



# **EMERGENCY MEDICINE TRAINING IN NSW SURVEY**

**REPORT DECEMBER 2015**

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## 1. EXECUTIVE SUMMARY

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The Health Education and Training Institute (HETI) Medical Portfolio conducted a survey of the NSW Emergency Medicine Training during 2015. This report provides information obtained from this survey regarding the Emergency Medicine Training in NSW. Survey reports from previous years are available on the HETI website – [Emergency Medicine Training in NSW - Surveys](#).

Information from this survey report, together with the Quarterly Performance Reports from the Networks continues to inform the Emergency Medicine State Training Council (EMSTC) regarding the effectiveness of Emergency Medicine educational training across the State.

The survey was sent to:

- All Australasian College of Emergency Medicine (ACEM) registered NSW Emergency Medicine trainees (approximately 641)
- Directors of Emergency Medicine Training (DEMTs)

### **Trainees**

Responses were received from trainees at 28 of the 39 hospitals accredited for Emergency Medicine Training across NSW. 30% of ACEM trainees responded, the same as in 2014.

The Survey sought updated information from trainees about their;

- level of satisfaction with current Emergency Medicine training and education
- clinical teaching and supervision within the Emergency Department
- level of interest in rural and regional training
- their expectation of completing the training program

Responses indicated that 91% of trainees felt their training met or exceeded their expectations, an increase since 2014. Trainees who expect to complete their training in Emergency Medicine and remain working in an Emergency Department increased to 95% in 2015, which is similar to 2014.

Trainee responses relating to rural rotations indicated that 60.5% of trainees have worked or are open to working in a rural location, which represents a steady state. In 2015, there was a slight increase to 45%, of trainees who had worked in a rural term.

### **Directors of Emergency Medicine Training (DEMTs)**

Directors of Emergency Medicine Training responded from 37 of the accredited hospitals for Emergency Medicine Training across NSW. The Survey sought information from DEMTs regarding protected teaching time, availability of positions in the recruitment round for 2016, workforce stability and support for networks. Their responses highlighted variable departmental support for teaching, supervision, recruitment and rotation issues. DEMTs generally commented on a stronger level of support for the networks. There was an increase in protected teaching hours in the three – five hours per week timeframe from 76% in 2014 to 81% in 2015.

### **1.1 ACKNOWLEDGEMENTS**

HETI and the Clinical Chair of the State Emergency Medicine Training Council, Dr Jon Hayman, thank all the Emergency Medicine Trainees and Directors of Emergency Medicine Training who participated in the Survey. HETI is most grateful to ACEM for facilitating the distribution of the Survey.

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## 3. BACKGROUND AND GUIDING PRINCIPLES

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### 3.1 AIMS OF THE SURVEY

The aim of the survey is to seek information from trainees and Directors of Emergency Medicine Training (DEMTs) about the Emergency Medicine Training Program in NSW hospitals. The survey was commenced in 2009 and is conducted annually. In particular, the survey is intended to:

- seek information about levels of trainee satisfaction with Emergency Medicine education and teaching and the availability of protected teaching time
- continue to monitor the level of interest of Emergency Medicine trainees in rural and regional rotations
- seek information from DEMTs about current teaching resources
- prompt comment from DEMTs about the network training program
- elicit comment from DEMTs about the 2016 Emergency Medicine recruitment round.

### 3.2 METHODOLOGY

The methodology for the survey was developed by the Emergency Medicine Training Program Clinical Chair, Dr Jon Hayman and is administrated by Emergency Medicine Training Program staff at HETI. The surveys are different for each group of participants and consist of a mix of questions and opportunities for comment. Participants are able to access and submit the survey online.

The Clinical Chair requests Emergency Medicine trainees and DEMTs to complete the Survey via the Network Directors of Training (NDOTs), Education Support Officers (ESOs) and the Australian College of Emergency Medicine (ACEM).

The Surveys were conducted in November 2015 and were completed by:

Trainees at 28 of the 39 hospitals accredited for Emergency Medicine training across NSW and DEMTs from 37 of the 39 ACEM accredited hospitals.

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## 4. RESPONDENTS

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### TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 641 Emergency Medicine Trainees registered with the College in NSW as at 31 October 2015.

A total of 193 Trainees responded to the Survey, an overall response rate of 30%.

### DIRECTORS OF EMERGENCY MEDICINE TRAINING

The Survey was sent to the DEMENTs at the 39 ACEM accredited training hospitals in NSW. The overall response rate by hospital was 95%.

**TABLE 1: RESPONDENTS**

Total ACEM Trainees in NSW	Number of trainee responses	% Of responses from individual trainees
<b>641</b>	<b>193</b>	<b>30%</b>
Total number of accredited hospitals	Number of DEMENT responses from accredited hospitals	% Of responses from accredited hospitals
<b>39</b>	<b>37</b>	<b>95%</b>

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## 5. MAIN FINDINGS - TRAINEES

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### THE TABLES IN THE SURVEY RELATE TO:

- The provision of protected teaching time available in EDs for formal Emergency Medicine teaching (*Table 5.1*)
- Information on the Trainees' level of satisfaction, or otherwise, with the current training program in NSW (*Table 5.2*) and the form of training being undertaken (*Table 5.2.1*)
- Views of Trainees in relation to working in rural terms (*Table 5.3*)
- Likelihood of Trainees completing their training and working as Emergency Physicians in an ED (*Table 5.4*)
- Directors of Emergency Training comments and DEMENT tables (*Table 5.5*)

Where comments by trainees or DEMENTs have been quoted, they are followed in brackets by an indication of the ACEM role delineation of the hospital at which the doctor making the comment is based i.e. Major referral (MR) Regional/rural base (RR), Urban district (UD).

### 5.1 PROTECTED TEACHING TIME IN ACEM ACCREDITED EDS

DEMENTs and Trainees were asked to quantify the number of hours of protected teaching time available per week and **Table 5.1** shows the responses of DEMENTs and Trainees, by hospital. The hospitals are grouped according to their ACEM role delineation.

Refer to Table 5.1 on next page.

**TABLE 5.1: PROTECTED TEACHING TIME IN ACEM ACCREDITED EDS**

		DEMT Response	Trainees Response	Provisional Trainees in ED	Advanced Trainees in ED
ACEM Role Delineation*	Hospital	Protected Teaching Time p/w (average)	Protected Teaching Time p/w (average)	Headcount (FTE) at network hospitals at 30 June 2015	Headcount (FTE) at network hospitals at 30 June 2015
MR	John Hunter	4-5	1-8	5 (3)	17 (8)
MR	Liverpool			10 (10)	17 (15.5)
MR	Nepean			4 (4)	12 (10.5)
MR	Prince of Wales			1 (1)	14 (11.5)
MR	Royal North Shore			15 (14.25)	24 (22)
MR	Royal Prince Alfred			11 (11)	22 (19)
MR	St George			9 (8.5)	17 (13.25)
MR	St Vincent's			7 (7)	4 (4)
MR	Westmead			6 (5.5)	22 (16)
<b>TOTAL</b>		<b>Average = 4</b>	<b>Average = 3.8</b>	<b>68 (64.25)</b>	<b>149 (119.75)</b>
RR	Coffs Harbour	3-4	2-6	1 (1)	9 (8.5)
RR	Dubbo			5 (3)	2 (2)
RR	Gosford			13 (13)	12 (11.25)
RR	Lismore			3 (3)	6 (4.5)
RR	Orange			1 (1)	1 (1)
RR	Port Macquarie			2 (2)	5 (5)
RR	Tamworth			1 (1)	8 (7)
RR	Tweed			3 (3)	9 (7.5)
RR	Wagga Wagga			2 (1.5)	1 (1)
RR	Wollongong			6 (6)	5 (5)
<b>TOTAL</b>		<b>Average = 3.6</b>	<b>Average = 3.9</b>	<b>37 (34.5)</b>	<b>58 (52.75)</b>
UD	Auburn	1-4	1-4	0 (0)	3 (2.5)
UD	Bankstown-Lidcombe			6 (3.5)	4 (3.5)
UD	Blacktown			11 (10)	16 (15)
UD	Calvary Mater			8 (7)	5 (2)
UD	Campbelltown			1 (1)	3 (3)
UD	Canterbury			6 (6)	3 (1.8)
UD	Concord			7 (5.3)	6 (5)
UD	Hornsby Ku-ring-gai			3 (3)	1 (0.5)
UD	Maitland			2 (2)	7 (3)
UD	Manly			4 (4)	2 (2)
UD	Mona Vale			1 (1)	1 (1)
UD	Mount Druitt			5 (3.5)	3 (1.5)
UD	Ryde			0 (0)	7 (6)
UD	Sutherland			3 (3)	3 (2.5)
UD	Sydney Adventist			0 (0)	7 (2)
UD	Wyong			0 (0)	2 (7)
<b>TOTAL</b>		<b>Average = 2.8</b>	<b>Average = 2.7</b>	<b>50(42.3)</b>	<b>68 (52.3)</b>
<b>GRAND TOTAL</b>				<b>155 (141.05)</b>	<b>275 (224.8)</b>

MR = Major Referral, RR = Major Regional/Rural base, UD = Urban District

\*\*Sydney Children's Hospital Network majority of trainees rotated from other sites. The Children's Hospital at Westmead reported 4 hours protected teaching time.

**TABLE 5.2 TRAINEE LEVEL OF SATISFACTION WITH CURRENT EM TRAINING**

Type of Trainee	Number of Responses	Percentage (%) of Respondents
Provisional trainee	62	33%
Advanced trainee	126	67%

Trainees were asked to respond on a five-point scale their satisfaction with their current Emergency Medicine education and training. The respondent's results are shown below.

Responses	Provisional Trainees	%	Advanced Trainees	%	Total
Highly Satisfied	12	19%	28	23%	22%
Satisfied	30	48%	58	47%	48%
Neutral	14	23%	25	20%	21%
Dissatisfied	4	6%	10	8%	7%
Very Dissatisfied	2	3%	2	2%	2%

- 91% of trainees surveyed indicated that the training met or exceeded their expectations, an increase of 4.3% since 2014.
- Only 9% of trainees were either dissatisfied or highly dissatisfied, a reduction of 4.4% since 2014.

Trainees commented on their satisfaction with their current Emergency Medicine education and training:

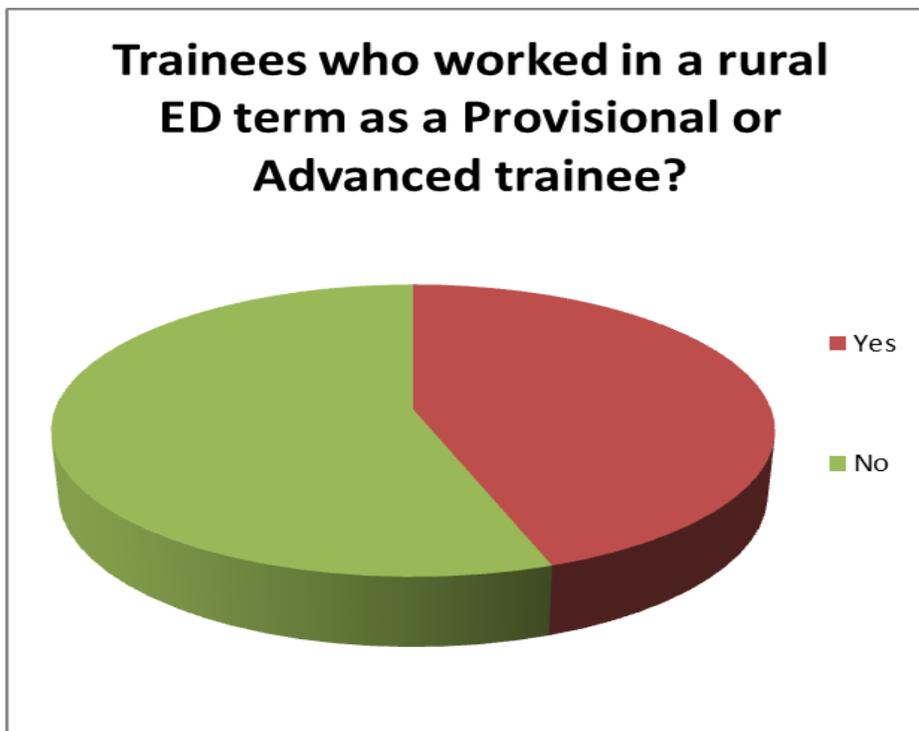
- Good support and opportunity to improve our skills (MR)
- Paid/protected teaching time is very much appreciated (MR)
- More Fellowship oriented teaching would be great (MR)
- Wish there was more Anaesthetic & HDU placements available for PTs (MR)

- Largely satisfied with on-the-ground teaching and support. Disappointed with the lack of structured teaching. However, I feel this is due to the fact that the Department has only one full-time FACEM who takes teaching duties, and he is responsible for several trainees at different stages of training with very different requirements (i.e. an AT preparing for vivas, a PT preparing for vivas, and some pre-exam PTs). It is difficult therefore for him to find time to take structured teaching with all of us every week. (RR).
- There's been a great and positive change in the training program this year; also new co-DEMT has been very nice and enthusiastic about suggestions and also changes. There's still a long way until getting the teaching well organised and purposeful but so far it's been great. (MR)
- The main "current" issue for me is OSCE preparation. Relevant teaching is patchy and well short of what is required. (MR)
- Education sessions are only protected if rostered on. Sessions are targeted at ATs. Primary sessions offered in the middle of the day at another hospital. Can't attend if rostered at all that day. (UD)
- Very hard to achieve or complete WBAs. Protected teaching time is not protected. Minimal to no on the floor teaching from consultants. We have a large commitment to supervise all the junior staff as a result, as well as being the 'workhorses' of the ED when it comes to seeing patients resulting in an inappropriate workload without time for CME. (MR)
- The trainees need more of on floor teaching as well as access to procedural skills. It is not always achievable in a stressful busy Emergency department and hence easily ignored however it is very important and crucial for trainees to enhance their skills on a daily basis. (UD)
- We have a very good program at present. Of course there is room for improvement. At present I'm sitting a fellowship exam in Feb 2016, and am looking to see if we can have a section where more fellowship exam questions can be incorporated into teaching, and will be requesting this for the upcoming terms. (RR)
- I have only just moved to my new hospital (less than 2 months there) and I am preparing to sit the clinical exam. I think the whole department is doing a great job making sure I am able to attend all ad hoc practice sessions and appropriately prioritising OSCE practice over other sessions run for the whole registrar cohort. (RR)
- Pleasantly surprised at how approachable and keen the FACEMs are to get involved to help complete WBAs, especially when on non-clinical shifts, but if not too busy, many are happy to take time out of clinical time to complete them. I have even had FACEMs approaching me and offering me the opportunity to do core procedures as part of DOPS. I feel very valued as a trainee at my hospital. (RR)

**FORM OF TRAINING**

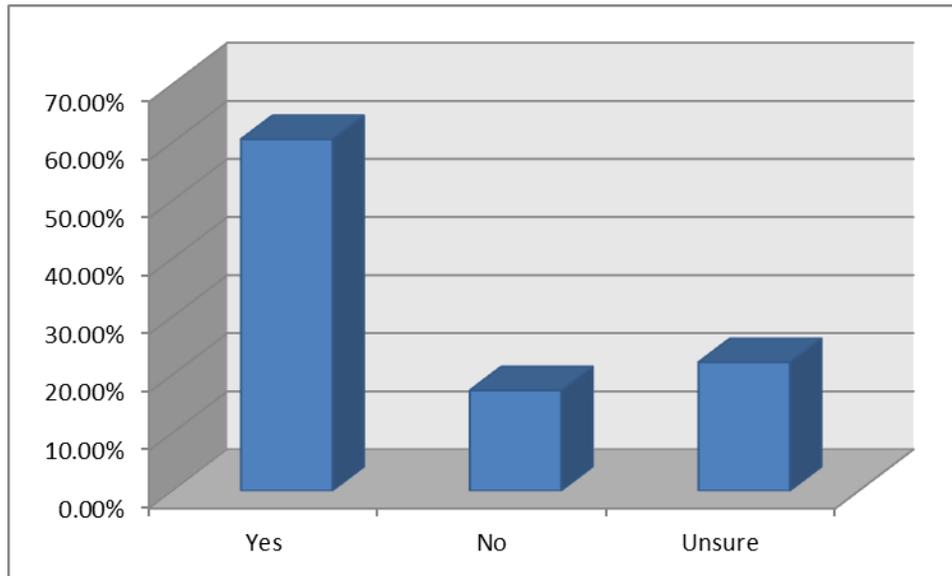
Form of Training	Number of Responses	Percentage (%) of Respondents
Emergency Medicine training only	180	97%
Joint Emergency/Paediatriac training	3	1.6%
Joint Emergency/ICU training	2	1.4%
<b>Total</b>	<b>185</b>	<b>100%</b>

**TABLE 5.3 TRAINEES AND RURAL TERMS**



44.57% of trainees reported that they had completed a rural ED term, an increase of 4.17% since 2014.

Would you be (or have you been in the past) interested in working in a Rural ACEM accredited ED term as a Provisional or Advanced Trainee?



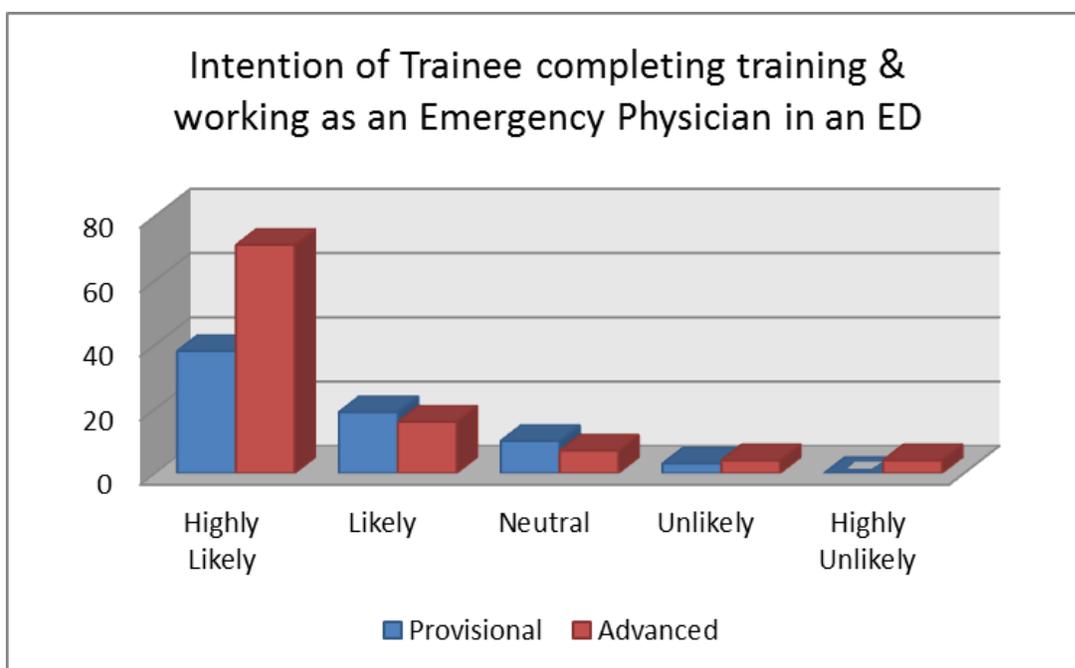
Willing to work in a rural ACEM accredited ED term	Unsure about working in a rural ACEM accredited ED term	Would not work in a rural ACEM accredited ED term
60.5%	22.2%	17.3%

Trainees Interested in Working Rural Terms:

- 60.5% of trainees indicated that they were interested in working in a rural term, compared with 64.7% in 2014.
- 22.2% were unsure which has increased by 2.55% since 2014.
- 17.3% of trainees responded that they would not work in a rural term. In 2014 it was 15.6%

**TABLE 5.4 INTENTION OF TRAINEE COMPLETING TRAINING AND WORKING AS EMERGENCY PHYSICIAN IN AN EMERGENCY DEPARTMENT**

	Provisional	Advanced	%
Highly Likely	25	88	61%
Likely	23	26	27%
Neutral	6	7	7%
Unlikely	6	1	4%
Highly Unlikely	1	1	1%



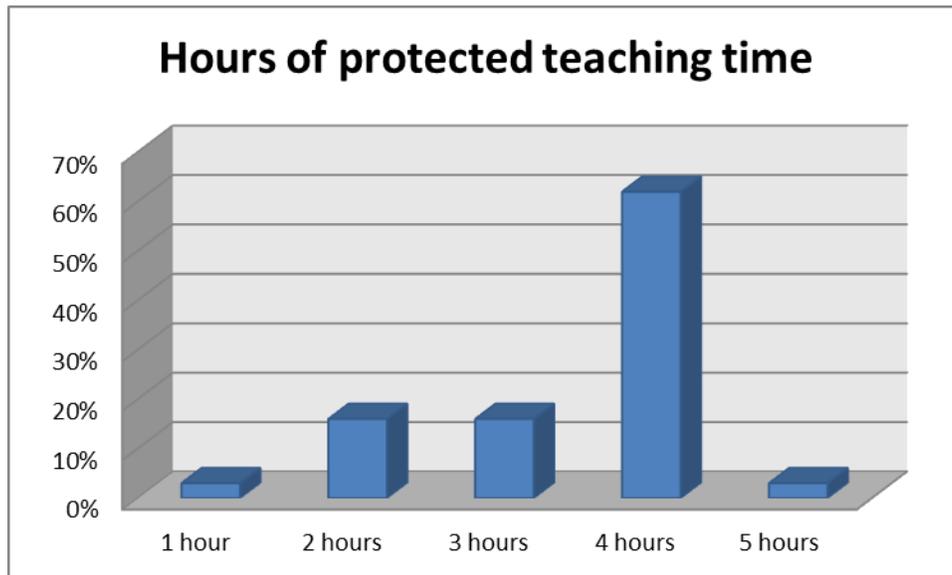
- 88% of all trainees were either likely or highly likely to complete training an increase of 3% on 2014.
- 7% were undecided, a decrease of 2% on 2014
- 5% were unlikely or highly unlikely to complete training, a decrease in 1% on 2014.

Trainees provided further comments they would like to make to the NSW Emergency State Training Council:

- More protected teaching time required. (MR)
- Fellowship level teaching during clinical time ED SS would be a great help to those AT preparing for the exam. (MR)
- More training sites with longer accreditation, especially if someone is willing to go a bit rural. (MR)
- Increase the time spent by trainees in regional / rural centres and reduce the amount of time spent at tertiary referral centres. (RR)
- The HETI training days have been an excellent addition to our available training. (MR)
- Where has our protected training time gone? Our administration has told me that all we do is complain and they are not interested in hearing it. How can I make my concerns heard? (MR)
- Excellent on floor teaching at my home hospital from both FACEMs and Advanced Trainee (MR)
- ED has certainly set a high standard in maintaining continued ED education for its trainees. I joined the team with the intention of doing 6 months of special skills but ended up staying and this was 3 years ago. (RR)

**TABLE 5.5 DIRECTORS OF EMERGENCY MEDICINE TRAINING DMT SURVEY**

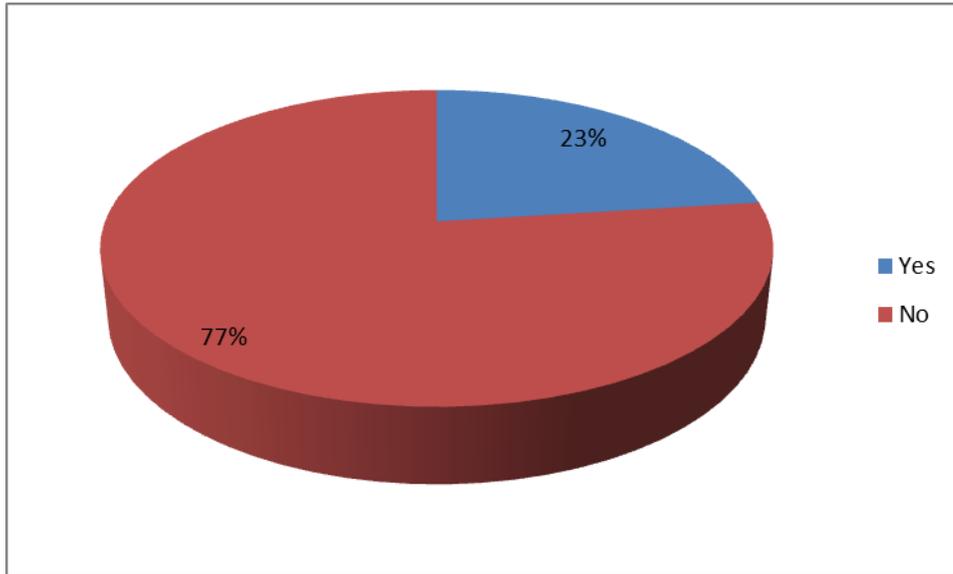
DEMTs were asked to estimate the total hours of protected teaching time available to their trainees each week:



Hours	Number of Responses	Percentage (%) of Respondents
1	1	3%
2	6	16%
3	6	16%
4	23	62%
5	1	3%
Total	37	100%

There was an increase in the amount of protected teaching time in the 3 – 5 hours per week bracket to 81%, an increase of 5% when compared to 2014 of 76% for the same time range.

DEMTs were asked if there were any trainee applicants who were employable but did not get a job at their hospital because all of the positions were taken:



	Number of Responses	Percentage (%) of Respondents
Yes	8	23%
No	27	77%
<b>Total</b>	<b>35</b>	<b>100%</b>

- There were vacant positions for employable people.
- We always have vacancies at the end of annual recruitment.
- As a 12 month accredited site, we spend many hours to days reviewing CVs and recruiting candidates who are only applying to us as a fallback position. This wastes everybody's time. We need a centralised recruitment system that does not result in duplication, similar to the match in the US.
- 25% of our trainee positions are currently unfilled (n=6). As a large regional hospital on the fringe of Sydney that has been chronically under-resourced, we continue to struggle to attract trainee's particularly Australian graduates.

## COMPARISON WITH 2014 - APPOINTMENT OF EMPLOYABLE TRAINEES

### **Major Referral hospitals**

Out of the 9 MR (Major Referral) hospitals, 4 hospitals indicated there were employable trainees that did not get a position at their hospital, compared with 7 hospitals in 2014.

### **Regional/Rural hospitals**

Out of the 10 RR (Regional/Rural Base) hospitals, only 1 hospital indicated that there were employable trainees who did not get a position, compared with none in 2014.

### **Urban District hospitals**

Out of the 16 UD (Urban District) hospitals, 2 hospitals indicated there were employable trainees that did not get a position at their hospital, compared to 3 hospitals in 2014 and 2013.

### **NSW Children's hospitals**

In 2015, 1 Children's Hospital indicated that there were employable trainees that did not get a position. This was the same in 2014.

### DEMTs commented on the stability of their non-trainee workforce:

	<b>Percentage (%) of Respondents</b>
Highly Stable	3%
Stable	44%
Uncertain	25%
Unstable	22%
Highly Unstable	6%

## SUPPORT FOR NETWORK

### DEMTs commented on support provided by the Network Director and ESO for their network:

- We have just established a training rotation with one tertiary hospital within our network. There has been a general reluctance to establish rotations, which has been a failing of the network. I believe that these rotations should be mandatory. (UD)
- Well supported. (MR)
- Some structural support but few resources. Our ED struggles to provide protected teaching time - often not covered, so there can be chaos and frustration for those covering the floor. (UD)
- I am an NDOT and have an incredibly hard working and resourceful ESO (MR)
- We feel that we are part of a Network that is of very limited functional benefit to our trainees. From our view the current network model is largely nominal/redundant. Network training days are all based in Sydney; our trainees would need to arrange a flight and accommodation in order to attend. Despite previous requests over the years training days have not been made accessible via videoconference or the web. (RR)
- Reasonably well supported by ESO. Very well supported by the Network Director. (MR)
- Network Director for the last 2 years until recently hardly at all. ESO very supportive to DEMTs efforts in training. (MR)
- The ESO supports the Network Director, I as the Co-Director don't have an allocated ESO, as have lost funding for this. The Network Director is very supportive in terms of arranging trial exams, but it's difficult to have combined training days across our network when we have teaching on different days. (MR)
- We have a regional training day that is organised and coordinated by the Network Director. Otherwise we have very little contact with the ESO. I would like to be able to rotate my registrars to Metropolitan hospitals for relative specialty experience such as Paediatrics, ED and Toxicology but these positions seem to go to in house trainees without any consideration for other network trainees. (RR)
- Very well supported with thanks.(UD)

## DEMT comments for the Emergency Medicine State Training Council:

- More practical sessions. (RR)
- Sharing of written questions between DEMTs (written and OSCEs) would make life easier in the new format FE. (UD)
- I would strongly support a move towards centralised recruitment. Need (more) help to purchase anatomy models. (UD)
- Need a way to deliver ultrasound training and accreditation to trainees that does not involve costly external courses. (MR)
- How do we make *RR* more well known as a great place for rural secondment? How to improve our link to metropolitan tertiary centres with the constraints of our rural location? (RR)
- Recently had a terrific area training day – more support for such events would be much appreciated (MR).

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## 6. CONCLUSION

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The Network Training Program has been operational from the middle of 2010. During 2014 HETI undertook a Medical Portfolio Programs Review. The Report from the Review [Equipping NSW Doctors for Patient Centred Care](#) provides recommendations to HETI for future directions in health education and training. It is anticipated that programs from this review will commence roll out from 2017 with a 3 year phasing in period.

Overall, the NSW Emergency Medicine Training Survey demonstrates an improvement across all areas of education, supervision, protected teaching time and expectation of finishing and remaining within the Emergency Department sector. 91% of trainees had their expectations met or exceeded in relation to the training program provided within NSW Emergency Departments in 2015. Some trainees expressed an interest to have more opportunity to work rurally as a trainee on rotation, with many rural trainees believing they received excellent training opportunities. Some DEMENTs and trainees expressed a need, particularly in rural areas, for more teaching models and more equitable access to offsite training programs. There still appears to be a disparity between metropolitan and rural facilities in this area.

HETI will be working with the Emergency Medicine State Training Council and the Emergency Medicine Networks to develop and phase in the recommendations from the Review: Equipping NSW Doctors for Patient Centred Care, for which the results of this survey will be invaluable to ensure the trainees' requests for equity of access to educational resources and training opportunities.

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## 7. ABBREVIATIONS

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ACEM	Australasian College for Emergency Medicine
HETI	Health Education and Training Institute
CMO	Career Medical Officer
DEM	Director of Emergency Medicine
DEMT	Director of Emergency Medicine Training
ED	Emergency Department
EM	Emergency Medicine
EMSTC	Emergency Medicine State Training Council
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full time equivalent
ICU	Intensive Care Unit
IMG	International Medical Graduate
JMO	Junior Medical Officer
MoH	Ministry of Health

### **ACEM role delineations for accredited hospitals**

MR	Major Referral
RR	Regional/Rural base
UD	Urban District

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## 8. APPENDICES

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### Appendix 1 – Example of Trainee Survey

## NSW ACEM Trainees Survey 2015

What do you consider to be your home hospital?

- Auburn
- Bankstown-Lidcombe
- Blacktown
- Calvary Mater Newcastle
- Campbelltown
- Canterbury
- Children's Hospital at Westmead
- Coffs Harbour
- Concord
- Dubbo
- Gosford
- Hornsby Ku-ring-gai
- John Hunter Children's
- John Hunter
- Lismore
- Liverpool
- Maitland
- Manly
- Mona Vale
- Mt DrUITT
- Nepean
- Orange
- Port Macquarie
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred

- Ryde
- Shoalhaven
- St George
- St Vincent's
- Sutherland
- Sydney Adventist
- Sydney Children's
- Tamworth
- Tweed
- Wagga Wagga
- Westmead
- Wollongong Wyong

What type of trainee are you?

- Provisional trainee
- Advanced trainee

Which form of training are you undertaking?

- Emergency Medicine training only
- Joint Emergency/Paediatric training Joint
- Emergency/ICU training

Please estimate the total hours of protected teaching time available to you each week when working in the ED in your home hospital (if you are part-time, estimate the number of hours as if you were working full-time):

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

How satisfied are you with your current Emergency Medicine education and training?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

Any comments?

Have you worked in a rural ED term as a Provisional or Advanced trainee?

- Yes
- No

Would you be (or have you been in the past) interested in working in a rural ACEM accredited ED term as a Provisional or Advanced Trainee?

- Yes
- No
- Unsure

How likely are you to complete your training and work as an Emergency Physician in an ED?

- Highly likely
- Likely
- Neutral
- Unlikely
- Highly Unlikely

Do you have any other comments you would like to make to the NSW Emergency Medicine State Training Council?

**Appendix 2 – Example of DEMENT Survey**

# NSW Emergency Medicine DEMENT Survey 2015

Please enter your name and hospital details below.

**Name**

**Hospital**

Please estimate the total hours of protected teaching time available to your trainees each week.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Comments

This year, were there any trainee applicants who were employable but did not get a job at your hospital because all your positions were taken?

- Yes
- No

Any comments?

How stable is your non trainee workforce?

- Highly stable
- Stable
- Uncertain
- Unstable
- Highly unstable

How supported are you and your trainees by the Network Directors and Education Support Officers for your network?

Do you have any questions or comments you would like to make to the NSW Emergency Medicine State Training Council?