



**HEALTH
EDUCATION
& TRAINING**

WHERE INNOVATION DRIVES
EXCELLENCE IN EDUCATION AND TRAINING
FOR IMPROVED HEALTH OUTCOMES

EMERGENCY MEDICINE TRAINING IN NSW SURVEY

DECEMBER 2018

ACKNOWLEDGEMENTS

HETI and the Clinical Chair of the State Emergency Medicine Training Council, Dr Jon Hayman, wish to thank the Emergency Medicine Trainees and Directors of Emergency Medicine Training who participated in the Survey. HETI is also grateful to the Australasian College of Emergency Medicine (ACEM) for facilitating the distribution of the survey to ACEM trainees.

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
ESO	Education Support Officer
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
NDoT	Network Director of Training
MoH	Ministry of Health

ACEM role delineations for accredited hospitals

MR	Major Referral
RR	Regional/Rural base
UD	Urban District

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EXECUTIVE SUMMARY

The Health Education and Training Institute (HETI) Medical Portfolio conducted a survey of the NSW Emergency Medicine Training in October 2018. Survey reports from previous years are available on the HETI website – [Emergency Medicine Training in NSW - Surveys](#).

The Emergency Medicine Training Survey Report informs the Emergency Medicine State Training Council (EMSTC) of the effectiveness of Emergency Medicine educational training across the State. The report is based on data collected from two concurrent surveys: the Emergency Medicine Trainee survey and the Directors of Emergency Medicine Training (DEMTs) survey. All NSW Emergency Medicine trainees (approximately 681) registered with the Australasian College of Emergency Medicine (ACEM) and DEMTs at the 39 ACEM accredited training hospitals in NSW. were encouraged to complete the survey.

The response rate to the survey was considerably higher this year than previous years. Almost half (49%) of NSW Emergency Medicine trainees completed the survey and there was DEMT representation from all NSW ACEM accredited hospitals in response to the DEMT survey.

Trainee responses indicated an overall satisfaction with their education and training, with a significantly high intention to complete their training towards fellowship in Emergency Medicine. Only 3% of trainees stated that they are unlikely to complete their Emergency Medicine Training. The majority of trainees (79%) claimed they were satisfied or highly satisfied with their training. Only 8% of trainees were either dissatisfied or very dissatisfied, with the remainder neutral about their training. This is an improvement on the level of satisfaction reported in the 2017 training survey.

There has been an increase in the number of reported protected teaching hours per week. Both trainees and DEMTs reported an increase in the provision of four or more hours per week of protected teaching time.

The high level of support by consultants, Network Directors of Training (NDoTs) and Education Support Officers (ESOs) was acknowledged by trainee respondents as a contributing factor to their satisfaction. DEMTs also expressed satisfaction with the training support given to trainees noting the availability of training events in the networks. Identified areas of improvement to training provision were notably in small emergency departments and rural/regional sites.

INTRODUCTION

The Emergency Medicine Training in NSW Survey has been conducted annually since 2009. The aim of the survey is to seek information from Emergency Medicine Trainees and Directors of Emergency Medicine Training (DEMTs) about the Emergency Medicine Vocational Training Program in NSW hospitals. The survey intends to:

- Seek information about levels of trainee satisfaction with Emergency Medicine education and training and the availability of protected teaching time.
- Gauge the level of interest of Emergency Medicine trainees in working in rural placements.
- Gauge the level of interest of Emergency Medicine trainees in continuing their training and pursuing a career in Emergency Medicine.
- Seek DEMT's assessment of the support they and trainees receive throughout the training program.
- Estimate the protected teaching time available to the Emergency Medicine trainees in their hospital.
- Gauge the stability of the non-trainee workforce at the DEMT's hospital.
- Determine if all trainee positions were filled in the 2018 Emergency Medicine recruitment round.
- Elicit comment from DEMTs about the Emergency Medicine network training program.

METHODOLOGY

The methodology for the survey was developed by the Emergency Medicine Training Program Clinical Chair, Dr Jon Hayman, and administrated by the Governance, Development and Delivery Unit within the Medical Portfolio at HETI.

Two separate surveys were designed to elicit responses from Emergency Medicine trainees and DEMTs, on a number of aspects of Emergency Medicine training. To ensure relevancy and appropriateness, each participant group was provided with a unique, though aligned set of survey questions and included opportunities for comment. Privacy and confidentiality of DEMT and trainee responses have been maintained by the removal of identifying characteristics and in some questions the aggregation of data sets. This process ensures no individual respondent can be identified in the results.

RESPONDENTS

The Australasian College for Emergency Medicine (ACEM) distributed the trainee survey to all registered trainees in NSW via an email link. ACEM reported a total of 681 Emergency Medicine Trainees from NSW were registered with ACEM as at 11 October 2018. A total of 331 trainees responded to the survey, achieving a response rate of 49%, a rate higher than for all previous years. These responses were received from trainees at 33 of the 39 hospitals accredited for Emergency Medicine Training across NSW.

The DEMENT survey was sent to DEMENTs at the 39 ACEM accredited training hospitals in NSW. The response rate of DEMENTs by hospital was 100%.

Total ACEM Trainees in NSW	Number of trainee responses	Trainee response rate
681	331	49%
Total number of accredited hospitals	Number of DEMENT responses from accredited hospitals	% of DEMENT responses from accredited hospitals
39	39	100%

Table 1: Respondents

RESULTS - TRAINEES

Question 1. What type of trainee are you?

This question asked respondents to identify whether they were a Provisional or Advanced Trainee. The majority of respondents (68%) were Advanced Trainees.

Trainee Classification	Number of Responses	Percentage (%) of Respondents
Provisional trainee	107	32%
Advanced trainee	224	68%

Table 2: Trainee Classification

Question 2. What format of training are you undertaking?

This question asked respondents to identify the format of the training they were receiving. The majority of respondents (93%) were receiving Emergency Medicine training only.

Form of Training	Number of Responses	Percentage (%) of Respondents
Emergency Medicine training only	308	93%
Joint Emergency/Paediatric training	13	4%
Joint Emergency/ICU training	10	3%
Total	331	100%

Table 3: Form of Training

Question 3. What do you consider your home hospital to be?

Figure 1 indicates the range of hospitals where trainees were based for their training.

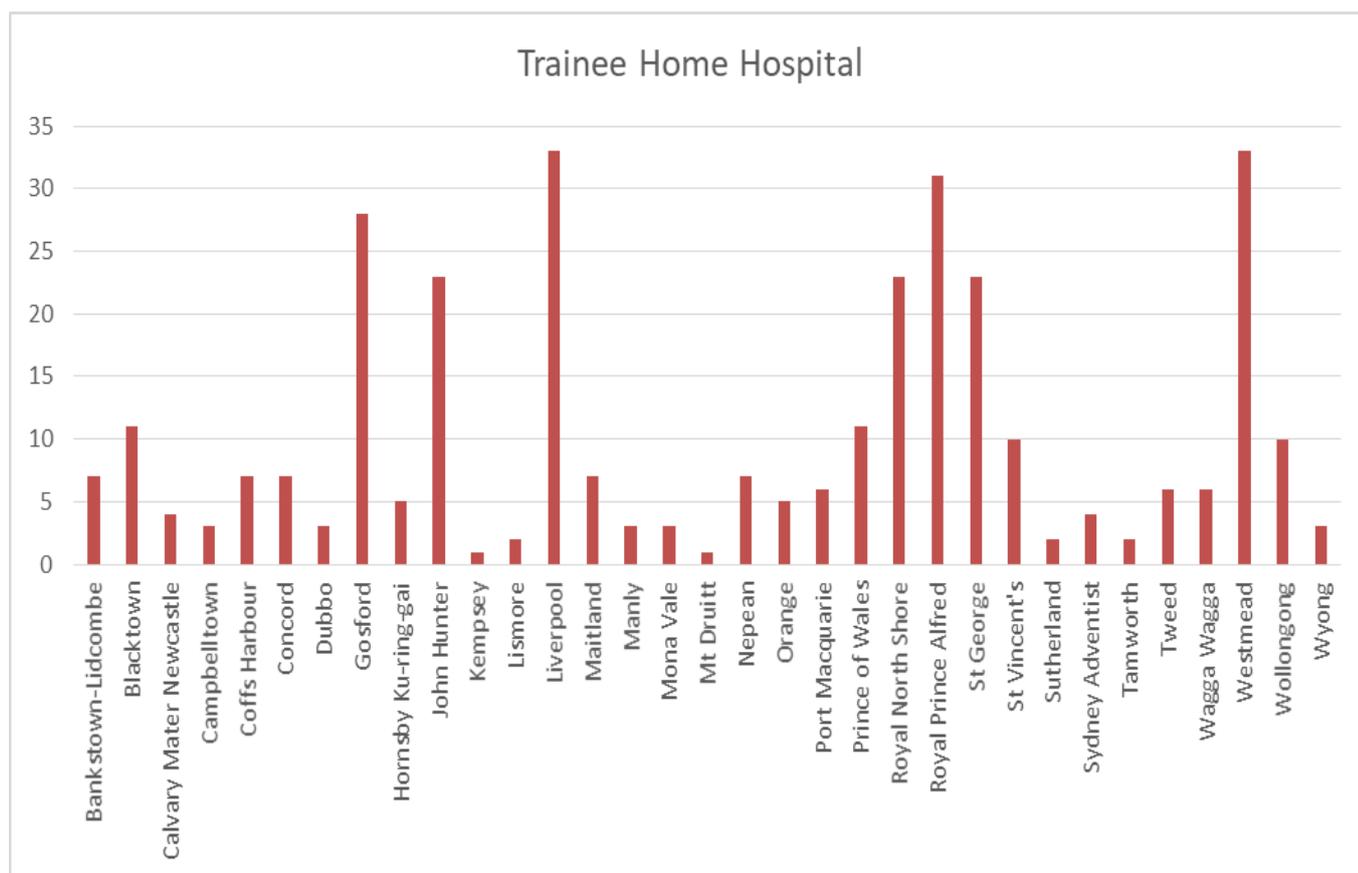


Figure 1: Trainee Home Hospitals

PROTECTED TEACHING TIME IN ACEM ACCREDITED HOSPITALS

The availability of protected teaching time across categories of hospitals according to ACEM classification allows comparisons and the identification of anomalies. Data collected from Trainees and the DEMTs in their respective surveys has been combined in Table 4 to indicate the average number of hours of protected teaching time available per week across these hospital categories. ACEM recommends four hours of protected teaching time each week. This recommendation, on average, is being met across NSW; which demonstrates a commitment to training on behalf of NSW Emergency Departments. As in 2017, regional and rural centres have maintained an average of the recommended four hours of protected teaching time, despite the disadvantage of a smaller workforce when compared to metropolitan centres.

Question 4. In your home hospital, what is the estimated total hours of protected teaching time available to you each week when working in the ED?

The majority of trainees (78%) estimated they had four hours or more protected teaching time available to them each week. Seventy-one (21%) trainees claimed they had less than four hours per week allocated to protected teaching time, with ten (3%) trainees claiming they did not receive any protected teaching time at all. Thirty-one (9%) trainees stated they had more than four hours per week of protected teaching time. Compared to 2017, there has been an improvement on the reported protected teaching hours by trainees. There is an increase of 5% of trainees reporting four hours or more hours per week of protected teaching time.

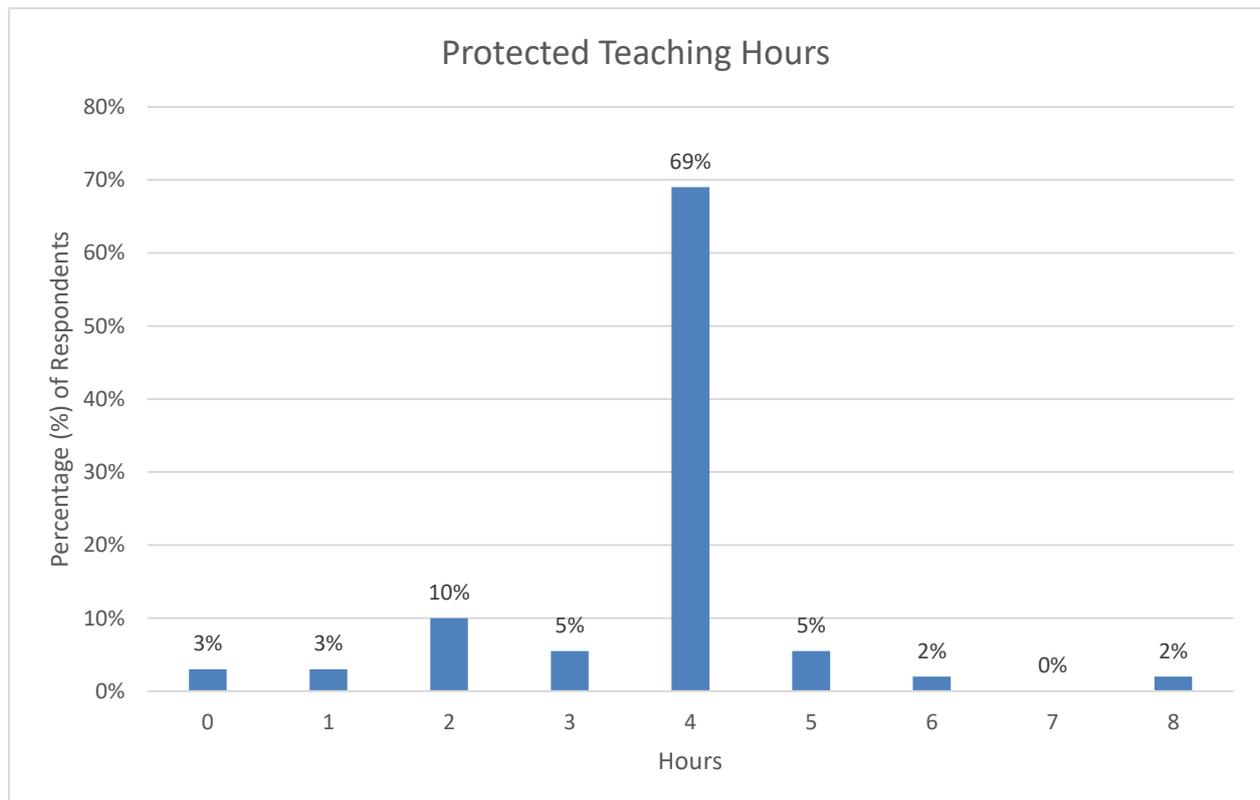


Figure 2: Protected Teaching Hours per Week at Home Hospital

The estimation of protected teaching hours averaged across each category of location (Major Referral hospital (MR), Major Regional/Rural hospital (RR) and Urban District (UD) hospital) is illustrated in Table 4 according to trainee and DEMA responses.

		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)	Estimated Headcount (FTE) at each hospital	Estimated Headcount (FTE) at each hospital
MR	John Hunter			5 (4.5)	14 (9.5)
MR	Liverpool			10 (10)	24 (22.8)
MR	Nepean			4 (4)	13 (12)
MR	Prince of Wales			14 (14)	15 (15)
MR	Royal North Shore			11 (10)	24 (21)
MR	Royal Prince Alfred			10 (9)	31 (25.5)
MR	St George			9 (8)	18 (17)
MR	St Vincent's			3 (3)	10 (7)
MR	Westmead			13 (13)	21 (15.5)
		Average = 4.1	Average = 3.8	65 (61.5)	155 (130.3)
RR	Coffs Harbour			1 (1)	7 (7)
RR	Dubbo			1 (1)	1 (1)
RR	Gosford			10 (9.5)	12 (10.5)
RR	Lismore			4 (4)	6 (5)
RR	Orange			3 (3)	1 (1)
RR	Port Macquarie			3 (3)	6 (5.5)
RR	Tamworth			2 (2)	1 (1)
RR	Tweed			4 (4)	11 (9.5)
RR	Wagga Wagga			No data given	No data given
RR	Wollongong			6 (5)	8 (7)
		Average = 4	Average = 3.6	34 (32.5)	53 (47.5)
UD	Auburn			1 (1)	5 (3)
UD	Bankstown-Lidcombe			1	6
UD	Blacktown			No data given	No data given
UD	Calvary Mater			5 (4.5)	1 (1)
UD	Campbelltown			No data given	No data given
UD	Canterbury			2	9
UD	Concord			4 (3.5)	9 (6)
UD	Hornsby Ku-ring-gai			2 (2)	5 (4)
UD	Maitland			1 (1)	4 (3.5)
UD	Manly			3 (3)	4 (3.3)
UD	Mona Vale			7 (7)	4 (3.8)
UD	Mount Drutt			6 (4)	6 (4)
UD	Ryde			0 (0)	1 (1)
UD	Sutherland			No data given	No data given
UD	Sydney Adventist			0 (0)	3 (3)
UD	Wyong			0 (0)	1 (1)
GRAND TOTAL		Average = 3.75	Average = 3.1	29 (26) 128 (120)	43 (33.6) 251 (211.4)

Question 5. How satisfied are you with your current Emergency Medicine education and training?

Trainees were asked to rate their satisfaction with their current Emergency Medicine education and training on a five-point Likert Scale. As illustrated in Table 5 and Figure 2 below, the majority of trainees expressed satisfaction with their education and training.

Summary of Responses

- 79% of trainees indicated that they were either satisfied or highly satisfied with their training.
- 13% of trainees gave a neutral response when asked if they were satisfied with their training.
- 8% of trainees were either dissatisfied or very dissatisfied. This is a decrease of 7% from 2017.

Responses	Provisional Trainees	%	Advanced Trainees	%	Total
Highly Satisfied	36	34%	64	29%	30%
Satisfied	49	46%	114	51%	49%
Neutral	15	14%	29	13%	13%
Dissatisfied	7	7%	12	5%	6%
Very Dissatisfied	0	0%	5	2%	2%

Table 5: Trainee Satisfaction with EM Education and Training

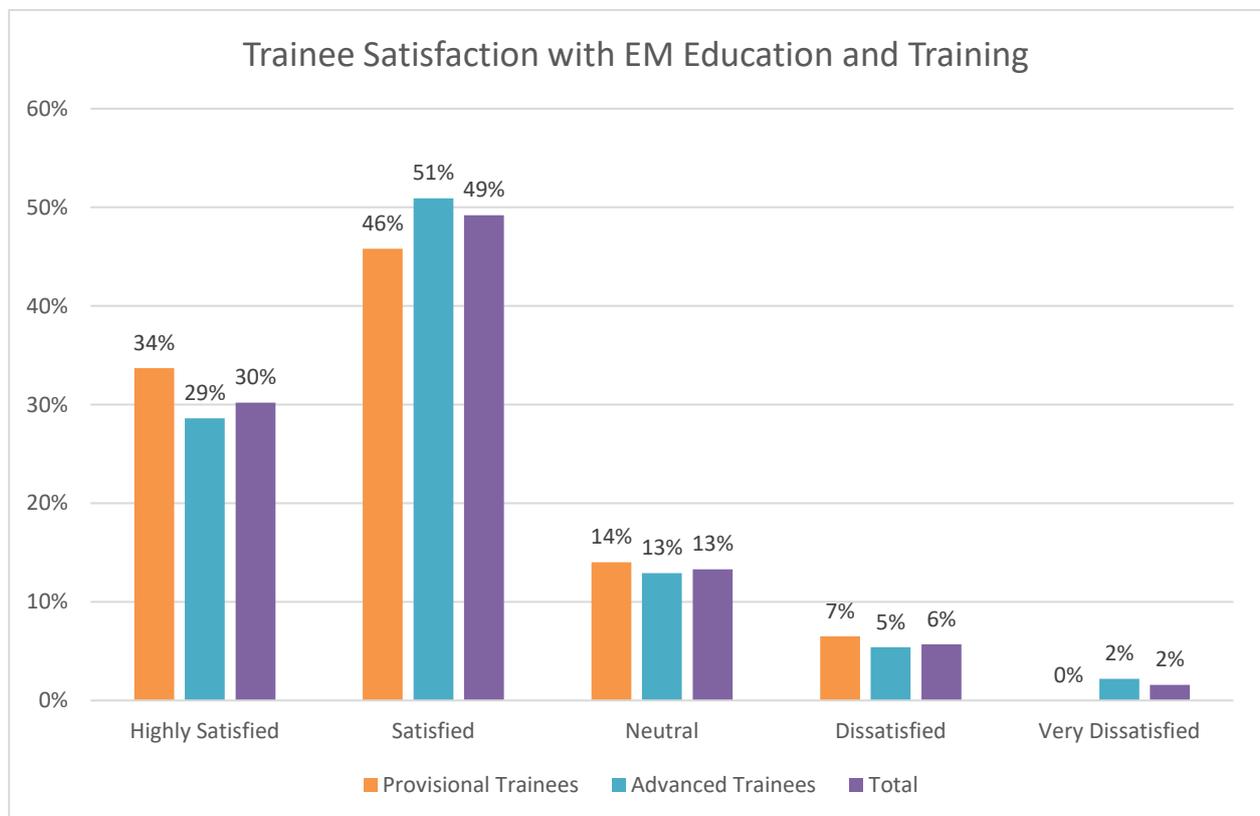


Figure 3: Trainee Satisfaction with EM Education and Training

Question 6. 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?

The majority of trainees expressed an interest in working in a rural emergency department. In comparison to last year’s data, there is a 2% improvement rate on the number of trainees who stated that they are interested in working in a rural rotation but also an increase of 3.6% in those not interested in a rural rotation. This anomaly is explained by the decrease in unsure responses. The rate of unsure responses decreased by approximately 5% from 2017 to 2018.

Summary of Responses

- 62% of trainees indicated that they were interested in working in a rural term, compared with 60% in 2017.
- 14% were unsure compared with 19.2% in 2017.
- 24% of trainees were not interested in working in a rural term. This compares to 20.4% in 2017.

Are or have been interested in working in a rural ACEM accredited ED term	Unsure about working in a rural ACEM accredited ED term	Are not interested in working in a rural ACEM accredited ED term
62%	14%	24%

Table 6: Trainee Interest in Rural ACEM Accredited Terms

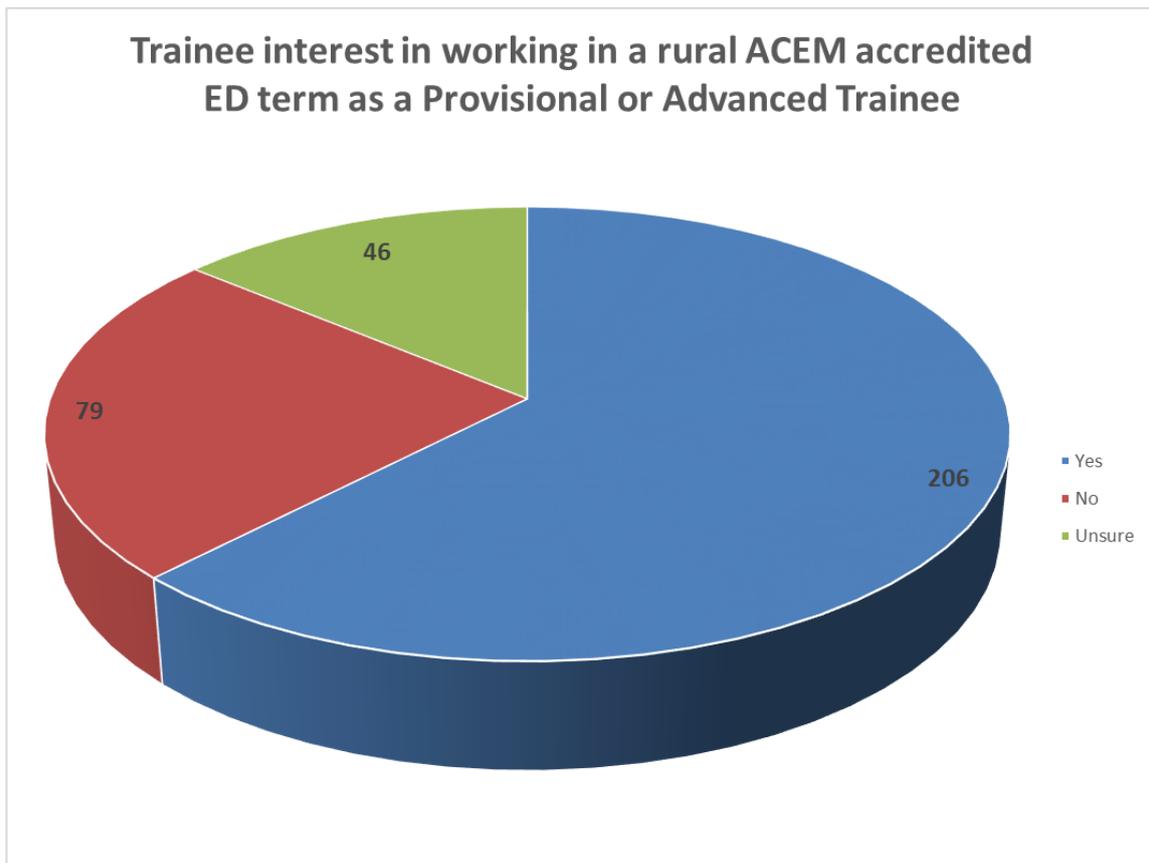


Figure 4: Trainee Interest in Rural Placements

Question 7: How likely are you to complete your fellowship training and work as an Emergency Physician in an ED?

The majority of trainees indicated that they expect to complete their training in Emergency Medicine and continue working as Emergency Physicians in Emergency Departments. These results are consistent with results from 2017.

Summary of Responses

- 92.2% of trainees were either likely or highly likely to complete training, a slight increase of 1.2% on 2017 results.
- 4.8% were undecided, a decrease of 1.3% on 2017 results.
- 3% were unlikely or highly unlikely to complete training which is similar to 2017 results.

	Provisional	Advanced	%
Highly Likely	65	170	71%
Likely	30	40	21.2%
Neutral	8	8	4.8%
Unlikely	2	3	1.5%
Highly Unlikely	2	3	1.5%

Table 7: Intention of Trainee Completing Training and Working as an Emergency Physician in an Emergency Department

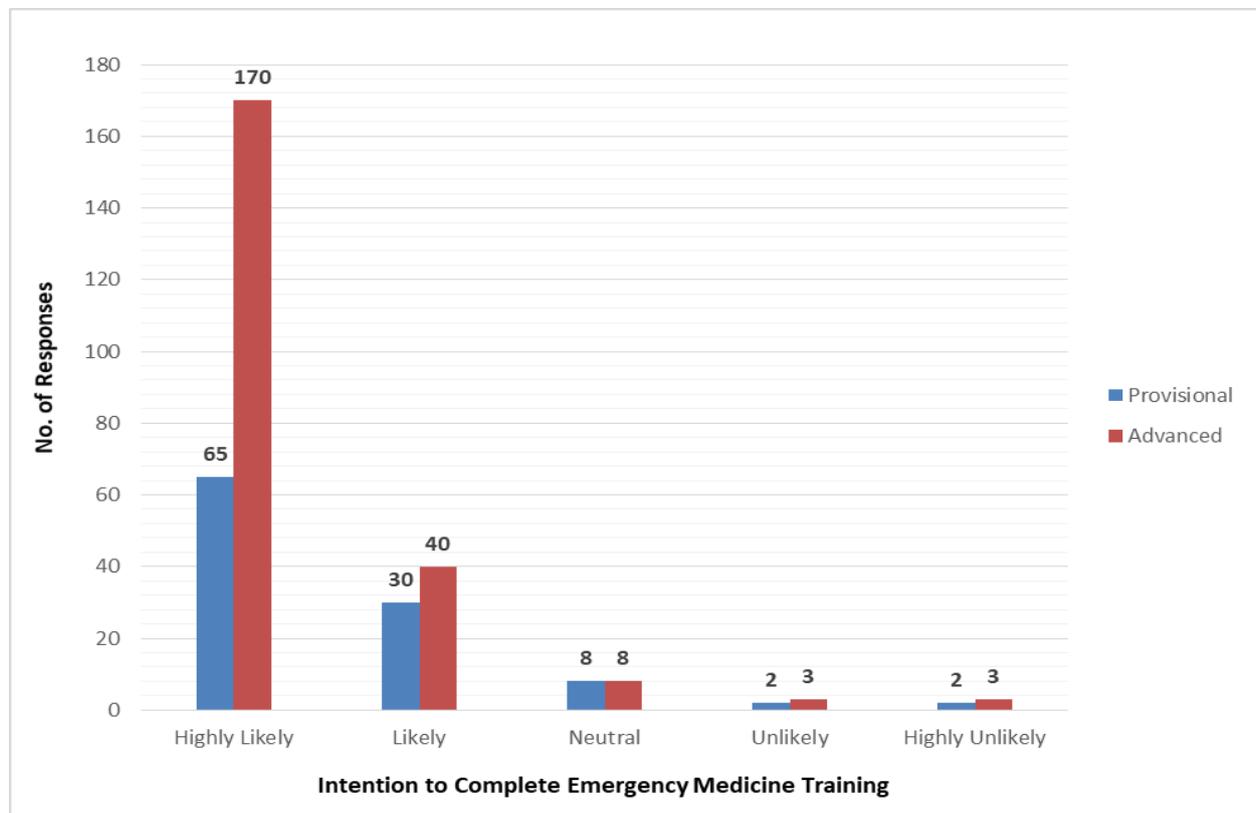


Figure 5: Intention to Complete Emergency Medicine Training

Question 8: Do you have any other comments you would like to make for consideration by the Chair of the Emergency Medicine State Training Council?

A small number of trainees (n=59) provided comments on their Emergency Medicine training experience. This represents 18% of respondents. Analysis of the comments made by trainees indicated some common themes:

Positive Training Experience

Positive comments by trainees focused on the dedication and hard work of specific directors of training and the availability of education events. Considering open questions are generally used as an opportunity to provide criticism, there was a relatively high number of positive comments (19%) made by respondent trainees in this section of the questionnaire.

Workforce Demands

Trainee comments were predominantly related to staffing shortfalls which were seen to be the cause of trainee burnout. Rostering issues which interfered with the quality and timing of training were also identified as problematic.

Training Shortfalls

Whilst the responses to Question Five indicated that the majority of respondents were satisfied with their Emergency Medicine training, a small number of trainees used this section to provide comment on the inconsistency of the standard and availability of training opportunities. A notable request was made to extend network-based training where some trainees felt they were missing out on training events at their sites.

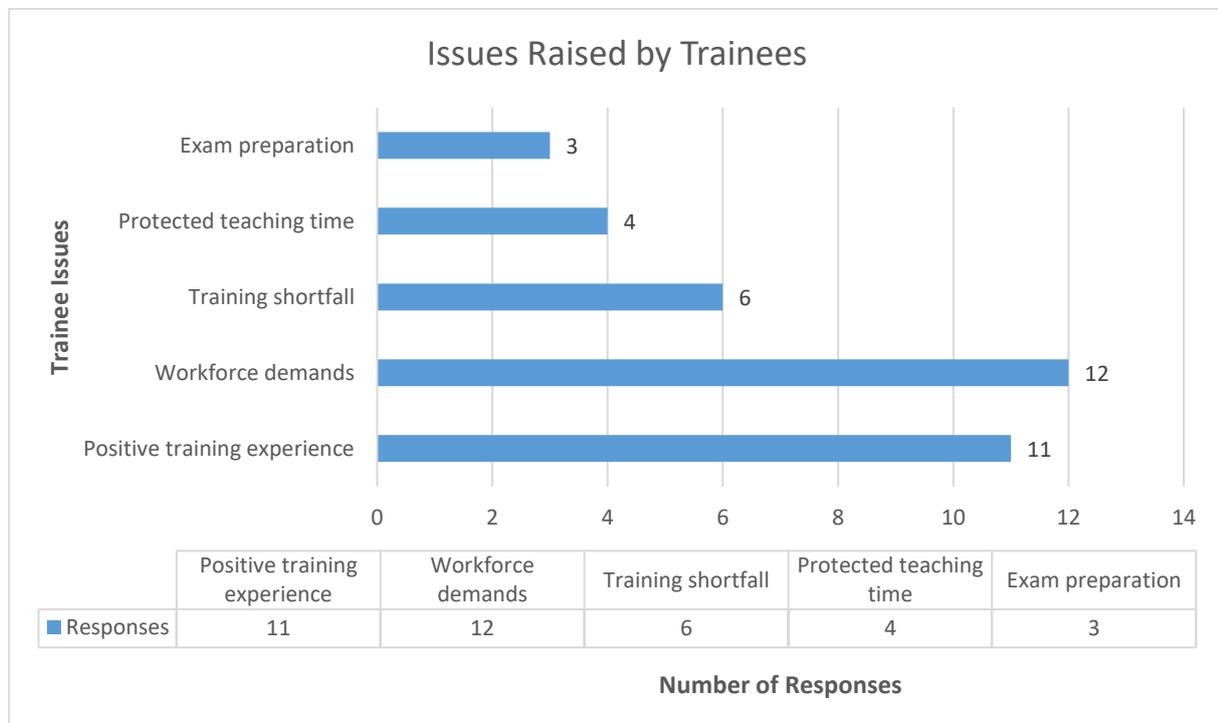


Figure 6: Frequency of Issues Mentioned by Trainees

SUMMARY - TRAINEES

The results from this survey indicate that the majority of Emergency Medicine Trainees are satisfied with their education and training and intend to complete their training for fellowship with ACEM. Only 8% of trainees reported dissatisfaction with their training compared to 15% in last year's survey results.

It seems that there is a progressive increase in the number of protected teaching hours available to trainees. This year's survey indicates an increase of 5% on trainees reporting four hours or more per week of protected teaching time per week compared to 2017 survey results.

RESULTS – DIRECTORS OF EMERGENCY MEDICINE TRAINING

Question 1: DEMENTs were asked for their personal details which are not recorded in this report.

Question 2: DEMENTs were asked to estimate the total hours of protected teaching time available to their trainees each week.

Responses to this question indicated that, according to DEMENT estimates, the majority of trainees (77%) have four hours per week of protected teaching time. The number of hospitals where trainees have three to five hours per week protected teaching time was similar to 2017. The figures indicate 87.2% in 2018 compared to 88.4% in 2017 for the same time range. The percentage of hospitals with more than four hours per week protected teaching time was greater in 2018 (7.7%) than in 2017 (3.8%).

Hours	Number of Responses	Percentage (%) of Respondents
0	0	0%
1	0	0%
2	4	10.2%
3	2	5.1%
4	30	77%
5	2	5.1%
6	1	2.6%
Total	39	100%

Table 8: Protected Teaching Time

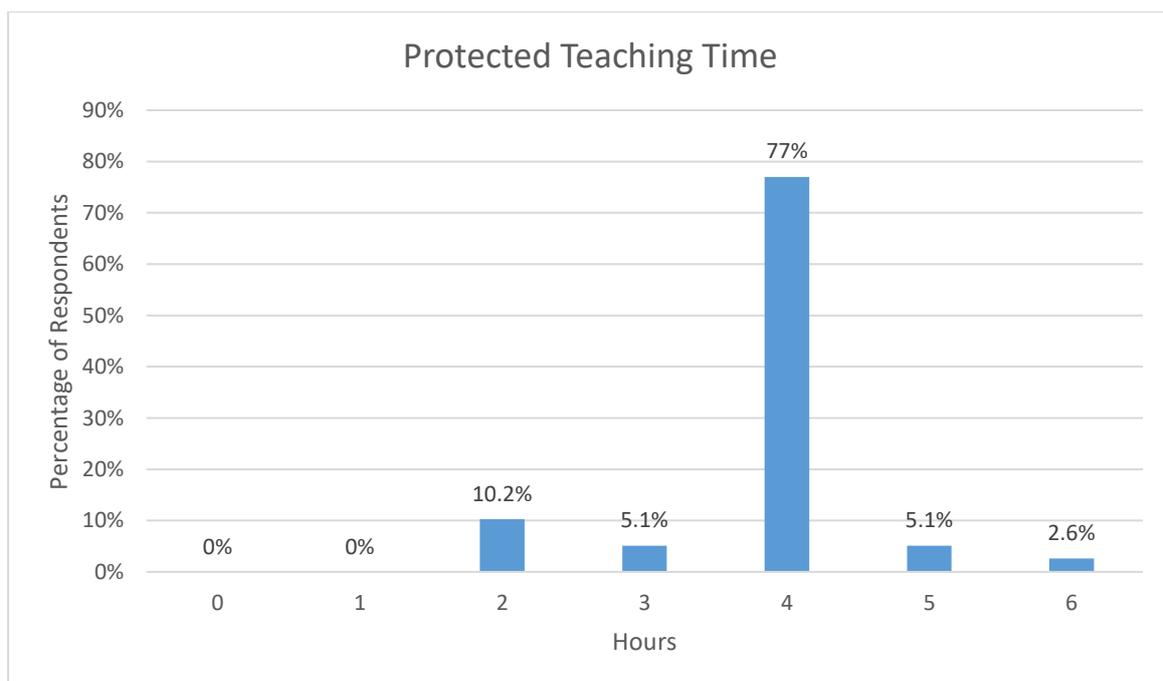


Figure 7: Protected Teaching Time

Question 3: DEMENTs 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.

DEMTs from three hospitals (7.7%) indicated that there were not enough positions to cater for employable trainees in their hospitals. This is considerably lower than DEMTs from seven hospitals (25%) in 2017. This is illustrated in Figure 9, which compares the non-appointment of employable trainees in 2017 and 2018, according to the hospital classification.

	Number of Responses	Percentage (%) of Respondents
Yes	3	7.7%
No	36	92.3%
Total	39	100%

Table 9: Non-appointment of Employable Trainees

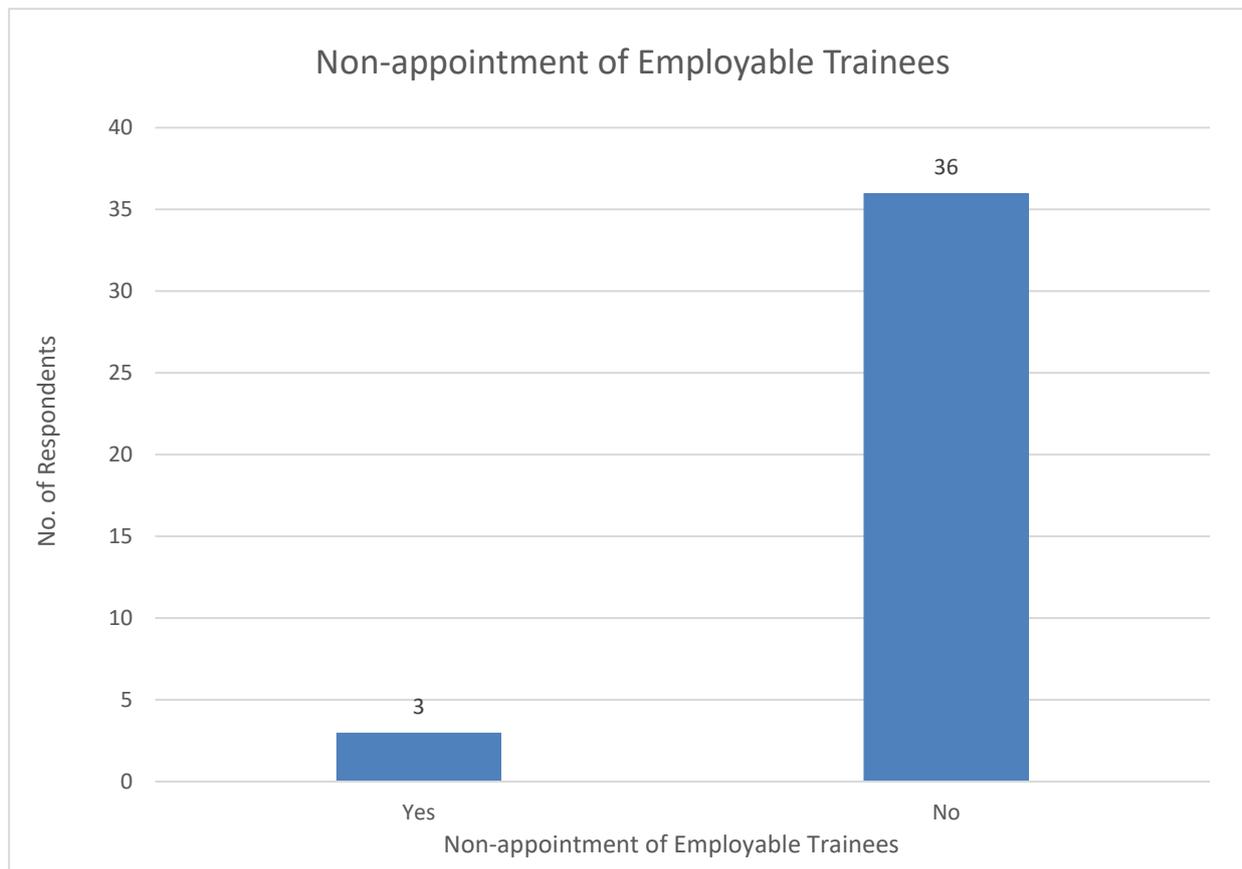


Figure 8: Non-appointment of Employable Trainees

Appointment of Employable Trainees - Comparison with 2017

Major Referral hospitals

Out of the 9 Major Referral hospitals, 3 hospitals indicated there were employable trainees that did not get a position at their hospital, compared with 4 hospitals in 2017.

Regional/Rural hospitals

Out of the 10 Regional/Rural Base hospitals, no hospitals indicated that there were employable trainees who did not get a position which is the same as in 2017.

Urban District hospitals

Out of the 16 Urban District hospitals, no hospitals indicated that there were employable trainees who did not get a position at their hospital, compared with 1 hospital in 2017.

NSW Children's hospitals

In 2018, none of the Children's Hospitals indicated that there were employable trainees that did not get a position, compared with 2 Children's Hospitals in 2017.

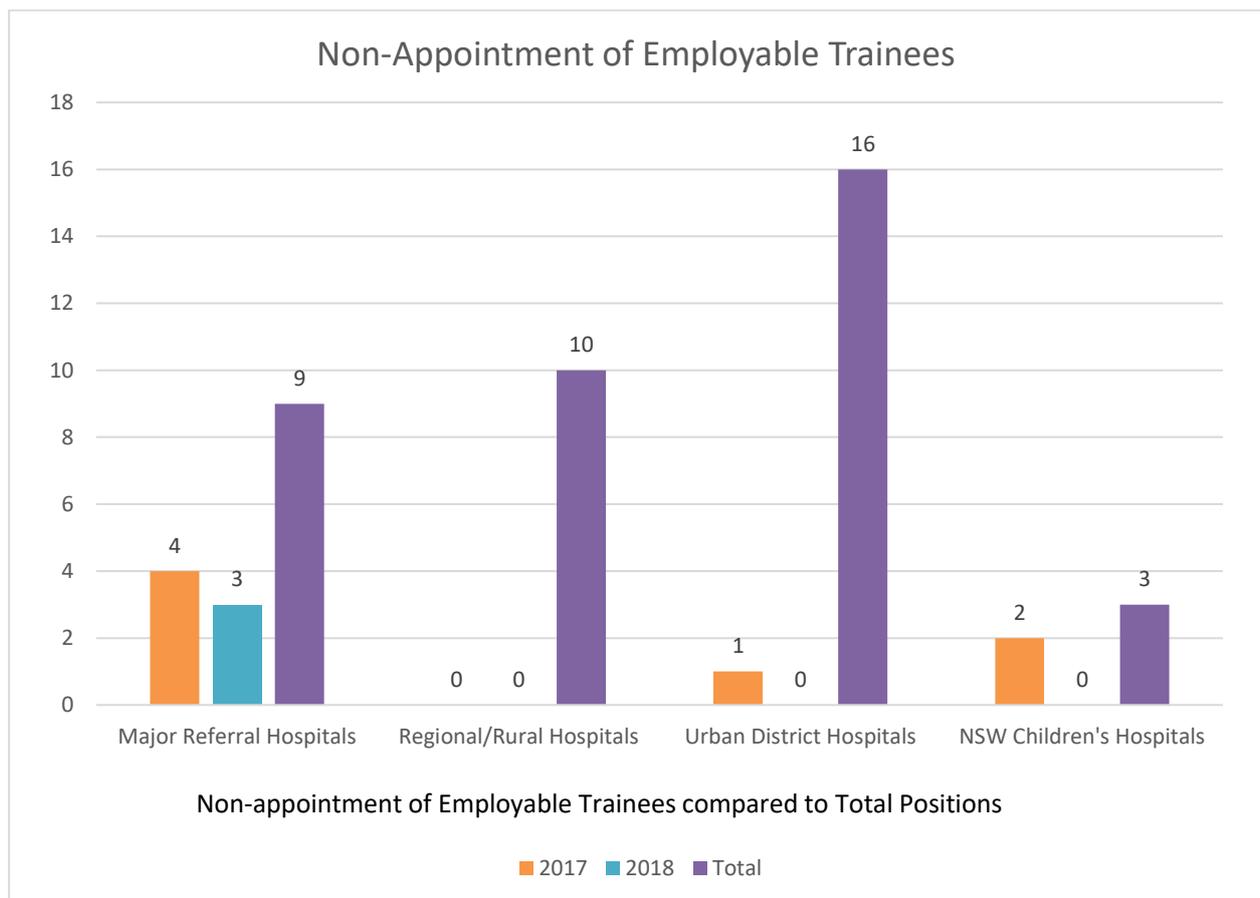


Figure 9: Non-appointment of Employable Trainees – Comparison of 2017 & 2018

Question 4: DEMTs were asked to make comments on the appointment of employable trainees.

Fifteen DEMTs gave comments to this question. The majority (73%) of comments identified an inability to fill positions in the first round of recruitment and the site therefore relied on second and third rounds of recruitment or backfilling by non-trainees. Comments regarding the inability to recruit trainees in some locations are also evident in responses to the open question at the end of the survey.

Comments:

Struggle to fill the positions we have. (MR)

We are dependent on overseas recruitment of non-college trainees to fill our employment numbers. (UD)

Tertiary centres are still not committed to a formal arrangement for secondments. It's a great pity as we believe 'proper' rural secondments are extremely beneficial for EM training. (RR)

Question 5: DEMTs were asked about the stability of their non-trainee workforce.

The non-trainee workforce was considered stable by 41% of DEMTs, with 35% considering it unstable and 24% unsure of its stability. This result on the perceived stability of the overall Emergency Department workforce is similar to 2017, whereby 42% of DEMTs considered it stable and 35% considered it unstable.

Stability of non-trainee workforce	2018 Percentage (%) of Respondents	2017 Percentage (%) of Respondents
Highly Stable	2%	11%
Stable	39%	31%
Uncertain	24%	23%
Unstable	31%	31%
Highly Unstable	4%	4%

Table 10: Stability of non-trainee workforce

Question 6: DEMTs were asked to comment on the support provided by the Network Director and ESO for their network.

Comments were provided by thirty-seven DEMTs in answer to this question. The majority (67%) of DEMTs who responded claimed that good support was received from the Network Directors of Training (NDoTs) and Education Support Officers (ESOs). This indication of support was similar to DEMT responses in 2017. DEMTs who were dissatisfied with the level of support indicated that training initiatives were focused on trainees in metropolitan hospitals and the small or regional sites were overlooked.

Comments:

Our Network feels to me to be very focused on the metropolitan / tertiary hospital needs with less interest in the peripheral rural and regional members of the network. (RR)

Supportive with all training initiatives including logistical support (primary teaching, SRMO day etc). (MR)

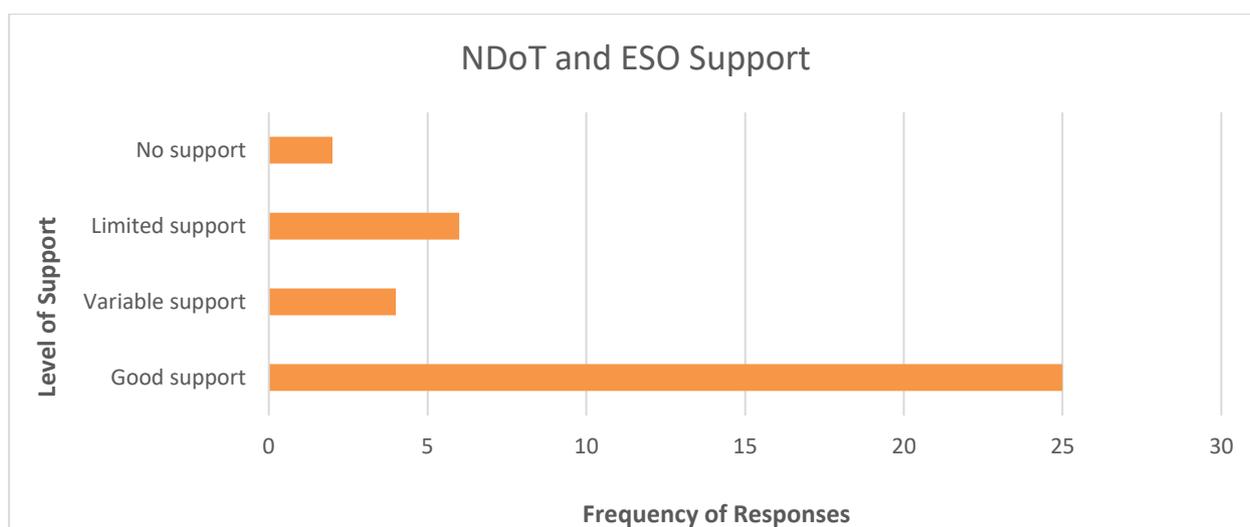


Figure 10: NDoT and ESO support

Question 7: DEMENTs were asked if they had any comments or questions for the Emergency Medicine State Training Council.

Eighteen DEMENTs provided comments for consideration by the EMSTC. The main issues raised by DEMENTs were:

- Recruitment and the shortage of staff
- Rural and regional rotations
- Training shortfalls in smaller hospitals and regional areas

The range of comments selected below indicate the issues DEMENTs see as important to improve training.

Comments:

What steps are being taken to ensure trainees are rotating to regional EDs to not only help with staffing and importantly to promote trainee clinical experience and training? (UD)

Please define the 'rural secondment' more clearly and encourage trainees to venture out of the metropolitan areas. (RR)

There is a fair amount of inequity of available registrars in tertiary centres versus other centres. It is obviously difficult to attract staff to smaller hospitals. Generally most registrars like the experience of being at a trauma centre. There exists some formal arrangements to send registrars from tertiary centres to smaller centres but I wonder if we can further extend this in terms of numbers. (UD)

The main issue at our site is the inability to fill registrar training positions. This means a chronic shortage of registrars and excessive burden on the few we do have, particularly in terms of night shifts. (UD)

SUMMARY – DIRECTORS OF EMERGENCY MEDICINE TRAINING

DEMTs indicated that whilst they felt trainees were well supported by Network Directors of Training and Education Support Officers, there were concerns that smaller regional sites had limited training initiatives and educational support provided by their network. DEMTs commented that the shortage of trainees and difficulties with recruitment to smaller emergency departments and regional areas impacted on the ability of some sites to provide optimal training and working conditions for their ACEM trainees.

CONCLUSION

The 2018 NSW Emergency Medicine Training Survey indicates that the majority of trainees are satisfied with Emergency Medicine training and intend to follow a career in Emergency Medicine. DEMTs also expressed satisfaction with the training support given to Emergency Medicine trainees. Industrial issues, such as staff shortages and excess shift work, played a part in negative training experiences as was the case in previous years.

The high rate of completion of this year's survey and the relatively high number of positive comments made by trainees is a pleasing result for stakeholders and network staff who work hard to provide a high standard of education and training for Emergency Medicine Trainees.

APPENDICES

APPENDIX 1

Trainee Survey

NSW ACEM Trainees Survey 2018

Welcome to the NSW ACEM Trainees Survey 2018.

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

Data from this survey will be collated into a report published on HETI's website. Your comments will not be identifiable in this report or any further publications.

The survey consists of eight questions that will take five minutes to complete.

1. What type of trainee are you?

- Provisional
- Advanced

2. What format of training are you undertaking?

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

3. 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

- Lismore
- Liverpool
- Kempsey
- 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

4. 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):

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

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

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

6. 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

7. 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

8. Do you have any other comments you would like to make for consideration by the Chair of the Emergency Medicine State Training Council?



APPENDIX 2

DEMT Survey

NSW Emergency Medicine DEMT Survey 2018

Welcome to the NSW Emergency Medicine DEMT Survey 2018.

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

Data from this survey will be collated into a report published on HETI's website. Your comments will not be identifiable in this report or any further publications.

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

1. Please enter your hospital details below.

Hospital

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Comments

3. 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

4. Any comments?

5. How stable is your non trainee workforce?

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

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

7. Do you have any questions or comments you would like to make for consideration by the Chair of the Emergency Medicine State Training Council?