



**EMERGENCY MEDICINE TRAINING  
IN NSW SURVEY  
REPORT NOVEMBER 2012**

## 1. EXECUTIVE SUMMARY

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The Survey of Emergency Medicine Training in NSW in November 2012 was carried out by the Health Education and Training Institute (HETI) Medical Portfolio. The Survey has updated the information provided by Surveys of Emergency Medicine Training in NSW since 2009. Surveys from previous years are available on the HETI website – [www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)

Information from the Survey Report together with the Quarterly Performance Reports from the Networks continue to inform the Emergency Medicine State Training Council (EMSTC) in progressing Emergency Medicine educational initiatives across the State.

The Survey was sent to:

- all Australasian College of Emergency Medicine (ACEM) registered NSW Emergency Medicine trainees, (approximately 539)
- Directors of Emergency Medicine Training (DEMTs)

Responses were received from trainees at 29 of 33 hospitals accredited for EM Training across NSW. 48% of ACEM trainees in NSW responded, up from 21% in 2011. DEMTs responded from 28 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, to comment on the availability of positions in the recruitment round for 2013 and to comment on the level of support they were getting from the Networks.

**Trainees:** 74% of trainees surveyed were satisfied or highly satisfied with their training which is similar to 2011. 8% were either dissatisfied, or highly dissatisfied with their training. 2% of trainees surveyed indicated that they were unlikely to finish their training which was similar to 2011.

The trainees' response to the questions about rural rotations indicated that 80% of trainees have worked or are open to working in a rural location, which was similar to 2011.

**DEMTs:** DEMTs were asked 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 of the State Training Council, 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.

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## 3. BACKGROUND AND GUIDING PRINCIPLES

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### 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 DEMENTs about current teaching resources
- prompt comment from DEMENTs about the network training program
- elicit comment from DEMENTs about the 2013 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 and submit the Survey online.

Emergency Medicine trainees and DEMENTs were asked to complete the Survey. The request to the trainees from the Chair of EMSTC to participate in the Survey was sent through the Network Directors of Training (NDoTs), Education Support Officers (ESOs) and the Australasian College of Emergency Medicine.

Surveys were completed by:

Trainees at 29 of the 33 hospitals accredited for Emergency Medicine training across NSW.  
DEMENTs from 28 of the 33 ACEM accredited hospitals.

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## 4. RESPONDENTS

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### TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 539 Emergency Medicine Trainees registered with the College in NSW as at 31 October 2012.

A total of 261 Trainees responded to the Survey, an overall response rate of 48%.

### DEMTs

The Survey was sent to all the DEMTs at the 33 ACEM accredited training sites in NSW and DEMTs from 28 ACEM accredited training sites responded to the survey. The overall response rate was 85%.

**TABLE 1 : RESPONDENTS**

Total ACEM Trainees in NSW	Number of trainee responses	% of responses
<b>539</b>	<b>261</b>	<b>48%</b>
Total ACEM accredited hospitals in NSW	Number of DEMT responses from accredited hospitals	% of responses
<b>33</b>	<b>28</b>	<b>85%</b>

## 5. MAIN FINDINGS

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

### 5.1 PROTECTED TEACHING TIME IN ACEM ACCREDITED EDs

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

**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	1-8	9.5 (8)	6.5 (5)
MR	Liverpool			7 (6.5)	11.5 (12)
MR	Nepean			10 (9.5)	6 (4.7)
MR	Prince of Wales			6 (5.5)	8 (6.5)
MR	Royal North Shore			8 (7.5)	13 (11.5)
MR	Royal Prince Alfred			11 (10.5)	15 (13)
MR	St George			5 (4.3)	12 (11.3)
MR	St Vincent's			7 (6)	8 (5)
MR	Sydney Children's			No data	No data
MR	Westmead			4 (3)	19 (16)
MR	Children's Hospitals at Westmead			No data	No data
				<b>Average = 4</b>	<b>Average = 3.7</b>
RR	Coffs Harbour	2-8	1-4	3 (3)	1 (1)
RR	Dubbo			2 (2)	2 (2)
RR	Gosford			8 (8)	7 (6.5)
RR	Lismore			4 (4)	3 (3)
RR	Port Macquarie			4 (4)	4 (4)
RR	Tamworth			2 (2)	7 (6)
RR	Tweed			5 (5)	2 (2)
RR	Wollongong			5 (4.5)	5 (5)
		<b>Average = 4.3</b>	<b>Average = 3.2</b>	<b>Total 33 (32.5)</b>	<b>Total 31 (29.5)</b>
UD	Bankstown-Lidcombe	1-4	1-8	6 (6)	2 (1)
UD	Blacktown			12 (11.5)	8 (6.5)
UD	Calvary Mater			2.8 (2)	4 (4)
UD	Canterbury			1 (1)	4 (3.3)
UD	Concord			No data	No data
UD	Hornsby Ku-ring-gai			3 (3)	1 (1)
UD	Maitland			3 (3)	5 (5)
UD	Manly			6 (4.5)	2 (1.5)
UD	Mona Vale			5 (5)	0 (0)
UD	Mt Druitt			2 (2)	2 (2)
UD	Ryde			2 (2)	5 (4)
UD	Sydney Adventist			1 (0.5)	4 (3.5)
UD	Sutherland			7 (6.5)	4 (3.5)
UD	Wyong	2 (1.2)	0 (0)		
		<b>Average = 3</b>	<b>Average = 2.8</b>	<b>Total 52.8 (48.2)</b>	<b>Total 41 (35.3)</b>
<b>GRAND TOTAL</b>				<b>153.3 (141.5)</b>	<b>171 (149.8)</b>

\*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:***

- Often no teachers and no teaching because of commitment to work as not enough staff on the floor. (RR)
- Excellent, innovative program. Motivated and informed teachers. Follows the ACEM curriculum and uses a wide variety of tools including regular simulation and specialty areas such as USS and ECHO. (RR)
- Network appears more focussed on primary exam rather than fellowship exam. (MR)
- Great regular registrar teaching in addition to exam preparation teaching. Well organised with a variety of topics. Monthly radiology sessions are very useful. (MR)
- Our teaching is getting better each year.....I hope there can be a way where peripheral hospitals can affiliate with their main hospitals to cater to teaching. (MR)
- Good mix of lectures and simulations. (MR)
- The Wednesday morning block of teaching time contains an option for personal ACEM Primary study or relevant teaching topics led by two of our FACEM educators and our fellow registrar completing an education term. I always look forward to it. (RR)
- Our hospital ED has a well organised teaching program run by very enthusiastic consultants. (RR)
- Emphasis on “on the job” education, daily teaching opportunities help create a positive learning environment, compared to other hospital’s emphasis on “number of patients seen” tallies. (MR)
- It’s brilliant. Well organised. The staff are proactive and keen to teach and friendly. Best teaching I’ve had including medical school. (MR)
- The reason the ED in my hospital is so strong is the support of the consultants. (RR)
- My hospital ED offers a very good training scheme with good specialist support and excellent learning opportunities. (MR)
- Provide more education days locally rather than travelling all the time. (MR)
- Excellent weekly training mornings joint with (MR) but I only make it on average once a month due to roster. DEMT specialist here very helpful with primary preparation, running regular sessions. (UD)
- Do not get regular weekly teaching due to some FACEM not available for teaching. (UD)

#### ***Trainees once again expressed concern over receiving protected teaching time:***

- Unfortunate rostering means I am not able to attend about 50% of teaching. (MR)
- There are four hours teaching each week but this mostly falls outside of paid work hours. In other words, education attendance is usually during private time. (RR)
- Protected teaching time not to pull us out of it cause the floor is busy!! (MR)



## **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.

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

Percentage

<b>Responses</b>	<b>Provisional Trainees</b>	<b>Advanced Trainees</b>	<b>%</b>
<b>Highly Satisfied</b>	17	31	18.4%
<b>Satisfied</b>	57	88	55.6%
<b>Neutral</b>	20	27	18%
<b>Dissatisfied</b>	8	5	5%
<b>Highly Dissatisfied</b>	5	2	3%

- 74% of Trainees surveyed indicated that they were satisfied or highly satisfied with their current education and training.
- 8% of Trainees were either dissatisfied or highly dissatisfied.
- 18% of Trainees gave a neutral response.

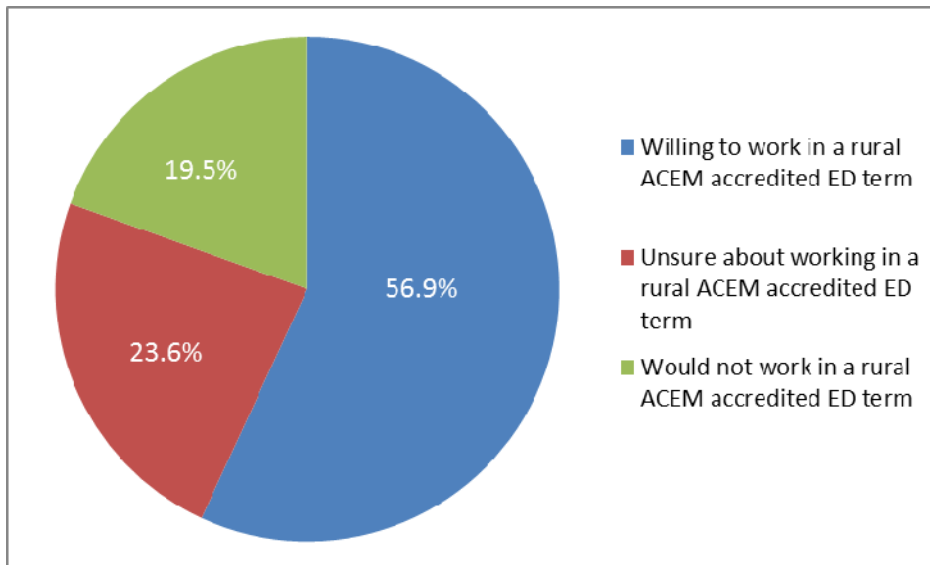
### 5.3 TRAINEES AND RURAL TERMS

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)

39.8% 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
56.9%	23.6%	19.5%

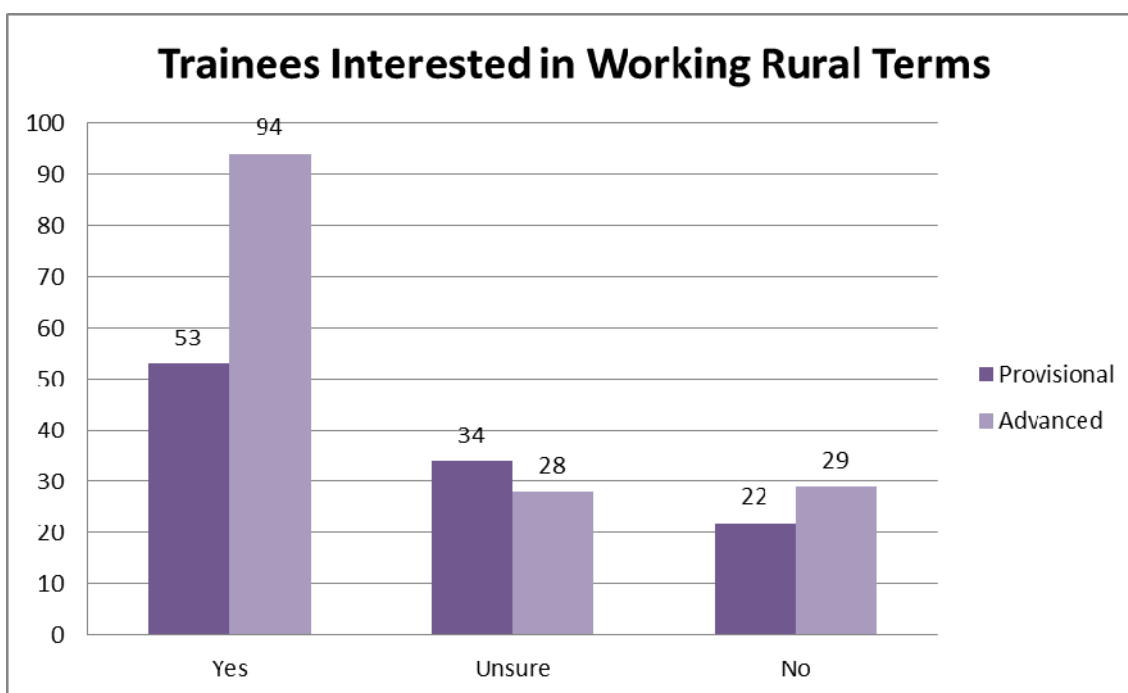


**Trainees provided further comments on rural training:**

- Regional hospital gives good experience – good case mix and not too much competition for acute presentations and procedures. (RR)
- It would be nice if great rural places to work with strong supporting FACEMs like my hospital, had more accreditation for advanced training than 1 year. That would also draw more ED trainees to stay and work rurally. (RR)
- I have greatly appreciated the formal registrar teaching, the teaching for the Department overall and the support from clinicians on the floor and whilst preparing for the Primary Exam. (RR)
- Reason for reluctance for rural term is related to children, schooling, activities, etc as well as husbands work. It would be an enormous imposition to go to a rural location unless I could commute from home. (MR)
- It would be good if there were more positions, including rural/remote special skills posts, for those like me interested in regional work. (RR)

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

	Provisional	Advanced	%
<b>Yes</b>	53	94	57%
<b>Unsure</b>	34	28	23.5%
<b>No</b>	22	29	19.5%



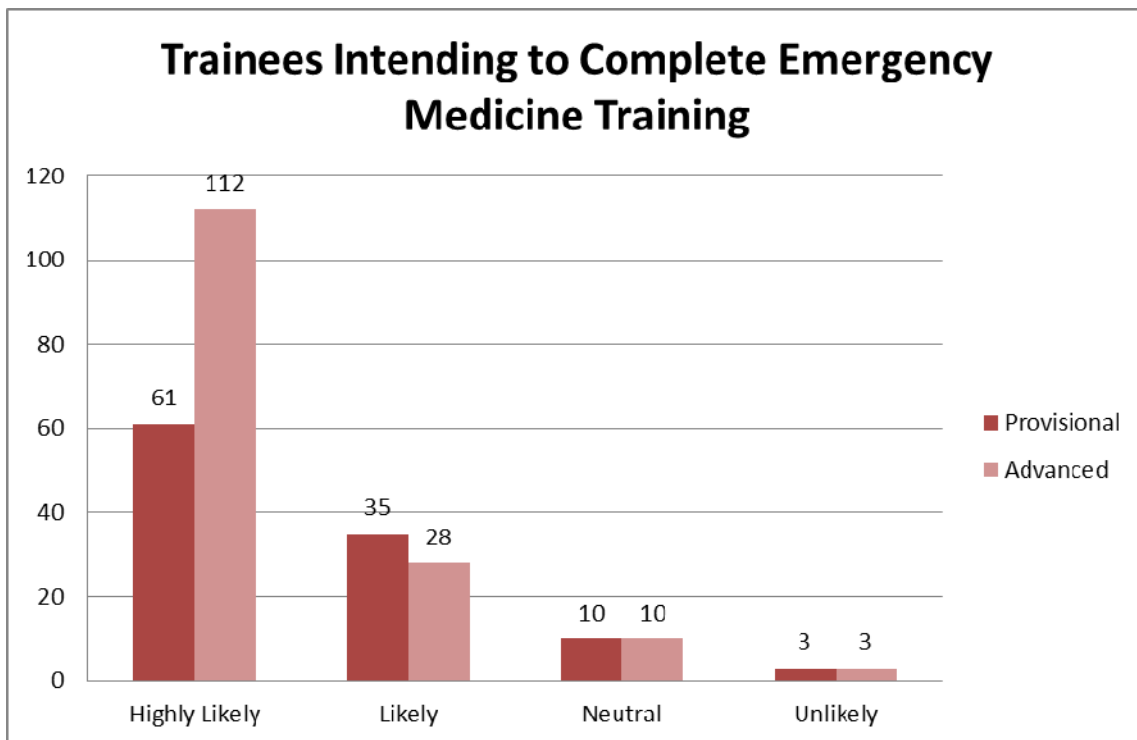
- 57% of Trainees indicated that they were interested in working in a rural term.
- 23.5% were unsure, perhaps needing more information.
- 19.5% of Trainees responded that they would not work in a rural term.

### **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	61	112	66%
Likely	35	28	24%
Neutral	10	10	7.7%
Unlikely	3	3	2.3%



- 90% of Trainees were either likely or highly likely to complete training.
- 7.7% were neutral about completing training.
- 2.3% 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 but had 10-15 shortlisted who did not get a job. (MR)
- Yes. Probably more that we did not interview. (MR)
- No as had no advanced trainees who took up the available ED positions. (UD)
- No. Still very hard to recruit to all our positions. (UD)
- No. There are nearly always gaps, especially towards term 2 – 3. (MR)
- No. We have significant unfilled capacity for trainees. (RR)

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

	MR	RR	UD	%
<b>Highly Stable</b>	2	1	2	18%
<b>Stable</b>	6	1	8	53.5%
<b>Uncertain</b>	1	2	2	18%
<b>Unstable</b>	0	1	1	7%
<b>Highly Unstable</b>	0	1	0	3.5%

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

- Well – good access to courses for trainees. (RR)
- Network Director and ESO ensures 4 meetings per year and network training days. I would like to see the ESO more at my site but she has competing demands with HSP. (MR)
- Not supported. (UD)
- Well supported, though still building relationships. (RR)
- Good support from Network Director but we don't have an ESO. (UD)
- Well supported – our Network Director is very engaged. (RR)
- They are always approachable on the phone or via email. So far there has been limited usefulness of the network given how far away we are from Sydney. (RR)
- We have not utilised this valuable resource as we could. (UD)

### ***DEMTs comments for the NSW Emergency Medicine State Training Council:***

- Concerns regarding the size of the Network especially with impending addition of Wagga. (MR)
- It would be nice to have an ESO to coordinate teaching throughout our network. (UD)
- Centralised recruitment is a must. At the moment different EDs are competing for trainees ..... (MR)
- The Area Network as yet has not addressed the unequal training opportunities at different sites. (UD)

## 6. CONCLUSION

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There was a 85% response rate to the Survey from DEMENTs this year. The trainee response rate was 48% which was approximately double previous years response rates. This may be due to a higher level of engagement between the trainees and the networks.

The Network Training Program was operational from the middle of 2010 and Network Directors of Training have been in place since July 2010. Both trainees and DEMENTs 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 large networks. However, there were some very positive comments from both trainees and DEMENTs 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.

Trainee satisfaction with their education and training has remained similar with 74% of trainees surveyed being satisfied or highly satisfied with their training.

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 2% of trainees surveyed indicated that they were unlikely to complete their training. This number is stable.

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

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## 6. APPENDICES

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### Appendix 1 – Example of Trainee Survey

## NSW ACEM Trainees Survey 2012

### Question 1

What do you consider to be your home hospital?

- Bankstown-Lidcombe
- Blacktown
- Calvary Mater Newcastle
- 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 Druiitt
- Nepean
- Port Macquarie
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred
- Ryde
- St George

- St Vincent's
- Sutherland
- Sydney Adventist
- Sydney Children's
- Tamworth
- Tweed
- Westmead
- Wollongong
- Wyong

**Question 2**

What type of trainee are you?

- Provisional trainee
- Advanced trainee

**Question 3**

Which form of training are you undertaking?

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

**Question 4**

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



**Question 5**

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

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

**Question 6**

Any comments?

**Question 7**

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

- Yes
- No

**Question 8**

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

**Question 9**

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

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

**Question 10**

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

**Appendix 2 – Example of DEMENT Survey**

## NSW Emergency Medicine DEMENT Survey 2012

### Question 1

Please enter your name and hospital details below.

Name

Hospital

### Question 2

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

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

### Question 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

### Question 4

Any comments?

**Question 5**

How stable is your non trainee workforce?

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

**Question 6**

How supported are you and your trainees by the Network Director and Education Support Officer for your network?

**Question 7**

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

## 7. ABBREVIATIONS

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

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

MR	Major Referral
RR	Regional/Rural base
UD	Urban District