EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT OCTOBER 2011

HEALTH EDUCATION AND TRAINING INSTITUTE (HETI) MEDICAL DIRECTORATE

1. EXECUTIVE SUMMARY

The Survey of Emergency Medicine Training in NSW in October 2011 was carried out by the Health Education and Training Institute (HETI) Medical Directorate. The Survey has updated the information provided by previous Surveys of Emergency Medicine Training in NSW in 2009 and 2010.

Information from the Survey Report together with the Quarterly Performance Reports from the Networks will continue to assist the Emergency Medicine Training State Training Council 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. This information is also used to provide reports on numbers of trainees and training positions to the Ministry of Health.

The Survey was sent to:

- all ACEM registered NSW Emergency Medicine trainees, (approximately 485)
- Directors of Emergency Medicine Training (DEMTs)

Responses were received from:

- Trainees at 22 of 33 hospitals accredited for EM Training across NSW
- DEMTs from 30 of the 33 hospitals accredited for EM Training across 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, their level of interest in rural and regional training and their expectation of completing their training. The DEMTs were asked to describe their teaching program, comment on the availability of positions in the recruitment round for 2012 and to comment on the level of support they were getting from the Networks.

Trainees: There has been an increase in trainee satisfaction with 75% of trainees surveyed satisfied or highly satisfied with their training compared with 56% of trainees in 2010. 10% were either dissatisfied, or highly dissatisfied. 15% were neutral. 8% of trainees surveyed indicated that they were unlikely to finish their training and this figure has increased since both the 2009 and 2010 Surveys (1% in each year).

The trainees' response to the questions about rural rotations indicated a slight decline over 2010 in openness to working in a rural term. 63% of the Trainees had either worked in a rural rotation or were willing to consider it (a decrease of 8%) and 15% were unsure (a decrease of 2%). However, 22% of trainees were not interested in a rural rotation at all.

DEMTs: DEMTs were asked about whether all positions within their hospital were taken, the stability of their non trainee workforce, support received from the Network Director and ESO and general comments about the training networks. Responses highlighted ongoing issues in an undersubscribed specialty and concerns about smaller hospitals and hospitals in regional and rural areas needing to compete with metropolitan hospitals for trainees.

1.1 ACKNOWLEDGEMENTS

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

HETI is most grateful to ACEM for facilitating the distribution of the Survey.

2. TABLE OF CONTENTS

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 information from DEMTs about current teaching resources
- prompt comment from DEMTs about the network training program
- elicit comment from DEMTs about the 2012 Emergency Medicine recruitment round.

3.2 METHODOLOGY

The online Survey was developed by the Chair of the EMSTC, Dr Jon Hayman, assisted by Emergency Medicine Program staff at HETI. 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 EMSTC to participate in the Survey was sent out by email through ACEM.

Surveys were completed by:
Trainees at 22 of the 33 hospitals accredited for Emergency Medicine training across NSW.
DEMTs from 30 of the 33 ACEM accredited hospitals.

4. RESPONDENTS

TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 485 Emergency Medicine Trainees registered with the College in NSW as at 30 September 2011.

A total of 102 Trainees responded to the Survey, an overall response rate of 21%.

DEMTS

The Survey was sent to all the DEMTs at the 33 ACEM accredited training sites in NSW and DEMTs from 30 ACEM accredited training sites responded to the survey which included 31 responses overall. The overall response rate was 91%.

TABLE 1 : RESPONDENTS

Total ACEM Trainees in NSW	Number of trainee responses	% of responses
485	**102**	**21%**
Total ACEM accredited hospitals in NSW	Number of DEMT responses from accredited hospitals	% of responses
33	**31**	**91%**

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*)
- 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

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.

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)	Headcount (FTE)
MR	**John Hunter**	2-6	3-4	4 (4)	12 (12)
MR	**Liverpool**			5 (5)	8 (8)
MR	**Nepean**			6 (5.5)	4 (3)
MR	**Prince of Wales**			6 (5.5)	8 (7.5)
MR	**Royal North Shore**			7 (6)	12 (10.5)
MR	**Royal Prince Alfred**			9 (8.5)	8 (7.5)
MR	**St George**			11 (9.5)	16 (10.5)
MR	**St Vincent's**			4 (3)	15 (12.5)
MR	**Sydney Children's**			No data	No data
MR	**Westmead**			18 (17)	18 (17)
MR	**Children's Hospitals at Westmead**			1 (1)	11 (11)
TOTAL		***Average = 4***	***Average = 3.8***	**71 (65)**	**112 (99.5)**
RR	**Coffs Harbour**	2-8	3-4.5	3.5 (2)	3 (2.6)
RR	**Dubbo**			2 (2)	1 (1)
RR	**Gosford**			10 (10)	6 (6)
RR	**Lismore**			5 (4.5)	1 (1)
RR	**Port Macquarie**			3 (3)	4 (3)
RR	**Tamworth**			2 (2)	8 (5)
RR	**Tweed**			2 (2)	5 (4.5)
RR	**Wollongong**			13 (12.5)	0 (0)
TOTAL		***Average = 4.3***	***Average = 3***	**40.5 (38)**	**28 (23.1)**
UD	**Bankstown-Lidcombe**	1-4	3-4	10 (8)	2 (2)
UD	**Blacktown**			1 (0.5)	7 (6)
UD	**Calvary Mater**			6 (6)	2 (2)
UD	**Canterbury**			0 (0)	5 (4.5)
UD	**Concord**			2 (2)	1 (1)
UD	**Hornsby Ku-ring-gai**			1 (1)	1 (1)
UD	**Maitland**			5 (5)	4 (4)
UD	**Manly**			4 (2.7)	2 (2)
UD	**Mona Vale**			3 (3)	3 (1.5)
UD	**Mt Druitt**			2 (2)	5 (3.5)
UD	**Ryde**			0 (0)	4 (4)
UD	**Sydney Adventist**			3 (2)	2 (1.5)
UD	**Sutherland**			3 (3)	3 (3)
UD	**Wyong**			3 (2.15)	1 (0.5)
TOTAL		***Average = 3***	***Average = 3.7***	**43 (37.35)**	**42 (36.5)**

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

DEMTs and trainees reported on Protected Teaching Time
Responses varied from a minimum of an hour, reported by trainees at hospitals, to a maximum of 8 hours. The estimates of trainees and DEMTs at the same hospitals did not always match.

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

- I would be happier if the protected teaching time was more geared towards fellowship exam practice, e.g. practice SCEs and VAQs rather than the usual quiz and cases. (MR)
- The main obstacle in regards to education is the high workload which limits both trainees' and consultants' time and energy which is supposed to be partly spent on on-the-floor training and teaching sessions. (MR)
- With regard to junior trainees, it would be useful to have training days which focus on clinical aspects of the job rather than just focussing on the primary exam and the fellowship. (MR)
- It would be even better if we could have yearly college set assessment like an exam throughout our 4-5 years of advanced training instead of just a final exam at the end, e.g. ECG workshops etc. (MR)
- Need more formal part 2 exam teaching. Heavy rosters – chronic registrar shortage. Leads to poor morale due to overwork. No time to consider ongoing part 2 exam preparation. Many registrars considering changing to anaesthetics or ICU to get away from the grind of ED. (MR)
- EM education and training is very ad hoc and not structured. There are no specific fellowship sessions in the protected time. (MR)
- I cannot praise the training enough and given that there are one or two consultants on the floor for each shift, think the hospital should be accredited for longer than 12 months! (RR)
- Need more fellowship exam oriented teaching for advanced trainees (UD)
- On the job training is really pretty good (but can be dependent on staffing levels and individual supervisors), formal teaching program is increasingly geared towards the FE curriculum which is good. (MR)
- Not enough time on the floor for teaching sometimes, only the four hour protected time. (RR)
- Simulations are helpful, would be great if we could do some ultrasound training. (MR)

Trainees once again expressed concern over receiving protected teaching time:

- Due to the roster system it is often difficult to organise protected teaching time. (MR)
- Would love to have more protected teaching time. (MR)
- Not always able to attend now that I am working at a secondment hospital – not completely "protected". (MR)
- We have only just increased from three to four hours of protected teaching. The teaching is sometimes hit and miss. (MR)
- It is difficult to attend teaching during non ED terms. (MR)

One of the trainees said "am about to leave emergency medicine training because of difficulties with childcare and shift work".

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?

Percentage

Responses	Provisional Trainees	Advanced Trainees	%
Highly Satisfied	7	8	15%
Satisfied	19	42	60%
Neutral	7	9	15%
Dissatisfied	4	5	9%
Highly Dissatisfied		1	1%

- 75% of Trainees surveyed indicated that they were satisfied or highly satisfied with their current education and training.
- 10% of Trainees were either dissatisfied or highly dissatisfied.
- 15% of Trainees gave a neutral response.
- 1 of the 11 Trainee respondents at UD hospitals expressed dissatisfaction.
- 7 of 76 Trainee respondents at MR hospitals reported dissatisfaction.

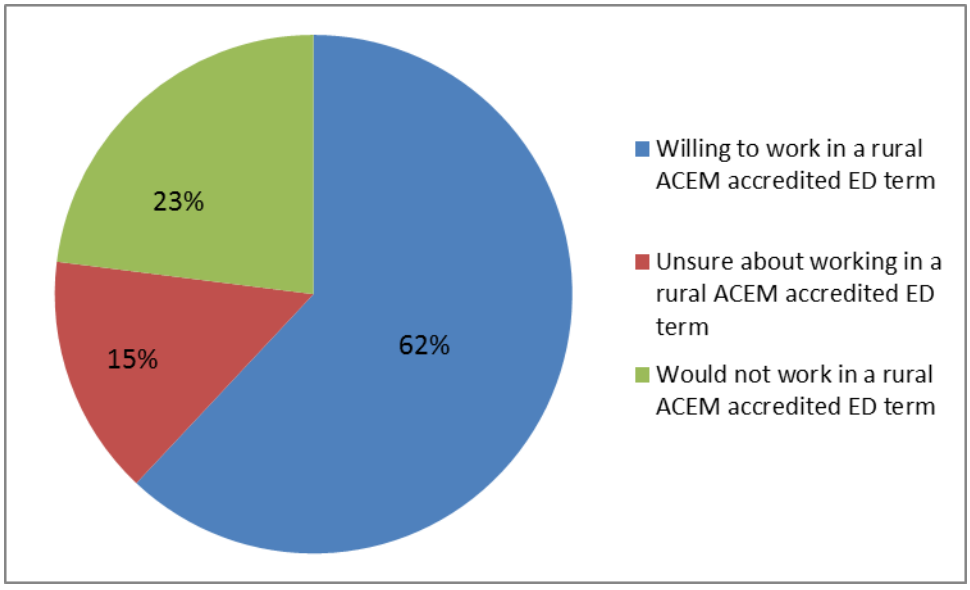
5.3 Trainees and Rural Terms

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)*

38% of trainees reported that they have completed a rural ED term.

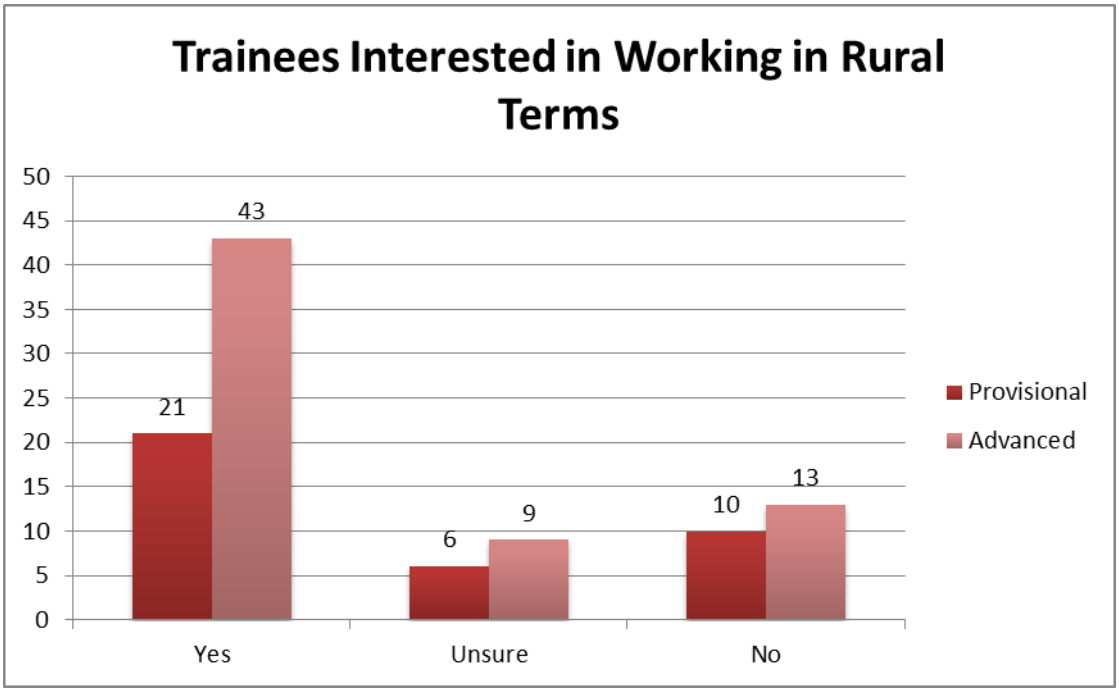
Table 5.3: Trainees and Rural Terms

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
62%	**15%**	**23%**



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

	Provisional	Advanced	%
Yes	21	43	63%
Unsure	6	9	15%
No	10	13	22%



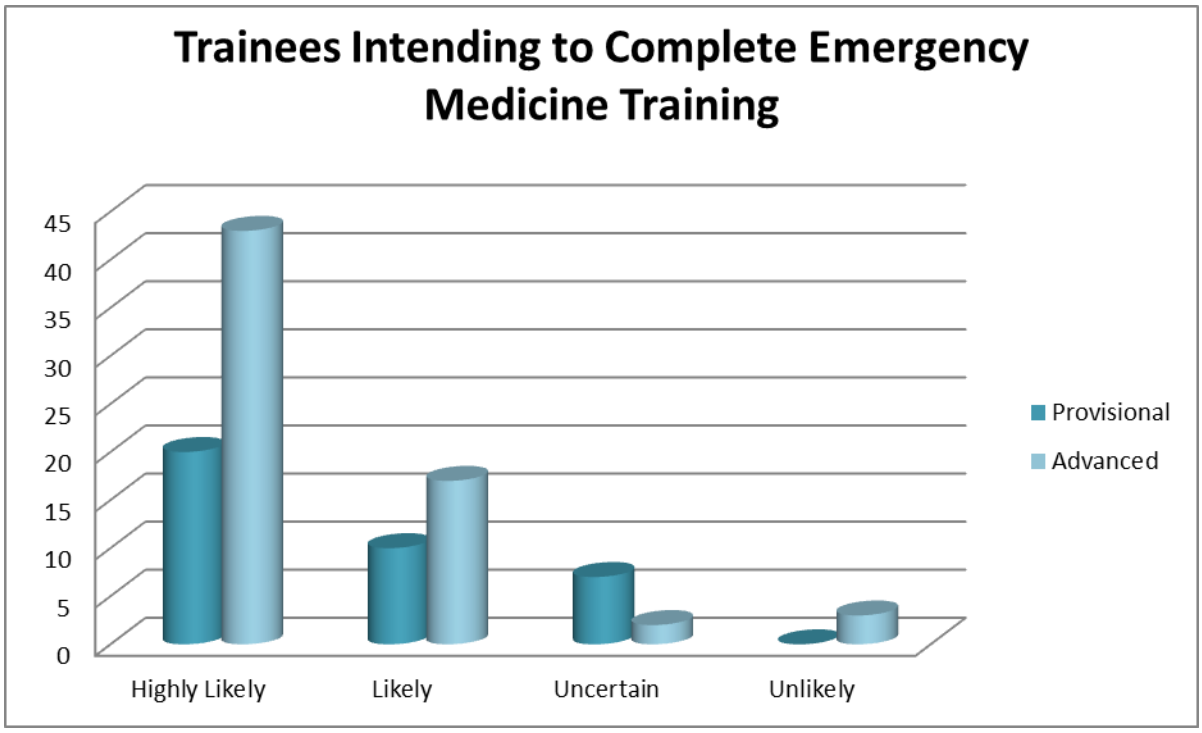
- 63% of Trainees indicated that they had worked in a rural term.
- 15% were unsure, perhaps needing more information.
- 22% of Trainees responded that they would not work in a rural term.

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

	Provisional	Advanced	%
Highly Likely	20	43	62%
Likely	10	17	26%
Uncertain	7	2	9%
Unlikely	0	3	3%



- 88% of Trainees were either likely or highly likely to complete training.
- 9% were uncertain about completing training.
- 3% were unlikely to complete training.

5.5 DIRECTORS OF EMERGENCY MEDICINE TRAINING COMMENTS

DEMTs commented on whether all positions within their hospital were taken:

- Yes there will be; at this time I still don't know how many of the interviewed trainees will be offered a position (due to non-ED rotators) and the fact that we do not know how many there will be. (MR)
- Unfilled trainee positions. (RR)
- No, on the contrary. At least 4 positions were unfilled. (RR)
- Yes several. We are a busy unit, plenty of presentations and good pathology but our medical staffing levels are capped and we struggle to get any increase on that cap…. Here at my hospital on my clinical shifts, I see many patients and supervise as well as we can with stretched patient presentations. (UD)
- Yes…More provisional trainee applicants than positions available. (MR)
- Yes – heaps. We have a stable cohort of registrars. Over 100 interviews – ¾ are employable but less than half will be offered. (MR)
- Registrars – nil. We are pretty much short of registrars. We did interview 3-4 residents more than the number needed. (RR)
- Yes. Very fortunate to have "good" numbers, though limited by the funding available, and attrition throughout the year can be an issue. (MR)
- Yes. Limited number of ACEM trainee positions in ED. Shared between 3/12 secondments from other hospitals and direct applications for training from 6-12 months. (MR)

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

	MR	RR	UD	%
Highly Stable	0	0	3	10%
Stable	4	2	6	39%
Uncertain	1	1	2	13%
Unstable	5	2	1	25%
Highly Unstable	1	3	0	13%

Note: role delineation of Hospitals: MR = Major Referral, RR = Regional/Rural base, UD =Urban District

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

- Right now the NDOT is unsupported and she is finding it very difficult to do her job. In addition she has no ESO. Therefore I believe our network is way behind in progress for trainees compared with other networks. (UD)
- ESO has been liaising with local ESO re involving local trainees in network trainee meetings. (RR)
- Satisfactorily supported given the distance between us and network base. They have organised a teleconference based teaching program which appears to be very good and which we will be adapting. (RR)
- Little impact. Network director has tried hard to improve training conditions as part of the network but has received little support in terms of securing protected teaching time and a less onerous roster for trainees. (UD)
- We have ready access to the Network Director's ear and feel she is doing her best. (RR)
- We only have one provisional trainee based at my hospital – all our others are from other institutions on rotation. No support really needed – our trainee is very keen and will progress well. We support him well. (UD)

- They have provided some anatomy specimens and 1 day of SIM centre training for the trainees, so that's not bad. (UD)
- ESO position currently unfilled for Network 3. NDOT position struggling I feel without ESO support but doing her best. Also Network 3 fragmented due to lack of central driving tertiary centre – difficulty coordinating 3 tertiary sites. (RR)
- I cannot see yet how they have improved the training of my registrars. They are based in [UD] hospital, but the majority of trainees are at [MR]hospital within our network. (MR)
- Unfortunately have not made use of this service. Was not fully aware of the scope of support, but believe it is good. Also believe there are many sites in Local Health District competing for the resource and that physician trainees have more ESOs.

DEMTs comments for the NSW Emergency Medicine State Training Council:

- Fight for equality amongst the HETI training schemes. (MR)
- Please have district hospitals in mind for rotations from tertiary hospitals as we have a lot of offer trainees. Please discourage tertiary hospital mentality in regards to self populating tertiary hospitals first before seconding to smaller hospitals. (UD)
- Our workforce is very unstable and it is difficult to attract trainees to our location. (RR)
- It is very difficult for the NDOT to achieve a huge amount in a 0.25 FTE role. (MR)
- The EM director and I would like to see our hospital more closely integrated with NSW Health recruiting and in fact we'd like to be able to recruit on the NSW Health website along with the other EDs. [private hospital]
- The network is working well for us – mostly in terms of opening up new opportunities/rotations. So far as grooming registrars for primary and fellowship exams, the network seems to have little benefit – the heavy lifting is still confined to the big tertiary centre. Rural (as opposed to urban district) placements should be compulsory. (MR)
- We need to balance out the trainee numbers city vs rural. We have 7 registrars vs >35 registrars in tertiary centres. We would love to have some more. (RR)
- Centralised recruitment is not a viable option until training EDs are prepared to tell the truth about their staffing levels and requirements. For example I know of another hospital who sees the same number of presentations as us but has 50% more trainees as well as more JMOs on the staff roster. We really need to wait until episode based funding comes in so that EDs will be budgeted for their workload and thus have an appropriate number of trainees to boot. (MR)
- Area is too complex with three major hospitals and multiple smaller hospitals making network training in the future a logistical nightmare – makes it hard not to be cynical and see this as an exercise in workforce distribution rather than any real interest in training excellent emergency physicians. Lack of funding makes any true change practically impossible. (MR)
- As always our hospital sees ¼ of our area health presentations but has 1/10th of trainees. There is no meaningful network with the largest hospital in our area. (UD)

6. CONCLUSION

There was a 91% response rate to the Survey from DEMTs this year. The level of trainee participation in the Survey increased compared with 2010 but was lower than 2009. In 2009 there was a 27% response by Trainees; in 2010 the response rate was 17% and in 2011 the response rate was 21%.

The Network Training Program was operational from the middle of 2010 and Network Directors of Training have only been in place since July 2010. Both trainees and DEMTs surveyed were divided about how the network training program was assisting and supporting them. Partly, this is due to the fact that some networks do not have an Education Support Officer (ESO) which is limiting the amount of support that the Network Director can provide. The other issue is that Network Directors are only 0.25 FTE which makes it difficult to support big networks only one day a week. However, there were some very positive comments from both trainees and DEMTs who have benefited from the network training program as they have received more training and access to a wider range of training than previously.

Currently the focus of the network training program is on education. If the program is adequately resourced then there will be more scope to assist sites in gaining increased trainee numbers.

There has been an increase in trainee satisfaction with 75% of trainees surveyed being satisfied or highly satisfied with their training compared to 56% of trainees in 2010.

Once again responses from trainees highlighted their problems in attending formal teaching sessions, both in terms of conflicting service demands and issues of protected teaching time. There was much more comment from trainees about the perception that there was inequity of access to education between larger and smaller Emergency Departments.

This year 3% of trainees surveyed indicated that they were unlikely to complete their training, a figure which is slightly higher compared to 2009 and 2010 where it was 1%.

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

6. APPENDICES

Appendix 1 – Example of Trainee Survey

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NSW ACEM Trainees Survey Questions 2011

NSW ACEM Trainees Survey Questions 2011

Page 1 - Question 1 - Choice - Multiple Answers (Bullets) [Up To 2 Answers]

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
- Mt Druitt
- 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

Page 1 - Question 2 - Choice - One Answer (Bullets)

What type of trainee of you?

- Provisional trainee
- Advanced trainee

Page 1 - Question 3 - Choice - One Answer (Bullets)

Which form of training are you undertaking?

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

Page 1 - Question 4 - Choice - One Answer (Drop Down)

Please estimate the total hours of protected teaching time available to you each week when working in the ED:

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

Page 1 - Question 5 - Rating Scale - One Answer (Horizontal)

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

Highly Satisfied		Satisfied		Neutral		Dissatisfied		Highly dissatisfied	
○	○	○	○	○	○	○	○	○	○

Page 1 - Question 6 - Open Ended - Comments Box

Any comments?

Page 1 - Question 7 - Yes or No

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

- Yes
- No

Page 1 - Question 8 - Choice - Multiple Answers (Bullets) [Up To 1 Answer]

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

Page 1 - Question 9 - Rating Scale - One Answer (Horizontal)

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

Highly likely	Likely	Neutral	Unlikely	Highly unlikely
○ ○	○ ○	○ ○	○ ○	○ ○

Page 1 - Question 10 - Open Ended - Comments Box

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

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NSW DEMT Survey 2011

NSW DEMT Survey 2011

Page 1 - Question 1 - Open Ended - One Line

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

Page 1 - Question 2 - Choice - One Answer (Drop Down)

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

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

Page 1 - Question 3 - Open Ended - Comments Box

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? Please comment.

Page 1 - Question 4 - Rating Scale - One Answer (Horizontal)

How stable is your non trainee workforce?

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

Page 1 - Question 5 - Open Ended - Comments Box

How supported are you and your trainees by the Network Director and ESO for your network?

Page 1 - Question 6 - Open Ended - Comments Box

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

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 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