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HETI
HEALTH EDUCATION & TRAINING INSTITUTE

EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT DECEMBER 2016

1. EXECUTIVE SUMMARY

The Health Education and Training Institute (HETI) Medical Portfolio conducted a survey of the NSW Emergency Medicine Training during 2016. 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 648)
- Directors of Emergency Medicine Training (DEMTs)

Trainees

Responses were received from trainees at 30 of the 39 hospitals accredited for Emergency Medicine Training across NSW. 33.6% of ACEM trainees responded, higher than in 2015.

The Survey sought 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.
- expectation of completing the training program.

Responses indicated that 89.5% of trainees felt their training met or exceeded their expectations; this result is similar to 2015. Trainees who expect to complete their training in Emergency Medicine and remain working in an Emergency Department increased to 97.7% in 2016, an increase of 2.7% from 2015.

Trainee responses relating to rural rotations indicated that 67.75% of trainees have worked or are open to working in a rural location, which is 7% higher than in 2015.

Directors of Emergency Medicine Training (DEMTs)

Directors of Emergency Medicine Training responded from 37 of the 39 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 2017, 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 81% in 2015 to 92% in 2016.

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

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 2017 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 October and November 2016 and were completed by:

Trainees at 30 of the 39 hospitals accredited for Emergency Medicine training across NSW and DEMTs from 37 of the 39 ACEM accredited hospitals.

4. RESPONDENTS

TRAINEES

The Survey was sent to all trainees in NSW registered with ACEM. ACEM reported a total of 648 Emergency Medicine Trainees registered with the College in NSW as at 31 October 2016.

A total of 218 trainees responded to the survey, an overall response rate of 33.6%.

DIRECTORS OF EMERGENCY MEDICINE TRAINING

The survey was sent to the DEMTs 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
648	**218**	**33.6%**
Total number of accredited hospitals	Number of DEMT responses from accredited hospitals	% Of responses from accredited hospitals
39	**37**	**95%**

5. MAIN FINDINGS - TRAINEES

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 DEMT tables *(Table 5.5)*

Where comments by trainees or DEMTs 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

DEMTs 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 DEMTs 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 2016	Headcount (FTE) at network hospitals at 30 June 2016
MR	**John Hunter**	4-5	1-8	8 (7)	10 (7)
MR	**Liverpool**			5 (5)	15 (12.5)
MR	**Nepean**			6 (6)	10 (10)
MR	**Prince of Wales**			1 (1)	14 (11.5)
MR	**Royal North Shore**			13 (12)	24 (18)
MR	**Royal Prince Alfred**			13 (13)	19 (15.5)
MR	**St George**			7 (7)	15 (13.5)
MR	**St Vincent's**			11 (10.5)	7 (5.5)
MR	**Westmead**			8 (7)	21 (14.5)
TOTAL		***Average = 4.1***	***Average = 3.8***	**82 (78.5)**	**140 (115)**
RR	**Coffs Harbour**	2-5	1-5	1 (1)	9 (8.5)
RR	**Dubbo**			1 (1)	1 (1)
RR	**Gosford**			14 (13.5)	9 (8)
RR	**Lismore**			3 (3)	4 (2.5)
RR	**Orange**			1 (1)	1 (1)
RR	**Port Macquarie**			2 (2)	4 (4.8)
RR	**Tamworth**			3 (3)	3 (3)
RR	**Tweed**			4 (4)	8 (6)
RR	**Wagga Wagga**			2 (1.5)	1 (1)
RR	**Wollongong**			3 (3)	4 (3)
TOTAL		***Average = 3.7***	***Average = 3.5***	**34 (33)**	**44 (38.8)**
UD	**Auburn**	2-4	1-6	0 (0)	8 (5.5)
UD	**Bankstown-Lidcombe**			8 (7.5)	4 (2)
UD	**Blacktown**			11 (10)	16 (15)
UD	**Calvary Mater**			2 (2)	9 (5)
UD	**Campbelltown**			5 (5)	3 (2.5)
UD	**Canterbury**			3 (3)	6 (5.5)
UD	**Concord**			7 (5.3)	6 (5)
UD	**Hornsby Ku-ring-gai**			0 (0)	2 (2)
UD	**Maitland**			1 (1)	9 (8)
UD	**Manly**			6 (6)	4 (2.5)
UD	**Mona Vale**			8 (8)	1 (1)
UD	**Mount Druitt**			5 (3.5)	3 (1.5)
UD	**Ryde**			7 (6.5)	6 (5.5)
UD	**Sutherland**			4 (4)	8 (7.5)
UD	**Sydney Adventist**			0 (0)	3 (3)
UD	**Wyong**			0 (0)	5 (4.8)
TOTAL		***Average = 3.6***	***Average = 2.8***	**67 (61.8)**	**93 (76.3)**
GRAND TOTAL				**183 (173.3)**	**277 (230.1)**

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	60	27.5%
Advanced trainee	158	72.5%

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

Responses	Provisional Trainees	%	Advanced Trainees	%	Total
Highly Satisfied	24	40%	43	27%	30.7%
Satisfied	27	45%	69	43.7%	44%
Neutral	6	10%	26	16%	14.8%
Dissatisfied	1	1.7%	15	9.5%	7.3%
Very Dissatisfied	2	3.3%	5	3%	3.2%

- 89.5% of trainees surveyed indicated that the training met or exceeded their expectations, a slight decrease of 1.5% since 2015.
- Only 10.5% of trainees were either dissatisfied or highly dissatisfied, a slight increase of 1.5% since 2015.

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

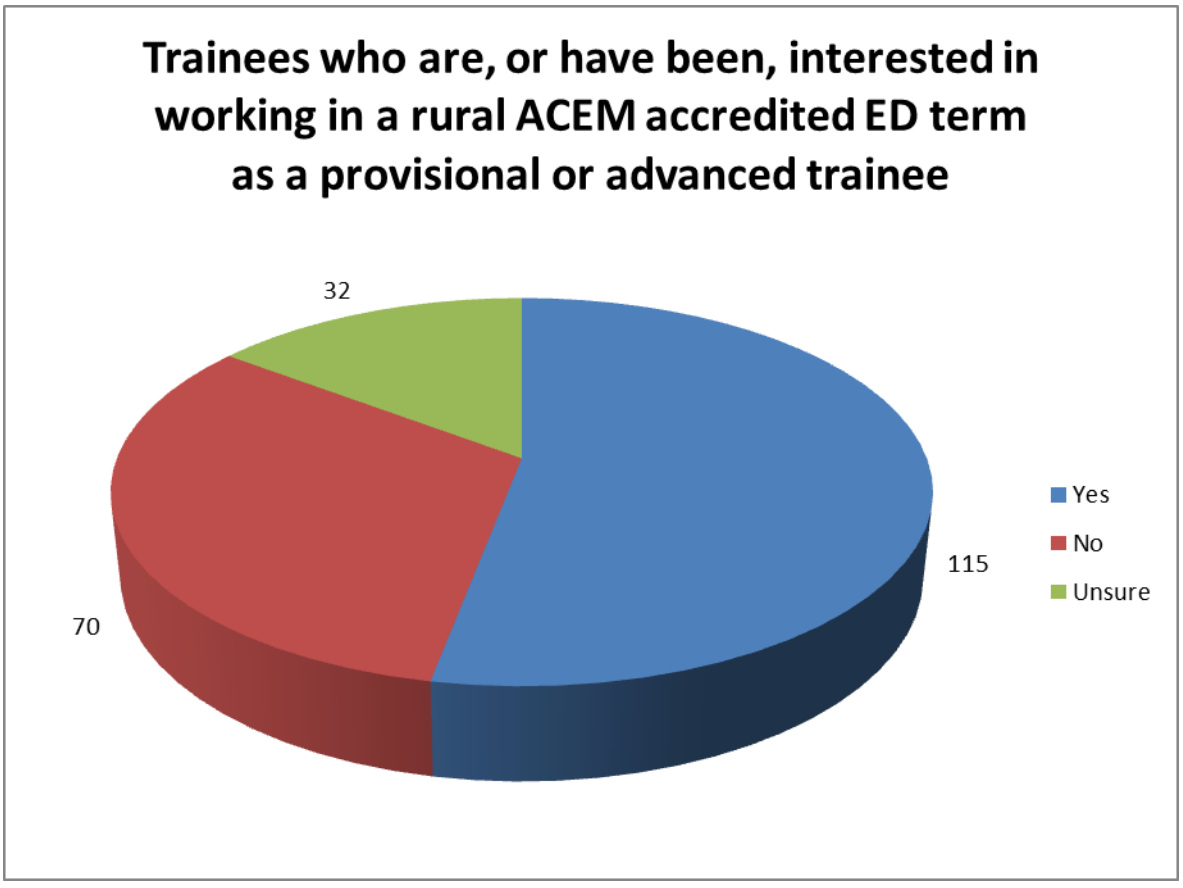
- No Fellowship training (UD)
- Have worked at different sites and talked to trainees from different hospitals - appears to be less support for training and education activities than 5 years ago and more pressure to use this time as clinical time. Also some hospitals will subsidise courses (eg ultrasound courses) whilst others won't - shouldn't it be uniform? (UD)
- No protected teaching time. If you are rostered to work during teaching you are required to work. (MR)
- Need more protected preparation for fellowship exams. (MR).
- More protected teaching every week would be amazing. (UD)
- More teaching from FACEM's. (MR)
- It would be good to get a fellowship program which is more available to regional trainees - ie more online availability. (RR)
- I would like to see more support for exam prep at rural sites. I understand that it is really difficult for provisional exam tutorials to take place each week at rural sites, as there is too much content for the number of FACEM's available. It would be great to establish some links with major referral hospitals for access to tutorials or resources such as study timetables or practice questions. (RR)
- Protected teaching is mainly in the morning, from 7am-11am; this effectively excludes anyone on evenings or night shifts; and therefore is relatively poorly attended. I would recommend that DEMTs are encouraged to choose times in which trainees are actually able to attend. (MR)
- I think that a component of ultrasound training should be imposed on trainees but paid for by the training hospital for advanced trainees. We're expected to do FAST scans etc but don't get accredited formal training in it. Private companies do it but it's at the trainees own expense and ACEM doesn't require it as a component of training. Like the 410/Paeds log it should be, but with the cost of courses needs to be covered by the trainees home base hospital I think. (MR)
- The HETI courses are great and a valuable addition to our training (MR)

FORM OF TRAINING

Form of Training	Number of Responses	Percentage (%) of Respondents
Emergency Medicine training only	193	88.5%
Joint Emergency/Paediatric training	11	5%
Joint Emergency/ICU training	14	6.5%
Total	**218**	**100%**

TABLE 5.3 TRAINEES AND RURAL TERMS

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?



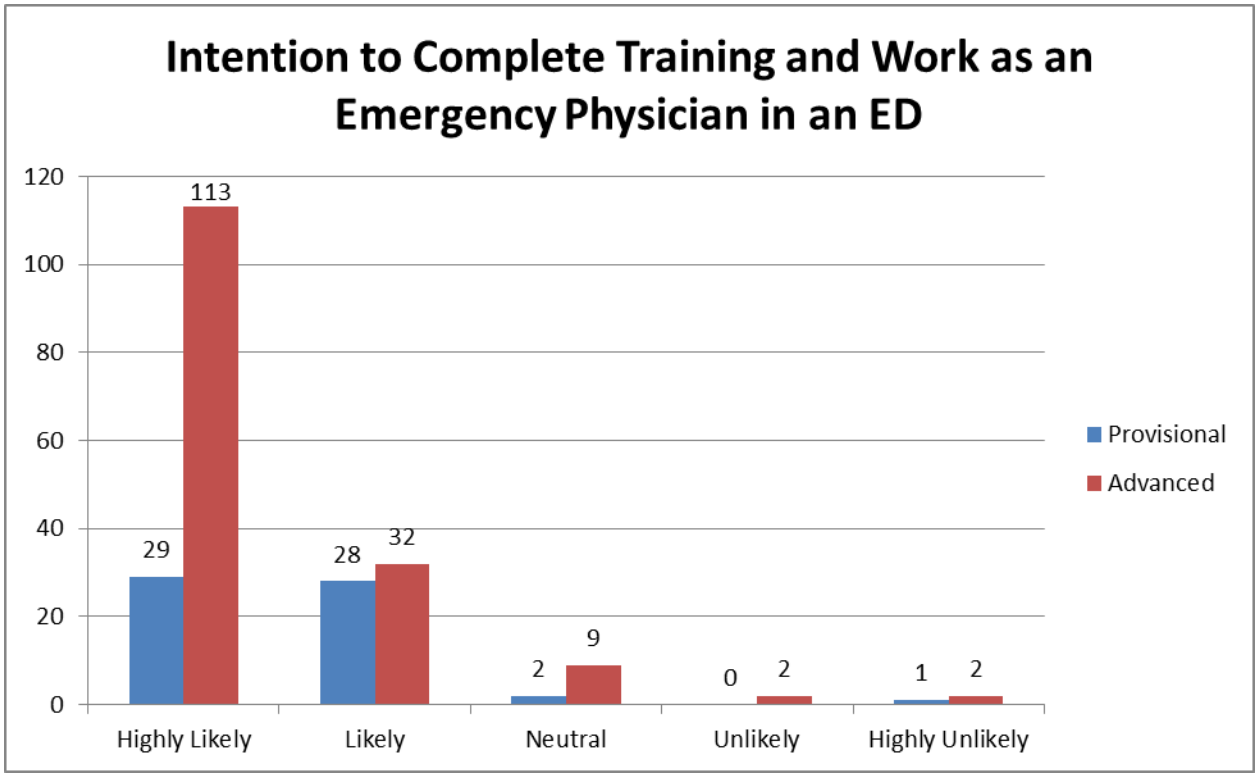
Willing to work in a rural ACEM accredited ED term	Unsure about working in a rural ACEM accredited ED term	Would not work in a rural ACEM accredited ED term
53%	14.75%	32.25%

Trainees Interested in Working Rural Terms:

- 53% of trainees indicated that they were interested in working in a rural term, compared with 60.5% in 2015.
- 14.75% were unsure which has decreased by 7.45% since 2015.
- 32.25% of trainees responded that they would not work in a rural term. In 2015 it was 17.3%.

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

	Provisional	Advanced	%
Highly Likely	29	113	65%
Likely	28	32	27.6%
Neutral	2	9	5%
Unlikely	0	2	1%
Highly Unlikely	1	2	1.4%



- 92.6% of all trainees were either likely or highly likely to complete training, an increase of 4.6% on 2015.
- 5% were undecided, a decrease of 2% on 2015.
- 2.4% were unlikely or highly unlikely to complete training, a decrease in 2.6% on 2015.

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

- More protected teaching time required. (MR)

- There is a general lack of respect and consideration for trainees from the College. The exams, in particular the Fellowship OSCE, highlight this best. Suddenly the pass rate drops from 2 in 3 to 1in 3 - are we to believe that suddenly half the candidates are not suitable all of a sudden?? Or is there another motivation? They do not provide enough time for interstate trainees (the overwhelming majority) to adequately prepare for the travel - this is especially galling for those who have dependent children and must then scramble to make arrangements for childcare. And now suddenly they decide to add an extra day, which results in further costs (which are already significant and exorbitant) to trainees, as well as add another type of station with very little notice or information. How do they expect anyone to prepare for it? I, along with others I know, are seriously considering walking away entirely from emergency medicine as I cannot in any conscience continue to submit myself and my family to such ludicrous inconvenience for such small reward. (UD)

- More flexible WBA deadlines and some sort of an SMS / email reminder system would go a long way in preventing unnecessary remediations. (UD)

- I've worked both rural and urban jobs and there is a difference in skill level between rural and urban trainees, with rural trainees having better decision making capabilities and better procedural skills. Urban trainees are better at individual specialty management e.g. cardiothoracics or hyperbarics. Real shame there isn't more encouragement for urban trainees to go rural. Most think going rural means less education and training opportunities when in fact it's often the opposite. So a lot of rural terms go wasted while urban trainees sit around waiting for ICU or Anaesthetics terms. (RR)

- Increase the number of attempts at each exams to 4. (MR)

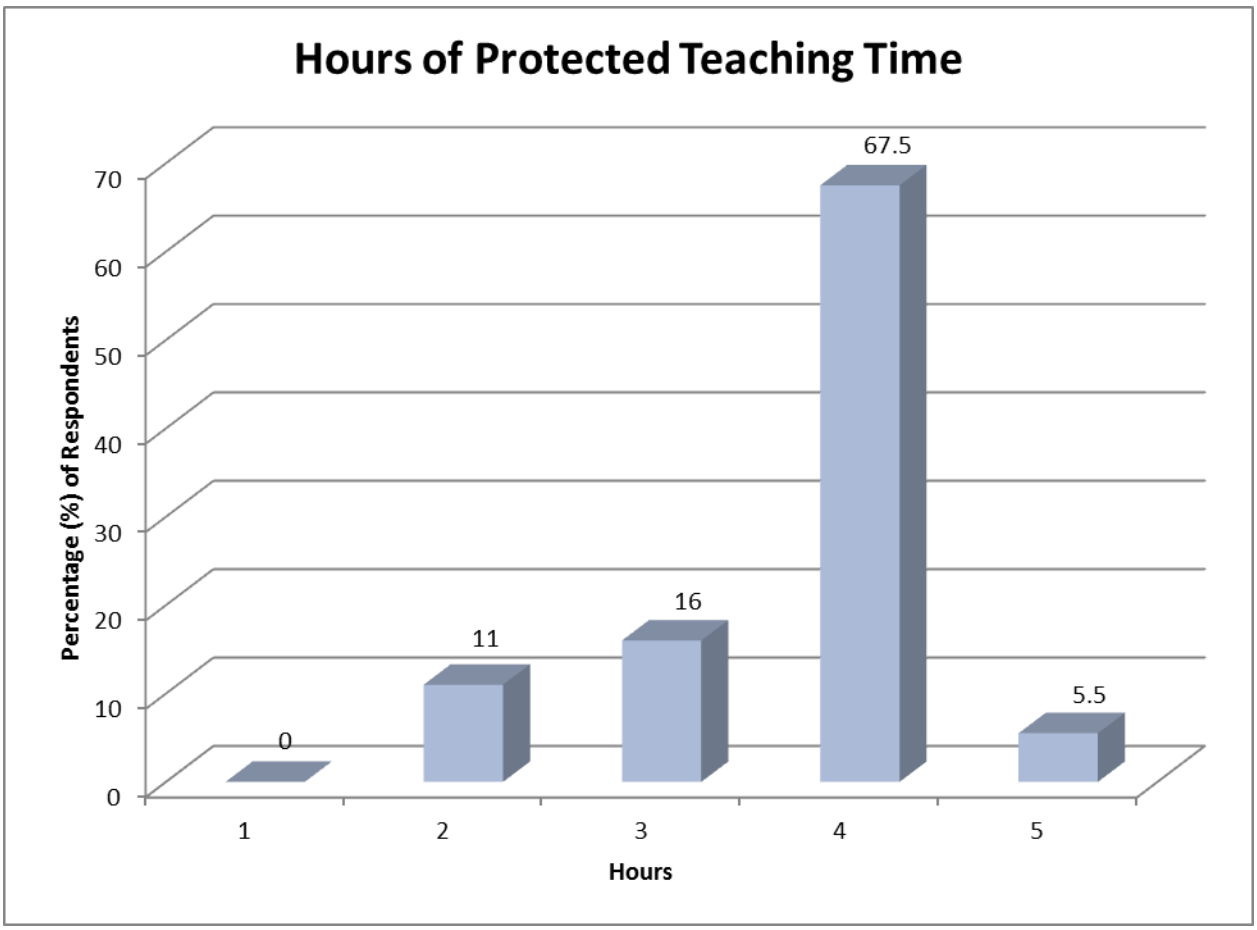
- It will be great if the fellowship curriculum is integrated in the protected teaching time for advanced trainees. Specially the communication scenarios will need to be taught during the advanced training yrs. Currently the assumption is that the trainees know all the communication modules requiring by ACEM themselve . Therefore there is no solid teaching program on communication skills e.g: Breaking bad news , Open disclosure, handling difficult colleagues. In most hospitals the emphasis is only on medical aspect of the knowledge and not much focus on these communication skills. Hence, I believe including this part of the curriculum in to the formal teaching for advanced trainees of all training EDs is a must . (MR)

- Mandate protective teaching time. So it can't be revoked because nothing has been planned. Mandate 10hour shifts for regs. (RR)

- Make it easier to take time out of training for pursuits such as working for Médecins sans Frontières (RR)

TABLE 5.5 DIRECTORS OF EMERGENCY MEDICINE TRAINING DEMT SURVEY

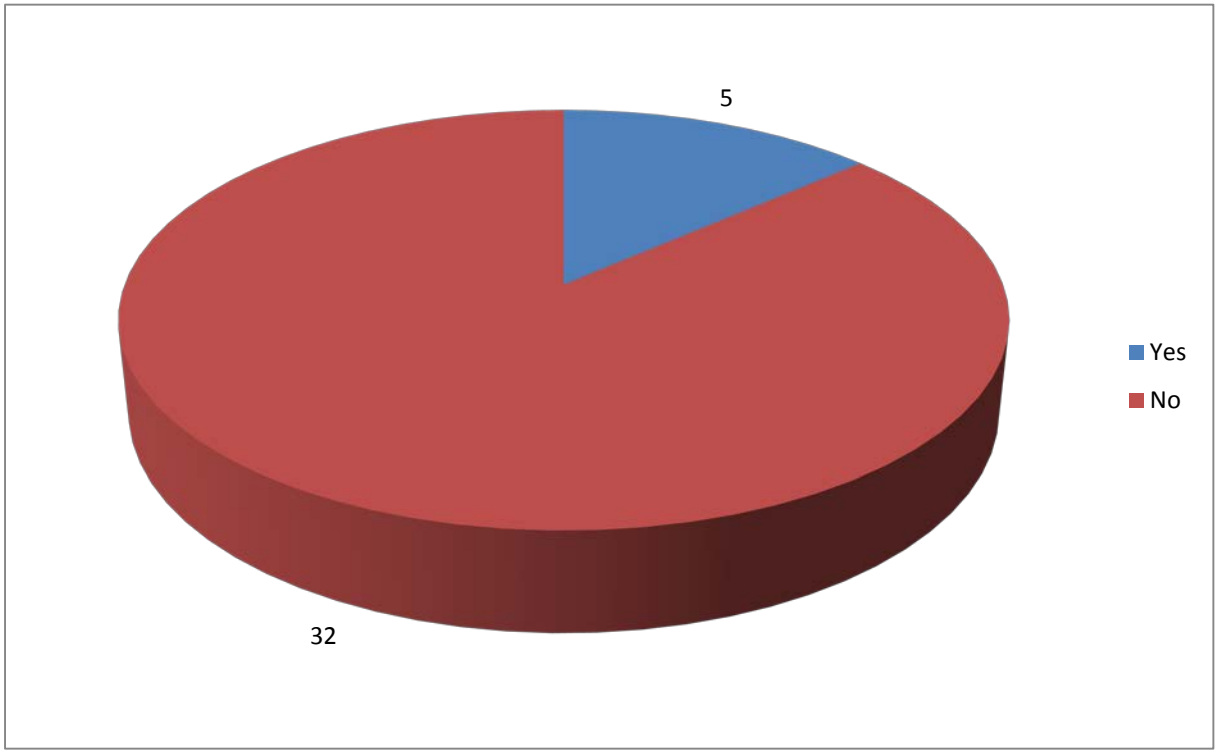
DEMTs were asked to estimate the total hours of protected teaching time available to their trainees each week:



Hours	Number of Responses	Percentage (%) of Respondents
1	0	0%
2	4	11%
3	6	16%
4	25	67.5%
5	2	5.5%
Total	37	100%

There was an increase in the amount of protected teaching time in the 3 – 5 hours per week bracket to 89%, an increase of 8% when compared to 2015 of 81% 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	**5**	**13.5%**
No	**32**	**86.5%**
Total	**37**	**100%**

- We're regularly short of trainees.
- We always have vacancies. No one wants to come to our hospital if they can help it. In the current round of recruitment I have one acceptance from inside the Sydney basin.
- We mainly get ACEM and RACP trainees rotating through and only have one registrar this year who was with us for the whole year and 2 fellow positions which may be filled by RACP, ACEM or PEM trainees depending on the year. This year our fellows have been RACP PEM trainees.
- Always looking for more trainees.

COMPARISON WITH 2015 - APPOINTMENT OF EMPLOYABLE TRAINEES

Major Referral hospitals

Out of the 9 MR (Major Referral) hospitals, 3 hospitals indicated there were employable trainees that did not get a position at their hospital, compared with 4 hospitals in 2015.

Regional/Rural hospitals

Out of the 10 RR (Regional/Rural Base) hospitals, no hospitals indicated that there were employable trainees who did not get a position, compared with 1 in 2015.

Urban District hospitals

Out of the 16 UD (Urban District) hospitals, 1 hospital indicated there were employable trainees that did not get a position at their hospital, compared to 2 hospitals in 2015.

NSW Children's hospitals

In 2016, 1 Children's Hospital indicated that there were employable trainees that did not get a position. This was the same in 2015.

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

	Percentage (%) of Respondents
Highly Stable	5.4%
Stable	29.7%
Uncertain	27.2%
Unstable	35%
Highly Unstable	2.7%

SUPPORT FOR NETWORK

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

- Good exam sessions and trial exams, network education days (UD)
- Very supported. - Our trainees get network teaching every term (x 4/year) (UD)
- Very little support. Larger hospitals in network unwilling to rotate trainees to our site. What is the value of the network? (UD)
- Supported well by Network Directors. Should probably use the ESO more effectively. (RR)
- Very. DEMTs gave up much of their own time for exam practice prior to 11 of us sitting the Primary Exam this year and 6 sitting the Fellowship. Always available by phone or email for support. (RR)
- Very well supported. ESOs do an excellent job. Network directors are constantly hampered by bureaucracy. (MR)
- Not much. Most training is delivered and supported locally. (MR)
- Well supported with the efforts from the network, but as a rural centre, the distance to other teaching hospitals makes the interaction and networking difficult. (RR)
- ESO works well, but is not well enough remunerated to prevent a good candidate from leaving / looking for better paid work, which means there is a high turnover and need to retrain. (MR)
- Provide access to teleconferenced Network training days. (RR)
- Our network director facilitates combined registrar teaching meetings that occur quarterly and is a strong advocate of this. I would like my network to help in network recruitment process and facilitate the rotation of trainees around the region. Currently, there is no network recruitment at Wollongong. Our trainees are forced to resign and apply for other jobs within our region to complete the requirements of their training. (RR)
- Network teaching is allocated to a hospital within the network once every 3 months. (MR)
- Very well supported. (UD)

DEMT comments for the Emergency Medicine State Training Council:

- It seems when our trainees have finished their time with us our larger referral hospital is happy to take them but not to reciprocate in any way. I see no value in these networks (UD)

- Regional attachments ideally should be compulsory however I realise the logistical problems this presents. Offering a training package "too good to refuse" that includes bursaries for metropolitan trainees to work in regional areas would be the workable option, although I understand this exists to some extent just now. (RR)

- It needs to be reinforced the emphasis on protected teaching time being mandatory for accreditation (RR)

- Recruitment in smaller rural centres could be better supported with a network for secondments. 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)

- Suggestion: networks to share training sessions especially for exam preparation. We are happy to share and have been doing it with trainees from other hospitals. (MR).

- Encourage city trainees to come to the country (RR)

6. CONCLUSION

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. 89.5% of trainees had their expectations met or exceeded in relation to the training program provided within NSW Emergency Departments in 2016. 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 DEMTs 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.

7. ABBREVIATIONS

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

8. APPENDICES

Appendix 1 – Example of Trainee Survey

NSW ACEM Trainees Survey 2016

Welcome to the NSW ACEM Trainees Survey 2016.

Thank you for participating in our survey. Your feedback is important to us.

The survey is anonymous and should take about two minutes to complete.

What type of trainee are you?

- Provisional
- Advanced

What format of training are you undertaking?

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

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

Please answer the following questions based on the hospital which you consider to be your *home hospital as ticked above.*

In your *home hospital*, what is the estimated total hours of protected teaching time available to you each week when working in the ED. (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

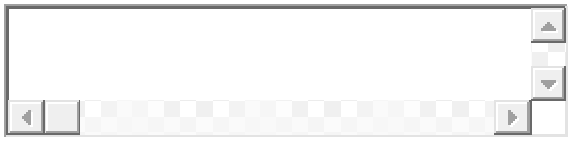
Are you, or have you in the past, been interested in working in a rural ACEM accredited ED term as a provisional or advanced trainee?

- Yes
- No
- Unsure

How likely are you to complete your fellowship 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 DEMT Survey

NSW Emergency Medicine DEMT Survey 2016

Welcome to the NSW Emergency Medicine DEMT Survey 2016.

Thank you for participating in our survey. Your feedback is important to us.

This survey consists of seven questions that will take two minutes to complete.

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?

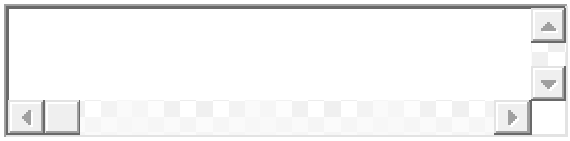
- Yes
- No

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?