

Guidance on design of accreditation surveys

To support the implementation of the *Model Standards for specialist medical college accreditation of training settings v1.0*

Final v1.0

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Purpose of this guidance document

This document has been developed to provide guidance to specialist medical colleges on updating their trainee, supervisor and other accreditation surveys as part of the implementation of the new *Model Standards for specialist medical college accreditation of training settings* (v1.0).

Colleges currently administer surveys at various points, including at the end of a placement/rotation, annually, or prior to an accreditation visit. Surveys may be specific to trainees and/or supervisors and include questions relating purely to training or wider college matters. They are one of several evidence collection methods used by colleges for accreditation assessments. Each college asks different survey questions and the ways they use, analyse and share the survey results varies by college.

This guidance document is focused on how surveys can be better designed, rather than providing a set of standard survey questions or a template survey for use by all colleges. Over time, colleges may choose to develop a more centralised, standardised survey, along with a set of structured interview questions to be used during accreditation visits/interviews, which would assist in making comparisons across settings and colleges and overall data quality.

Guidance on survey design

A high-quality survey requires methodological rigour, clarity in question design, and strategies to engage respondents. Best practice in survey design ensures the collection of valid, reliable, and actionable data.

The following principles have been developed based on the findings of a review of existing college accreditation surveys, as well as a review of various literature on best practice survey design. Colleges may wish to apply these principles when revising their surveys in preparation for implementing the model standards and procedures.

1. Clearly define objectives

Before designing questions, clearly define the purpose of the survey and the specific information needed, for example, is the survey being used solely for an accreditation assessment or will the results feed into college monitoring and evaluation processes more broadly.

2. Minimise duplication

Minimise duplication across surveys to reduce respondent burden and survey fatigue. One option is to consider whether any questions may be removed from existing surveys because they are covered by the [Medical Training Survey](#) (MTS). Another option is to remove annual trainee surveys altogether and use the MTS results. Several colleges have already done this, noting that the MTS only covers Australia and is difficult to use in smaller settings as it will not provide any data where the sample size (n) is less than ten. It may also not include all the questions that the college wants to ask their trainees/supervisors.

Aotearoa New Zealand is introducing the [Torohia annual online survey](#) for doctors in training in 2025.

The Medical Training Survey is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to obtain national, comparative, profession-wide data to strengthen medical training in Australia. It has been running since 2019, replacing state-based medical training surveys.

The Medical Training Survey:

- is quick to complete and accessible online by phone, tablet or laptop
- is open during the medical renewal period from August to September
- is backed by doctors in training, employers, educators, the AMA and regulators and run independently
- is confidential, only aggregated data will be reported
- has been designed as a quality improvement tool to help strengthen medical training.

All doctors in training in Australia can do the survey.

Colleges receive their own aggregated report, comparing their college to the national response. The survey website also enables anyone to 'create your own report' with export capabilities (e.g. to Excel), though noting this provides raw data that still needs to be analysed and turned into useful graphs/other analytics for the relevant audience.

<https://medicaltrainingsurvey.gov.au/About/What-is-the-Medical-Training-Survey>

3. Keep the question set small and targeted

Ensure the survey can be completed in a short amount of time; a survey that takes a long time to complete (more than 10-15 minutes) is likely to have a very low response rate and can impact data quality as recipients tire of answering later questions. Consider which standards and criteria are most amenable to

assessment through a survey question, and which ones would be better assessed using data from a different source. There does not need to be one survey question per criterion in the model standards. However, triangulating evidence is important, and therefore colleges will want to gather evidence for some standards/criteria through more than one source of data.

In an accreditation context, the following criteria from the model standards would benefit from being explored in a trainee survey because they:

- relate specifically to the trainee's 'on the ground' experience
- will benefit from having multiple trainee viewpoints for their measurement, and
- may either have limited other evidence sources, or are a useful triangulation tool when exploring findings from other evidence sources.

Note: the MTS has questions relating to many of these criteria.

1.1.1 Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.

1.1.2 Risks to trainees regarding bullying, harassment, discrimination, racism and other unlawful or unacceptable workplace behaviours are identified, investigated, managed and recorded.

1.1.3 There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds.

1.1.4 Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed and recorded.

1.1.5 Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.

1.1.6 Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions.

1.1.7 Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions.

1.1.10 Trainees have access to resources that support their health and welfare.

2.1.2 Trainees and the training provider engage constructively about how training is delivered at the training setting and trainees can provide input and feedback into how their local training is delivered.

2.1.4 Trainees are provided with effective orientation for each training setting/rotation.

2.2.1 There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety.

2.2.2 Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.

2.3.3 Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care.

3.1.2 Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.

3.2.2 Training, learning and professional development opportunities are transparent and equitable for all trainees.

4. Use simple and neutral language

Word questions clearly, avoiding jargon, ambiguity, or leading language (e.g., ‘How would you rate the quality of supervision?’ rather than ‘Was the supervision excellent?’). Avoid questions that ask about two different things at once e.g. do not ask a question about the quality of both educational and clinical supervision.

5. Choose the right question types

Use a mix of closed-ended and open-ended questions to improve data richness. Closed-ended questions (e.g., multiple choice, Likert scales¹) facilitate quantitative analysis, while open-ended responses allow for deeper insights. However, too many open-ended questions can make it more difficult and time-consuming to complete and analyse.

6. Optimise question order and flow

Ensure the sequence of questions follows a logical flow. Careful ordering can reduce item non-response and improve data quality. It can help to begin with easy, general questions to build engagement, move to more specific/critical items, and end with demographics or sensitive items.

7. Pilot and pretest the survey

Pretest the survey with a small, representative sample is helpful in identifying confusing items (including finding out if questions have been interpreted differently by different respondents), technological issues (in online surveys), or unintended interpretations of questions.

8. Ensure accessibility and inclusivity

Design surveys to be accessible to all users, including those with disabilities and people from culturally and linguistically diverse backgrounds. Questions on cultural safety should be co-designed with Aboriginal and/or Torres Strait Islander and Māori trainees and fellows. Surveys should use plain English and consider translation options if appropriate.

9. Maximise response rates ethically

Increase participation by providing clear instructions, emphasising confidentiality, and sending timely reminders. Be clear to participants what the survey results will be used for.

Feedback from trainees and supervisors to date has highlighted that many of them do not know about college surveys or their role in informing accreditation assessments. College trainee committees can play an important role in communicating the survey, as can survey champions. Some colleges have also moved towards making surveys mandatory for trainees to complete as part of their training program requirements. Some colleges are using longitudinal collated data so trainees cannot be identified and are therefore more likely to complete the survey and provide honest feedback.

Consider the timing of the survey so it does not clash with other surveys, such as the MTS (August and September each year).

¹ Likert scales are a structured way for researchers to gather diverse opinions and attitudes. They allow respondents to express agreement, disagreement, or neutrality concerning statements or questions. They are always part of a closed-ended question (a question that presents respondents with pre-populated answer choices). 4- to 7-point scales are the most popular. A 5-point scale is useful when wanting to include a midpoint or neutral option e.g. very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, very satisfied. The 4-point Likert scale usually does not provide the middle or neutral points of the scale. This is typically used to make sure that respondents provide an attitude e.g. very dissatisfied, dissatisfied, satisfied, very satisfied. Frequency is a common measurement for Likert scales e.g. always, often, sometimes, rarely, never.

Providing trainees and supervisors with a summary of the survey findings also helps with transparency and encouraging higher response rates in future years.

10. Maintain data privacy and ethical standards

Ensure that data collection complies with relevant privacy legislation and ethical standards. Informed consent, secure data storage, and transparency about data use are fundamental. Determine your de-identification practices, such as not reporting results where the response rate is less than 5 or 10.

11. Ensure accreditors can access survey findings

Survey data is a key source of evidence for accreditation teams. It is therefore helpful to demonstrate how questions align to the model standards (potentially by mapping the survey questions to criteria in the standards, noting that some questions may inform multiple criteria). Where possible, accreditation teams should be provided with reports that analyse the survey data or given direct access to the data, ideally showing comparisons across training settings and longitudinal trends. Reporting dashboards can help automate this process.



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