidence of undertaking a CPD activity among the population of doctors and the likelihood to find that activity useful. The three most commonly undertaken activities: discussions, attendance at formal professional development sessions and professional reading are also among the four most commonly rated as ‘very useful’ (by those who have undertaken them; 63%, 58% and 57% respectively).

The exception to this is participation in specialist college fellowship training programs, which are only available to those who only hold general registration. Preparing for or presenting at workshops and scientific meetings and peer review activities also recorded high proportions of very useful ratings (56% and 53% respectively) despite relatively small proportions doctors of having undertaken them (40% for both).

**Figure 20: CPD activities perceived as ‘very useful’ compared with incidence of having undertaken them**



Q5. Which of the following have you done in the past 12 months to maintain your professional competence? (Base: All medical practitioner participants n=3,062)

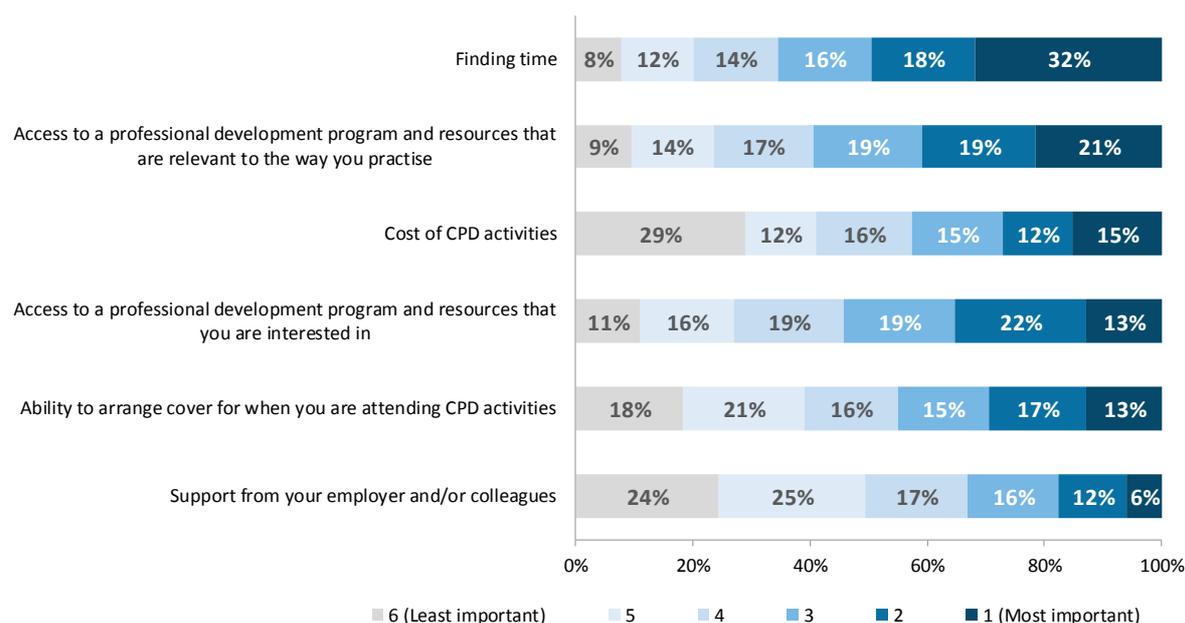
Q6. Overall, how useful do you think these activities were to maintain your professional competence? (Base: Medical practitioners who have undertaken at least one activity in Q5 n=145-2,602)

## Factors influencing ability to access and undertake CPD activities

For a third of doctors, finding time is the greatest obstacle to accessing CPD activities (32%). Two in three placed this in their top three factors (66%).

Finding programs and resources that are relevant is the biggest factor for one in five (21%), while cost (15%), cover (13%) and finding programs and resources they are interested in (13%) also act as barriers for many. Almost one third (29%) thought cost was the least important obstacle.

**Figure 21: Factors influencing ability to access and undertake CPD activities**



Q7. Please rank the following factors that may influence your ability to access continuing professional development activities (Base: All medical practitioner participants n=3,062)

For those who practise in rural locations and in private practice, finding relevant program and activities is more commonly a barrier (65% placed this in their top three, compared with 58% of those who practise in urban locations, and 69%, compared with 45% of doctors who practise in hospitals, respectively). Doctors in private practice also more commonly rank finding programs and activities they are interested in within their top three (62%, compared with 42%), while general practitioners are more likely to rank both relevant programs and programs they are interested in within their top three (67% and 61% respectively).

Cost is more commonly a barrier for doctors aged under 35 (than overall; 52% placed this in their top three), as well as female doctors (46%, compared with 41% of male doctors), those who trained overseas (47%, compared with 41% of those who trained in Australia) and general practitioners (45%).

## 3.4 Reviewing medical competence

Most doctors agree that the current CPD arrangements work well to ensure that doctors provide high quality care. Attitudes towards reviewing competence vary. Most think that all doctors should be reviewed, however substantial minorities do not think there is a need for this and that doing so would be a waste of time and money.

Doctors see reviewing what they have done to keep up to date with medical developments as the most important method of ensuring they are practising to a high standard, followed by monitoring the outcomes of patients' treatments. Most think that it would be useful to receive multi-source feedback.

While the majority agree that they should undergo periodic reviews throughout their career, a quarter disagree, and fewer than a third agree that they should undergo periodic examinations.

If they are to be reviewed, most believe this should be done by other doctors in their speciality and two in five think they should be reviewed by other doctors with a similar level of experience to them.

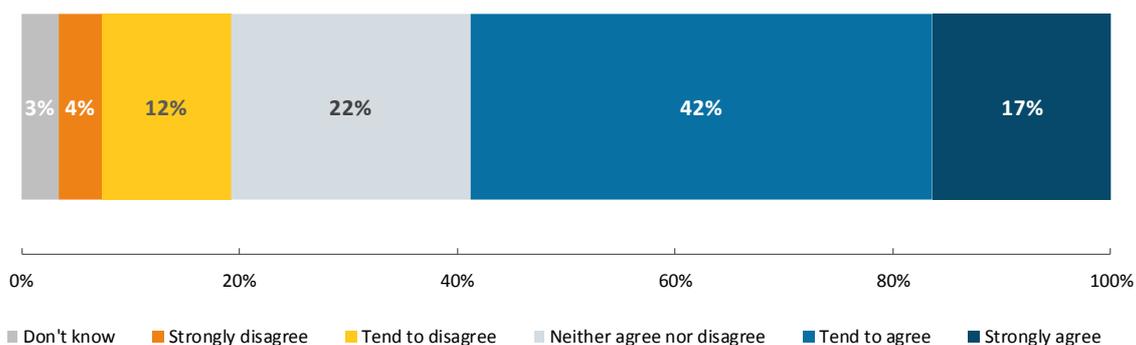
Doctors think it is most important for their patients to provide feedback on their communication skills and whether they treat patients with dignity and respect. To demonstrate competence and high quality care, doctors most commonly think the general public wants them to demonstrate up-to-date knowledge and skills and clear and effective communication. To build confidence and trust, they most commonly selected explaining diagnoses and treatments in an understandable way and communicating effectively as the most important attributes.

Very few doctors support increasing the amount of professional development activities that they participate in. On the other hand, most support having to demonstrate that they are maintaining their capacity to provide high quality medical care as a requirement of renewal of registration. Two in five support changing the focus on professional development activities to reflect the doctor's performance or patient outcomes, and the same proportion support the Medical Board specifying a range of activities that need to be done as part of continuing professional development. One-third support being directed to undertake specific learning activities.

## Perception of current CPD arrangements

Most doctors agree that the current CPD arrangements work well to ensure doctors provide high quality care (59%). However, a greater proportion *tend to agree* (42%) rather than *strongly agree* (17%), and 16% disagree.

**Figure 22: CPD arrangements ensure doctors provide high quality care**



Q8\_1. To what extent do you agree or disagree with the following statements? – *The current CPD arrangements work well to ensure doctors provide high quality care* (Base: All medical practitioner responses n=3,062)

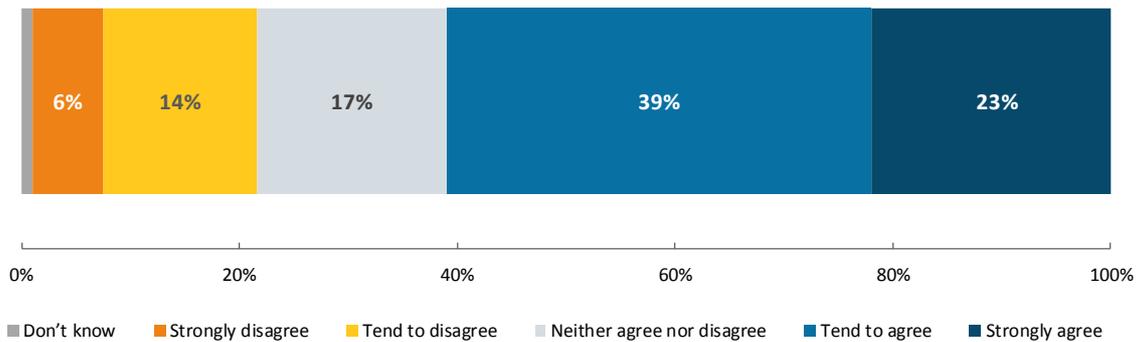
Doctors aged 60 or older are more likely to agree with this statement than their counterparts aged under 35 (64%, compared with 48%). Doctors in private practice are also more likely to agree (than those who practise in hospital; 63%, compared with 53%), as are those who trained overseas (64%, compared with 56%) and male doctors (61%, compared with 55% of female doctors).

More than one in five doctors neither agree nor disagree with the statement. These participants are more likely to be female doctors (27%, compared with 19% of male doctors), aged under 35 (29%, compared with 17% of those aged 60 or older) and to practise in a hospital setting (26%, compared with 18% of those in private practice).

## Attitudes towards reviewing competence

The majority think it is important that all doctors are reviewed from time to time (62% agree), with one in four strongly agreeing with this statement (23%). One in five disagree (20%).

**Figure 23: All doctors should be reviewed from time to time**



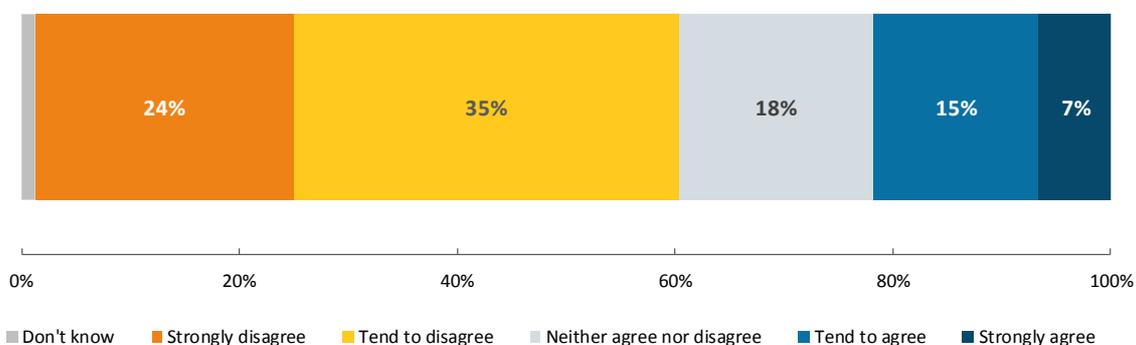
Q8\_4. To what extent do you agree or disagree with the following statements? – *It is important that all doctors are reviewed from time to time to ensure they are practicing medicine to a high standard* (Base: All medical practitioner responses n=3,062)

Seventeen percent of doctors neither agree nor disagree with the statement. These participants are more likely to work in private practice than in a hospital setting (19%, compared with 14%).

Results for this question are similar to those of the Department of Health (United Kingdom) 2005 study, in which 22% of doctors strongly agreed and 49% tended to agree.

In line with this, most *disagree* that there that there is no need to regularly carry out reviews of doctors’ medical skills and knowledge (59%); a quarter strongly (24%). Around one in five agree that there is no need (22%).

**Figure 24: There is no need to carry out regular reviews of doctors’ skills and knowledge**

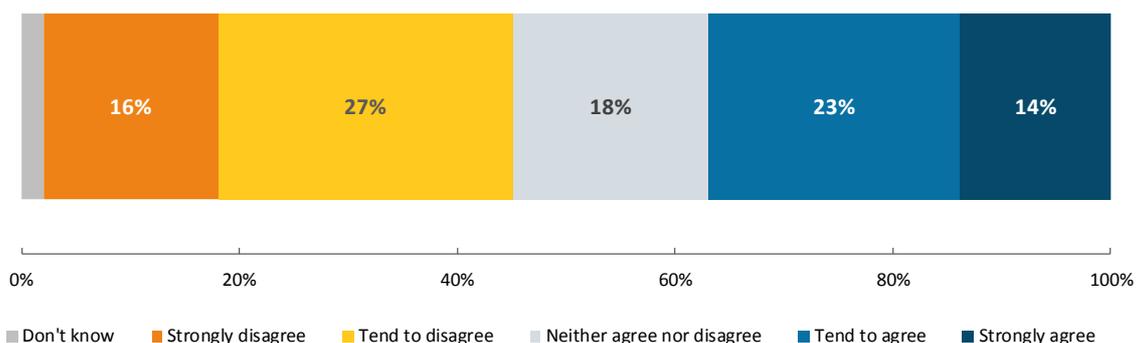


Q8\_3. To what extent do you agree or disagree with the following statements? – *There is no need to regularly carry out reviews of doctors’ medical skills and knowledge* (Base: All medical practitioner responses n=3,062)

Results for this question are similar to those of the Department of Health (United Kingdom) 2005 study, although in that study a greater proportion of doctors strongly disagreed (37%) and tended to disagree (41%).

Responses as to whether reviewing the way all doctors practise would be a waste of time and money are split. Thirty-seven percent agree (14% strongly so), while 43% disagree (of which, 16% strongly disagree).

**Figure 25: Reviewing all doctors would be a waste of time and money**



Q8\_2. To what extent do you agree or disagree with the following statements? – *Reviewing the way all doctors practice would be a waste of time and money* (Base: All medical practitioner responses n=3,062)

As with the previous question, results are similar to those of the Department of Health (United Kingdom) 2005 study, in which 14% of doctors strongly agreed, 20% tended to agree, 30% tended to disagree and 21% strongly disagreed.

Attitudes towards reviewing medical competence differ by setting, as well as by age and gender:

- Doctors who practise in hospitals are more likely to think that all doctors should be reviewed (72% agree, compared with 55% of those in private practice); are more likely to disagree that there is no need to carry out reviews (66%, compared with 54%); and that doing so would be a waste of time and money (49%, compared with 40%).
- Doctors aged under 35 are also more likely to agree that all doctors should be reviewed (72%, compared with 57% of those aged 60 or older); are more likely to disagree that there is no need to carry out reviews (67%); and that doing so would be a waste of time and money (51%).
- Female doctors are less likely to disagree that all doctors should be reviewed (17%, compared with 22% of male doctors); are less likely to agree that there is no need to carry out reviews (18%, compared with 25%); and that doing so would be a waste of time and money (33%, compared with 40%).

In addition, doctors who trained overseas are more positive towards the idea of regular review. They are less likely to disagree that all doctors should be reviewed (17%, compared with 22% of those who trained in Australia), and less likely to agree that reviewing all doctors would be waste of time and money (32%, compared with 39%).

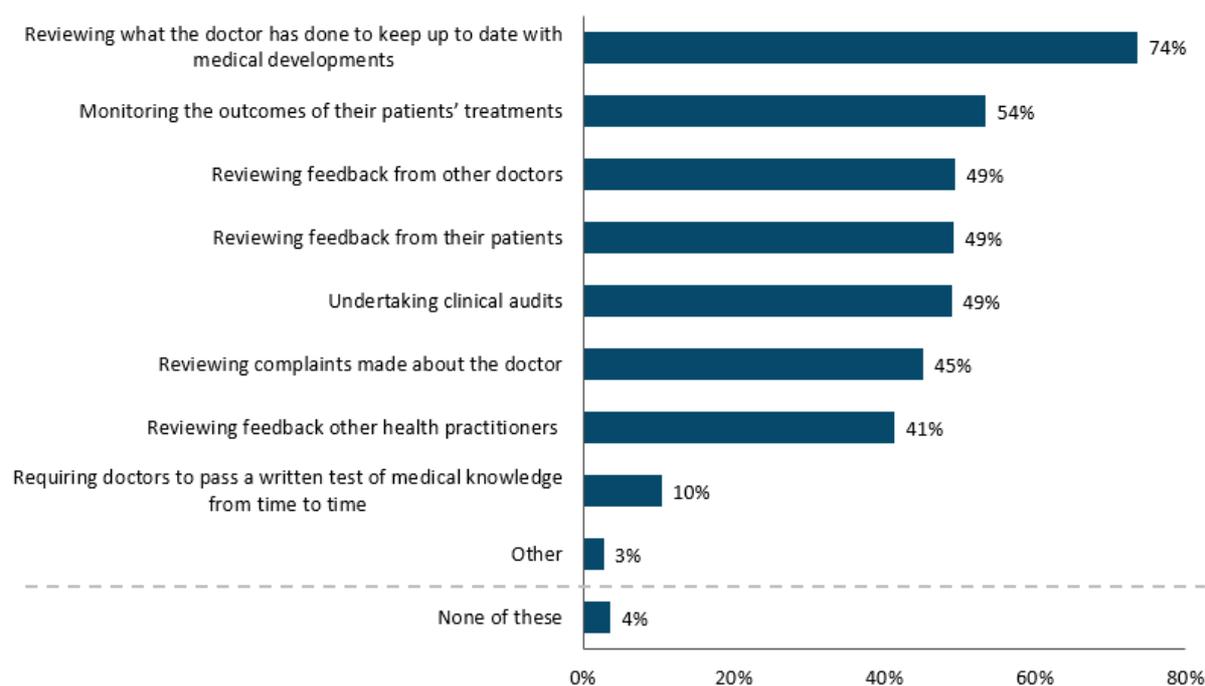
## How should medical competence be reviewed?

### Methods to ensure doctors are practising to a high standard

Overall, as shown overleaf, doctors see reviewing what doctors have done to keep up to date with medical developments as the most important method of ensuring they are practising to a high standard. Three quarters selected this as one of the most important methods (74%). Most also selected monitoring the outcomes of patients' treatments (54%), while around half each selected reviewing feedback from other doctors (49%), reviewing feedback from patients (49%) and undertaking clinical audits (49%). Only 10% thought it would be useful to require doctors to pass written tests of their medical knowledge from time to time.

Results are comparable with those of the 2005 Department of Health (United Kingdom) study, in which 81% of doctors thought evidence that the doctor is keeping up-to-date with medical developments to be important.

**Figure 26: Methods of review**



Q10. If all doctors were to be reviewed from time to time which, if any, of the following do you think would be the most important ways to ensure that doctors are practising to a high standard? (Base: All medical practitioner participants n=3,062)

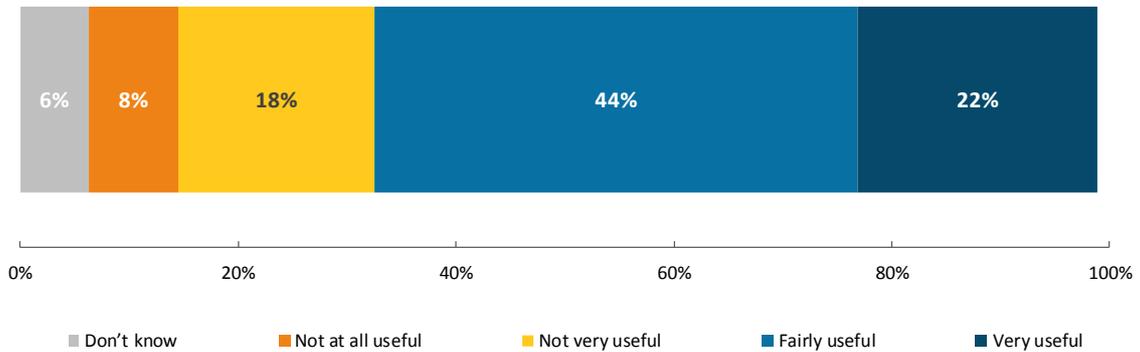
Perceptions of the most important methods differ across the sample, with significant differences by age, gender, setting and where trained:

- Doctors aged under 35 are more likely to see feedback from other doctors and health practitioners as important (58% and 52% respectively, compared with 42% and 35% of doctors aged 60 or older), and less likely to see monitoring outcomes and clinical audits as so (44% and 40% respectively).
- Female doctors more commonly see feedback as important (53% from other doctors and 45% from other health practitioners, compared with 47% and 39% of male doctors). Male doctors are more likely to view monitoring outcomes and clinical audits as important (57% and 52%, compared with 48% and 45%).
- Doctors who practise in hospitals more commonly mention feedback from other doctors and other health practitioners (59% and 52%, compared with 43% and 33% of those in private practice) as important.
- Doctors who trained overseas are more likely to see a range of methods as important, including reviewing what they have done to keep up to date (77%, compared with 72% of doctors who trained in Australia), monitoring outcomes (58%, compared with 52%) and feedback from patients and other health practitioners (55% and 46%, compared with 40% and 47%).

## Multi-source feedback

Two in three think that it would be useful to receive multi-source feedback (67%), including one in five who think it would be *very* useful (22%). One in four do not think that it would be useful (26%).

Figure 27: Usefulness of multisource feedback



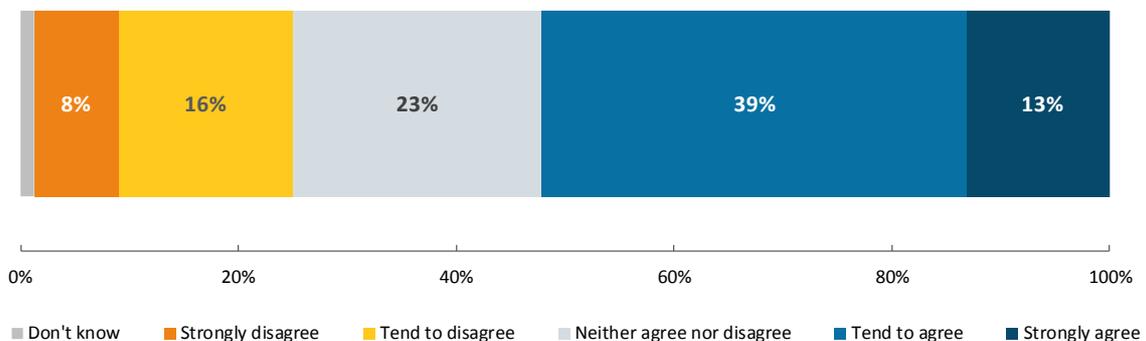
Q13. How useful do you think feedback from a number of sources (e.g. multi-source feedback), including from other doctors and health practitioners and patients, would be in helping doctors to understand their strengths and to identify continuing professional development needs? (Base: All medical practitioner participants n=3,062)

Doctors who practise in hospitals are more likely to think that multi-source feedback would be useful (76%, compared with 61% of those in private practice), as are doctors aged under 35 (75%, compared with 63% of doctors aged 60 or older) and those who trained overseas (71%, compared with 66% of those who trained in Australia). Male doctors, on the contrary, are more likely to see this as *not* useful (28%, compared with 23% of female doctors).

## Periodic reviews and examinations

Around half of doctors agree that they should undergo periodic reviews throughout their career (53%). However, doctors more commonly *tend to* agree (39%) than *strongly* agree (14%). A quarter disagree (24%).

Figure 28: Doctors should undergo periodic reviews throughout their career

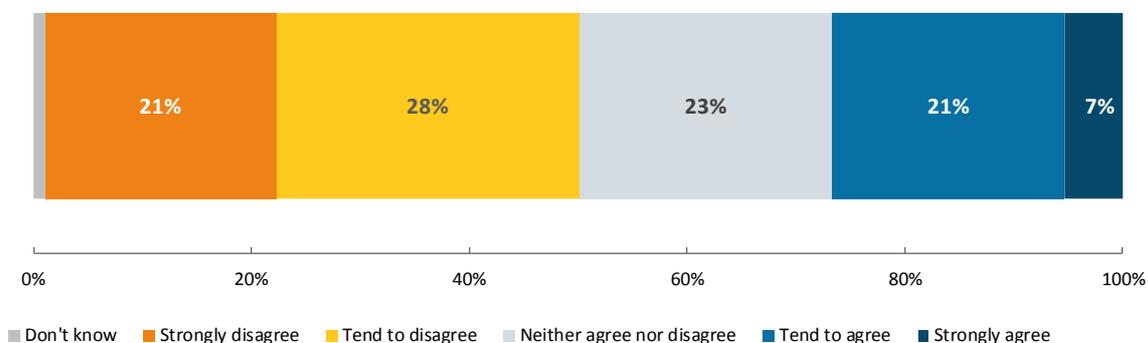


Q9\_6. To what extent do you agree or disagree with the following statements? – *Doctors should undergo periodic reviews throughout their career* (Base: All medical practitioner participants n=3,062)

Around one in four participants neither agree nor disagree (23%). These participants are more likely to work in private practice than in a hospital setting (25%, compared with 18%).

There is less support for periodic examinations. Almost three in ten doctors agree (28%) that they should undergo periodic exams throughout their careers, with almost half disagreeing (49%), including one in five *strongly* disagreeing (21%).

**Figure 29: Doctors should undergo periodic examinations of their medical knowledge and skills throughout their career**



Q9\_7. To what extent do you agree or disagree with the following statements? – *Doctors should undergo periodic examinations of their medical knowledge and skills throughout their career* (Base: All medical practitioner participants n=3,062)

Overall, attitudes towards reviews and examinations tend to reflect the care setting in which the doctor works, whether they trained in Australia or overseas and their age:

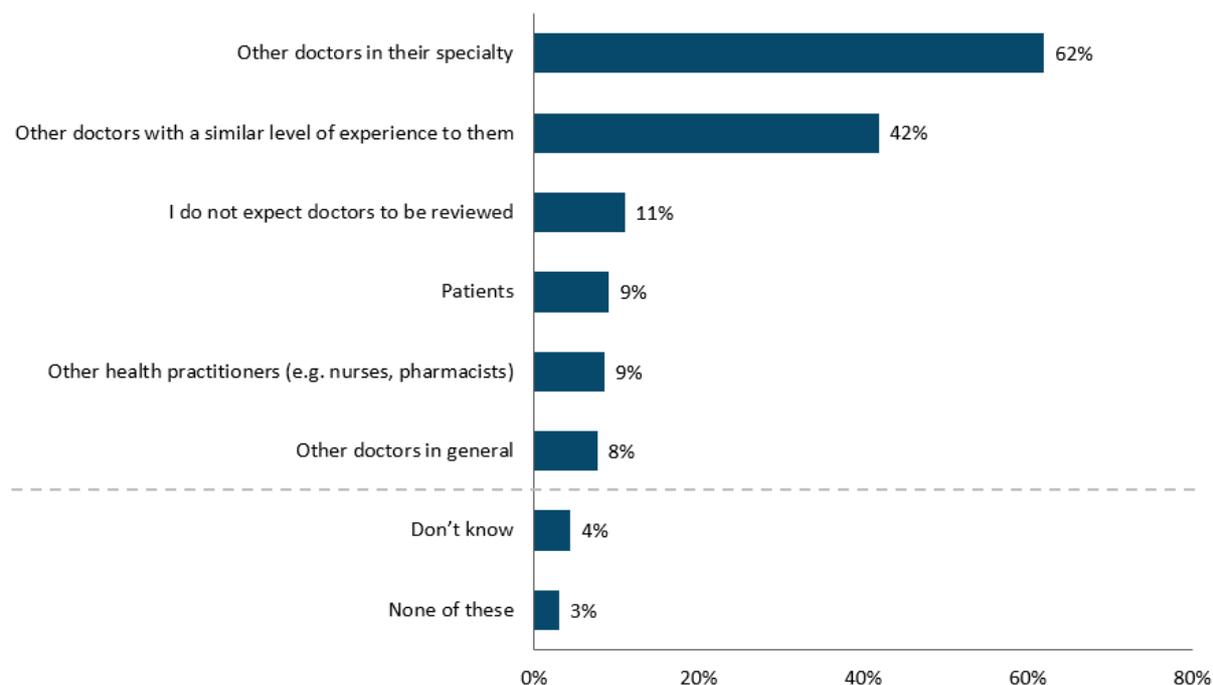
- Doctors in private practice are more likely to disagree that they should undergo either reviews or examinations (29% and 53% respectively, compared with 18% and 44% of those who practise in hospitals).
- Those who trained in Australia are also more likely to disagree that they should undergo reviews and less likely to agree that they should undergo examinations (26% for both, compared with 21% and 32% of those who trained overseas).
- Doctors aged 60 or older are more likely to disagree with undergoing reviews (27%, compared with 17% of those aged under 35).

In addition, psychiatrists are more likely to *strongly* disagree that they should undergo examinations (34%).

## Groups responsible for conducting reviews

If they are to be reviewed, three in five doctors believe they should be reviewed by other doctors in their speciality (62%). Two in five think they should be reviewed by other doctors with a similar level of experience to them (42%). One in nine do not expect doctors to be reviewed at all (11%).

**Figure 30: Who should be responsible for reviewing doctors**



Q12. If all doctors were to be reviewed from time to time to ensure they are practicing to a high standard, on balance, who do you think they should be reviewed by? (Base: All medical practitioner participants n=3,062)

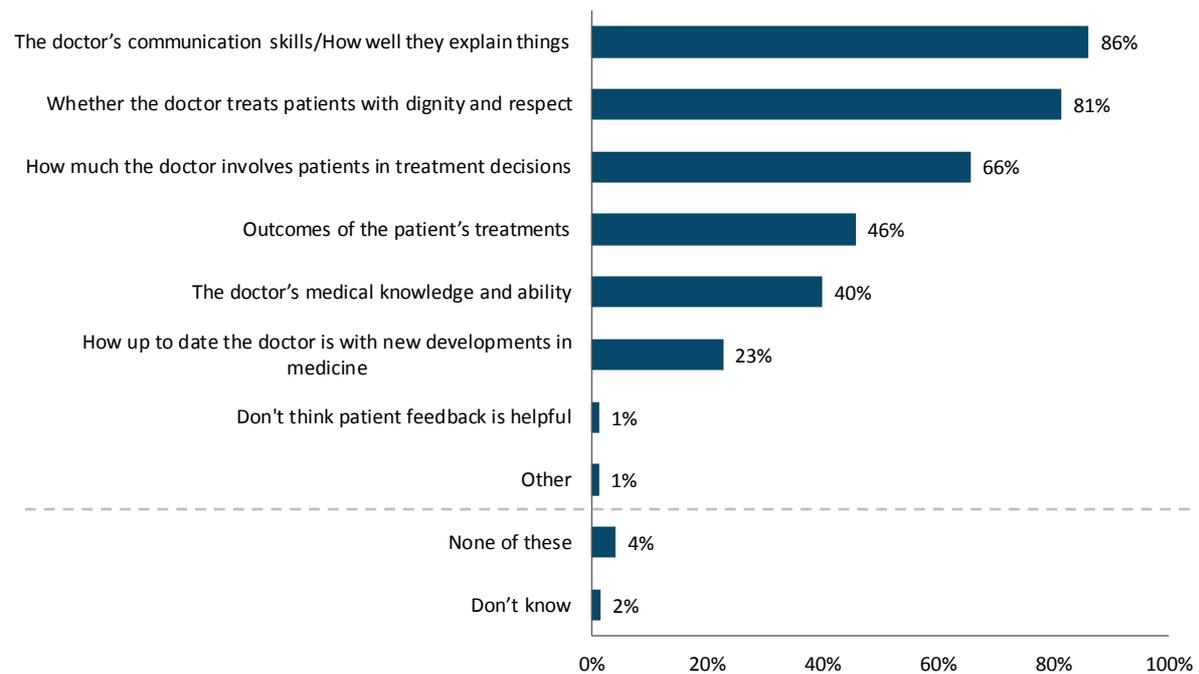
In general, being reviewed by other doctors in their specialty is more important to doctors who practise in hospitals (71%, compared with 57% of those in private practice), those in urban areas (63%, compared with 56% of those in rural areas), those who trained in Australia (64%, compared with 57% of those who trained overseas) and doctors aged under 35 (69%, compared with 55% of doctors aged 60 or older). It is also more important to anaesthetists and surgeons (74% and 72%, respectively), while less important to general practitioners (54%).

Being reviewed by a doctor with a similar level of experience is most important to those working in hospitals (45%, compared with 39% in private practice), those in rural areas (48%, compared with 40% of those in urban areas) and to doctors aged 60 or older (49%).

## General public feedback on doctors

The vast majority of doctors think it is important for patients to provide feedback on their doctor's communication skills and how well they explain things (86%), and whether they treat patients with dignity and respect (81%). Two-thirds think it is important for them to provide feedback on how much the doctor involves patients in treatment decisions (66%).

**Figure 31: Important areas for patients to comment on**



Q14. If patients were asked to give feedback on doctors, what would it be important for them to comment on? (Base: All medical practitioner participants n=3,062)

Results differ by care setting, age, gender and whether the doctor trained in Australia or overseas:

- Doctors who practise in hospital are more likely to see feedback on communication as important (89%) and dignity and respect (85%, compared with 79% of doctors in private practice). Those in private practice place more importance on the outcomes of treatments 49%, compared with 41% of those who practise in hospitals), the doctor's knowledge and ability (43%, compared with 35%) and how up to date they are (26%, compared with 19%).
- Doctors aged 60 or older place more importance on outcomes (53%, compared with 35% of those aged under 35), knowledge and ability (45%, compared with 36%) and how up to date they are (27%, compared with 20%).
- Doctors who trained overseas place more importance on patient involvement in decisions (69%, compared with 64% of those who trained in Australia), knowledge and ability (44%, compared with 38%) and how up to date the doctor is (27%, compared with 21%).

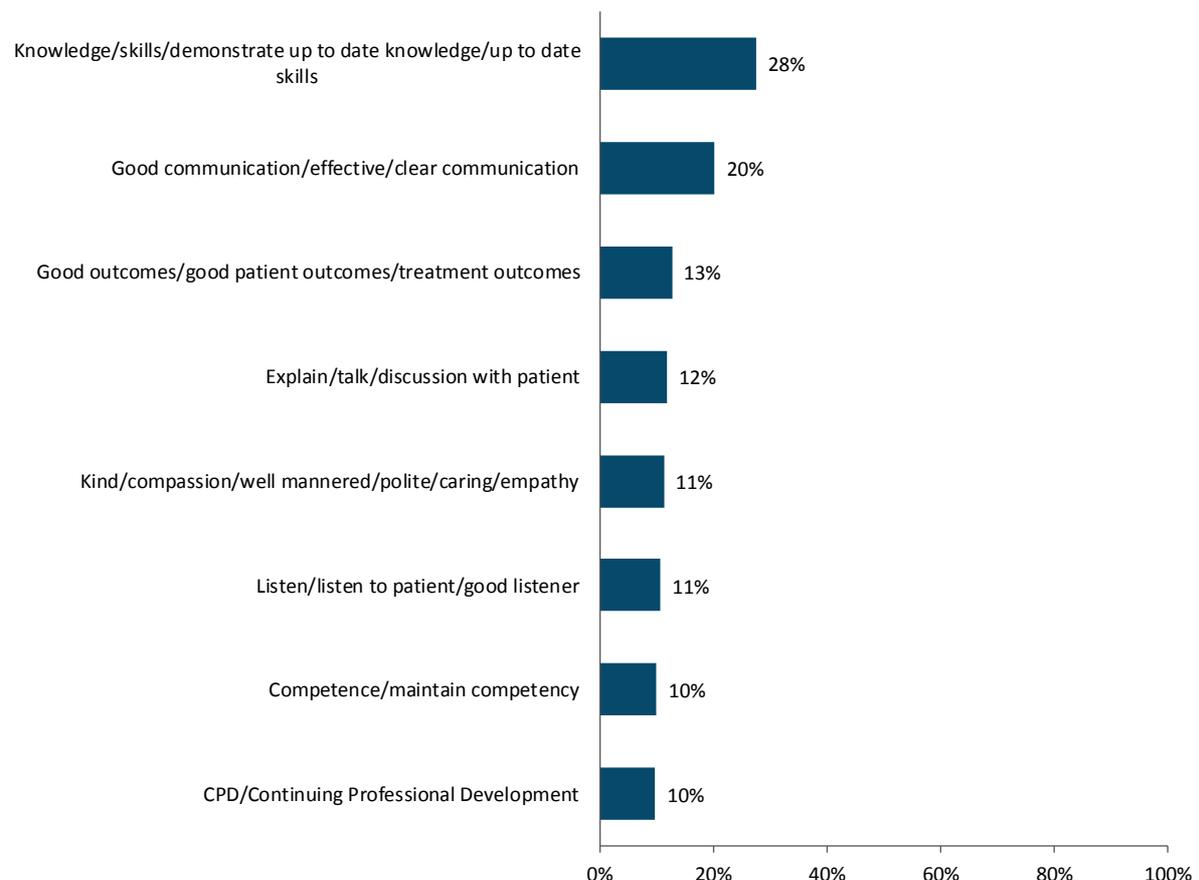
In addition, general practitioners are more likely to think it important for patients to comment on the doctor’s medical knowledge and ability (44%).

Doctors were asked what they think the general public wants them to do to demonstrate their competence and that they are providing high quality care. They were able to provide verbatim comments, which were later coded.

The most common response was demonstrating up-to-date knowledge and skills (28%). Also commonly reported was clear and effective communication (20%), which matches the perceived importance of communication and how well a doctor explains things shown when doctors were asked what it would be important for patients to comment on (86% of doctors thought it was important for patients to comment on this). It also aligns with the attributes perceived as most important for building confidence and trust between a doctor and a patient. Communicating effectively with the patient and explaining diagnosis and treatment in a way that the patient can understand were most commonly selected as the most important attributes.

However, a relatively substantial proportion are of the opinion that the general public are either insufficiently informed or should not be in a position to judge competence and quality of care (7%).

**Figure 32: Perceptions of how the general public wants doctors to demonstrate competence and quality care – most common responses**



Q17. What do you think the general public wants doctors to do to demonstrate they are competent and providing high quality care?

(Base: All medical practitioner participants n=3,062)

Female doctors are more likely to believe that the general public wants doctors to demonstrate up-to-date knowledge and skills (32%, compared with 25% of male doctors).

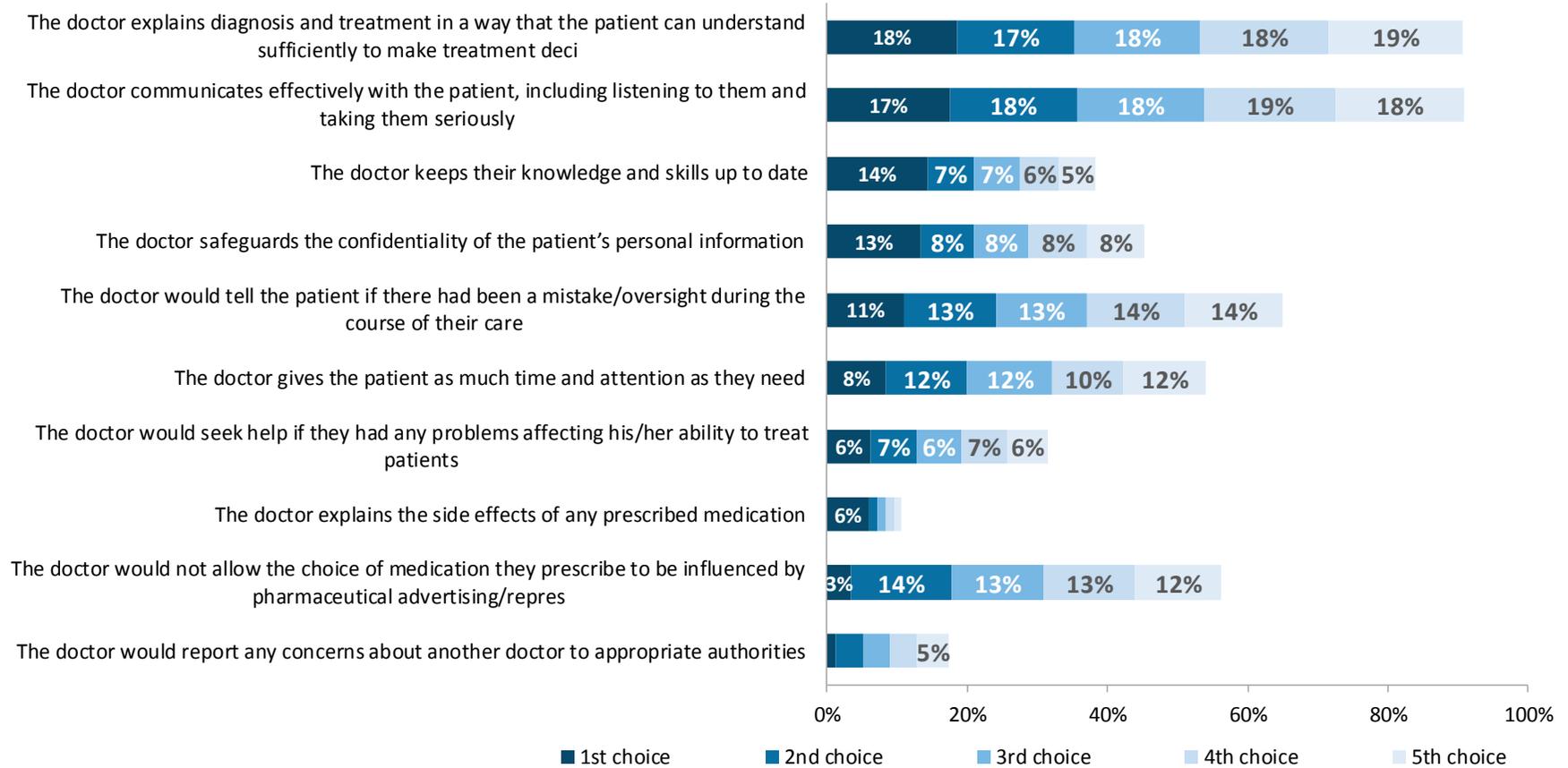
## Perceptions of how to build confidence and trust between a patient and their doctor

Doctors were shown a list of attributes and asked to rank the top five in terms of importance to building confidence and trust with their patients.

As shown overleaf, around one in five ranked explaining their diagnoses and treatments in an understandable way so that the patient can make treatment decisions as the most important means of building confidence and trust between patient and their doctor (18%). A similar proportion ranked communicating effectively with patients in this position (17%).



**Figure 33: Perceptions of how to build confidence and trust between a patient and their doctor**



Q1. Looking at the list below, which 5 of these attributes do you think are most important for building confidence and trust between a patient and their doctor? (Base: All medical practitioner participants n=3,062)

## Support for specific review and CPD activities

Doctors were shown a range of proposals for changing CPD requirements. Support for each of these varies.

Over half of doctors support, as a requirement of renewal of registration, having to demonstrate that they are maintaining their capacity to provide high quality medical care (58%), while one in five oppose this (22%).

Two in five support the Medical Board of Australia specifying a range of activities that need to be done as part of continuing professional development (38%), with a similar proportion opposing this (39%).

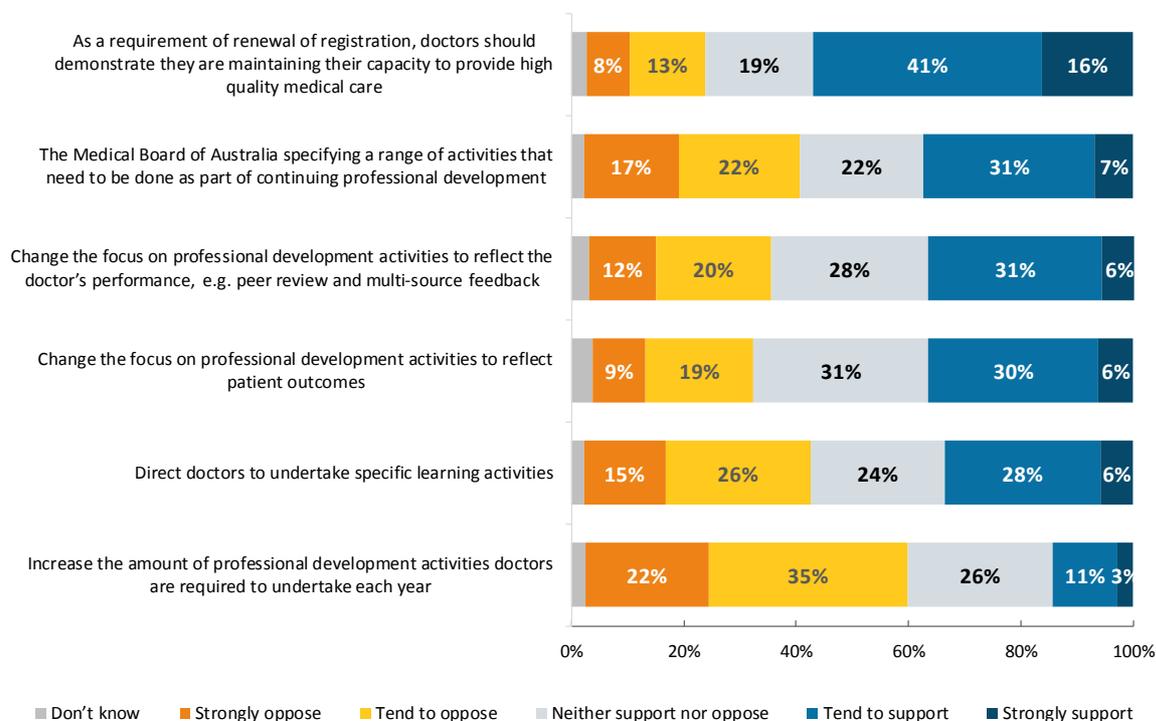
Two in five support changing the focus on professional development activities to reflect the doctor's performance (38%), while one-third oppose this (33%).

Two in five support changing the focus on professional development activities to reflect patient outcomes (38%), while 30% oppose this.

One-third support directing doctors to undertake specific learning activities (34%), while 41% oppose this.

Only 15% support doctors being required to increase the amount of professional development activities that they participate in, while the majority oppose this (59%).

**Figure 34: Support for specific review and CPD activities**



Q15. To what extent would you support or oppose the following options to maintain your professional competence? (Base: All medical practitioner participants n=3,062)

Doctors who trained overseas are more likely to support all of these proposals, while doctors aged under 35 are also more supportive generally. The latter are more likely to support the Medical Board specifying a range of activities (41%, compared with 36% of doctors aged between 35 and 59) and directing doctors to undertake specific learning activities (39%). This difference is driven by gender, with female doctors in this age group more likely to support this than male doctors (40%, compared with 33%).

Doctors who practise in hospitals are more likely to support changing the focus of professional development activities to reflect performance (43%, compared with 33% of those in private practice), with general practitioners less likely to support this (33%). Male doctors are more likely to support changing the focus to reflect patient outcomes (42%, compared with 31% of female doctors), with female doctors more likely to support the Medical Board specifying a range of activities (42%, compared with 36% of male doctors). Psychiatrists are more likely to oppose reflecting patient outcomes (43%, compared with 31% overall), while general practitioners are less likely to support having different requirements for doctors with different types of registration (70%, compared with 75%).

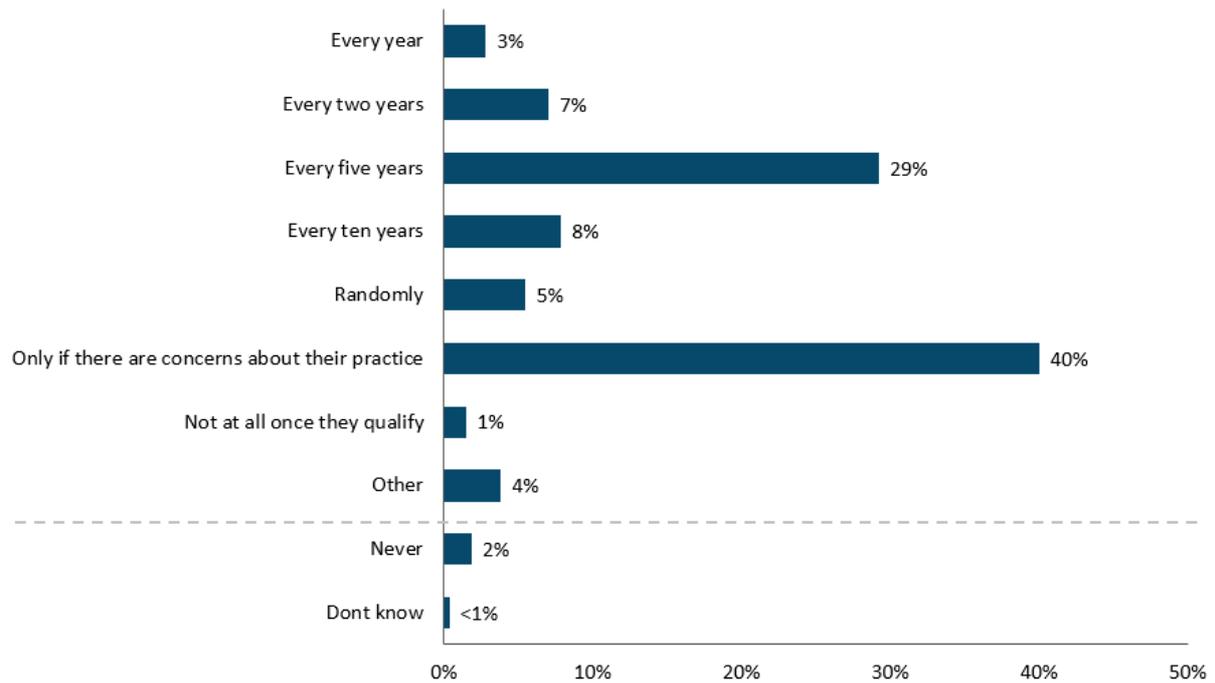
For each proposal, substantial proportions of participants neither agree nor disagree. For increasing the amount of required professional development, demonstrating they are maintaining their capacity to provide high quality care and changing the focus to reflect the doctor's performance, doctors aged under 35 were more likely to provide this response (37%, 28% and 39% respectively).

## Frequency of reviews

### How often should doctors be reviewed?

Two in five doctors believe they should only be reviewed if there are concerns about their practice (40%). Around one in three believe reviews should take place every five years (29%).

**Figure 35: Frequency of competency reviews**



Q11. How often do you think doctors should be reviewed, if at all? (Base: All medical practitioner participants n=3,062)

Doctors aged 60 or older, those in private practice and general practitioners are more likely to think they should only be reviewed if there are concerns (47%, compared with 36% of doctors aged under 35, 46%, compared with 32% of those who practise in hospitals and 47%, respectively).

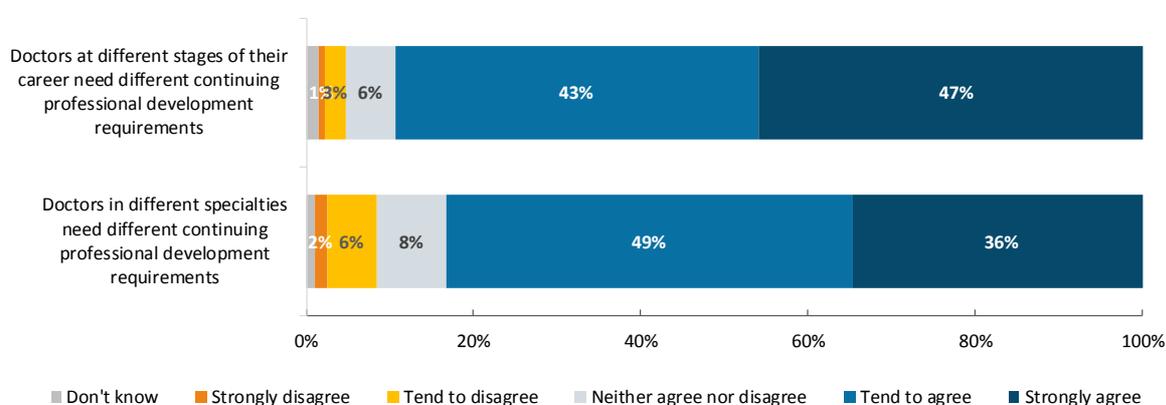
Compared with the results of the 2005 Department of Health (United Kingdom) study, Australian doctors typically support less frequent reviews. In the Department of Health study, 16% of doctors supported reviews every year (compared with 3%), and 12% every two years (compared with 7%). Far fewer doctors in that study supported reviews only if there are concerns (19%).

## Doctors who require more frequent or rigorous review

### Differing CPD requirements for specialised doctors and those at different stages of their career

Nine in ten agree that doctors in different specialties need different continuing professional development requirements (91%). Similarly, the vast majority agree that doctors at different stages of their career need different requirements (85%).

**Figure 36: Differing CPD requirements for specialised doctors and those at different stages of their career**



Q9\_10. To what extent do you agree or disagree with the following statements? – *Doctors in different specialties need different continuing professional development requirements* (Base: All medical practitioner participants n=3,062)

Q9\_11. To what extent do you agree or disagree with the following statements? – *Doctors at different stages of their career need different continuing professional development requirements* (Base: All medical practitioner participants n=3,062)

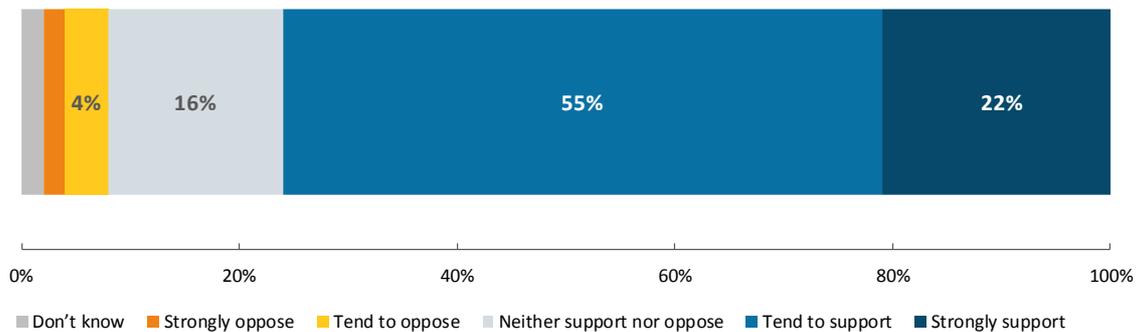
Doctors aged under 35 are more likely to support doctors at different stages of their career needing different requirements (95%, compared with 83% of those aged between 35 and 59), as are those who practise in hospitals (90%, compared with 79% of those in private practice). On the other hand, general practitioners are less likely to support both of these (44% for different specialties and 27% for different stages of their career).

Eight percent of doctors neither agree nor disagree that doctors at different stages need different requirements. These participants are more likely to work in private practice (11%) than in a hospital setting (8%).

## Differing CPD requirements based on registration type

Three quarters support having different professional development requirements for doctors with different types of registration (77%).

**Figure 37: Differing CPD requirements based on registration type**



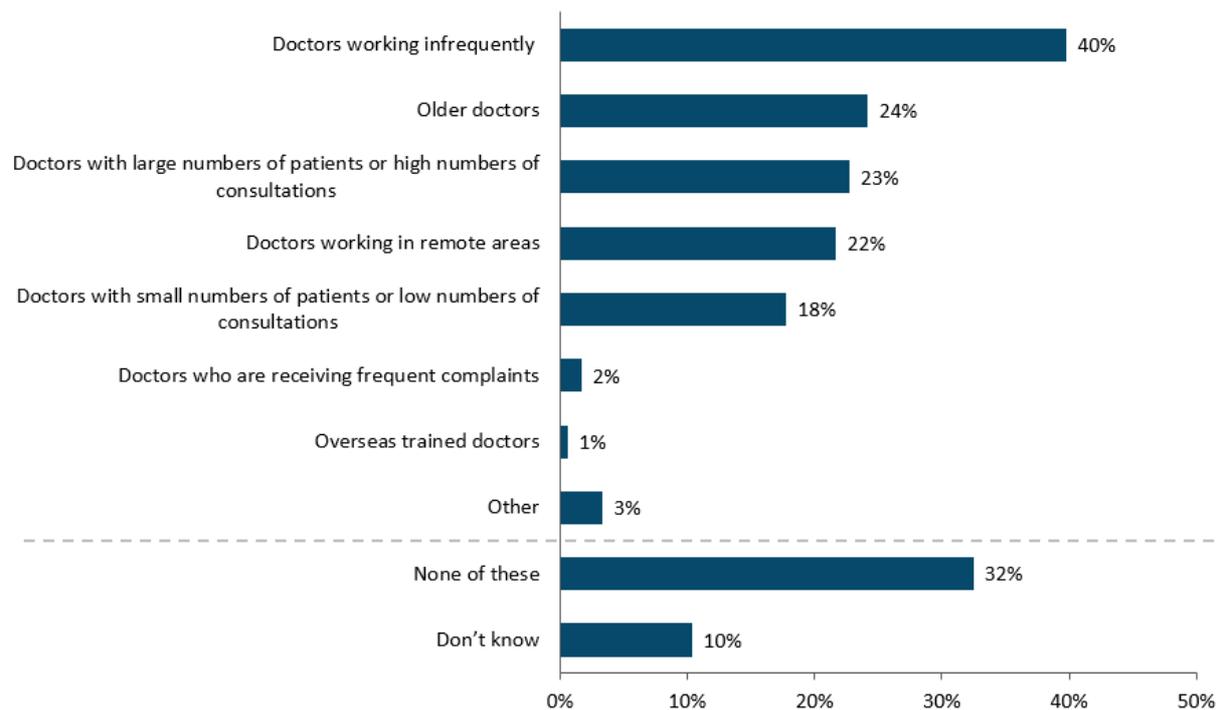
Q15\_6. To what extent do you support or oppose the following options to maintain your professional competence? - Have different professional development requirements for doctors with different types of registration, e.g. doctors in training, general registration, specialist registration (Base: All medical practitioner participants n=3,062)

Again, there are differences according to setting. Doctors who practise in hospitals are more likely to support different requirements for different types of registrations (83%, compared with 72% of doctors in private practice).

Sixteen percent of doctors neither agree nor disagree. These participants are more likely to work in private practice (20%) than in a hospital setting (12%).

Two in five doctors think that those who work infrequently (less than 1 week per month or less than 1 day per week) should have different requirements for demonstrating their professional competence (40%). One in four think doctors aged 60 or older should have different requirements (24%). Similar proportions think doctors with large numbers of patients or high numbers of consultations and doctors working in remote areas should have different requirements (23% and 22% respectively). One in three do not think that any of these doctors should have different requirements (32%).

**Figure 38: Types of doctors who should have different requirements for demonstrating professional competence**



Q16. In your opinion should any of the following groups of doctors have different requirements for demonstrating their professional competence, such as being reviewed more thoroughly or more often? (Base: All medical practitioner participants n=3,062)

A number of subgroups are more likely to think that doctors who work infrequently should have different requirements:

- Doctors who practise full-time (44%, compared with 29% of those who do not).
- Those who practise in hospitals (47%, compared with 37% of those in private practice).
- Male doctors (42%, compared with 36% of female doctors).
- Doctors who trained overseas (44%, compared with 38% of those who trained in Australia).

In addition to this, general practitioners are more likely to think that doctors with large numbers of patients or high numbers of consultations should have different requirements (32%, compared with 24%).

## 3.5 Access and use of Medical Board of Australia and AHPRA information

The most frequently accessed Medical Board of Australia (the Board) publication is the newsletter, with most doctors accessing this at least every three months. Doctors most commonly access publications to enhance their professionalism, guide their professional judgement and ensure they are meeting the minimum standards.

To access information from the Board or AHPRA, most doctors use either of the organisations' websites or the Board newsletter, with some preferring phone contact or email.

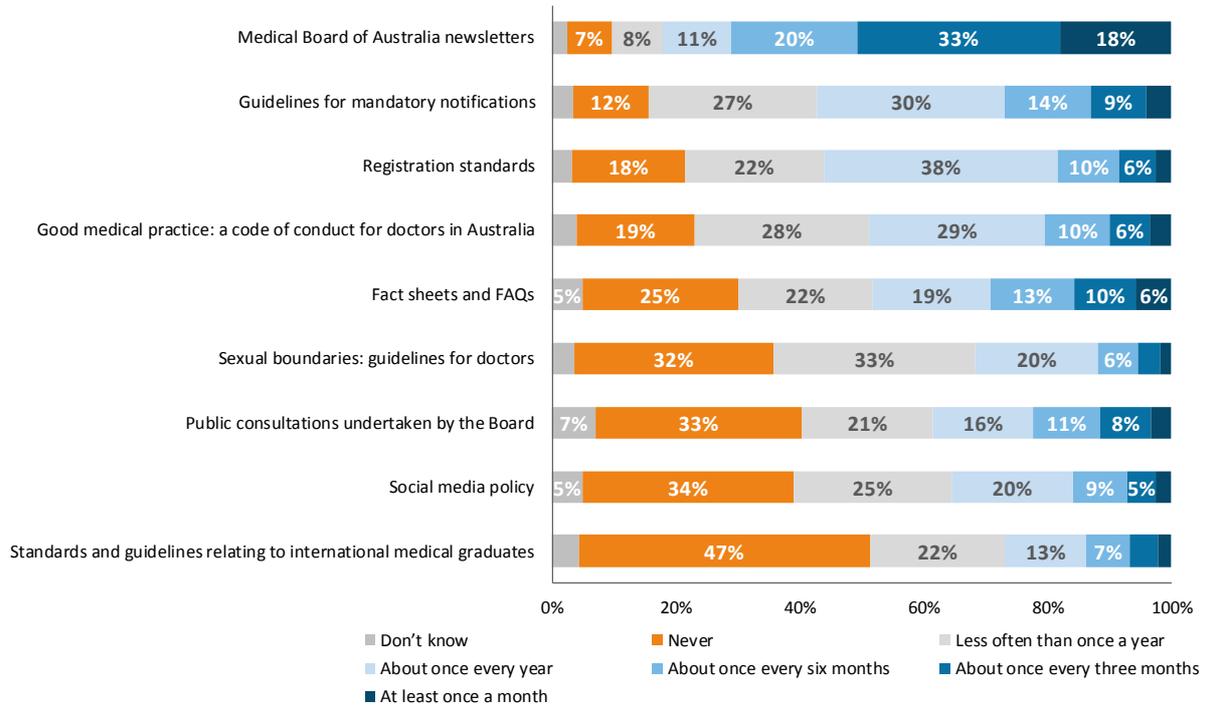
The vast majority realise they must make a mandatory notification if another health practitioner practises while intoxicated, places a patient at risk due to an impairment or practises sexual misconduct. If they needed information on how to make a notification, the most common information source would be their professional indemnity insurance provider, with a slightly smaller proportion contacting AHPRA or the Board.

### Accessing Medical Board of Australia publications

Of the Board's publications, doctors most frequently access the newsletter. One in five read this on a monthly basis (18%), and most do so at least every three months (51%). Other publications are accessed less commonly.

As shown overleaf, while most access the guidelines for mandatory notifications and registration standards annually or more often (57% and 56%), other publications are accessed either less often than yearly or not at all for the majority.

**Figure 39: Accessing Board publications**



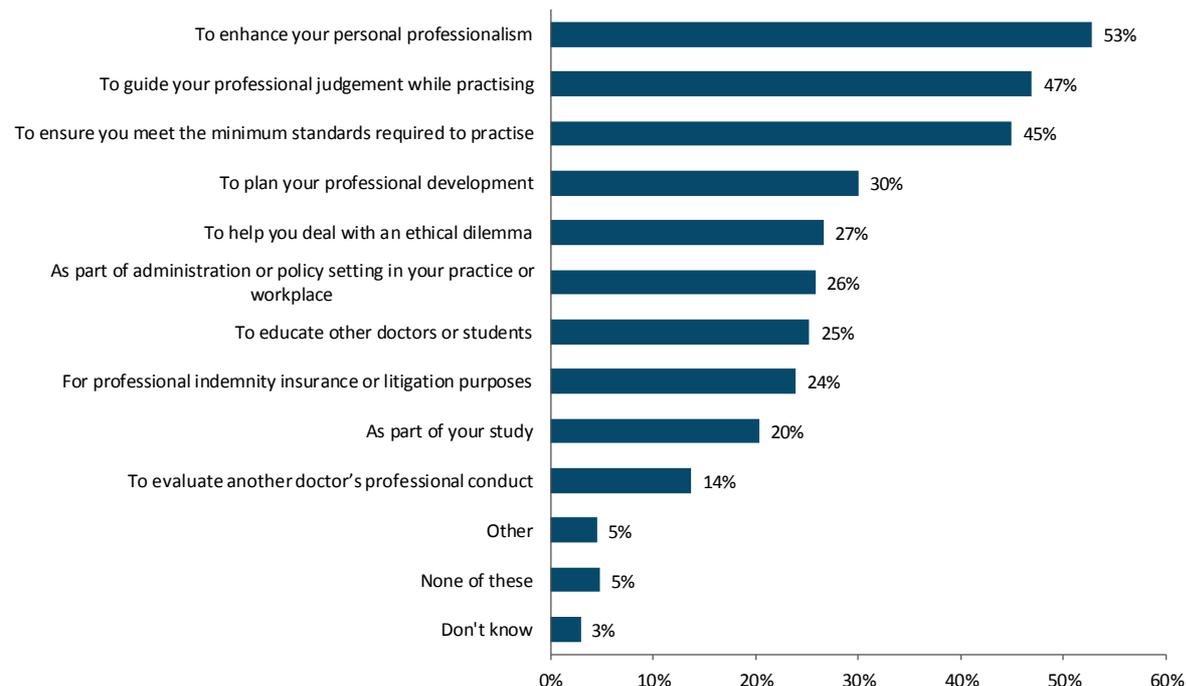
Q18\_1. The Medical Board of Australia publishes registration standards, guidelines, a code called ‘*Good medical practice: A code of conduct for doctors in Australia*’, newsletters and other publications. How frequently, if at all, have you accessed each of these? (Base: All medical practitioner participants n=3,062)

Both doctors aged 60 or older and those who trained overseas are more likely to have accessed the majority of publications than doctors aged under 35 and those who trained in Australia, respectively.

## Reasons for accessing Board publications and information

The most common reason for accessing Board publications and information is to enhance personal professionalism, with more than half doing so for this reason (53%). Other common reasons include guiding professional judgement while practising (47%) and ensuring they meet the minimum standards required to practise (45%).

**Figure 40: Reasons for accessing Board publications**



Q19. For what reasons have you referenced these? (Base: Medical Practitioners who have accessed at least one item in Q18 in the last 12 months n=2,782)

Reasons for referencing these publications differ according to a range of factors. Doctors who trained overseas, firstly, are more likely to have selected the majority of these reasons than their counterparts who trained in Australia. Secondly, there are differences according to age and gender:

- Doctors aged under 35 are more likely to have referenced the publications as part of their study (38%, compared with 19% of those aged between 35 and 59) and doctors aged 60 or older for professional indemnity insurance or litigation purposes (31%, compared with 15% of doctors aged under 35 and 17% of those aged between 35 and 59).
- Male doctors are more likely to have referenced them to enhance their professionalism (55%, compared with 49% of female doctors) and plan professional development (33% and 26%).

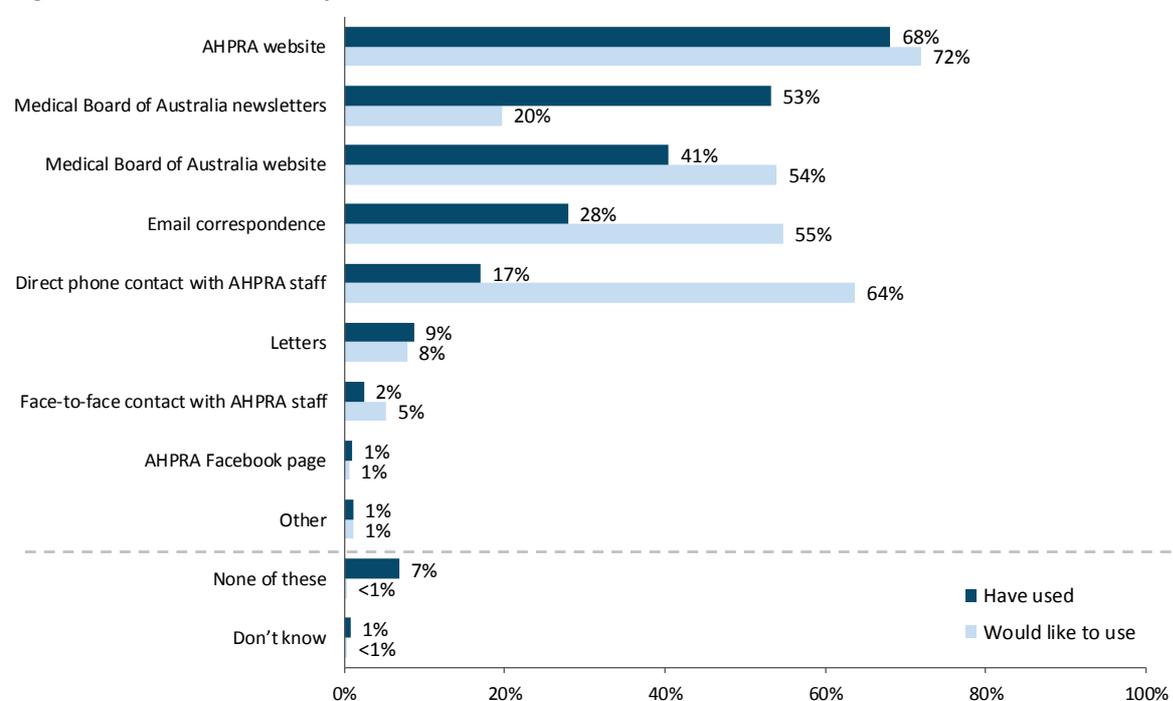
Finally, doctors in rural areas are more likely to have referenced publications to educate others (31%, compared with 24%), while those in private practice are more likely to have used them to guide their professional judgement (50%, compared with 41% of those who practise in hospitals) and psychiatrists are more likely to have used them to help with an ethical dilemma (39%).

## Information channels

The most commonly used sources to access information from the Board and AHPRA are the AHPRA and Board websites (68% and 41% respectively) and Board newsletters (53%). Smaller proportions have had direct contact with the Board or AHPRA, with 28% having exchanged emails and 17% having contacted AHPRA by telephone.

If needing to obtain information in the future, the most preferred sources are the AHPRA and Board websites (72% and 54%, respectively), while two in three would make phone contact (64%) and more than half would make contact by email (55%).

**Figure 41: Current versus preferred information channels**



Q22. Which of the following have you used to access information from the Medical Board of Australia and/or AHPRA? (Base: All medical practitioner participants n=3,062)

Q23. If you needed to access information from the Medical Board of Australia and/or AHPRA, which of the following channels would you like to use? (Base: All medical practitioner participants n=3,062)

Both methods used and preferences differ by age group. Doctors aged under 35 are more likely to have accessed the AHPRA website (80%, compared with 54% of doctors aged 60 or older) and more likely to select this as a preferred source (82%, compared with 58%). In addition, doctors aged between 35 and 59 are more likely to have accessed the Medical Board website (43%) and have a greater level of preference for using the AHPRA website in general (76%). Doctors aged 60 or older, on the other hand, are more likely to have used newsletters (63%, compared with 32% of doctors aged under 35) and more likely to select this as a preferred source (30%, compared with 8%).

Beyond this, doctors who trained overseas are more likely to have used a range of sources, including the AHPRA website (72%, compared with 66% of those who trained in Australia), email (34% and 25%), telephone (22% and 16%) and letters (11% and 7%).

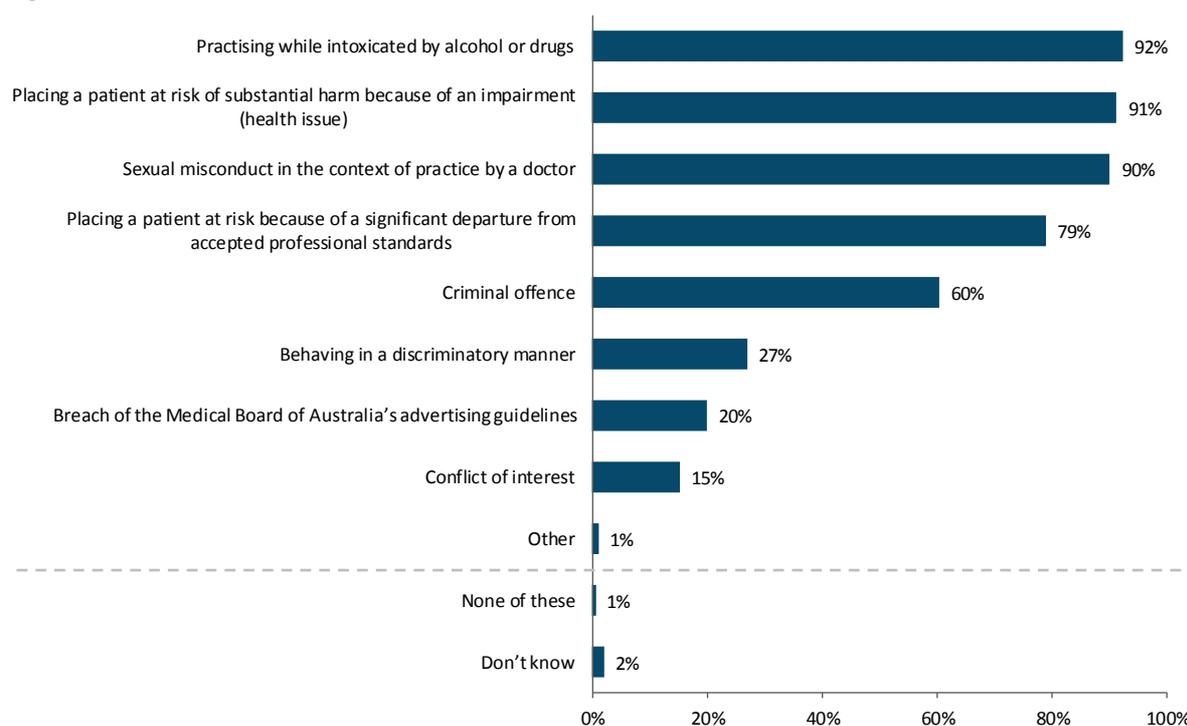
## Lodging a mandatory or voluntary notification

### Circumstances requiring a notification to AHPRA

Almost all doctors state that they must make a mandatory notification to AHPRA if another health practitioner practises while intoxicated (92%), places a patient at risk due to an impairment (91%) or practises sexual misconduct (90%). Four in five state that this is the case if they place a patient at risk due to a significant departure from accepted professional standards (79%), and three in five if they commit a criminal offence (60%).

Small proportions of doctors believe they must make a notification if another health practitioner behaves in a discriminatory manner (27%), breaches the Medical Board’s advertising guidelines (20%) or if there is a conflict of interest (15%).

**Figure 42: Circumstances in which a notification must be made**



Q20. In which circumstances must you make a mandatory notification about another health practitioner to the Australian Health Practitioner Regulation Agency (AHPRA)? (Base: All medical practitioner participants n=3,062)

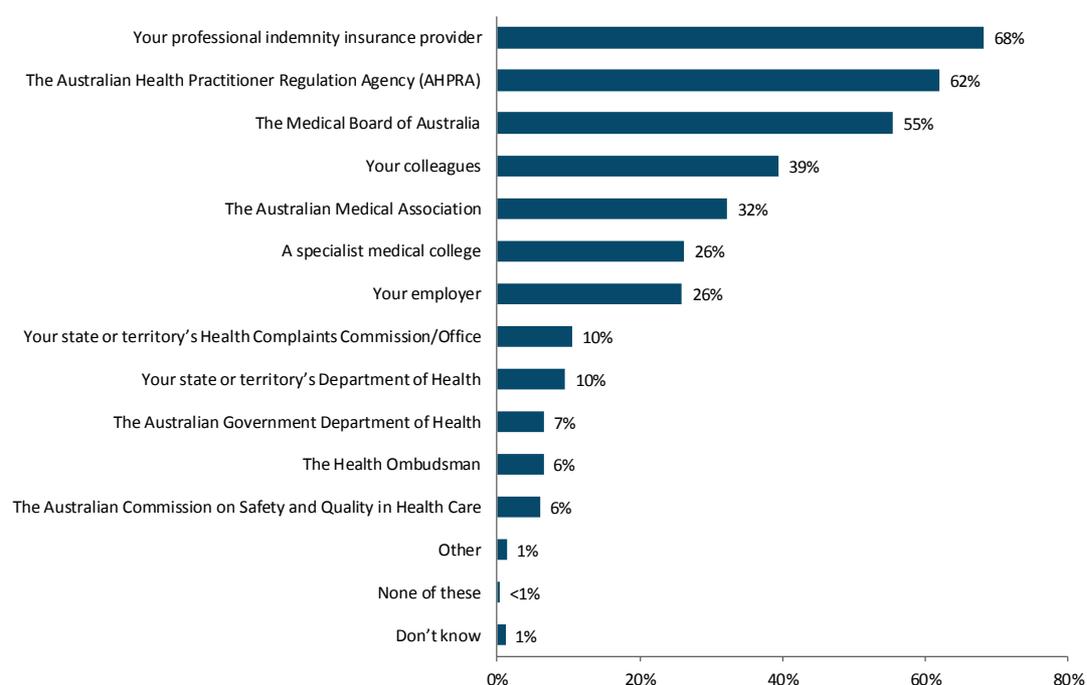
Doctors aged under 35 are more likely to state that they must make a mandatory notification if another health practitioner is behaving in a discriminatory manner (33%) or breaches advertising guidelines (28%). Doctors aged 60 or older are less likely to think that a notification must be made in a range of situations – if another health practitioner is intoxicated (90%), places a patient at risk due to an impairment (89%) or departure from accepted professional standards (76%) or practises sexual misconduct (88%).

Higher proportions of doctors who trained overseas state that a mandatory notification must be made if another health practitioner is intoxicated (95%, compared with 91% of those who trained in Australia), places a patient at risk due to a departure from accepted professional standards (82%, and 77%), commits a criminal offence (67% and 57%), behaves in a discriminatory manner (37% and 22%), breaches advertising guidelines (28% and 16%) or if there is a conflict of interest (18% and 14%).

## Sources of notification advice

If they needed information on how to make a notification, over two-thirds of doctors would contact their professional indemnity insurance provider (68%). A slightly smaller proportion would contact AHPRA (62%), and a smaller proportion again the Medical Board (55%).

**Figure 43: Sources of advice**



Q21. Where would you get advice on how to make a mandatory or voluntary notification? (Base: All medical practitioner participants n=3,062)

Both doctors aged under 35 and those who trained overseas would be more likely to use a range of sources. For those aged under 35, this includes AHPRA (71%, compared with 53% of doctors aged 60 or older), their colleagues (47%), the Australian Medical Association (37%) and their employer (39%, compared with 14% of doctors aged 60 or older). For overseas-trained doctors, this includes AHPRA (67%, compared with 60% of those who trained in Australia), their employer (31% and 24%), their State or Territory's Complaints Commission (13% and 9%) or Department of Health (13% and 8%), the Australian Government Department of Health (11% and 5%) and the Australian Commission on Safety and Quality in Health Care (11% and 4%). General practitioners are more likely to contact their professional indemnity insurance provider (77%), and less likely to contact any other organisations.

## 4 Findings – General Public

### 4.1 Confidence and trust in medical practitioners

Almost all members of the general public have seen a medical practitioner in the past 12 months; four in five were satisfied with their last visit, with around half very satisfied.

Doctors are the most trusted professionals, together with nurses and pharmacists. The majority of respondents see having confidence and trust in a doctor as very important.

The most important factors for having confidence and trust in a doctor are demonstrating good medical skills and knowledge; keeping up to date with medical developments; being highly experienced; and monitoring outcomes of treatments. For each of these factors, the vast majority of respondents are confident that doctors in general are demonstrating these qualities. Fewer are confident that doctors receive feedback from other doctors, from health practitioners or from their patients.

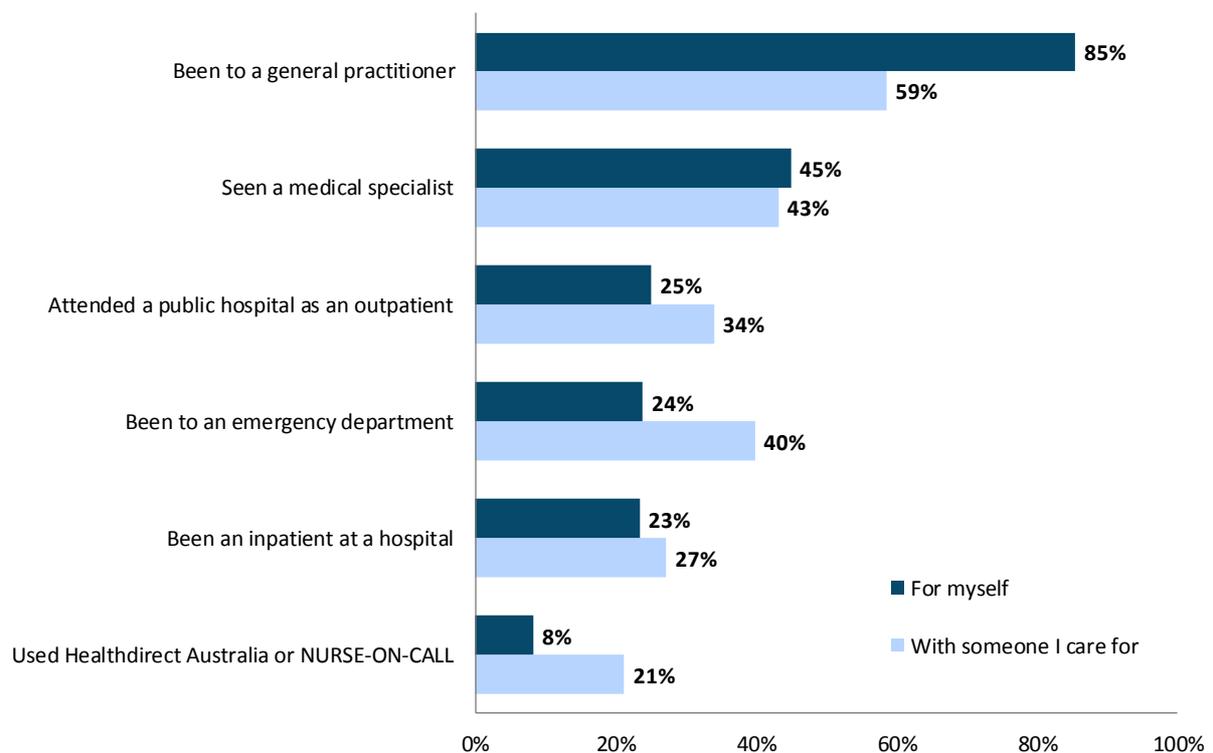
Respondents see communicating effectively, including listening to patients and taking them seriously and explaining diagnoses in a way that the patient can understand as most important for building confidence and trust. In addition to communication skills, if asked, most would also want to comment on their doctor's medical knowledge and ability, and the extent to which they treat their patients with dignity and respect.

## Visiting a doctor

### Medical practitioners seen in the last 12 months

In the last year, almost all respondents had seen a medical practitioner (98%). The vast majority had been to a general practitioner (96%), either for themselves (85%) or on behalf of someone they care for (59%).

**Figure 44: Services attended in the last year**



Q2\_1. Within the last year or so, have you... (Base: Those who have visited a doctor in the last year n=945)

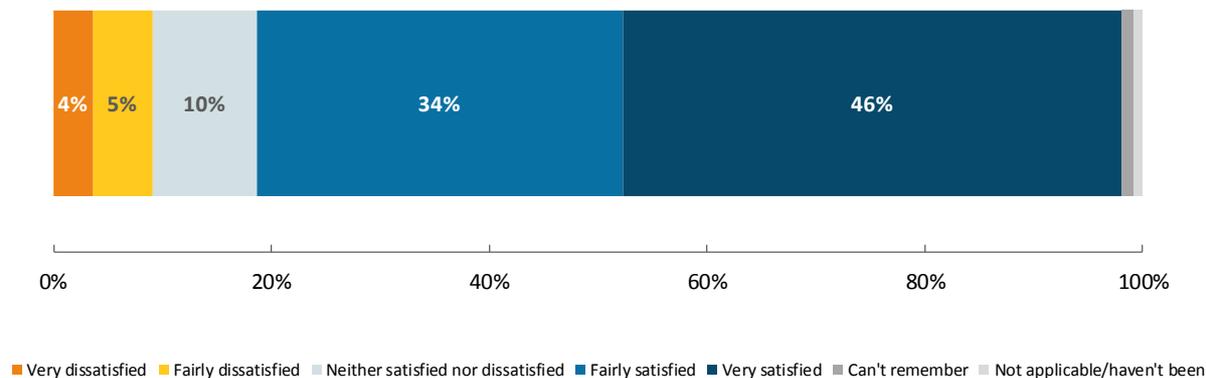
Q2\_2. Within the last year or so, have you done any of the following with someone you care for? (Base: Carers n=283)

Participants aged 50 or older are more likely to have been to a general practitioner (91%, compared with 79% of 18-39 year olds), or seen a medical specialist (55%, compared with 37%) for themselves.

## Satisfaction with last visit to a doctor

Four in five participants were satisfied with their last visit to a doctor (80%), with around half very satisfied (46%).

Figure 45: Satisfaction with last visit to a doctor



Q3. Thinking about the last time you went to a doctor, overall how satisfied or dissatisfied were you? (Base: Those who have visited a doctor in the last year n=945)

Older patients (aged 50 or older) are significantly more likely to be *very* satisfied with their last visit to a doctor (58%, compared with 33% of those aged 18-39). In contrast, those from a culturally or linguistically diverse background (CALD) are less likely to have been *very* satisfied with their most recent visitor to a doctor (35%, compared with 48% of non-CALD participants).

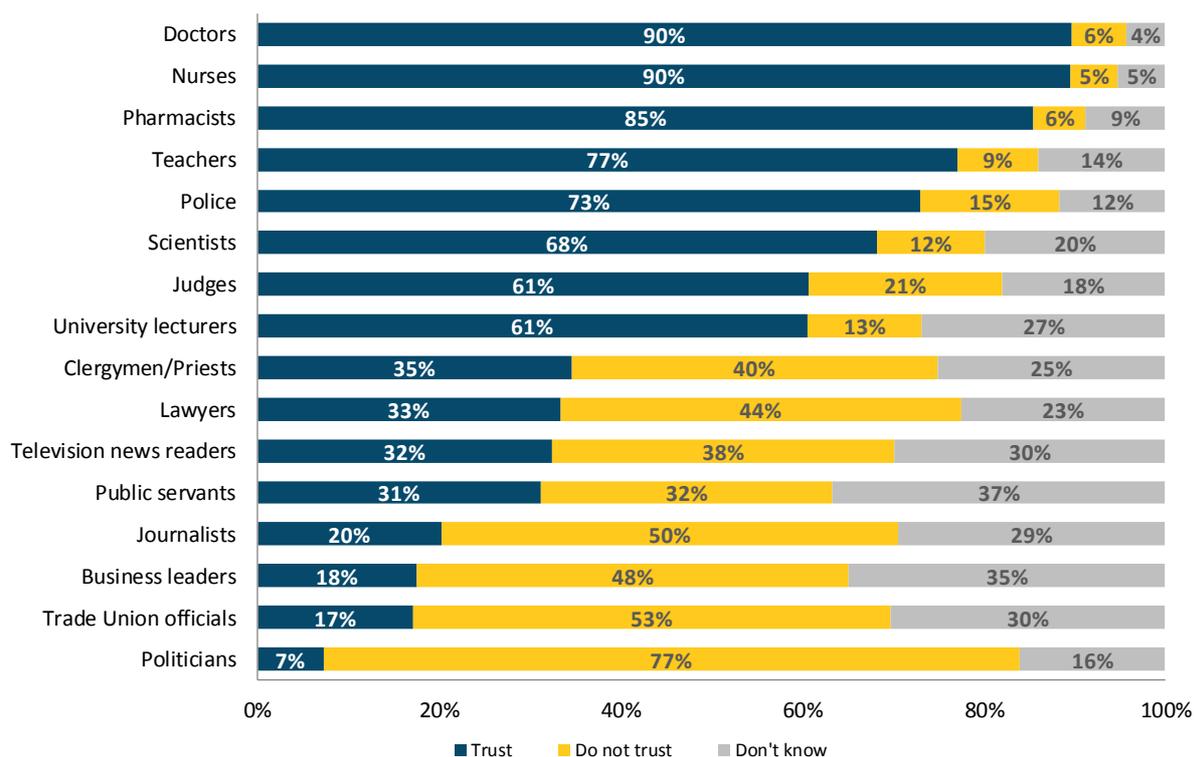
Results for this question are very similar to those of the Department of Health (United Kingdom) 2005 study, in which 49% of participants were very satisfied and 36% were fairly satisfied.

## Building trust

### Trusted occupations

On average, participants ranked medical practitioners as their most trusted professionals. Nine in ten trust members of the public trust doctors and nurses (90% each), and 85% say they trust pharmacists. This compares with 77% for the next highest scoring professions, teachers, and 73% for the police.

**Figure 46: Trusted occupations**



Q1. Below is a list of different occupations. Which of these groups of people do you generally trust, and which do you not trust? (Base: All general public participants n=1,040)

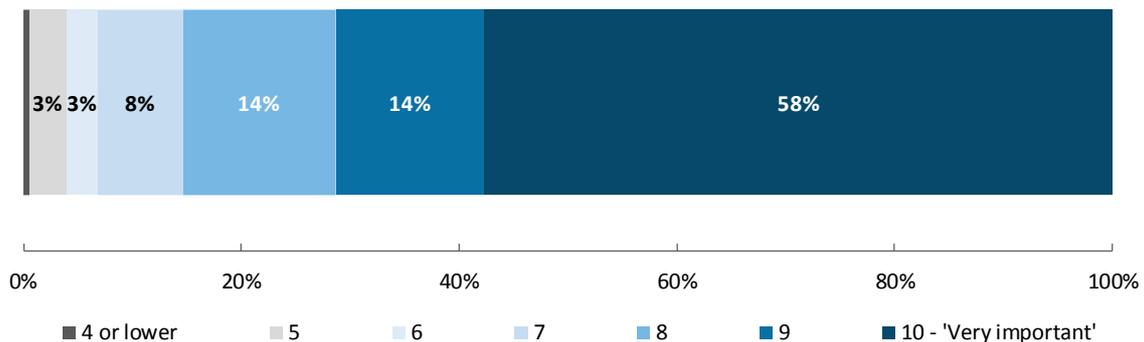
There is greatest trust of medical professionals (doctors, nurses and pharmacists) among older participants (aged 50 or older). These participants are more likely to trust doctors, nurses and pharmacists than those aged 18-39 (94% compared with 84%; 93% compared with 86%; and 93% compared with 78% respectively).

Results for trust of doctors are similar to those of the 2013 Irish Medical Council study, in which 91% of participants trusted doctors<sup>2</sup>.

### Importance of trust in medical practitioners

When asked to rate how important it is to have confidence and trust in a doctor on a scale from 0 to 10 (with 0 representing 'not at all important' and 10 'very important'), the majority of respondents gave a rating of 10 (58%). Almost all gave a rating of 7 or above (93%).

**Figure 47: Importance of confidence and trust in a doctor**



Q5. How important do you think it is to have confidence and trust in your doctor? (Base: All general public participants n=1,040)

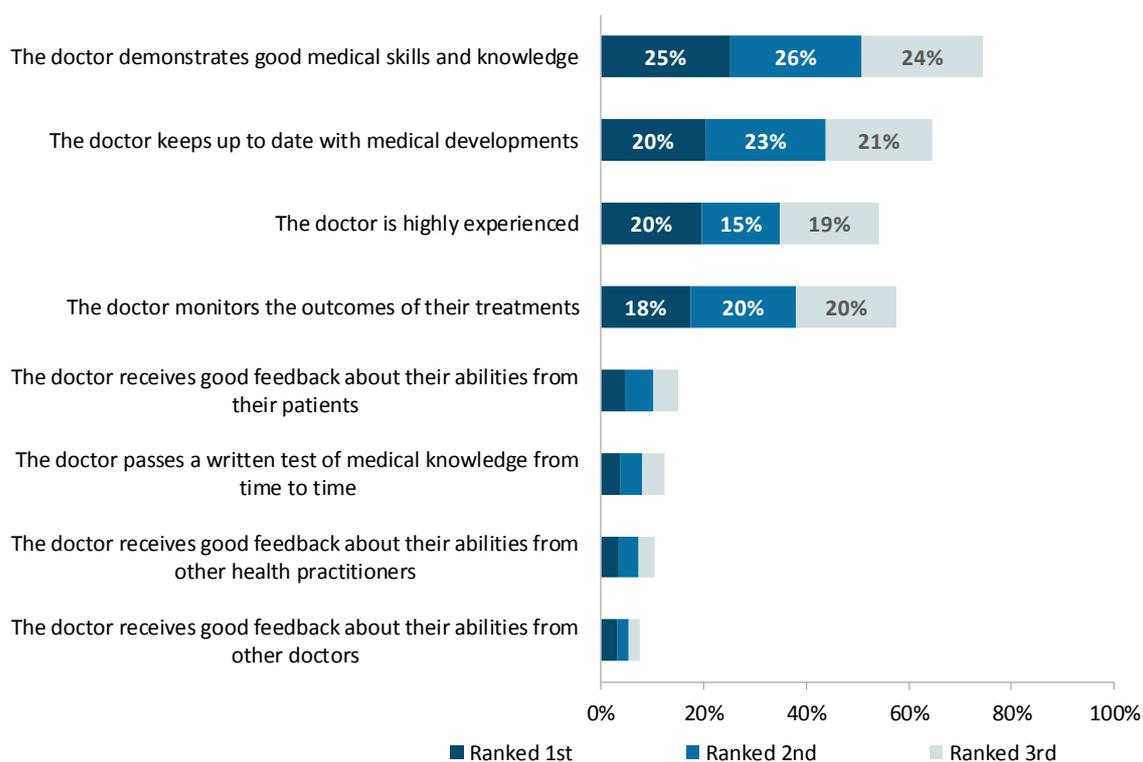
Women are more likely than men to have given a rating of 10 (64%, compared with 51%), while participants aged 50 or older are more likely than those aged 18-39 to have done so (69%, compared with 45%). In addition, a greater proportion of those with a household income of less than \$50,000 gave a rating of 10 (65%).

<sup>2</sup> Note that the question wording varies slightly, as the Irish Medical Council study asked participants to what extent they trust each of the occupations "to tell the truth."

## Most important factors to building confidence and trust

When asked to rank a range of factors in terms of their importance to having confidence and trust in their doctor, participants most commonly ranked demonstrating good medical skills and knowledge first (25%). Keeping up to date with medical developments and being highly experienced were also ranked first by substantial proportions of participants (20% each), as was monitoring the outcomes of their treatments (18%).

**Figure 48: Most important factors for having confidence and trust in a doctor**



Q6. In order for you to have confidence and trust in your doctor, which 3 of these do you think are most important? (Base: All general public participants n=1,040)

Older respondents (aged 50 or older) are more likely to have ranked monitoring of outcomes of treatments first (22%), while those aged 18-39 are more likely to have ranked receiving good feedback from patients as such (7%).

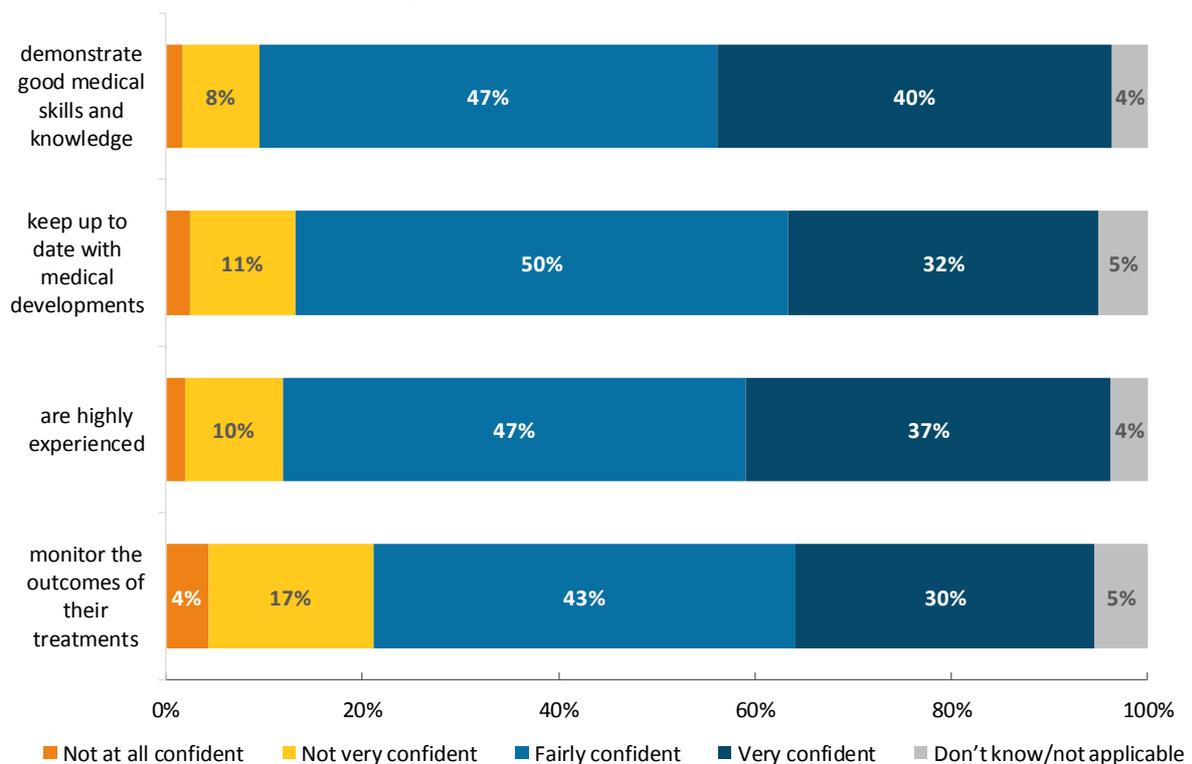
Results for this question are similar to those in the 2013 Irish Medical Council study, although in that study keeping up to date was more commonly rated ahead of demonstrating technical skill.

## Confidence in medical practitioners' ability

For each of the four factors deemed most important to having confidence and trust in a doctor, the vast majority of participants are confident that doctors in general are demonstrating these.

Nine in ten are confident that doctors demonstrate good medical skills and knowledge (87%), with two in five participants *very* confident (40%). Similarly, 82% are confident that doctors keep up to date with medical developments, with one in three *very* confident (32%), and 84% are confident that they are highly experienced, with 37% *very* confident. Confidence is slightly lower for whether doctors monitor the outcomes of their treatments, with 73% confident.

**Figure 49: Confidence in medical practitioners' ability (1)**

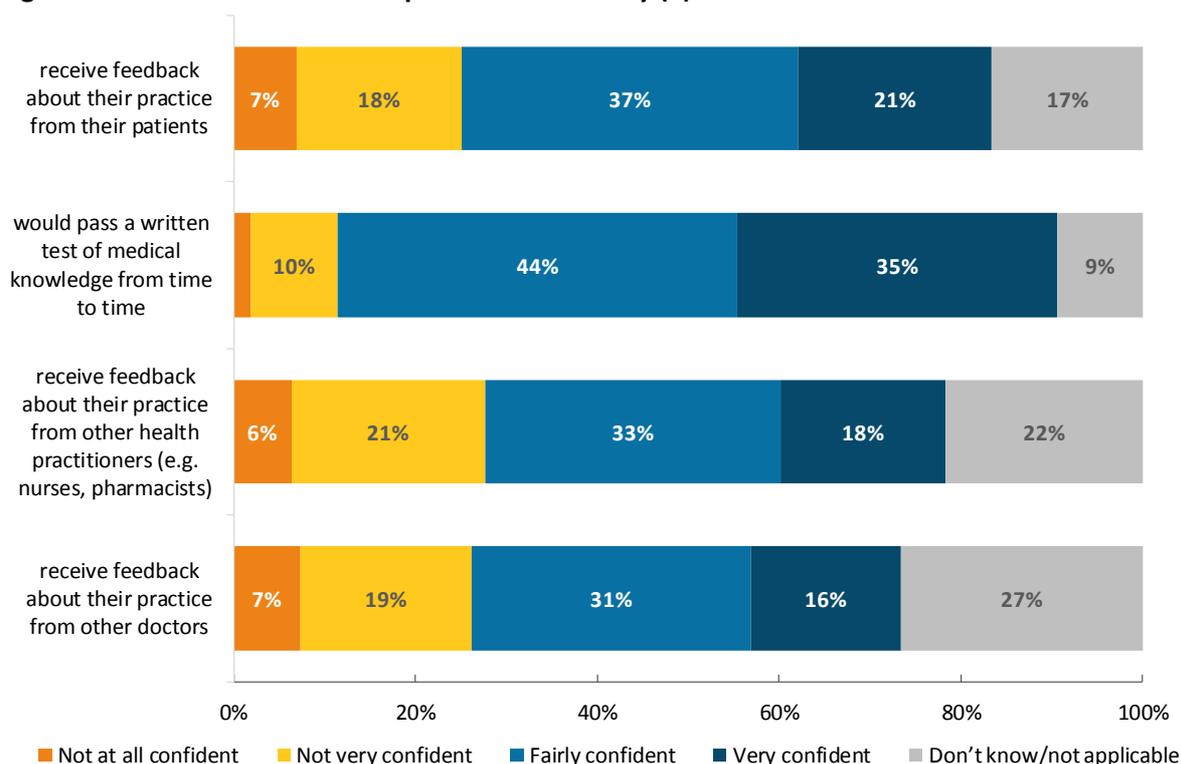


Q4. Thinking about doctors in general, how confident are you that they... (Base: All general public participants n=1,040)

Participants aged 50 or older are generally more likely to be confident in medical practitioners' abilities, saying that that doctors demonstrate each of these (92% are confident that they demonstrate good medical skills and knowledge, compared with 82% of 18-39 year olds; keep up to date: 87% compared with 75%, highly experienced: 89% compared with 78%; monitor outcomes: 79% compared with 67%).

Confidence is typically lower for those factors deemed less important. While four in five are confident that doctors would pass a written test of medical knowledge from time to time (79%), including one in three participants who are very confident (35%), only three in five are confident that they receive feedback from their patients (58%), and around half that they receive feedback from other health practitioners (51%) or other doctors (47%).

**Figure 50: Confidence in medical practitioners' ability (2)**



Q4. Thinking about doctors in general, how confident are you that they... (Base: All general public participants n=1,040)

## Building confidence in doctors

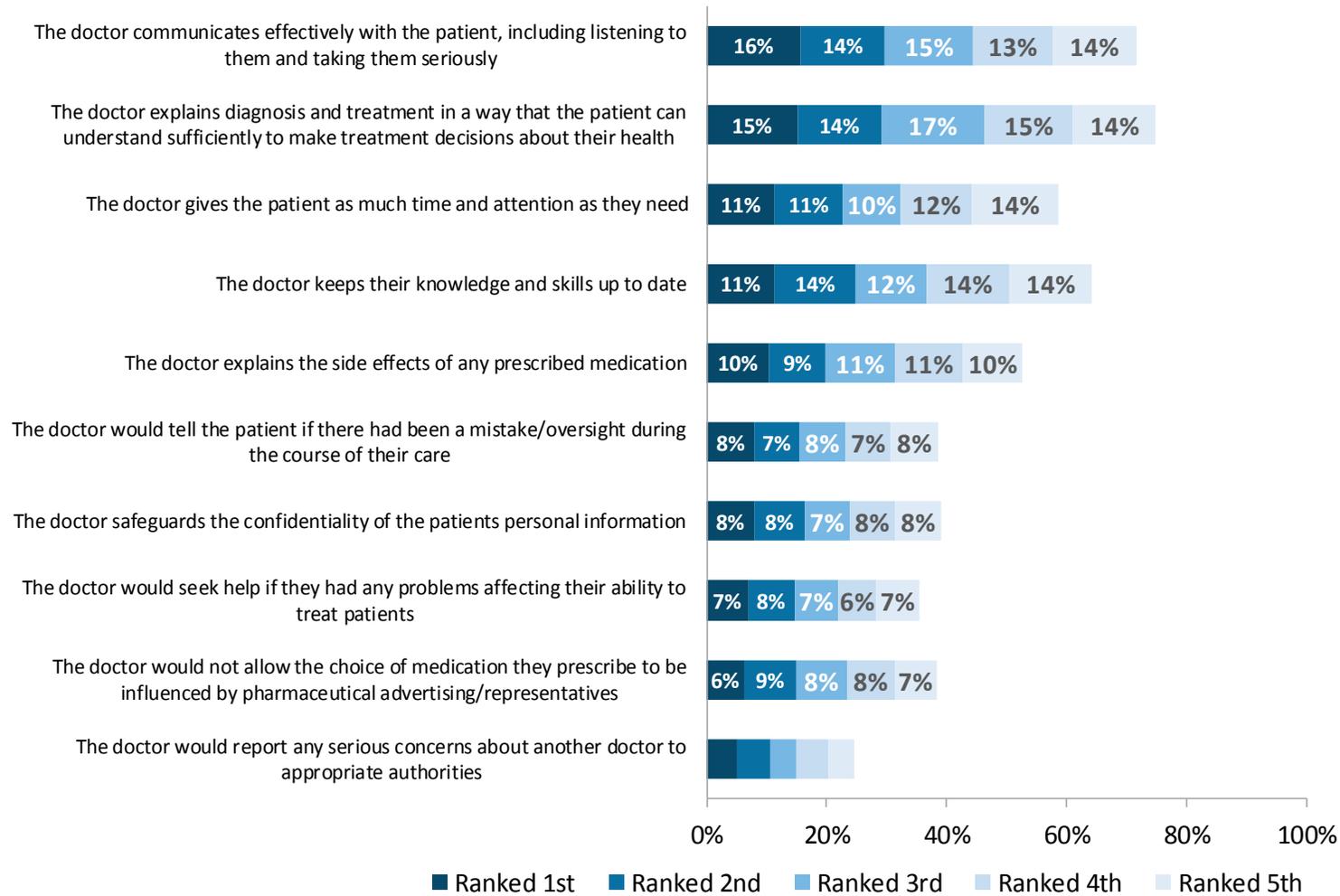
### Most important factors for building confidence

Participants were asked to select five factors from a list that they see as most important for building confidence and trust between patients and their doctor.

As shown overleaf, most commonly ranked first was the ability to communicate effectively; including listening to patients and taking them seriously (16%) and explaining diagnoses in a way that the patient can understand sufficiently to make treatment decisions (15%). Also commonly ranked first were giving the patient as much time and attention as they need (11%), keeping their knowledge and skills up to date (11%) and explaining the side effects of any prescribed medication (10%).



**Figure 51: Most important factors for building confidence and trust between a patient and their doctor**

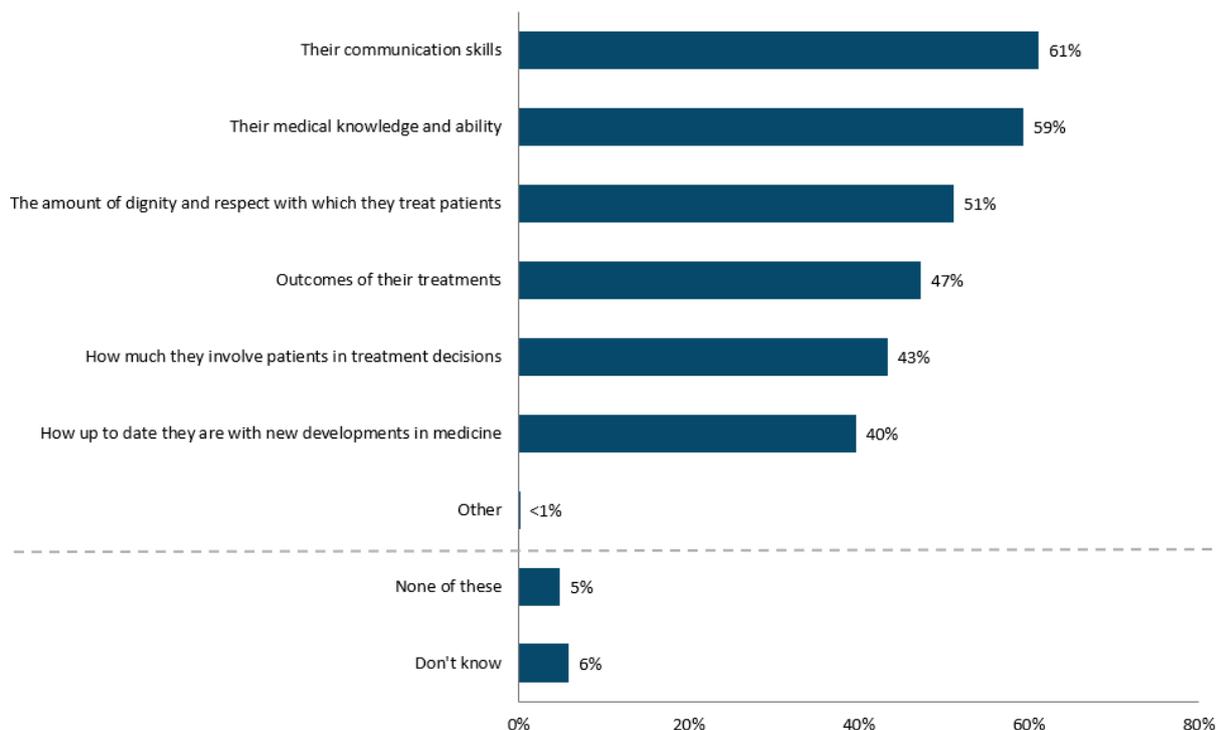


Q8. Looking at the list below, which 5 of these do you think are most important for building confidence and trust between a patient and their doctor? (Base: All general public participants n=1,040)

## Patient feedback

If asked to provide feedback, participants would be most likely to comment on their doctor's communication skills (61%) and their medical knowledge and ability (59%). Most would also want to comment on the amount of dignity and respect with which they treat patients (51%).

**Figure 52: Areas of patient feedback**



Q7. If you were asked to give feedback on your doctor, what, if anything, would you want to comment on? (Base: All general public participants n=1,040)

There is a greater appetite to provide feedback among older patients, with those aged 50 or older more likely to mention each of the areas of feedback presented to them. In addition, being treated with dignity and respect is a significantly more important aspect of feedback of a doctor's performance for women than it is for men (56%, compared with 46% of men).

Compared with the 2005 Department of Health (United Kingdom) study, participants are typically more willing to comment on all of these areas. Communication skills were also the area participants wanted to comment on most often in that study (53%).

## 4.2 Attitudes towards reviewing competence

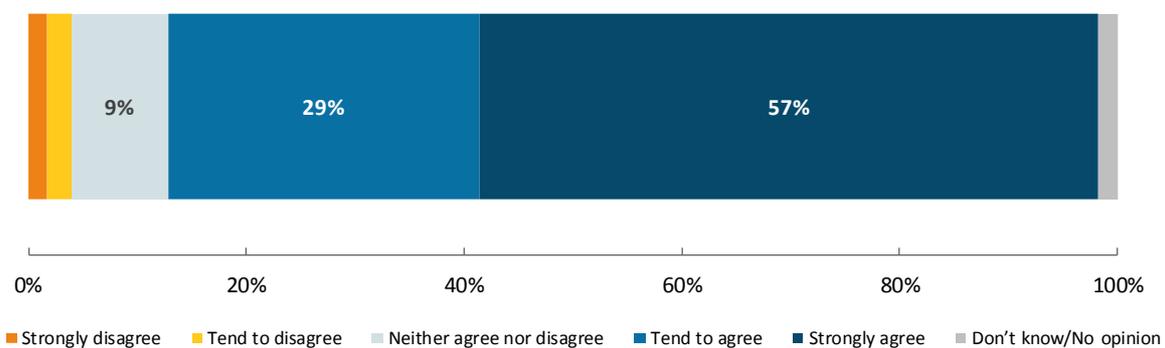
Almost all participants believe that doctors should regularly review the way they practise. In addition, the vast majority believe it is important that all doctors are reviewed from time to time, with a majority disagreeing that reviewing all doctors would be a waste of time and money.

However, the majority of the general public know little to nothing at all about the way in which doctors are reviewed, including how often they are reviewed. Half think that doctors should be reviewed at least once every two years, and participants most commonly think this review should be conducted by doctors within the same specialty and by those with a similar level of experience.

Participants most commonly rated undertaking audits of a doctor's medical care as the best method to ensure they are providing high quality care.

The vast majority of respondents believe that doctors should regularly review the way they practise to ensure they are providing high quality care. Eighty-six percent agree with this statement, with more than half *strongly* agreeing (57%).

**Figure 53: Doctors should regularly review the way they practise**



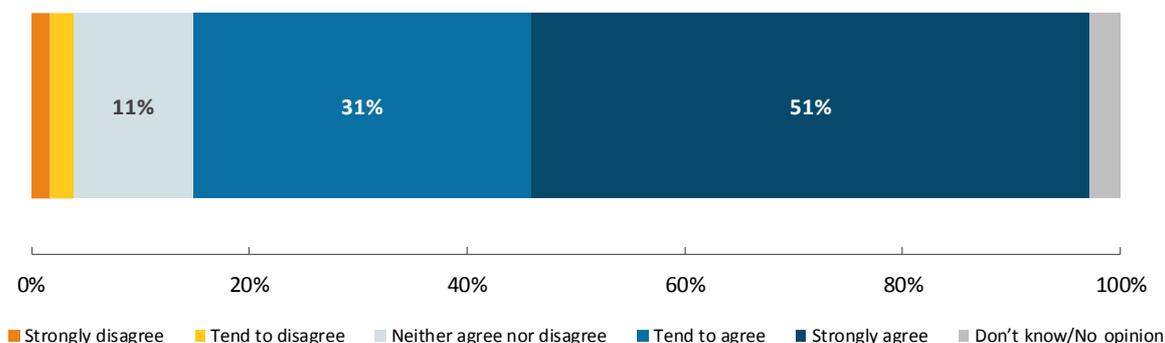
Q9\_1. To what extent do you agree or disagree with the following statements about doctors in general? – *Doctors should regularly review the way they practise to ensure they provide high quality care* (Base: All general public participants n=1,040)

Women are more likely to *strongly* agree that doctors should regularly review the way they practise (63%, compared with 51% of men).

Although wording was slightly different in the 2013 Irish Medical Council study, a greater proportion of participants in that study strongly agreed with the need for doctors to regularly review their practise (80%).

As with self-reviewing, the vast majority believe it is important that all doctors are reviewed from time to time to ensure they are providing high quality care. Four in five agree (82%), with half of participants *strongly* agreeing (51%).

**Figure 54: It is important all doctors are reviewed from time to time**

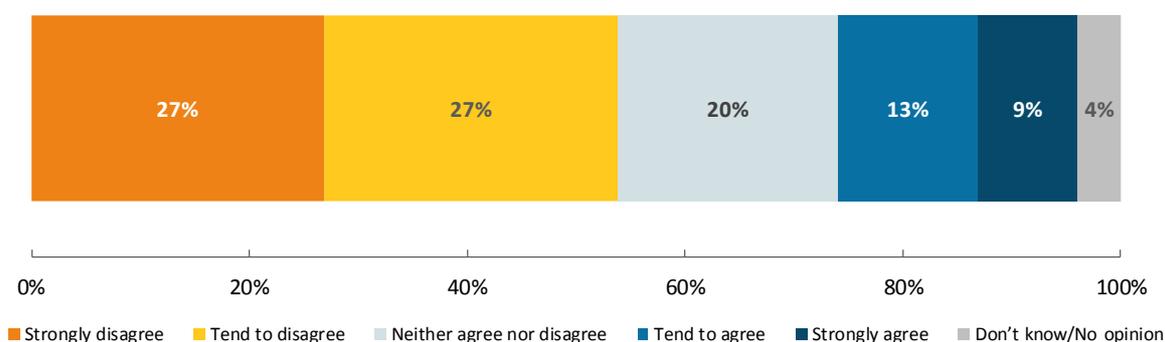


Q9\_2. To what extent do you agree or disagree with the following statements about doctors in general? – *It is important that all doctors are reviewed from time to time to ensure they are providing high quality care* (Base: All general public participants n=1,040)

As with the previous question, although question wording was slightly different, a greater proportion of participants in the 2013 Irish Medical Council study strongly agreed that this is important (82%). This was also the case in the 2005 Department of Health study, with 59% strongly agreeing.

Further supporting the perceived importance of review, over half disagree that reviewing all doctors would be a waste of time and money (54%).

**Figure 55: Reviewing the way all doctors practise would be a waste of time and money**



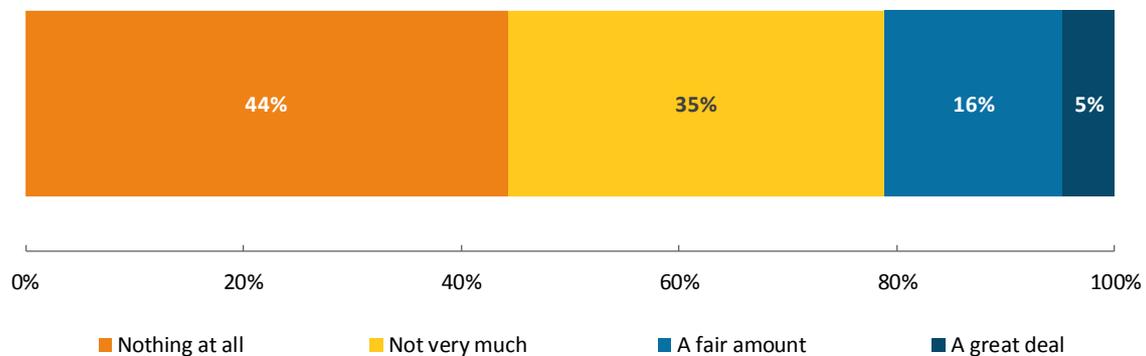
Q9\_3. To what extent do you agree or disagree with the following statements about doctors in general? – *Reviewing the way all doctors practise would be a waste of time and money* (Base: All general public participants n=1,040)

Older people are stronger advocates of a review process for doctors. Those aged 50 or older are significantly more likely to *strongly* disagree that reviewing all doctors would be a waste of time and money (34%, compared with 19% of those aged 18-39).

Although question wording was slightly different, disagreement was more prevalent in the 2005 Department of Health (United Kingdom) study, with 46% strongly disagreeing and 36% tending to disagree.

Despite the perceived importance of ensuring that all doctors are adequately reviewed, the majority of participants know little to nothing at all about the way in which doctors are currently reviewed. Nearly half know ‘nothing at all’ (44%) and one in three ‘not very much’ (35%).

**Figure 56: Knowledge of review system**



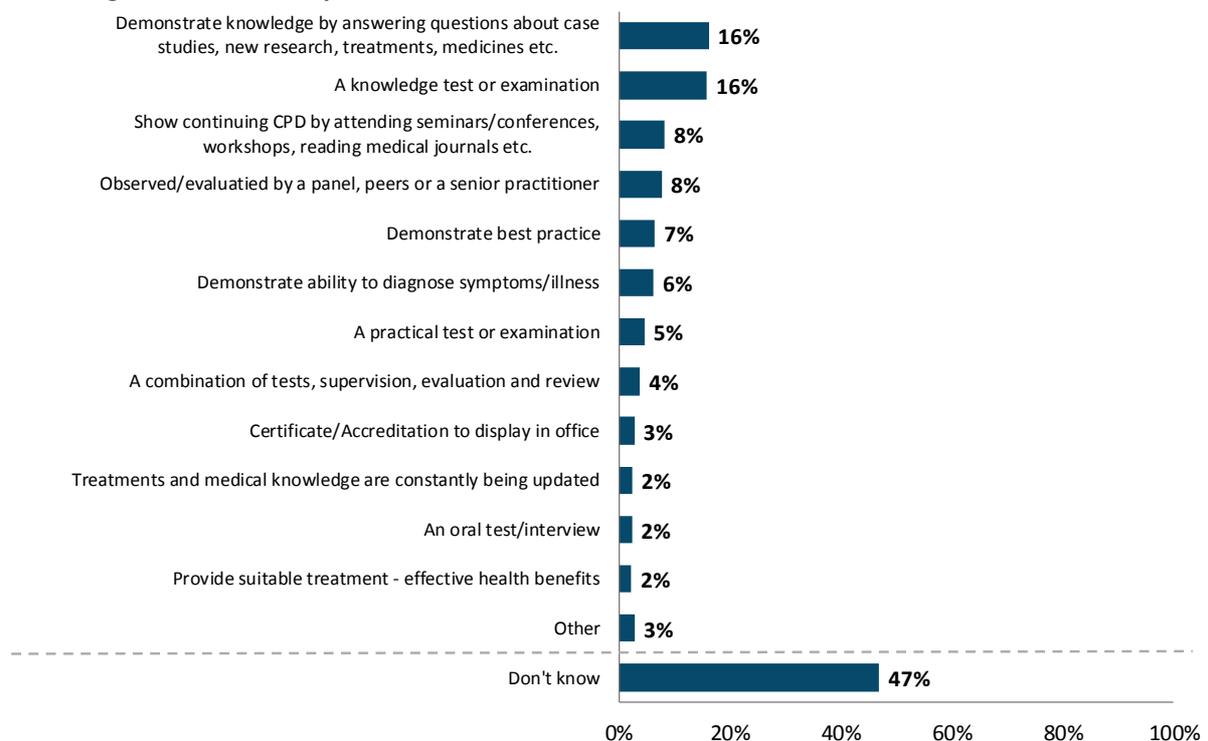
Q10. How much do you know about the way doctors are reviewed to ensure that they are providing high quality care? Would you say a great deal, a fair amount, not very much or nothing at all? (Base: All general public participants n=1,040)

In the 2005 Department of Health (United Kingdom) study, participants were more likely to answer this question with ‘nothing at all’ (56%).

## How should doctors be required to demonstrate their competence?

Participants were asked what they think doctors should be required to do to demonstrate that their knowledge and skills are up to date. They were able to provide verbatim comments, which were later coded. Although the public believe review of doctors' knowledge and skills is important, they do not hold strong views on how this should be done. Almost half did not know how this should be done (47%). A holistic demonstration of knowledge and a test or examination were the most common suggestions (16%).

**Figure 57: Perceptions of what doctors should be required to do to demonstrate that their knowledge and skills are up to date**



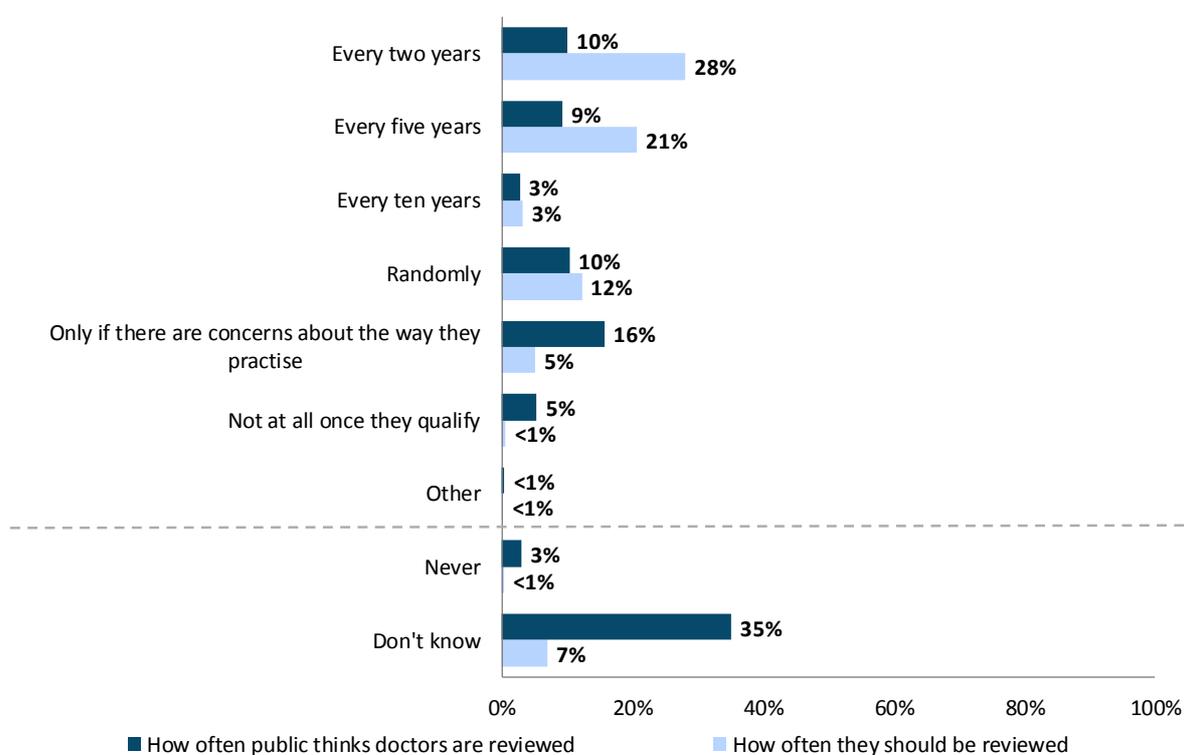
Q13. What do you think doctors should be required to do to demonstrate that their knowledge and skills are up to date? (Base: All general public participants n=1,040)

## Frequency of reviews

There is considerable disparity between the general public's perception of how often doctors are currently being reviewed and how often they *should* be reviewed. Over one-third stated that they do not know how often doctors are currently reviewed (35%), while 16% think they are only reviewed if there are concerns about the way they practise.

Half think they should be reviewed at least once every two years (51%; 28% every two years and 23% every year). One in five think it should be every five years (21%) and 12% think doctors should be reviewed randomly.

**Figure 58: Perceptions and expectations of review frequency**



Q11. How often do you think doctors currently have their skills and knowledge reviewed? (Base: All general public participants n=1,040)

Q12. How often do you think doctors should have their skills and knowledge reviewed? (Base: All general public participants n=1,040)

Lower socioeconomic groups are more likely to say they do not know how often doctors are currently being reviewed:

- Those with household income less than \$50,000 (43%, compared to 27% of those with an income of \$50,000-\$99,999 and 32% of those with \$100,000+); and
- Those with high school as their highest level of education (44%, compared with 25% of those with a university education and 39% of those with a diploma/certificate).

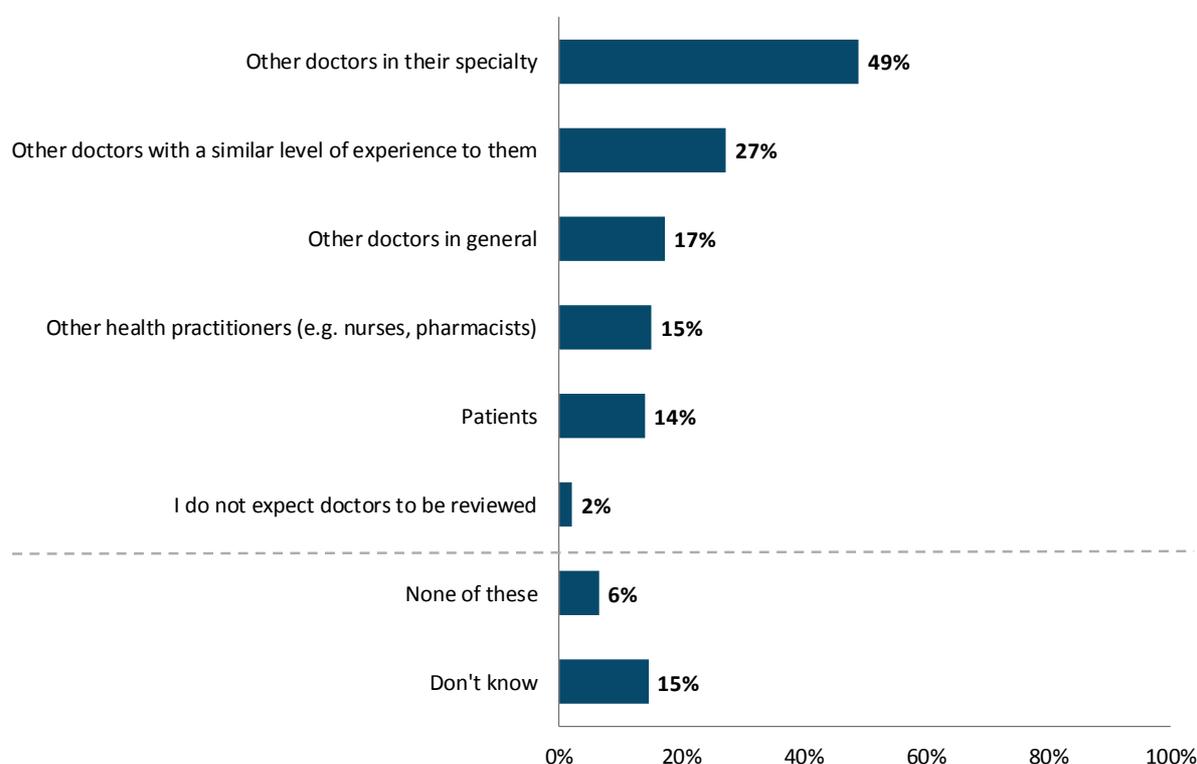
A much greater proportion of CALD participants believe doctors *should* be reviewed at least once a year (34%, compared with 21% of non-CALD participants).

In the 2005 Department of Health (United Kingdom) study, participants typically supported more frequent review. Participants in that study were also shown the option of ‘every year’, with 46% selecting this option. Twenty-four percent selected every two years and 17% every five years. However, these participants were also more likely to think that doctors were presently being reviewed more often, with 22% thinking doctors in the UK were reviewed every year.

### Who should be responsible for reviewing doctors?

When considering who should be responsible for undertaking the reviews, half believe they should be conducted by other doctors within the specialty (49%). One in four think it should be a doctor with a similar level of experience (27%).

**Figure 59: Responsibility of reviewing doctors**



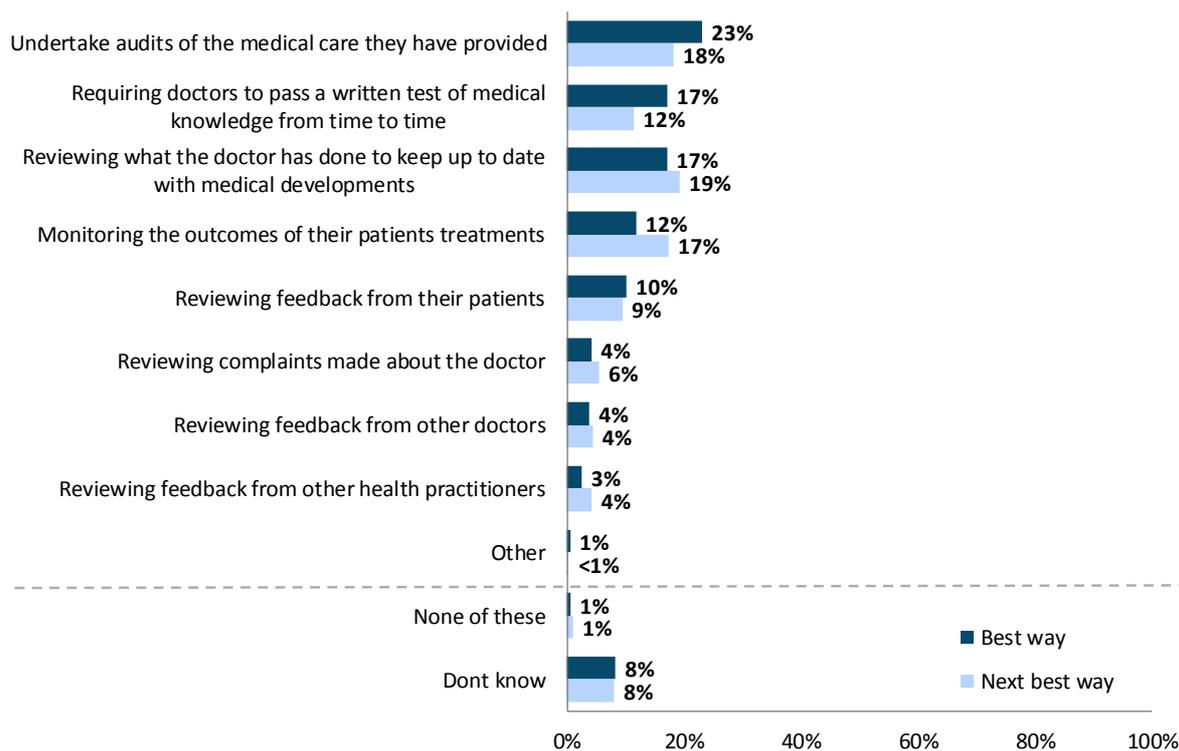
Q16. If all doctors were to be reviewed from time to time to ensure they are practising to a high standard, on balance, who do you think they should be reviewed by? (Base: All general public participants n=1,040)

Younger members of the public (aged between 18 and 39) are more likely to think doctors should be reviewed by other health practitioners (20%, compared with 10% of those aged 50 or older).

## Ensuring doctors provide high quality care

Participants most commonly rated undertaking audits of a doctor’s medical care as the best method to ensure they are providing high quality care (23%). Requiring doctors to pass a written test and reviewing what they have done to keep up to date with medical developments were also commonly rated as the best method (17% each).

**Figure 60: Methods to ensure doctors provide high quality care**



Q14. If doctors have their skills and knowledge reviewed, which of the following would be the best way to ensure doctors are providing high quality care? (Base: All general public participants n=1,040)

Q15. And which of the following would be the next best way to review that doctors are providing high quality care? (Base: All general public participants n=1,040)

CALD participants are more likely to think that feedback from patients should form part of a doctor’s review process (17%, compared with 8% of non-CALD participants).

## 4.3 Awareness of the Medical Board and its responsibilities

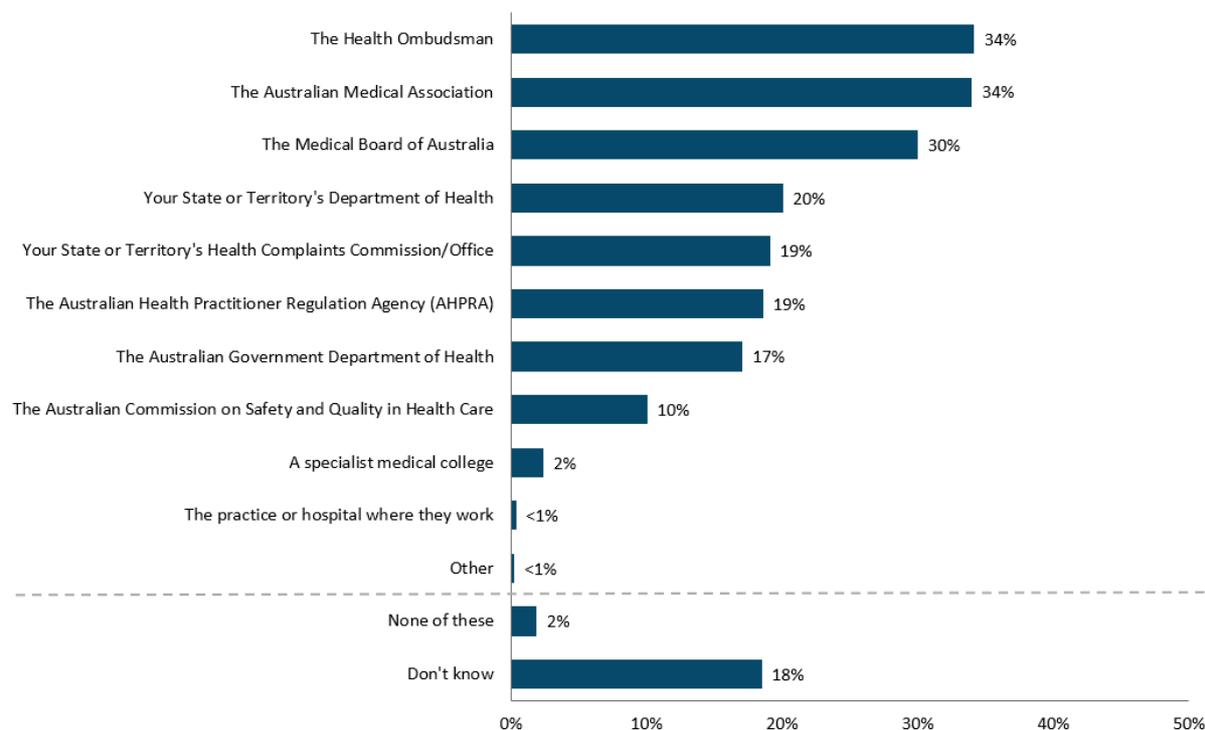
To make a complaint about a medical practitioner, participants would most commonly contact the Health Ombudsman and the Australian Medical Association.

While three in ten would contact the Medical Board in order to make a complaint, almost half know ‘nothing at all’ about it and another two in five know ‘not very much.’ Among those aware of it, most think it is responsible for registering doctors; developing standard, codes and guidelines; de-registering doctors; investigating complaints; and making sure doctors are fit to practise.

### Organisations contacted to make a medical practitioner complaint

If they wanted to make a complaint about a medical practitioner, the Health Ombudsman and the Australian Medical Association would be the first point of contact for one-third of participants (both 34%). Three in ten contact the Medical Board (30%), and almost one in five are not sure who they would contact (18%).

**Figure 61: Channels used to lodge a complaint about a medical practitioner**



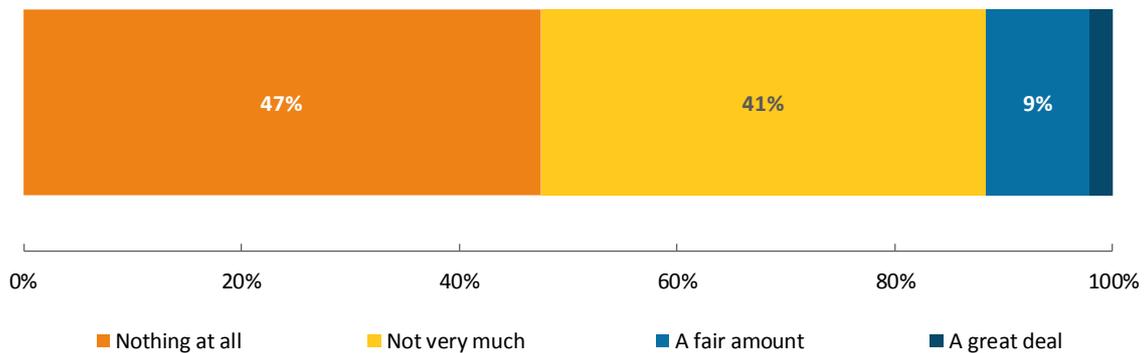
Q17. If you wanted to make a complaint about a medical practitioner, which, if any, of these organisations would you contact? (Base: All general public participants n=1,040)

A much greater proportion of those aged 50 or older would contact the Australian Medical Association (45%, compared with 25% among of those aged 18-39). Those who have not visited a doctor in the last 12 months are more likely to be unsure as to who they would contact (36%, compared with 17% of those who have visited a doctor).

### Knowledge of the Medical Board of Australia

Almost half of participants know ‘nothing at all’ about the Medical Board of Australia (47%), and a further two in five know ‘not very much’ (41%). Only one in ten members of the public say they are knowledgeable about the Board (11% know either ‘a great deal’ or a ‘fair amount’).

**Figure 62: Medical Board of Australia knowledge**



Q18. Before today, how much did you know about the Medical Board of Australia? (Base: All general public participants n=1,040)

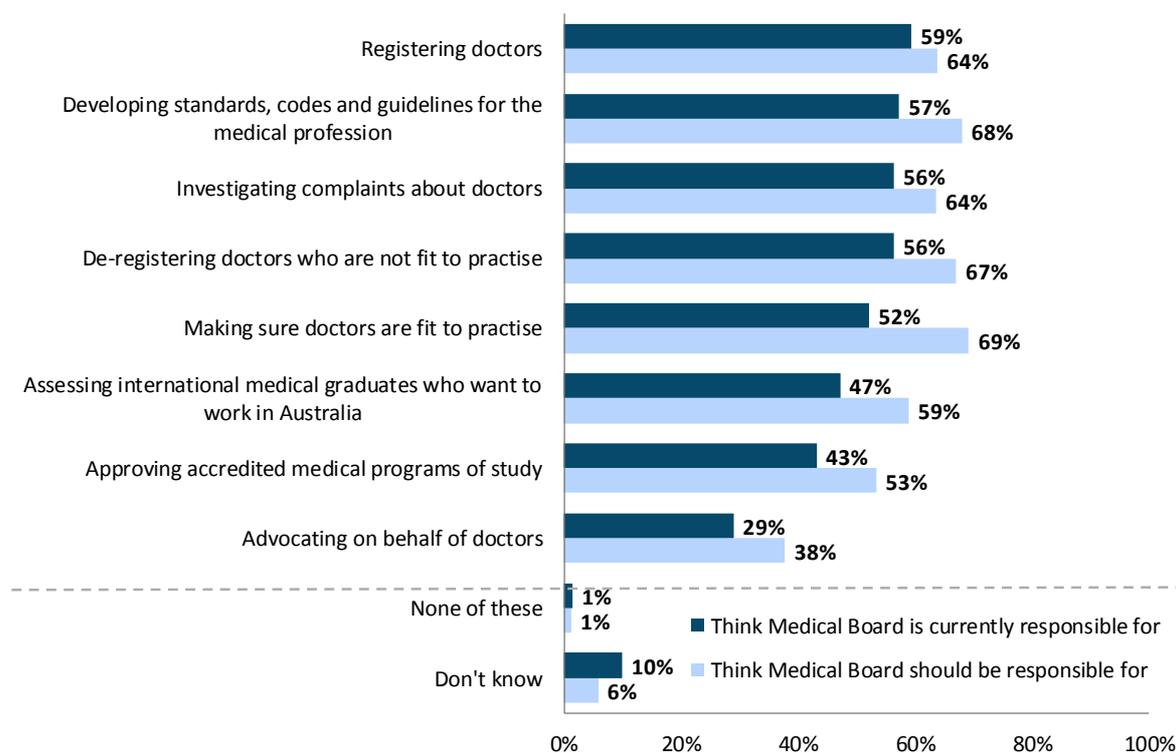
Participants aged 18-39 are more likely to have a *fair amount* or *great deal* of knowledge about the Medical Board (19%, compared with 6% of those aged 50 or older), as are those living in major cities (13%, compared with 6% of the rest of Australia).

## Perceived areas of Medical Board responsibility

Among those aware of the Medical Board, the majority think it is responsible for registering doctors (58%), developing standard, codes and guidelines (57%), de-registering doctors (56%), investigating complaints (56%) and making sure doctors are fit to practise (52%).

When participants were asked what the Medical Board *should* be responsible for, these activities were again those most commonly selected. Making sure doctors are fit to practise was the most common among these, with 69% selecting it.

**Figure 63: Role of the Medical Board of Australia**



Q19. Which, if any, of the following things do you think the Medical Board of Australia is responsible for? (Base: Those who are aware of the Medical Board of Australia in Q18 n=543)

Q20. And which, if any, of the following things do you think the medical board should be responsible for? (Base: Those who are aware of the Medical Board of Australia in Q18 n=543)

Both women and older participants (aged 50 or older) are more likely to think the Medical Board is responsible for a range of the activities presented to them. Those aged 50 or older are also more likely to think the Medical Board *should* be responsible for a range of the activities.

## 5 Conclusions

### 5.1 Community trust

#### Doctors are among Australia's most trusted professionals

The vast majority of Australians have trust in their doctors (90%), and health professionals (90% nurses and 85% pharmacists). This is in stark contrast to how some other professionals are viewed; 7% trust politicians, 18% trust business leaders and 32% trust TV newsreaders.

Three in five (58%) Australians see having confidence and trust in a doctor as very important.

#### Communication is the most important factor in building the doctor-patient relationship

Among both doctors and the community, the top attributes for building confidence and trust with patients are doctors explaining their diagnosis and treatment (18% of doctors ranked this first and 15% of the community) and communicating effectively with patients (17% and 16% respectively). In addition, doctors think it is most important for their patients to provide feedback on their communication skills (86%) and if asked to give feedback on their doctor, members of the general public would be most likely to want to comment on this (61%).

There is some discrepancy between what doctors and patients think is important to comment on. Compared with patients themselves, doctors are more likely to think patients would want to comment on the dignity and respect with which they treat patients (81%, compared with 51% of the general public) and how much the doctor involves patients in treatment decisions (66%, compared with 43%).

### 5.2 CPD activities undertaken by doctors

#### Doctors are engaging in a wide range of professional development activities

In the past 12 months, the vast majority of doctors have read texts and journals (85%) or attended forums, meetings, workshops, clinical meetings (81%). Three in four have participated in online learning (75%), while around half have undertaken a clinical audit (47%) and 40% have undertaken peer review activities.

## Professional development activities are seen as important

Almost all doctors agree that professional development activities help to keep their medical knowledge and skills up to date and that this benefits both themselves and their patients (92% for both). Similarly, almost all think that they should take personal responsibility for maintaining their professional competence (96%) and that they should contribute to safety and quality improvement efforts within their organisation or practice (92%).

In addition, doctors typically see self-assessment, reflecting on their own practice and discussing their practice with other doctors as important (93%, 96% and 75% respectively) and undertake each of these on a regular basis (63% self-assess at least weekly, 79% reflect on their own practice at least weekly and 68% discuss their practice at least monthly). Mirroring this, 86% of the general public agree that doctors should regularly review the way they practise.

## Doctors feel that their current professional development routines are sufficient

Almost all doctors are confident that they are currently maintaining their professional competence (95%). The majority are also confident that they know which activities, and the amounts of these activities, that they are required to do (95% and 91% respectively).

Of those doctors who have undertaken each of the CPD activities mentioned above, almost all found them useful (89%, 97%, 95%, 84% and 92% respectively).

## There is little support for increasing the amount of CPD

Only 15% support increasing the amount of professional development activities. Most doctors agree that the current CPD arrangements work well to ensure that they provide high quality care (59%).

## Skills, being up to date, experience and monitoring outcomes are important to instil confidence and trust

For each of the factors perceived as being most important for having confidence and trust in a doctor, the vast majority of community members are confident that doctors in general are demonstrating them. These include showing good medical skills and knowledge (92% are confident); keeping up to date with medical developments (82%); being highly experienced (84%); and monitoring outcomes of treatments (73%).

## 5.3 Reviewing doctors

### Australians are unaware of how doctors are currently reviewed

The majority of the general public currently know little to nothing at all about the way in which doctors are reviewed (44% 'nothing at all' and 35% 'not very much'), including how often they are reviewed (35% 'don't know'). Around half are confident that doctors receive feedback from other doctors (47%), from other health practitioners (51%) or from their patients (58%).

## The general public see reviewing doctors as important

While the importance of reviewing doctors is acknowledged by four in five (82%) of the general public, only three in five (62%) doctors agree it is important that they are reviewed from time to time. In addition, while more than a third of doctors think it would be a waste of money to review all doctors (37%), only a quarter (24%) of the general public agree.

## Reviews should be conducted by colleagues with the same speciality and similar experience

Three in five doctors think that reviews should be conducted by colleagues within the same speciality (62%) and two in five by those with a similar level of experience (42%). This compares with 49% and 27% of the general public respectively.

Nine percent of doctors think patients and other health practitioners should review practice; fourteen percent of the general public think that they should review doctors and 15% think that other health practitioners should do so. Two in three doctors think multi source feedback would be useful (67%).

## Reviews should ensure that doctors are up to date

Doctors believe that the most important ways to view their practise should be to ensure they have kept up to date with medical developments (74%). A little over half reported monitoring outcomes of patients' treatments (54%) and 49% each undertaking clinical audits and reviewing feedback from their patients.

Only one in ten thinks any review should be through written exams of their knowledge and skills (10%).

## The general public has higher expectations for frequency of review than those of doctors

There are marked differences in the opinion of doctors and the public when considering the most appropriate frequency of review, and the potential triggers for review. Whereas almost three-quarters (72%) of the public think doctors should be reviewed at least every five years, only 39% of doctors think it is necessary to be reviewed this often.

Furthermore, 40% of doctors think that they should only be reviewed if there are concerns about their practice, whereas only 5% of the public agree that these are the only circumstances where review is necessary.

## There is support for demonstrating capacity as part of renewal of registration

There is majority support among doctors for demonstrating their capacity to provide high quality medical care as a requirement of their renewal of registration (58%), but less support for extending the registration requirements beyond this.

Only two in five support changing the focus of professional development activities to reflect the doctor's performance or patient outcomes (38%), the same proportion support the Medical Board specifying a range of activities that need to be done as part of continuing professional development (38%) and only a third support being directed to undertake specific learning activities (34%).

## 5.4 Awareness of the Medical Board's codes and guidelines

### Doctors tend to understand when to make a notification

The vast majority of doctors realise they must make a notification if another health practitioner practises while intoxicated (92%), places a patient at risk due to an impairment (91%) or is engaged in sexual misconduct (90%). Fewer would make a notification if another doctor places a patient at risk because of a significant departure from accepted professional standards (79%) or commits a criminal offence (60%).

### Doctors would seek information about making a notification from their insurance provider

If they needed to make a notification, 68% doctors would contact their professional indemnity insurance provider for information on how to make a notification, compared with 62% who would contact AHPRA and 58% the Medical Board.

### Use of the Medical Board and AHPRA information sources is fairly widespread

Two in three doctors have used the AHPRA website for accessing information (68%) and two in five the Medical Board website (41%); more than half have read the Medical Board newsletters (53%). The AHPRA website is the source doctors reported they would be most likely to be use in the future (72%), although many have a preference for direct phone contact with AHPRA staff (64%) or email correspondence (55%).

### Very few members of the general public are aware of the Medical Board

Almost half of Australians know 'nothing at all' about the Medical Board (44%) and another one in three know 'not very much' (35%). While three in ten would contact the Medical Board in order to make a complaint (30%), the general public would be more likely to contact the Health Ombudsman or the Australian Medical Association (34% each) for this purpose.

## 6 Appendices

### 6.1 Participant profiles

#### Medical practitioners

**Table 2: Medical practitioners profile**

Category	Demographic	Proportion of registrants	Proportion of survey participants	Number of survey participants
Gender	Male	58%	61%	n=1,862
	Female	42%	39%	n=1,200
Age	Under 25	1%	0.4%	n=11
	25-29	12%	5%	n=142
	30-34	14%	7%	n=221
	35-39	14%	10%	n=319
	40-44	12%	11%	n=351
	45-49	10%	11%	n=345
	50-54	10%	14%	n=417
	55-59	9%	13%	n=403
	60-64	7%	11%	n=334
	65-69	5%	8%	n=249
	70-74	3%	5%	n=163
	75-79	2%	2%	n=71
	80+	1%	1%	n=36
State	New South Wales	31%	30%	n=916
	Victoria	24%	24%	n=731
	Queensland	20%	21%	n=652
	Western Australia	10%	10%	n=310
	South Australia	7%	8%	n=260
	Tasmania	2%	3%	n=81
	Australian Capital Territory	2%	2%	n=71
	Northern Territory	1%	1%	n=41
Location of practice	Urban	N/A	79%	n=2,431
	Rural	N/A	21%	n=631
Aboriginal and/or Torres Strait Islander status	Aboriginal	N/A	0.5%	n=14
	Torres Strait Islander	N/A	0.1%	n=2
	Both Aboriginal and Torres Strait Islander	N/A	0.1%	n=3
	Non-Aboriginal and/or Torres Strait Islander	N/A	96%	n=2,940
	I'd prefer not to say	N/A	3%	n=103
Whether qualified in Australia or overseas	In Australia	N/A	70%	n=2,142
	Overseas	N/A	30%	n=920

<b>Practice arrangements</b>	Full-time	N/A	71%	n=2,170
	Part-time	N/A	23%	n=715
	On a break from practising medicine	N/A	2%	n=52
	Retired from practising medicine	N/A	2%	n=51
	Other	N/A	2%	n=74
<b>Registration</b>	General	38%	26%	n=806
	Specialist	9%	12%	n=367
	General and specialist	53%	62%	n=1,885
<b>Speciality</b>	Addiction medicine	0.3%	1%	n=14
	Anaesthesia	7%	8%	n=183
	Dermatology	1%	1%	n=28
	Emergency medicine	3%	3%	n=65
	General practice	38%	41%	n=918
	Intensive care medicine	1%	1%	n=29
	Medical administration	1%	1%	n=14
	Obstetrics and gynaecology	3%	4%	n=94
	Occupational and environmental medicine	0.5%	0.4%	n=10
	Ophthalmology	2%	2%	n=42
	Paediatrics and child health	4%	3%	n=73
	Pain medicine	0.4%	0.3%	n=6
	Palliative medicine	0.5%	0.4%	n=10
	Pathology	3%	3%	n=63
	Physician	15%	11%	n=248
	Psychiatry	6%	7%	n=155
	Public health medicine	1%	0.3%	n=7
	Radiation Oncology	1%	0.4%	n=9
	Radiology	4%	3%	n=71
	Rehabilitation medicine	1%	1%	n=16
	Sexual health medicine	0.2%	0.3%	n=6
	Sport and exercise medicine	0.2%	0.1%	n=3
	Surgery	9%	8%	n=189
No data available <sup>3</sup>	N/A	1%	n=14	
<b>Primary workplace</b>	Group private practice	N/A	37%	n=1,125
	Hospital (excluding outpatient service)	N/A	32%	n=989
	Solo private practice	N/A	11%	n=352
	Other – please specify	N/A	4%	n=136
	Tertiary educational facility	N/A	4%	n=116
	Outpatient service	N/A	3%	n=96
	Locum private practice	N/A	2%	n=63
	Other government	N/A	1%	n=40

<sup>3</sup> Speciality was determined from the database provided by AHPRA, rather than asked in the Medical Practitioners survey.

department or agency			
Community mental health service	N/A	1%	n=39
Other community health care service	N/A	1%	n=26
Commercial/business service	N/A	1%	n=17
Aboriginal health service	N/A	0.5%	n=15
Community drug and alcohol service	N/A	0.4%	n=13
Defence force	N/A	0.4%	n=13
Other educational facility	N/A	0.3%	n=10
Residential aged care facility	N/A	0.2%	n=6
Correctional service	N/A	0.1%	n=4
Residential mental health care service	N/A	0.1%	n=2
School	N/A	0.0%	n=0

## General Public

**Table 3: General public profile**

Category	Demographic	Proportion of Australian population <sup>4</sup>	Proportion of survey participants	Number of survey participants
Gender	Male	48.86%	50%	525
	Female	51.14%	50%	515
Age	18-29	21.39%	17%	172
	30-39	18.00%	18%	189
	40-49	18.45%	18%	192
	50-59	16.62%	18%	191
	60+	25.54%	28%	296
State	New South Wales	32.19%	33%	344
	Victoria	25.12%	25%	261
	Queensland	19.85%	18%	188
	Western Australia	10.35%	10%	101
	South Australia	7.55%	8%	84
	Tasmania	2.31%	3%	32
	Australian Capital Territory	1.68%	2%	24
ARIA Classification of Remoteness	Northern Territory	0.93%	1%	6
	Major Cities of Australia	N/A	78%	806
	Inner Regional Australia	N/A	17%	179
	Outer Regional Australia	N/A	5%	52
	Remote Australia	N/A	0.3%	3
	Aboriginal	N/A	2%	16
	Torres Strait Islander	N/A	0.1%	1
Aboriginal and/or Torres Strait Islander status	Both Aboriginal and Torres Strait Islander	N/A	0.2%	2
	Non-Aboriginal and/or Torres Strait Islander	N/A	97%	1,011
	I'd prefer not to say	N/A	1%	10
	Whether speaks a language other than English at home			
Whether speaks a language other than English at home	Yes	N/A	16%	166
	No	N/A	82%	855
	I'd prefer not to say	N/A	2%	19
Household income	Less than \$25,000	N/A	10%	102
	Between \$25,000 and \$49,999	N/A	20%	207

<sup>4</sup> As of the 2011 Australian Bureau of Statistics Census

	Between \$50,000 and \$74,999	N/A	16%	168
	Between \$75,000 and \$99,999	N/A	15%	160
	Between \$100,000 and \$149,999	N/A	17%	179
	\$150,000 or more	N/A	9%	90
	I'd prefer not to say	N/A	13%	134
<b>Highest level of education</b>	Postgraduate Degree (Masters, PhD)	N/A	10%	102
	Graduate Diploma or Graduate Certificate	N/A	5%	57
	Bachelor Degree (Undergraduate, Honours)	N/A	23%	236
	Advanced Diploma or Diploma	N/A	14%	144
	Certificate (TAFE)	N/A	19%	199
	Year 12	N/A	13%	133
	Year 11	N/A	4%	40
	Year 10 or under	N/A	11%	118
	I'd prefer not to say	N/A	1%	11

## 6.2 Medical practitioner survey

### AHPRA Ongoing fitness and competence to practise

#### SECTION A: Confidence and trust

<b>Q1.</b> Looking at the list below, which 5 of these attributes do you think are most important for building confidence and trust between a patient and their doctor? {MULTIPLE RESPONSE – MUST SELECT 5 RESPONSES OR CODE 98} [RANDOMISE ROWS 1-10]	
The doctor communicates effectively with the patient, including listening to them and taking them seriously	1
The doctor explains diagnosis and treatment in a way that the patient can understand sufficiently to make treatment decisions about their health	2
The doctor explains the side effects of any prescribed medication	3
The doctor gives the patient as much time and attention as they need	4
The doctor keeps their knowledge and skills up to date	5
The doctor would tell the patient if there had been a mistake/oversight during the course of their care	6
The doctor would seek help if they had any problems affecting his/her ability to treat patients	7
The doctor would report any concerns about another doctor to appropriate authorities	8
The doctor safeguards the confidentiality of the patient’s personal information	9
The doctor would not allow the choice of medication they prescribe to be influenced by pharmaceutical advertising/representatives	10
None of these {EXCLUSIVE}	98
<b>Source: New question (based on answer categories from Irish Medical Council question)</b>	

## SECTION B: CPD current arrangements

**Q2.** On average, how frequently would you say you ... **{SINGLE RESPONSE PER ROW}** [RANDOMISE ROWS, REVERSE COLUMNS 1-9 FOR HALF OF PARTICIPANTS]

		Every day	Most days	About once or twice per week	About once or twice per month	About once every three months	About once every six months	About once every year	Less often than once a year	Never	Don't know
A	Reflect on the quality of how you practise	1	2	3	4	5	6	7	8	9	99
B	Analyse whether and how your practice as a doctor could be improved	1	2	3	4	5	6	7	8	9	99
C	Discuss with others how your practice as a doctor could be improved	1	2	3	4	5	6	7	8	9	99

**Source: New question**

**Q3.** The following are a number of statements about professional competence. Please indicate how strongly you agree or disagree with each. **{SINGLE RESPONSE PER ROW}** [RANDOMISE ROWS, REVERSE 1-5 FOR HALF OF PARTICIPANTS]

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I am confident that I am maintaining my professional competence	1	2	3	4	5	99
Professional development activities help me to keep my medical knowledge and skills up to date	1	2	3	4	5	99
Professional development activities benefit me and my patients	1	2	3	4	5	99
I am aware of the types of activities required to help me to maintain my professional competence	1	2	3	4	5	99
I am aware of the amount of activities required to help me to maintain my professional competence	1	2	3	4	5	99

**Source: Irish Medical Council/KAB**

**Q4.** Which of the following do you think would be the best ways to maintain your professional competence?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-13]

Attendance at formal professional development sessions, including forums, courses, meetings and seminars	1
Attendance at annual scientific/medical conferences	2
Discussions, including workshops, journal clubs, grand rounds, practice clinical meetings	3
Peer review activities	4
Clinical audit	5
Professional reading of texts and electronic media	6
Performance appraisal	7
Preparing for and/or presenting at workshops and scientific meetings	8
Online learning	9
Writing and/or reviewing articles for scientific or medical journals	10
Mentoring or supervising other health practitioners including medical practitioners	11
Participating in specialist college fellowship training program	12
Participating in specialist college activities	13
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q5. Which of the following have you done in the past twelve months to maintain your professional competence?**

Please select any that apply. {MULTIPLE RESPONSE} [SAME ROW ORDER FROM Q4]

Attended a formal professional development session, including forums, courses, meetings and seminars	1
Attended an annual scientific/medical conference	2
Participated in discussions, including workshops, journal clubs, grand rounds, practice clinical meetings	3
Peer review activities	4
Clinical audit	5
Professional reading of texts and electronic media	6
Performance appraisal	7
Prepared for and/or presented at a workshop or scientific meeting	8
Online learning	9
Written and/or reviewed an article for a scientific or medical journal	10
Mentored or supervised other health practitioners including medical practitioners	11
Participated in a specialist college fellowship training program	12
Participated in specialist college activities	13
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q6. [IF Q5 = 1-97]** Overall, how useful do you think these activities were to maintain your professional competence? {ONLY SHOW ROWS SELECTED AT Q5, PIPE IN RESPONSE FOR 97, SINGLE RESPONSE, REVERSE COLUMNS 1-4 FOR HALF OF PARTICIPANTS}

	Very useful	Fairly useful	Not very useful	Not at all useful	Don't know
Attending a formal professional development session, including forums, courses, meetings and seminars	1	2	3	4	99
Attending an annual scientific/medical conference	1	2	3	4	99
Participating in discussions, including workshops, journal clubs, grand rounds, practice clinical meetings	1	2	3	4	99
Peer review activities	1	2	3	4	99
Clinical audit	1	2	3	4	99
Professional reading in texts and electronic media	1	2	3	4	99
Performance appraisal	1	2	3	4	99
Preparing for or presenting at a workshop or scientific meeting	1	2	3	4	99
Online learning	1	2	3	4	99
Writing and/or reviewing an article for a scientific or medical journal	1	2	3	4	99
Mentoring or supervising other health practitioners including medical practitioners	1	2	3	4	99
Undertaking a specialist college fellowship training program	1	2	3	4	99
Participating in specialist college activities	1	2	3	4	99
Other – please specify [SPECIFY]	1	2	3	4	99
<b>Source: New question</b>					

**Q7.** Please rank the following factors that may influence your ability to access continuing professional development (CPD) activities (where 1=most important and 6=least important).

You will need to rank each option and no two options can be given the same rank.

To rank, click on each item in the order of importance. Once ranked, you can drag the options to change the order. **{SINGLE RESPONSE PER CELL}** [\[RANDOMISE ROWS\]](#)

Cost of CPD activities	
Ability to arrange cover for when you are attending CPD activities	
Access to a professional development program and resources that are relevant to the way you practise	
Access to a professional development program and resources that you are interested in	
Support from your employer and/or colleagues	
Finding time	
<b>Source: Irish Medical Council</b>	

## SECTION C: Ensuring that doctors are able to provide high quality care

**Q8.** To what extent do you agree or disagree with the following statements? **{SINGLE RESPONSE PER ROW}** [\[RANDOMISE ROWS, COLUMN ORDER FROM Q3\]](#)

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A	The current CPD arrangements work well to ensure doctors provide high quality care	1	2	3	4	5	99
B	Reviewing the way all doctors practise would be a waste of time and money	1	2	3	4	5	99
C	There is no need to regularly carry out reviews on doctors' medical skills and knowledge	1	2	3	4	5	99
D	It is important that all doctors are reviewed from time to time to ensure they are practising medicine to a high standard	1	2	3	4	5	99
E	Doctors should regularly review the way they practise to ensure they provide high quality care	1	2	3	4	5	99
<b>Source: IPSOS MORI, general public 2005, Irish Medical Council</b>							

**Q9. To what extent do you agree or disagree with the following statements? {SINGLE RESPONSE PER ROW}**  
**[RANDOMISE ROWS, COLUMN ORDER FROM Q3]**

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Doctors should review the quality of care provided by other doctors	1	2	3	4	5	99
Doctors should report if they become aware of other health practitioners who may have significant impairment or may be incompetent	1	2	3	4	5	99
Doctors should routinely reflect on the quality of their practice as a doctor	1	2	3	4	5	99
Doctors should take personal responsibility for maintaining their professional competence	1	2	3	4	5	99
Doctors should review whether and how their practice as a doctor could be improved	1	2	3	4	5	99
Doctors should undergo periodic reviews throughout their career	1	2	3	4	5	99
Doctors should undergo periodic examinations of their medical knowledge and skills throughout their career	1	2	3	4	5	99
Doctors should contribute to safety and quality improvement efforts within their organisation or practice location	1	2	3	4	5	99
Doctors should discuss with other health practitioners how their practice as a doctor could be improved	1	2	3	4	5	99
Doctors in different specialties need different continuing professional development requirements	1	2	3	4	5	99
Doctors at different stages of their career need different continuing professional development requirements	1	2	3	4	5	99

**Q10.** If all doctors were to be reviewed from time to time, which, if any, of the following do you think would be the most important ways to ensure that doctors are practising to a high standard?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-8]

Reviewing what the doctor has done to keep up to date with medical developments	1
Monitoring the outcomes of their patients' treatments	2
Undertaking clinical audits	3
Requiring doctors to pass a written test of medical knowledge from time to time	4
Reviewing feedback from other doctors	5
Reviewing feedback from nurses and other health practitioners	6
Reviewing feedback from their patients	7
Reviewing complaints made about the doctor	8
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
<b>Source: IPSOS MORI, general public 2005</b>	

**Q11.** How often do you think doctors should be reviewed, if at all? {SINGLE RESPONSE} [REVERSE 1-8 FOR HALF OF PARTICIPANTS]

Every year	1
Every two years	2
Every five years	3
Every ten years	4
Randomly	5
Only if there are concerns about their practice	6
Not at all once they qualify	7
Never	8
Other – please specify [SPECIFY]	97
Don't know	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q12.** If all doctors were to be reviewed from time to time to ensure they are practising to a high standard, on balance, who do you think they should be reviewed by?

Please select all that apply. **{MULTIPLE RESPONSE}** [RANDOMISE 1-6 BUT KEEP 1-3 TOGETHER AND 3 ALWAYS BELOW 1 AND 2]

Other doctors in their specialty	1
Other doctors with a similar level of experience to them	2
Other doctors in general	3
Other health practitioners (e.g. nurses, pharmacists)	4
Patients	5
I do not expect doctors to be reviewed <b>{EXCLUSIVE}</b>	6
None of these <b>{EXCLUSIVE}</b>	98
Don't know <b>{EXCLUSIVE}</b>	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q13.** How useful do you think feedback from a number of sources (e.g. multi-source feedback), including from other doctors and health practitioners and patients would be in helping doctors to understand their strengths and to identify continuing professional development needs? **{SINGLE RESPONSE}** [REVERSE 1-4 FOR HALF OF PARTICIPANTS]

Very useful	1
Fairly useful	2
Not very useful	3
Not at all useful	4
Don't know	99
<b>Source: Irish Medical Council</b>	

**Q14.** If patients were asked to give feedback on doctors, what would it be important for them to comment on?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE 1-6]

The doctor's communication skills/How well they explain things	1
How up to date the doctor is with new developments in medicine	2
The doctor's medical knowledge and ability	3
How much the doctor involves patients in treatment decisions	4
Whether the doctor treats patients with dignity and respect	5
Outcomes of the patient's treatments	6
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q15.** To what extent would you support or oppose the following options to maintain your professional competence? {SINGLE RESPONSE PER ROW} [RANDOMISE ROWS] [REVERSE 1-5 FOR HALF OF PARTICIPANTS]

		Strongly support	Tend to support	Neither support nor oppose	Tend to oppose	Strongly oppose	Don't know
A	Increase the amount of professional development activities doctors are required to undertake each year	1	2	3	4	5	99
B	As a requirement of renewal of registration, doctors should demonstrate they are maintaining their capacity to provide high quality medical care	1	2	3	4	5	99
C	Change the focus on professional development activities to reflect the doctor's performance, e.g. peer review and multi-source feedback	1	2	3	4	5	99
D	Change the focus on professional development activities to reflect patient outcomes	1	2	3	4	5	99
E	Direct doctors to undertake specific learning activities	1	2	3	4	5	99
F	Have different professional development requirements for doctors with different types of registration, e.g. doctors in training, general registration, specialist registration	1	2	3	4	5	99
G	The Medical Board of Australia	1	2	3	4	5	99

specifying a range of activities that need to be done as part of continuing professional development						
<b>Source: Irish Medical Council</b>						

**Q16.** In your opinion, should any of the following groups of doctors have different requirements for demonstrating their professional competence, such as being reviewed more thoroughly or more often?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-5]

Older doctors	1
Doctors working in remote areas	2
Doctors with small numbers of patients or low numbers of consultations	3
Doctors with large numbers of patients or high numbers of consultations	4
Doctors working infrequently (e.g. less than one week per month or less than a day per week)	5
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q17.** What do you think the general public wants doctors to do to demonstrate they are competent and providing high quality care? {OPEN-ENDED}

## SECTION E: Board publications about standards, codes and guidelines

**Q18.** The Medical Board of Australia publishes registration standards, guidelines, a code called ‘*Good medical practice: A code of conduct for doctors in Australia*’, newsletters and other publications. How frequently, if at all, have you accessed each of these? **{SINGLE RESPONSE PER ROW}** **[RANDOMISE ROWS A-I, COLUMN ORDER FROM Q2]**

		About once or twice per week	About once or twice per month	About once every three months	About once every six months	About once every year	Less often than once a year	Never	Don't know
A	Registration standards	1	2	3	4	5	6	7	99
B	Good medical practice: a code of conduct for doctors in Australia	1	2	3	4	5	6	7	99
C	Sexual boundaries: guidelines for doctors	1	2	3	4	5	6	7	99
D	Guidelines for mandatory notifications	1	2	3	4	5	6	7	99
E	Social media policy	1	2	3	4	5	6	7	99
F	Standards and guidelines relating to international medical graduates	1	2	3	4	5	6	7	99
G	Fact sheets and FAQs	1	2	3	4	5	6	7	99
H	Medical Board of Australia newsletters	1	2	3	4	5	6	7	99
I	Public consultations undertaken by the Board	1	2	3	4	5	6	7	99
J	Other – please specify <b>[SPECIFY]</b>	1	2	3	4	5	6	7	99

**Source: New question**

**Q19.** [IF ACCESSES INFORMATION (ANY OF Q18=1-5)] For what reason/s have you referenced these?

Please select any reasons that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-10]

As part of your study	1
To guide your professional judgement while practising	2
To evaluate another doctor's professional conduct	3
To enhance your personal professionalism	4
To educate other doctors or students	5
To help you deal with an ethical dilemma	6
For professional indemnity insurance or litigation purposes	7
As part of administration or policy setting in your practice or workplace	8
To ensure you meet the minimum standards required to practise	9
To plan your professional development	10
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q20.** In which circumstances must you make a mandatory notification about another health practitioner to the Australian Health Practitioner Regulation Agency (AHPRA)?

Please select any circumstances that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-8]

Sexual misconduct in the context of practice by a doctor	1
Practising while intoxicated by alcohol or drugs	2
Placing a patient at risk of substantial harm because of an impairment (health issue)	3
Placing a patient at risk because of a significant departure from accepted professional standards	4
Behaving in a discriminatory manner	5
Breach of the Medical Board of Australia's advertising guidelines	6
Conflict of interest	7
Criminal offence	8
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99

**Q21.** Where would you get advice on how to make a mandatory or voluntary notification?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-12]

The Medical Board of Australia	1
The Australian Government Department of Health	2
Your employer	3
Your colleagues	4
Your professional indemnity insurance provider	5
Your state or territory's Department of Health	6
A specialist medical college	7
The Australian Commission on Safety and Quality in Health Care	8
The Australian Health Practitioner Regulation Agency (AHPRA)	9
The Australian Medical Association	10
The Health Ombudsman	11
Your State or Territory's Health Complaints Commission/Office	12
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q22.** Which of the following have you used to access information from the Medical Board of Australia and/or the Australian Health Practitioner Regulation Agency (AHPRA)?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-9]

Direct phone contact with AHPRA staff	1
Face-to-face contact with AHPRA staff	2
Email correspondence	3
Letters	4
Medical Board of Australia website	5
AHPRA website	6
AHPRA Twitter account	7
AHPRA Facebook page	8
Medical Board of Australia newsletters	9
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know/can't remember {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q23.** If you needed to access information from the Medical Board of Australia and/or Australian Health Practitioner Regulation Agency, which of the following channels would you like to use?

Please select any channels that apply. {MULTIPLE RESPONSE} [SAME ROW ORDER AS Q22]  
[EXCLUDE Q22 RESPONSE/S]

Direct phone contact with AHPRA staff	1
Face-to-face contact with AHPRA staff	2
Email correspondence	3
Letters	4
Medical Board of Australia website	5
AHPRA website	6
AHPRA Twitter account	7
AHPRA Facebook page	8
Medical Board of Australia newsletters	9
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know/can't remember {EXCLUSIVE}	99
<b>Source: New question</b>	

## SECTION G: DEMOGRAPHICS

**Q24.** What is your gender? {SINGLE RESPONSE}

Male	1
Female	2

**Q25.** What is your age? {INTEGER BETWEEN 18 AND 99}

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**Q26.** Do you identify as being of Aboriginal origin, Torres Strait Islander origin, or both?  
{SINGLE RESPONSE}

Yes, Aboriginal	1
Yes, Torres Strait Islander	2
Yes, both Aboriginal and Torres Strait Islander	3
No	0
I'd prefer not to say	98

**Q27.** What is your primary workplace? {SINGLE RESPONSE} [RANDOMISE ROWS 1-18 BUT KEEP 7 BELOW 4-6 AND 15 BELOW 13-14]

Solo private practice	1
Group private practice	2
Locum private practice	3
Aboriginal health service	4
Community mental health service	5
Community drug and alcohol service	6
Other community health care service	7
Hospital (excluding outpatient service)	8
Outpatient service	9
Residential mental health care service	10
Residential aged care facility	11
Commercial/business service	12
Tertiary educational facility	13
School	14
Other educational facility	15
Correctional service	16
Defence force	17
Other government department or agency	18
Other – please specify [SPECIFY]	97
<b>Source: MBA renewal workforce survey</b>	

**Q28.** Did you obtain your primary and/or specialist qualification/s outside Australia or New Zealand? {SINGLE RESPONSE} [RANDOMISE ROWS]

Yes – please specify the country where you received the majority of your training [SPECIFY]	1
No	2
<b>Source: NZ Doctors Survey</b>	

**Q29.** In which State or Territory do you mostly practise? {SINGLE RESPONSE}

Australian Capital Territory	1
New South Wales	2
Northern Territory	3
Queensland	4
South Australia	5
Tasmania	6
Victoria	7
Western Australia	8

**Q30.** And is the area where you mostly practise? {SINGLE RESPONSE}

Urban	1
Rural	2

**Q31.** What are your practice arrangements (including clinical and non-clinical activities)? {SINGLE RESPONSE} [RANDOMISE ROWS 1-4]

I practise medicine full time	1
I practise medicine part time	2
I am on a break from practising medicine	3
I am retired from practising medicine	4
Other – please specify [SPECIFY]	97
<b>Source: Irish Medical Council</b>	

**Q32.** In a typical week, how much time do you spend in direct patient care services? (Include all the time you spend directly related to patient care, patient record keeping, patient related office work, and travel time connected with seeing patients. Please exclude on call when not actually working). {INTEGER, HOURS}

___ hours	
<b>Source: Irish Medical Council</b>	

**Q33.** What year did you graduate with your primary medical qualification? {INTEGER, RANGE 1900-2016}

<b>Source: Irish Medical Council</b>	

## 6.3 General public survey

### AHPRA Ongoing fitness and competence to practise

#### General public quotas

Category	Demographic	% of Australian population	Sample size
Gender	Female	51.14%	n=500
	Male	48.86%	n=500
Age	18-29	21.39%	n=214
	30-39	18.00%	n=180
	40-49	18.45%	n=185
	50-59	16.62%	n=166
	60+	25.54%	n=255
Location	Greater Sydney	20.49%	n=222
	Rest of NSW	11.70%	n=80
	Greater Melbourne	18.84%	n=197
	Rest of Victoria	6.28%	n=40
	Brisbane	9.49%	n=85
	Rest of Queensland	10.36%	n=89
	Hobart	0.99%	n=12
	Rest of Tasmania	1.32%	n=18
	Adelaide	5.82%	n=44
	Rest of SA	1.73%	n=21
	Perth	8.03%	n=121
	Rest of WA	2.32%	n=11
	NT	0.93%	n=13
ACT	1.68%	n=30	
<b>TOTAL</b>			<b>n=1,000 (note that location quotas add to n=983 but are flexible within +10% to achieve required sample size)</b>

Note that quotas are flexible within  $\pm 10\%$ .

Thank you for taking part in this survey. It should take around 15 minutes to complete.

We would like to remind you that there are no right or wrong answers - it's your own thoughts and opinions that matter. Any comments you make will not be linked to you personally, but will be reported as a group.

Please take your time in completing this questionnaire thoroughly. For most questions, you will only need to check a box. Other questions will require you to type in a response or a value.

How to answer this survey:

- please read each question and follow the instructions to record your reply
- please DO NOT use the 'Back' and 'Forward' buttons in the browser, and
- please use the 'next' button at the bottom of each screen to submit your answer and move to the next question. You cannot go back to previous questions once you have clicked 'next'.

If you would like to pause the survey to return to it later, simply close the window and click on your original link to return.

## SECTION A: SCREENER QUESTIONS [DO NOT SHOW HEADINGS]

S1. Are you...?

{SINGLE RESPONSE}

[RECRUIT TO QUOTA, RANDOMISE ROWS]

Female	1
Male	2

S2. In what year were you born?

{NUMERICAL}

[RECRUIT TO QUOTA]

I'd prefer not to say {EXCLUSIVE}	98	TERMINATE
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S3. And what is the postcode where you live?

{NUMERICAL}

[RECRUIT TO QUOTA]

Don't know {EXCLUSIVE}	99	TERMINATE
------------------------	----	-----------

S4. Are you currently a carer for any of the following?

By 'carer', we mean an individual providing unpaid support (including attending medical appointments) for others including children and those with ongoing needs due to a long-term medical condition, a mental illness, a disability or frailty<sup>5</sup>.

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE ROWS 1-6]

Your parent/parents	1
Your older relative (e.g. aunt, uncle)	2
Your spouse or partner	3
Your child/children	4
Your grandchild/grandchildren	5
Your friend/friends	6
Someone else – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99

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<sup>5</sup> Parliament of Australia, House of Representatives Standing Committee on Family, Community, Housing and Youth, 2009, 'Who Cares ...? Report on the inquiry into better support for carers'

## SECTION B: Trust and confidence

**Q1.** Below is a list of different occupations. Which of these groups of people do you generally trust, and which do you not trust? {SINGLE RESPONSE PER ROW} [REVERSE COLUMNS 1-0 FOR HALF OF PARTICIPANTS]

		Trust	Do not trust	Don't know
A	Doctors	1	0	99
B	Teachers	1	0	99
C	University lecturers	1	0	99
D	Judges	1	0	99
E	Clergymen/Priests	1	0	99
F	Scientists	1	0	99
G	Television news readers	1	0	99
H	Police	1	0	99
I	Public servants	1	0	99
J	Trade Union officials	1	0	99
K	Business leaders	1	0	99
L	Journalists	1	0	99
M	Politicians	1	0	99
N	Lawyers	1	0	99
O	Nurses	1	0	99
P	Pharmacists	1	0	99

**Source: New question (adapted from Irish Medical Council question)**

**Q2.** Within the last year or so, have you...

Please select any that apply [SHOW IF S4=1-6 “and specify whether this was for yourself or with someone you care for”]. {MULTIPLE RESPONSE PER ROW} [RANDOMISE ROWS BUT KEEP E BELOW A (NOT NECESSARILY DIRECTLY BELOW)]

		A	[SHOW IF S4=1-6] B
	[ONLY SHOW COLUMN TITLES IF S4=1-6]	Yes, for myself	Yes, with someone I care for
A	Been to a general practitioner	1	1
B	Attended a public hospital as an outpatient	2	2
C	Been to an emergency department	3	3
D	Been an inpatient at a hospital	4	4
E	Seen a medical specialist	5	5
F	Used Healthdirect Australia or NURSE-ON-CALL	6	6

**Source: New question (adapted from IPSOS MORI, general public 2005 question)**

[ASK IF Q2A-F=1]

**Q3.** Thinking about the last time you went to a doctor, overall how satisfied or dissatisfied were you? {SINGLE RESPONSE} [REVERSE 1-5 FOR HALF OF PARTICIPANTS]

Very satisfied	1
Fairly satisfied	2
Neither satisfied nor dissatisfied	3
Fairly dissatisfied	4
Very dissatisfied	5
Not applicable/haven't been	6
Don't know/can't remember	99

**Source: IPSOS MORI, general public 2005**

**Q4.** Thinking about doctors in general, how confident are you that they ... {**SINGLE RESPONSE PER ROW**}  
 [RANDOMISE ROWS, BUT F TO ALWAYS APPEAR BELOW E (NOT NECESSARILY DIRECTLY BELOW), REVERSE 1-4 FOR HALF OF PARTICIPANTS]

		Very confident	Fairly confident	Not very confident	Not at all confident	Don't know/not applicable
A	... demonstrate good medical skills and knowledge	1	2	3	4	99
B	... keep up to date with medical developments	1	2	3	4	99
C	... monitor the outcomes of their treatments	1	2	3	4	99
D	... would pass a written test of medical knowledge from time to time	1	2	3	4	99
E	... receive feedback about their practice from other doctors	1	2	3	4	99
F	... receive feedback about their practice from other health practitioners (e.g. nurses, pharmacists)	1	2	3	4	99
G	... receive feedback about their practice from their patients	1	2	3	4	99
H	... are highly experienced	1	2	3	4	99

**Source: New question (adapted from Irish Medical Council)**

**Q5.** How important do you think it is to have confidence and trust in your doctor?

Please give your answer on a scale from 0 to 10 where 0 means it is not at all important and 10 means it is very important. {**SINGLE RESPONSE**}

Not at all important											Very important
0	1	2	3	4	5	6	7	8	9	10	

**Source: New question**

**Q6.** In order for you to have confidence and trust in your doctor, which 3 of these do you think are most important? {**MULTIPLE RESPONSE – MUST SELECT 3 RESPONSES OR CODE 98**} [RANDOMISE ROWS 1-8]

The doctor demonstrates good medical skills and knowledge	1
The doctor keeps up to date with medical developments	2
The doctor monitors the outcomes of their treatments	3
The doctor passes a written test of medical knowledge from time to time	4
The doctor receives good feedback about their abilities from other doctors	5
The doctor receives good feedback about their abilities from other health practitioners (e.g. nurses, pharmacists)	6
The doctor receives good feedback about their abilities from their patients	7
The doctor is highly experienced	8
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98

**Source: New question (based on answer categories from Irish Medical Council question)**

**Q7.** If you were asked to give feedback on your doctor, what, if anything, would you want to comment on?

Please select any that apply. {MULTIPLE RESPONSE EXCEPT 98 OR 99} [RANDOMISE 1-6]

Their communication skills/How well they explain things	1
How up to date they are with new developments in medicine	2
Their medical knowledge and ability	3
How much they involve patients in treatment decisions	4
The amount of dignity and respect with which they treat patients	5
Outcomes of their treatments	6
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q8.** Looking at the list below, which 5 of these do you think are most important for building confidence and trust between a patient and their doctor? {MULTIPLE RESPONSE – MUST SELECT 5 RESPONSES OR CODE 98} [RANDOMISE ROWS 1-10]

The doctor communicates effectively with the patient, including listening to them and taking them seriously	1
The doctor explains diagnosis and treatment in a way that the patient can understand sufficiently to make treatment decisions about their health	2
The doctor explains the side effects of any prescribed medication	3
The doctor gives the patient as much time and attention as they need	4
The doctor keeps their knowledge and skills up to date	5
The doctor would tell the patient if there had been a mistake/oversight during the course of their care	6
The doctor would seek help if they had any problems affecting their ability to treat patients	7
The doctor would report any serious concerns about another doctor to appropriate authorities	8
The doctor safeguards the confidentiality of the patient's personal information	9
The doctor would not allow the choice of medication they prescribe to be influenced by pharmaceutical advertising/representatives	10
None of these {EXCLUSIVE}	98
<b>Source: New question (based on answer categories from Irish Medical Council question)</b>	

## SECTION C: Overall view of competence

Q9. To what extent do you agree or disagree with the following statements about doctors in general? {SINGLE RESPONSE PER ROW} [RANDOMISE ROWS, REVERSE COLUMNS 1-5 FOR HALF OF PARTICIPANTS]							
		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/No opinion
A	Doctors should regularly review the way they practise to ensure they provide high quality care	1	2	3	4	5	99
B	It is important that all doctors are reviewed from time to time to ensure they are providing high quality care	1	2	3	4	5	99
<b>Source: Irish Medical Council</b>							
C	Reviewing the way all doctors practise would be a waste of time and money	1	2	3	4	5	99
<b>Source: IPSOS MORI, general public 2005</b>							

**Q10.** How much do you know about the way doctors are reviewed to ensure that they are providing high quality care? Would you say a great deal, a fair amount, not very much or nothing at all? {SINGLE RESPONSE} [REVERSE 1-4 FOR HALF OF PARTICIPANTS]

A great deal	1
A fair amount	2
Not very much	3
Nothing at all	4
<b>Source: IPSOS MORI, general public 2005</b>	

**Q11.** How often do you think doctors currently have their skills and knowledge reviewed? {SINGLE RESPONSE} [REVERSE 1-8 FOR HALF OF PARTICIPANTS]

Every year	1
Every two years	2
Every five years	3
Every ten years	4
Randomly	5
Only if there are concerns about the way they practise	6
Not at all once they qualify	7
Never	8
Other – please specify [SPECIFY]	97
Don't know	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q12.** How often do you think doctors should have their skills and knowledge reviewed? {**SINGLE RESPONSE**} [SAME ROW ORDER AS Q11]

Every year	1
Every two years	2
Every five years	3
Every ten years	4
Randomly	5
Only if there are concerns about the way they practise	6
Not at all once they qualify	7
Never	8
Other – please specify [SPECIFY]	97
Don't know	99
<b>Source: IPSOS MORI, general public 2005</b>	

**Q13.** What do you think doctors should be required to do to demonstrate that their knowledge and skills are up to date?

{OPEN-ENDED}	
Don't know	99
<b>Source: New question</b>	

**Q14.** If doctors have their skills and knowledge reviewed, which of the following would be the best way to ensure that doctors are providing high quality care? {**SINGLE RESPONSE**} [RANDOMISE ROWS 1-8, BUT 6 TO ALWAYS APPEAR BELOW 5 (NOT NECESSARILY DIRECTLY BELOW) AND 7 AND 8 NOT TO BE TOGETHER]

**Q15.** And which of the following would be the next best way to review that doctors are providing high quality care? {**SINGLE RESPONSE**} [EXCLUDE Q14 RESPONSE] [SAME ROW ORDER AS Q14]

	Q14	Q15
Reviewing what the doctor has done to keep up to date with medical developments	1	1
Monitoring the outcomes of their patients' treatments	2	2
Undertake audits of the medical care they have provided	3	3
Requiring doctors to pass a written test of medical knowledge from time to time	4	4
Reviewing feedback from other doctors	5	5
Reviewing feedback from other health practitioners (e.g. nurses, pharmacists)	6	6
Reviewing feedback from their patients	7	7
Reviewing complaints made about the doctor	8	8
Other – please specify [SPECIFY]	97	97
None of these	98	98
Don't know	99	99
<b>Source: Irish Medical Council</b>		

**Q16.** If all doctors were to be reviewed from time to time to ensure they are practising to a high standard, on balance, who do you think they should be reviewed by?

Please select any that apply. {MULTIPLE RESPONSE} [RANDOMISE 1-6 BUT KEEP 1-3 TOGETHER AND 3 ALWAYS BELOW 1 AND 2]

Other doctors in their specialty	1
Other doctors with a similar level of experience to them	2
Other doctors in general	3
Other health practitioners (e.g. nurses, pharmacists)	4
Patients	6
I do not expect doctors to be reviewed	7
None of these	98
Don't know	99
<b>Source: IPSOS MORI, general public 2005</b>	

## SECTION D: Awareness of Medical Board

**Q17.** If you wanted to make a complaint about a medical practitioner, which, if any, of these organisations would you contact?

Please select any that apply.  
{MULTIPLE RESPONSE} [RANDOMISE 1-9]

The Medical Board of Australia	1
The Australian Government Department of Health	2
Your State or Territory's Department of Health	3
A specialist medical college	4
The Australian Commission on Safety and Quality in Health Care	5
The Australian Health Practitioner Regulation Agency (AHPRA)	6
The Australian Medical Association	7
The Health Ombudsman	8
Your State or Territory's Health Complaints Commission/Office	9
Other – please specify [SPECIFY]	97
None of these {EXCLUSIVE}	98
Don't know {EXCLUSIVE}	99
<b>Source: New question</b>	

**Q18.** Before today, how much did you know about the Medical Board of Australia? {SINGLE RESPONSE}  
[SAME ROW ORDER AS Q10]

A great deal	1
A fair amount	2
Not very much	3
Nothing at all	4
<b>Source: New question</b>	

**Q19.** [IF HEARD OF THE MEDICAL BOARD OF AUSTRALIA (Q18=1-3)] Which, if any, of the following things do you think the Medical Board of Australia is responsible for? {MULTIPLE RESPONSE}  
[RANDOMISE ROWS 1-8]

**Q20.** [IF HEARD OF THE MEDICAL BOARD OF AUSTRALIA (Q18=1-3)] And which, if any, of the following things do you think the Medical Board of Australia should be responsible for? {MULTIPLE RESPONSE}  
[SAME ROW ORDER AS Q19]

	Q19	Q20
Registering doctors	1	1
Developing standards, codes and guidelines for the medical profession	2	2
Investigating complaints about doctors	3	3
Assessing international medical graduates who want to work in Australia	4	4
Approving accredited medical programs of study	5	5
Advocating on behalf of doctors	6	6
De-registering doctors who are not fit to practise	7	7
Making sure doctors are fit to practise	8	8
Other – please specify [SPECIFY]	97	97
None of these {EXCLUSIVE}	98	98
Don't know {EXCLUSIVE}	99	99
<b>Source: New question</b>		

## SECTION E: DEMOGRAPHICS

**Q21.** What is your approximate annual household income before tax? That is, the combined income of all members of your household. {SINGLE RESPONSE} [REVERSE 1-6 FOR HALF OF PARTICIPANTS]

Less than \$25,000	1
Between \$25,000 and \$49,999	2
Between \$50,000 and \$74,999	3
Between \$75,000 and \$99,999	4
Between \$100,000 and \$149,999	5
\$150,000 or more	6
I'd prefer not to say	98

**Q22.** What is the highest level of education that you have completed? {SINGLE RESPONSE} [REVERSE 1-8 FOR HALF OF PARTICIPANTS]

Postgraduate Degree (Masters, PhD)	1
Graduate Diploma or Graduate Certificate	2
Bachelor Degree (Undergraduate, Honours)	3
Advanced Diploma or Diploma	4
Certificate (TAFE)	5
Year 12	6
Year 11	7
Year 10 or under	8
I'd prefer not to say	98

**Q23.** Do you speak a language other than English at home? {SINGLE RESPONSE}

Yes – please specify [SPECIFY]	1
No, but my parents speak a language other than English in their home – please specify [SPECIFY]	2
No	0
I'd prefer not to say	98

**Q24.** Do you identify as being of Aboriginal origin, Torres Strait Islander origin, or both? {SINGLE RESPONSE}

Yes, Aboriginal	1
Yes, Torres Strait Islander	2
Yes, both Aboriginal and Torres Strait Islander	3
No	0
I'd prefer not to say	98

Do you have any other comments about the survey?

[NEW SCREEN] Thank you for taking part in this survey. Ipsos is conducting this research on behalf of the Medical Board of Australia.

Would you like to earn more rewards? Use the MyView REFER-A-FRIEND tool to invite someone to join our panel, and earn 500 points (\$5) per referral (conditions apply).