EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT OCTOBER 2010

CLINICAL EDUCATION AND TRAINING INSTITUTE (CETI) MEDICAL DIRECTORATE

1. EXECUTIVE SUMMARY

The Survey of Emergency Medicine Training in NSW in September 2010 was carried out by the Clinical Education and Training Institute (CETI) Medical Division. The Survey has updated the information provided by the Survey of Emergency Medicine Training in NSW in 2009 and offered new information and comment from Directors of Emergency Medicine Training (DEMTs) on the first round of recruitment under the network training program.

Information from the Survey Report will assist the Emergency Medicine Training Implementation Group (EMTIG) to monitor issues raised by trainees and DEMTs in relation to the training program and the networks and in progressing Emergency Medicine educational initiatives for trainees across the State.

The Survey was sent to:

- all ACEM registered NSW Emergency Medicine trainees, (approx 479)
- 32 Directors of Emergency Medicine Training (DEMTs)

Responses were received from:

- 83 Trainees at 25 of 32 hospitals accredited for EM Training across NSW
- 32 DEMTs at the 32 hospitals accredited for EM Training across NSW

The results build on the 2009 Survey to continue to provide comprehensive and valuable information on Emergency Medicine Training in NSW.

The Survey sought updated information about the Emergency Medicine training environment at NSW Emergency Departments (EDs). Trainees were asked about their level of satisfaction with current Emergency Medicine training and education, and their level of interest in rural and regional training. The DEMTs were asked to describe their teaching program, to provide quantitative data on the trainees in their hospitals and to comment on the recent recruitment round for 2011.

Trainees: Satisfaction with the quality of training varied considerably among trainees. 56% of trainees surveyed were satisfied or highly satisfied. 16% were either dissatisfied, or highly dissatisfied. 27% were neutral. Despite this, only 1% of trainees surveyed indicated that they were unlikely to finish their training. This is almost exactly the same as the level of satisfaction reported in the 2009 Survey.

The trainees' response to the questions about rural rotations indicated a slight growth over 2009 in openness to working in a rural term. 71% of the Trainees had either worked in a rural rotation or were willing to consider it (an increase of 8%) and 17% were unsure (a decrease of 10%).

DEMTs: This year DEMTs were asked for comment on the 2011 recruitment round and for general comments about the training networks. Most of the responses related to recruitment, which may also have reflected the fact that the Survey was taken immediately following the 2011 recruitment round. Responses highlighted ongoing issues with an undersubscribed specialty; concerns about smaller hospitals and hospitals in regional and

rural areas competing with large metropolitan hospitals for trainees and some calls for centralised recruitment. Other comment noted the need for IT capabilities at peripheral and rural hospitals to be updated to be able to facilitate equitable access to education.

1.1 ACKNOWLEDGEMENTS

CETI and the Chair EMTIG, Dr Jon Hayman, thank all the Emergency Medicine Trainees, and DEMTs who participated in the Survey.

CETI is most grateful to ACEM for facilitating the distribution of the survey. Thank you to Ms Alana Killen and the staff at ACEM for their time and effort in sending out the Survey email.

We wish to thank Dr Kylie McNamara, ACEM NSW Trainee Representativ, for contacting the Trainees with a message of encouragement to complete the Survey.

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3. BACKGROUND AND GUIDING PRINCIPLES

3.1 AIMS OF THE SURVEY

The aim of the Survey was to update information about the Emergency Medicine Training Program in NSW hospitals. In particular the Survey was intended to:

- provide 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 relation to rural and regional rotations
- provide data about the number of Registrars in NSW EDs who are ACEM Trainees, ACEM Trainees who are also IMGs and non-ACEM trainee Registrars
- provide information from DEMTs about current teaching resources
- elicit comment from DEMTs about the networked training program and the 2011 Emergency Medicine recruitment round.

3.2 METHODOLOGY

The online Survey was developed by the Chair of the EMTIG, Dr Jon Hayman, assisted by Emergency Medicine Program staff at CETI Medical Division. The Surveys were different for each group of participants and consisted of a mix of questions and opportunities for comment. Participants were able to access the Survey online and submit it electronically.

Emergency Medicine trainees and DEMTs were asked to complete the Survey. The request to the trainees from the Chair of EMTIG to participate in the Survey was sent out by email through ACEM.

Surveys were completed by:

- 83 Trainees at 25 of the 32 hospitals accredited for Emergency Medicine training across NSW
- 32 DEMTs at 32 ACEM accredited hospitals

4. RESPONDENTS

TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 479 Emergency Medicine Trainees registered with the College in NSW as at 30 September 2010.

A total of 83 Trainees responded to the Survey, an overall response rate of 17%.

DEMTS

The Survey was sent to all the DEMTs at the 32 ACEM accredited training sites in NSW and all responded to the survey.

TABLE 1 : RESPONDENTS

Responses	Trainees	DEMTs
	83	32
Total	479*	32˜
Percentage response	17%	100%

* Total number of ACEM registered Trainees in NSW

˜ Total number of ACEM accredited Emergency Departments

5. MAIN FINDINGS

The main findings of the Survey relate to:

- the provision of protected teaching time available in EDs for formal Emergency Medicine teaching (*Table 5.1*)
- data on the number of trainees in Emergency Departments in NSW, the number of Trainees who are international medical graduates (IMGs) and the number of non-ACEM Trainees (*Table 5.1*)
- information on the Trainees' level of satisfaction, or otherwise, with the current training program in NSW (*Table 5.2*)
- views of Trainees in relation to working in rural terms (*Table 5.3*)
- views of Trainees on whether they intended to work as Emergency Physicians in Emergency Medicine Departments (*Table 5.4*)

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 ie. Major referral (MR) Major regional/rural base (RR), Urban district (UD)

5.1 PROTECTED TEACHING TIME IN ACEM ACCREDITED EDS AND DATA ON TRAINEES

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.

DEMTs were asked to provide the number of ACEM Trainees they supervised and **Table 5.1** shows their response, divided into Provisional and Advanced Trainees. The FTE for these positions is also shown in **Table 5.1**.

Finally DEMTs were asked to estimate what proportion of these Trainees were International Medical Graduates (IMGs) and their response is also listed in **Table 5.1**.

TABLE 5.1: PROTECTED TEACHING TIME IN ACEM ACCREDITED EDS AND DATA ON TRAINEES

		DEMT Response	Trainees Response	Provisional Trainees	Advanced Trainees	
ACEM Role Delineation *	Hospital	Protected Teaching Time p/w (average)	Protected Teaching Time p/w (average)	Headcount (FTE)	Headcount (FTE)	Number & percentage of IMG's^
MR	**John Hunter**	2-6	1-4	16 (15)	8 (8)	100%
MR	**Liverpool**			5 (5)	13 (13)	44%
MR	**Nepean**			10 (10)	6 (5)	63%
MR	**Prince of Wales**			6 (6)	10 (10)	50%
MR	**Royal North Shore**			9 (9)	25 (21)	77%
MR	**Royal Prince Alfred**			16 (16)	21 (20)	46%
MR	**St George**			7 (7)	16 (12)	35%
MR	**St Vincent's**			6 (6)	17 (16)	48%
MR	**Sydney Children's**			0 (0)	2 (4)	100%
MR	**Westmead**			8 (7)	23 (22)	65%
MR	**Westmead Children's**			0 (0)	0 (0)	-
TOTAL		***Average = 4***	***Average = 3***	***83 (81)***	***141 (131)***	***63%***
RR	**Coffs Harbour**	1-4	1-4	1 (1)	2 (2)	34%
RR	**Dubbo Base**			2 (5)	4 (4)	0%
RR	**Gosford**			23 (17)	13 (10)	60%
RR	**Lismore Base**			6 (6)	4 (4)	40%
RR	**Tamworth**			3 (3)	9 (9)	33%
RR	**Tweed**			3 (3)	10 (10)	85%
RR	**Wollongong**			5 (5)	2 (2)	86%
RR	**Wyong**			0 (0)	1 (1)	48%
RR	**Maitland**			2 (2)	2 (2)	73%
RR	**Port Macquarie**			4 (4)	0 (0)	75%
TOTAL		***Average = 3***	***Average = 3***	***55 (52)***	***47 (44)***	***53%***
UD	**Bankstown-Lidcombe**	1-4	1-4	8 (7)	2 (2)	90%
UD	**Blacktown**			6 (5)	5 (4)	36%
UD	**Calvary Mater**			3 (3)	3 (3)	72%
UD	**Canterbury**			1 (1)	0 (0)	100%
UD	**Concord**			8 (6)	8 (7)	69%
UD	**Hornsby Ku-ring-gai**			2 (1)	0 (0)	100%
UD	**Manly**			4 (3)	3 (3)	57%
UD	**Mona Vale**			2 (2)	0 (0)	73%
UD	**Ryde**			5 (5)	2 (2)	0%
UD	**Sydney Adventist**			1 (1)	1 (1)	100%
UD	**Sutherland**			7 (7)	4 (4)	100%
TOTAL		***Average = 3***	***Average = 3***	***47 (47)***	***28 (33)***	***72%***
NSW TOTAL				**179 (174)**	**216 (208)**	**63%**

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

^Total percentages of IMG's are based on IMG headcount divided by total Trainees. DEMTs reported on the number of ACEM Trainees they were supervising, (not including those seconded from another hospital), divided by Provisional and Advanced Trainees.

DEMTs and trainees reported on Protected Teaching Time
Responses varied from a minimum of 1 hour, reported by trainees at 10 hospitals, to a maximum of 6 hours reported at 1 hospital. The estimates of trainees and DEMTs at the same hospitals did not always match. The responses of the Trainees have been averaged by hospital.

DEMTs reported on the number of international medical graduates (IMGs)
DEMTs reported a range from 0% to 100% IMGs in their Emergency Department workforce. Sixteen hospitals had between 70% and 100% IMGs. Two hospitals had between 0% and 20%.

Trainees commented on the need for and availability of educational resources:

- Would benefit from more standardisation, eg. pre-requisite U/S courses, area based journal clubs or teaching days (MR)
- I wonder if online modules or education material and assessment, that can also be discussed with your supervisor, would provide a more uniform education and training process (RR)
- Difficulty with fellowship training outside of metropolitan centres, resources centred on this areas (RR)
- A more structured programme through the college would be beneficial - ?on-line modules to complete (MR)
- We need on going structural teachings! (MR)
- It would be great to have advanced non-ed training more formalised. The college should give online access for trainees for endorsed literature (rosen tintanelli etc.!) (RR)
- There is a huge imbalance of resources with large EDs having dedicated teaching programmes but small ED having little or no teaching (UD)
- Its unfortunate that I feel the best way to stay up to date is to listen to our American colleagues at EMRAP. I'd be interested to see what an Australian equivalent would be like. These forums provide a great platform to reinforce management and promote healthy debate about controversies. I love the fact that it's run by an Australian! (RR)
- There is also a requirement for practical training in airway skills, simulated scenarios, ACLS, APLS etc (UD)

Trainees once again expressed concern that they were not paid for protected teaching time when they were not rostered on:

- Most shifts given to junior doctors are evenings and nights or weekends, protected teaching only occurred on weekday day shift (MR)
- The teaching is once a week and if we are off, night shift or busy shift we are not able to attend the only teaching per week (MR)
- When working on a training post, registrars get paid between 1/2 to 1/3rd of the usual pay scale a CMO would get for the same job, and yet there is poor allocated training time and study leave of 5 days??? (MR)
- Need more protected teaching time; and this time should be rostered like clinical shifts (RR)

- Primary teaching and fellowship teaching should occur in pay-hours. If the FACEMs are getting paid on their non-clinical days to teach why aren't the trainees getting paid for the same time. (MR)
- … All my training is done outside my 20 working hours… (RR)

DEMTs commented on teaching:

- All peripheral and rural IT capabilities need to be updated in order to facilitate equitable access to education. (Data projectors, live link up capabilities with tertiary hospitals for real time access to their teaching sessions) (UD)
- Difficulty in recruiting given…the better training environment at other hospitals (UD)

5.2 TRAINEE LEVEL OF SATISFACTION WITH CURRENT EM TRAINING

Trainees were asked to respond on a five point scale of satisfaction with their current Emergency Medicine education and training (Table 5.2). The results are shown below by percentage and by hospital.

TABLE 5.2: HOW SATISFIED ARE YOU WITH YOUR CURRENT EMERGENCY MEDICINE EDUCATION AND TRAINING?

Responses	Basic Trainees	Provisional Trainees	Advanced Trainees	%
Highly Satisfied		4	7	13%
Satisfied	1	12	22	42%
Neutral	2	6	14	27%
Dissatisfied	1	4	7	14%
Highly Dissatisfied			2	2%

MR = Major Referral
RR = Major Regional/Rural base
UB = Urban District

- 56% of Trainees surveyed, slightly over half, indicated that they were satisfied or highly satisfied with their current education and training.
- 16% of Trainees were either dissatisfied or highly dissatisfied
- 27% of Trainees gave a neutral response
- 2 respondents out of 20 at RR hospitals expressed dissatisfaction
- 1 of the 13 Trainee respondents at a UD hospital expressed high dissatisfaction
- 10 of 50 Trainee respondents at MR hospitals reported dissatisfaction (2 of which were highly dissatisfied)

Trainees commented that:

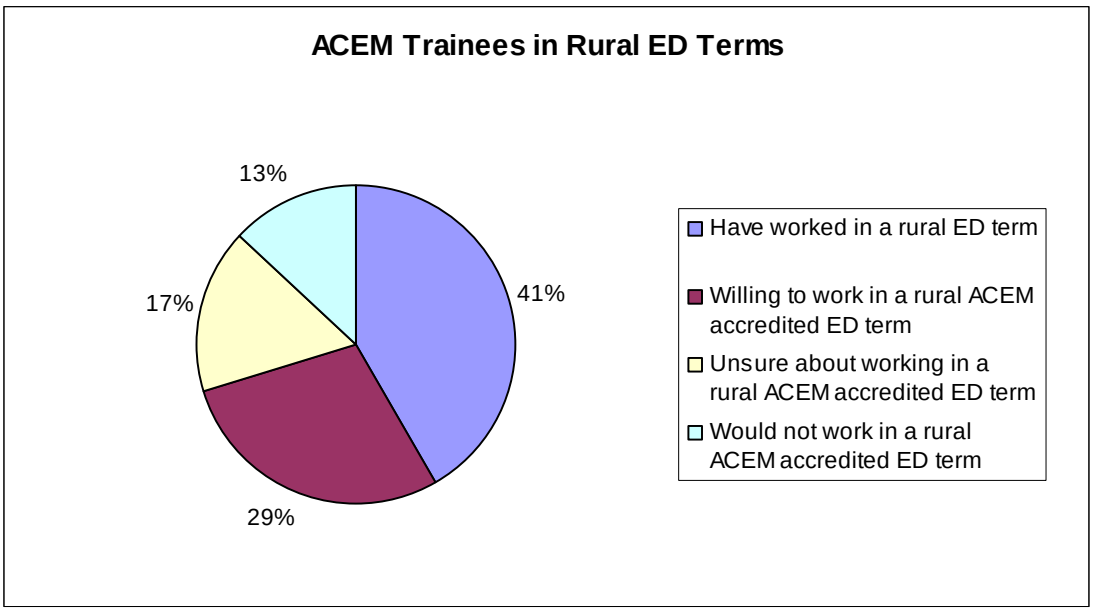
- Very little on the job training - all put into the 'protected 4 hours' which is identical for rotating ED RMOs right up to advanced trainees (MR)
- Good motivation to get teaching, but department too busy and under staffed to give time to teach or learn (MR)
- Very supportive & enthusiastic DEMTs and FACEMs in my department (RR)
- Well supported, well taught, good variety and exposure to all aspects of critical care difficult to get anaesthetics as only one training post for non-anaesthetists… (RR)
- training was ad hoc on the run teaching with no formal programme (UD)
- My training has been exceptional, however this is due to the dedication of the ED specialist…(RR)

5.3 TRAINEES AND RURAL TERMS

Trainees were asked if they had completed a rural term and if they had not, whether they would be willing, unsure, or would not work in a rural ACEM accredited ED term (*Table 5.3)*

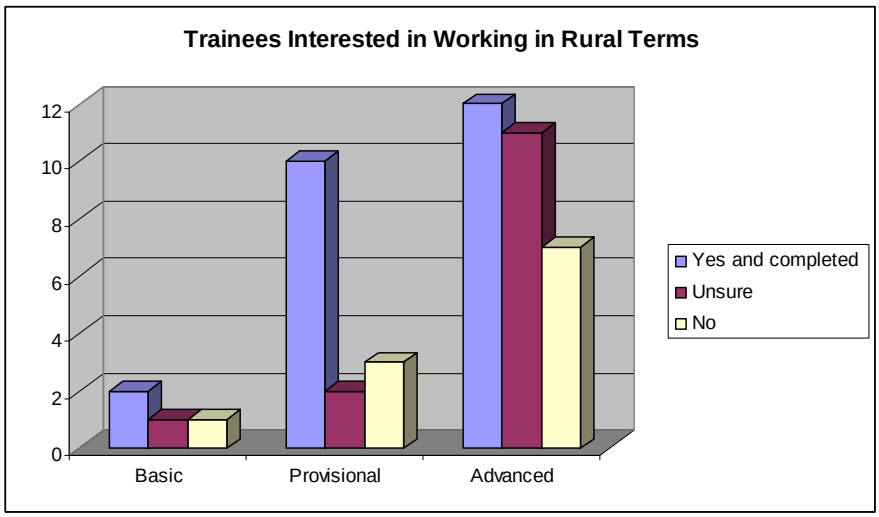
TABLE 5.3: TRAINEES AND RURAL TERMS

Have worked in a rural ED term	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
35	24	13	11



WOULD YOU BE (OR HAVE YOU BEEN IN THE PAST) INTERESTED IN WORKING IN A RURAL ACEM ACCREDITED ED TERM?

	Basic	Provisional	Advanced
Yes and completed	2	10	12
Unsure	1	1	11
No	1	3	7



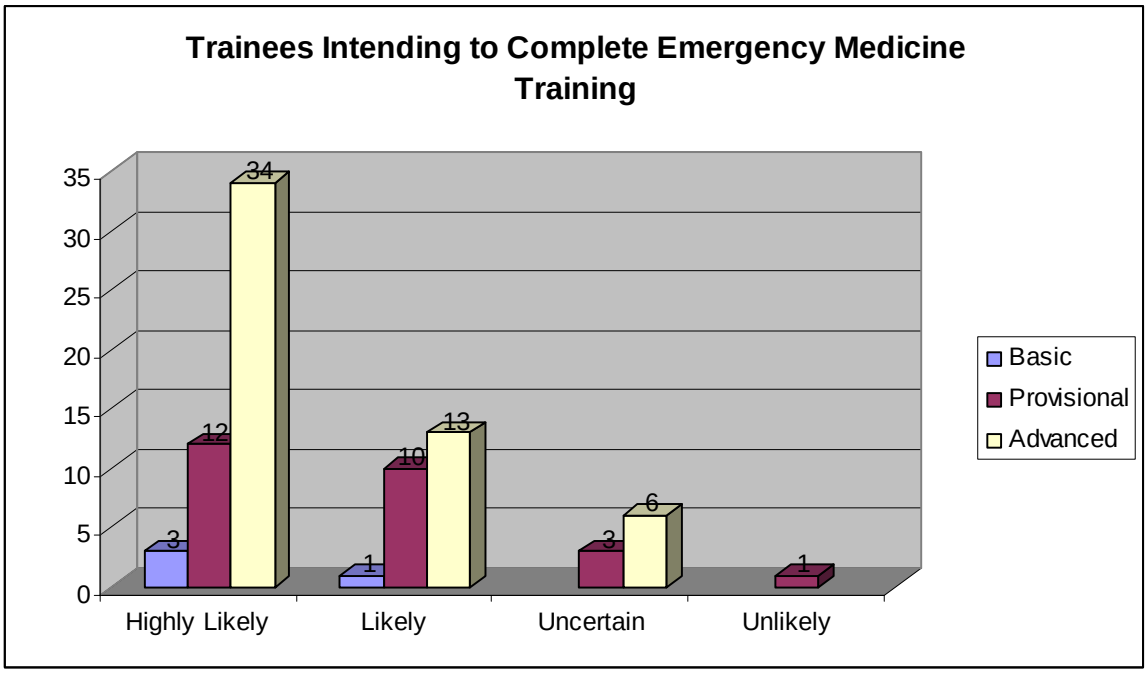
- 42% of Trainees indicated that they had worked in a rural term
- An additional 28% would be willing to work in a rural term.
- 17% were unsure, perhaps needing more information.
- Only 13% of Trainees responded that they would not work in a rural term.
- Several Trainees suggested encouragement, rather than coercion, citing as examples financial incentives for working in rural terms.

5.4: LIKELIHOOD OF TRAINEE COMPLETING TRAINING & WORKING AS EMERGENCY PHYSICIAN IN ED

Trainees were asked about the likelihood of their completing their training and working as Emergency Physicians in an ED

TABLE 5.4 INTENTION TO COMPLETE EMERGENCY MEDICINE TRAINING

	Basic	Provisional	Advanced	%
Highly Likely	3	12	34	59%
Likely	1	9	13	29%
Uncertain		3	6	11%
Unlikely		1		1%



- 88% of Trainees were either likely or highly likely to complete training
- 1% were unlikely.

5.5 DIRECTORS OF EMERGENCY MEDICINE TRAINING COMMENTS ON THE 2011 RECRUITMENT PROCESS

DEMTs commented on difficulties in filling positions:

- I always have vacancies every year (MR)
- The flexibility of localised recruitment is valuable. However non adherence to the dates for offering positions from other hospital meant that candidates were put under pressure… (MR)
- We are currently outside the process but keen to join the network for recruitment purposes (UD)
- We have difficulty recruiting middle and senior grade registrars. I would like us to be considered as a rural/urban ED rotation for registrars at larger hospitals. It would be of value to have some established links with larger city hospitals. (RR)

DEMTs commented on centralised recruitment:

- Need to move to centralised recruitment (UD)
- Recruitment needs to be centralised. Trainees are applying to many hospitals (not just networks). This involves an enormous amount of duplicated work - duplicate reference checks, duplicate 100pt checks and other paperwork. This should be done centrally. Also we need to aim for a centralised preference system for recruitment (MR)
- It is very difficult to recruit given the low priority given to attracting trainees by administration, and the better training environment at other hospitals. A more central recruitment with rotations would help us. (UD)

DEMTs commented on the recruitment process for 2011:

- The job descriptions were very confusing to both applicants and employers, terminology overlapped with ACEM terminology and should not. Advanced trainee in ACEM terms = post primary, but for recruitment meant "eligible for senior roster"… (UD)
- Understandably a little confusing during this transition period. Trainees seemed to lack information/understand the stage the process was at (MR)
- Seems confusing at the moment. People don't know if need to apply locally as well. If the larger hospitals aren't participating in sending registrars to peripheral hospitals, it won't work… (RR)

6. CONCLUSION

There was a 100% response rate to the Survey from DEMTs again this year. The level of trainee participation in the Survey fell compared with 2009. In 2009 there was 27% response by Trainees; in 2010 the response rate was 17%. While the 2010 response rate was low, it does cover 25 of the 32 accredited training sites.

The Network Training Program was operational from the middle of the year and Network Directors of Training have only been in place since July. Trainees may feel that they now have more immediate access to voice any concerns to the NDOTs, or alternatively the introduction of the networks may scarcely have impacted on them yet. Surveying the trainees about their perceptions of the benefits of being in a network should be undertaken in September 2011and may provide more information on the trainee's views.

Once again responses from trainees highlighted their problems in attending formal teaching sessions, both in terms of conflicting service demands and issues of paid teaching time. There was much more comment from trainees in the 2010 Survey about the need for educational resources, including e-learning resources and a perception that there was inequity of access to education between larger and smaller Emergency Departments.

This year only 1% of trainees surveyed indicated that they were unlikely to complete their training, a similar figure to 2009.

The Survey will provide valuable information for EMTIG as the Emergency Medicine Network Training Program responds to the trainees' requests for more educational resources and equity of access to educational resources.

Appendix 1 – Surveys

7.1 Example of Trainees Survey

NSW ACEM Trainees Survey Questions 2010

What do you consider to be your home hospital?

- Bankstown
- Blacktown
- Canterbury
- Coffs Harbour
- Concord
- Dubbo
- Gosford
- Hornsby
- John Hunter
- Lismore
- Liverpool
- Maitland
- Manly
- Mater
- Mona Vale
- Nepean
- Port Macquarie
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred
- Ryde
- St George
- St Vincent's
- Sutherland
- Sydney Adventist
- Tamworth
- Tweed
- Westmead
- Wollongong
- Wyong
- Other, please specify:

What type of trainee of you?

- Basic trainee (PGY1/PGY2 registered with ACEM)
- 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:

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

Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly dissatisfied
1	2	3	4	5

Any comments?

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

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
1	2	3	4	5

Do you have any other comments you would like to make to the NSW Emergency Medicine Training Implementation Group (EMTIG)?

7.2 Example of DEMT Survey

NSW DEMT Survey 2010

Please state your name and the hospital you are a DEMT for:

As a DEMT how many Provisional ACEM trainees are you supervising (do not include trainees seconded from another hospital) to the nearest whole number?

Number of trainees

Number of Full Time Equivalent positions

Number of International Medical Graduates (IMG's)

As a DEMT how many Advanced ACEM trainees are you supervising (do not include trainees seconded from another hospital) to the nearest whole number?

Number of trainees

Number of Full Time Equivalent positions

Number of International Medical Graduates (IMG's)

Please advise us of the number of Registrar positions in your ED that are filled with non ACEM trainees.

How stable is your non trainee workforce?

Highly stable	Stable	Uncertain	Unstable	Highly unstable
1	2	3	4	5

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

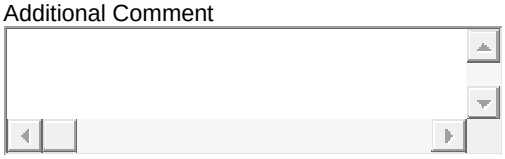
This year, were there any trainee applicants who were employable but did not get a job at your hospital because all your positions were taken?

SRMO level?

Additional Comment

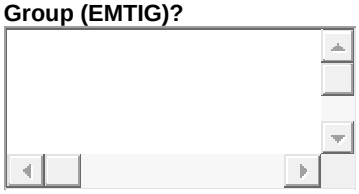
Registrar level?

Additional Comment



Do you have any questions/ comments for the NSW Emergency Medicine Training Implementation Group (EMTIG) on the 2011 recruitment process?

Do you have any other comments you would like to make to the NSW Emergency Medicine Training Implementation Group (EMTIG)?



7. ABBREVIATIONS

ACEM	Australasian College for Emergency Medicine
CETI	Clinical 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
EMTIG	Emergency Medicine Training Implementation Group
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
NSW Health	New South Wales Department of Health

ACEM role delineations for accredited hospitals

MR	Major referral hospital *(ACEM hospital role delineation)*
RR	Major regional/rural base hospital *(ACEM hospital role delineation)*
UD	Urban district hospital *(ACEM hospital role delineation)*