



**HEALTH  
EDUCATION  
& TRAINING**

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

# EMERGENCY MEDICINE TRAINING IN NSW SURVEY

## DECEMBER 2017

## ACKNOWLEDGEMENTS

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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 Australasian College of Emergency Medicine (ACEM) for facilitating the distribution of the survey to ACEM trainees.

## 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
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

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The Health Education and Training Institute (HETI) Medical Portfolio conducted a survey of the NSW Emergency Medicine Training in October 2017. Survey reports from previous years are available on the HETI website – [Emergency Medicine Training in NSW - Surveys](#).

Information from this annual survey report continues to inform the Emergency Medicine State Training Council (EMSTC) regarding the effectiveness of Emergency Medicine educational training across the State. The survey was sent to all NSW Emergency Medicine trainees (approximately 757) registered with the Australasian College of Emergency Medicine (ACEM) and all Directors of Emergency Medicine Training (DEMTs) in NSW hospitals (approximately 73).

Responses to the Trainee Survey 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 high level of support by consultants, Network Directors of Training (NDoTs) and Education Support Officers (ESOs) was acknowledged as a contributing factor to trainee satisfaction. DEMTs also expressed satisfaction with the training support given to trainees noting the commitment and hard work of NDoTs and ESOs.

Areas for improvement have been identified as consistency of training and protected teaching hours across the sites, which are important factors to address in order to improve trainee morale. Trainee welfare was raised, with excessive shift work and the stress of training a concern.

Trainee interest in working in rural locations is improving, compared to last year's survey. Some rural-based DEMTs commented on the importance of regional and rural experiences in providing comprehensive Emergency Medicine training. Suggestions were made to assist trainees with financial support towards relocation costs and to increase rural rotation periods for those trainees who wish to be rurally based.

The breadth and depth of comments provided by respondents in this survey are an indication of the multifactorial nature of the training experience. It should be acknowledged that education and training are not stand alone entities and that industrial matters, such as service delivery influence access and satisfaction with training.

## INTRODUCTION

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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, and
- elicit comment from DEMTs about the Emergency Medicine network training program.

## METHODOLOGY

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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

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The Australasian College for Emergency Medicine (ACEM) distributed the survey to all registered trainees in NSW via an email link. ACEM reported a total of 757 Emergency Medicine Trainees from NSW were registered with ACEM as at 10 November 2017. A total of 245 trainees responded to the survey, achieving a response rate of 32.4%, a rate similar to the 2016 response. These responses were received from trainees at 29 of the 39 hospitals accredited for Emergency Medicine Training across NSW.

The survey was sent to DEMTs at the 39 ACEM accredited training hospitals in NSW. The response rate of DEMTs by hospital was 66.7%.

Total ACEM Trainees in NSW	Number of trainee responses	Trainee response rate
757	245	32.4%
Total number of accredited hospitals	Number of DEMT responses from accredited hospitals	% of DEMT responses from accredited hospitals
39	26	66.7%

Table 1: Respondents

## RESULTS - TRAINEES

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### 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 (69%) were Advanced Trainees.

Trainee Classification	Number of Responses	Percentage (%) of Respondents
Provisional trainee	76	31%
Advanced trainee	169	69%

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 (97.5%) were receiving Emergency Medicine training only.

Form of Training	Number of Responses	Percentage (%) of Respondents
Emergency Medicine training only	239	97.5%
Joint Emergency/Paediatric training	4	1.5%
Joint Emergency/ICU training	2	1%
<b>Total</b>	<b>245</b>	<b>100%</b>

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.

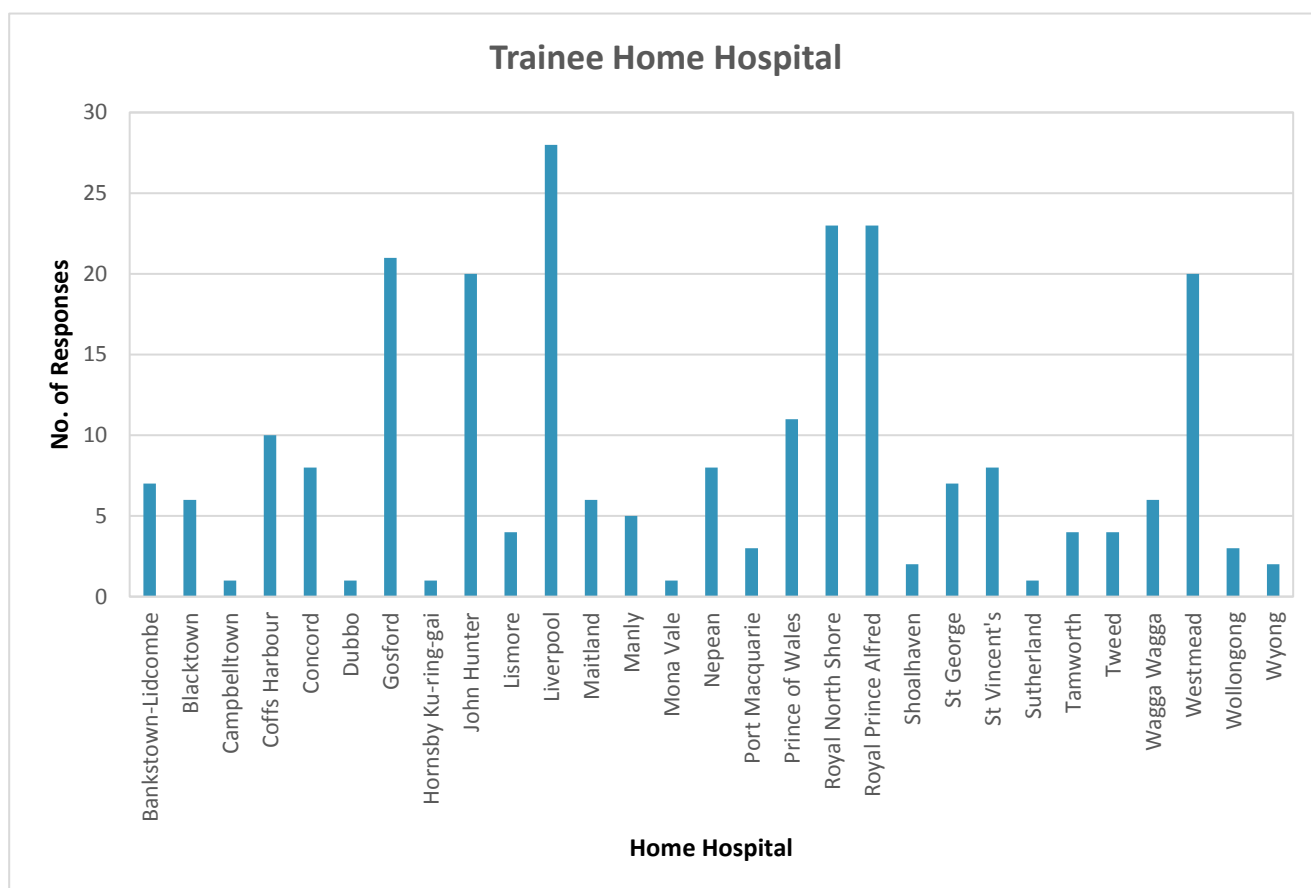


Figure 1: Trainee Home Hospitals

## PROTECTED TEACHING TIME IN ACEM ACCREDITED EDS

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 DEMENTs in their respective surveys has been combined 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. It is also encouraging to note that as illustrated in Table 4, the value of training in regional and rural centres is demonstrated an average of four hours, despite the influence 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 (73.4%) estimated they had four hours or more protected teaching time available to them each week. Sixty-four (26.5%) trainees claimed they had less than four hours per week allocated to protected teaching time, with 25 (10.4%) trainees stating they had only one hour per week of protected teaching time.

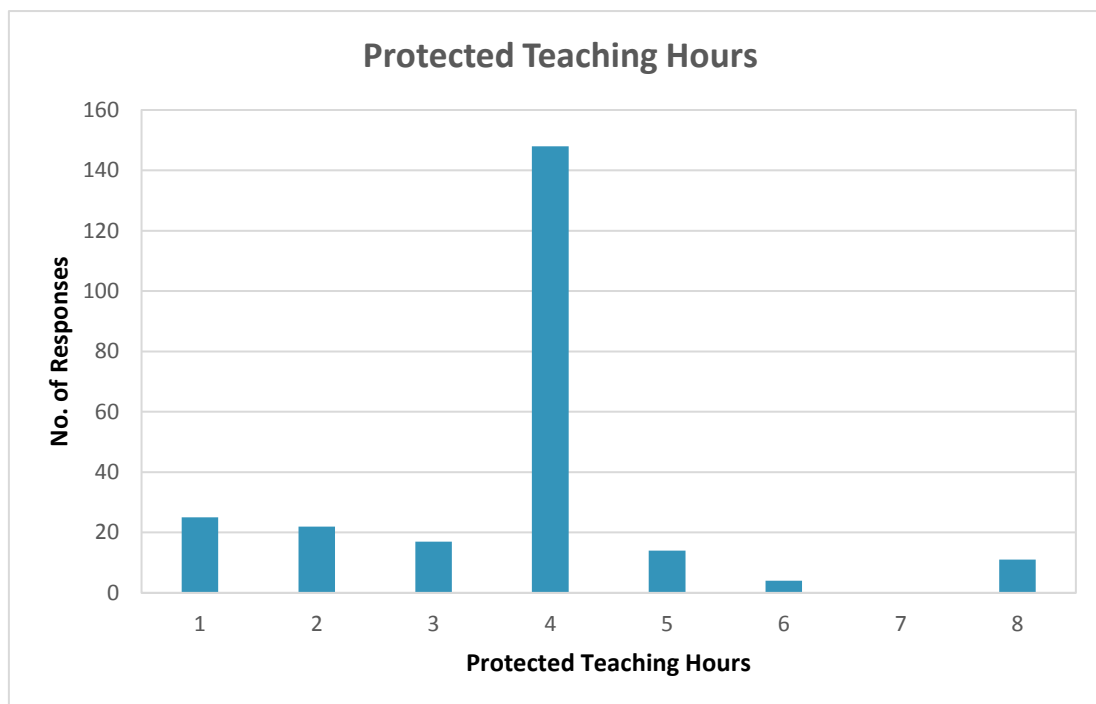


Figure 2: Protected Teaching Hours per week at Home Hospital



Table 4 shows the estimated protected teaching hours averaged across each category of location (Major Referral hospital (MR), Major Regional/Rural hospital (RR) and Urban District (UD) hospital), according to trainee and DEMENT responses. Figures indicating the number of Provisional and Advanced Trainees have been extracted from Workforce Data collected from Emergency Medicine Networks, which are estimates only as the methodology for collecting data varied across the networks.

		<b>DEMT Response</b>	<b>Trainees Response</b>	<b>Provisional Trainees in ED</b>	<b>Advanced Trainees in ED</b>
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			8 (7)	10 (7)
MR	Liverpool			6 (5.5)	22 (20)
MR	Nepean			6 (6)	10 (10)
MR	Prince of Wales			4 (3.75)	20 (17.5)
MR	Royal North Shore			23 (21.8)	28 (22.8)
MR	Royal Prince Alfred			6 (5.5)	27 (23.5)
MR	St George			5 (5)	16 (13)
MR	St Vincent's			4 (4)	17 (13)
MR	Westmead			8 (7)	21 (14.5)
		<b>Average = 3.9</b>	<b>Average = 3.8</b>	<b>70 (65.55)</b>	<b>171 (141.3)</b>
RR	Coffs Harbour			1 (1)	10 (10)
RR	Dubbo			4 (3.5)	4 (2)
RR	Gosford			17 (16.5)	7 (7)
RR	Lismore			2 (2)	5 (3.5)
RR	Orange			1 (1)	1 (1)
RR	Port Macquarie			2 (2)	5 (4.8)
RR	Tamworth			3 (3)	3 (3)
RR	Tweed			4 (4)	8 (6)
RR	Wagga Wagga			2 (2)	3 (2.5)
RR	Wollongong			3 (3)	4 (3)
		<b>Average = 4.2</b>	<b>Average = 4.2</b>	<b>39 (38)</b>	<b>50 (42.8)</b>
UD	Auburn			0 (0)	8 (5.5)
UD	Bankstown-Lidcombe			1 (1)	5 (4)
UD	Blacktown			11 (10)	16 (15)
UD	Calvary Mater			2 (2)	9 (5)
UD	Campbelltown			7 (7)	5 (4.5)
UD	Canterbury			3 (2)	2 (2)
UD	Concord			7 (5.3)	6 (5)
UD	Hornsby Ku-ring-gai			2 (2)	5 (4)
UD	Maitland			1 (1)	9 (8)
UD	Manly			4 (4)	2 (1.5)
UD	Mona Vale			4 (4)	1 (1)
UD	Mount Druitt			5 (3.5)	3 (1.5)
UD	Ryde			7 (6.5)	6 (5.5)
UD	Sutherland			2 (2)	3 (3)
UD	Sydney Adventist			0 (0)	3 (3)
UD	Wyong			0 (0)	1 (0.5)
		<b>Average = 3.75</b>	<b>Average = 3.8</b>	<b>56 (50.3)</b>	<b>84 (69)</b>
<b>GRAND TOTAL</b>				<b>165 (153.85)</b>	<b>305 (253.1)</b>

Table 4: Protected Teaching Time in ACEM Accredited EDs

\*\*Sydney Children's Hospital Network majority of trainees rotated from other sites. The Children's Hospital at Westmead reported 4 hours protected teaching time

**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**

- 68.1% of trainees indicated that they were either satisfied or highly satisfied with their training.
- 17.1% of trainees gave a neutral response when asked if they were satisfied with their training.
- 15.1% of trainees were either dissatisfied or very dissatisfied. This is an increase of 4.5% since 2016.

Responses	Provisional Trainees	%	Advanced Trainees	%	Total
Highly Satisfied	14	18%	42	25%	23%
Satisfied	41	54%	70	41%	45%
Neutral	11	15%	31	18%	17%
Dissatisfied	10	13%	11	6.5%	8.5%
Very Dissatisfied	0	0%	16	9.5%	6.5%

Table 5: Trainee Satisfaction with EM education and Training

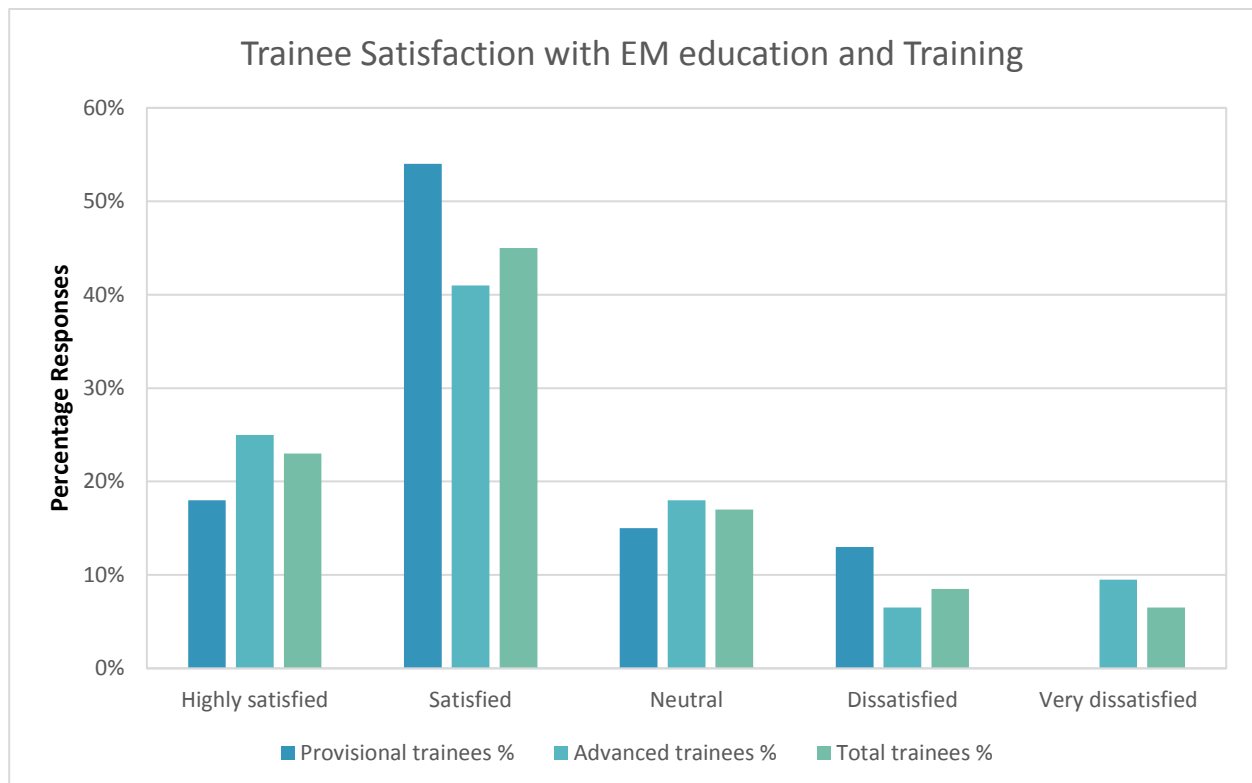


Figure 3: Trainee Satisfaction with EM Education and Training

**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 7.4% improvement rate on the number of trainees who stated that they are interested in working in a rural rotation and a drop of 11.8% in those not interested in a rural rotation.

**Summary of Responses**

- 60.41% of trainees indicated that they were interested in working in a rural term, compared with 53% in 2016.
- 19.18% were unsure compared with 14.75% in 2016.
- 20.41% of trainees were not interested in working in a rural term. This compares to 32.25% in 2016.

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
60.41%	19.18%	20.41%

Table 6: Trainee Interest in Rural ACEM Accredited Terms

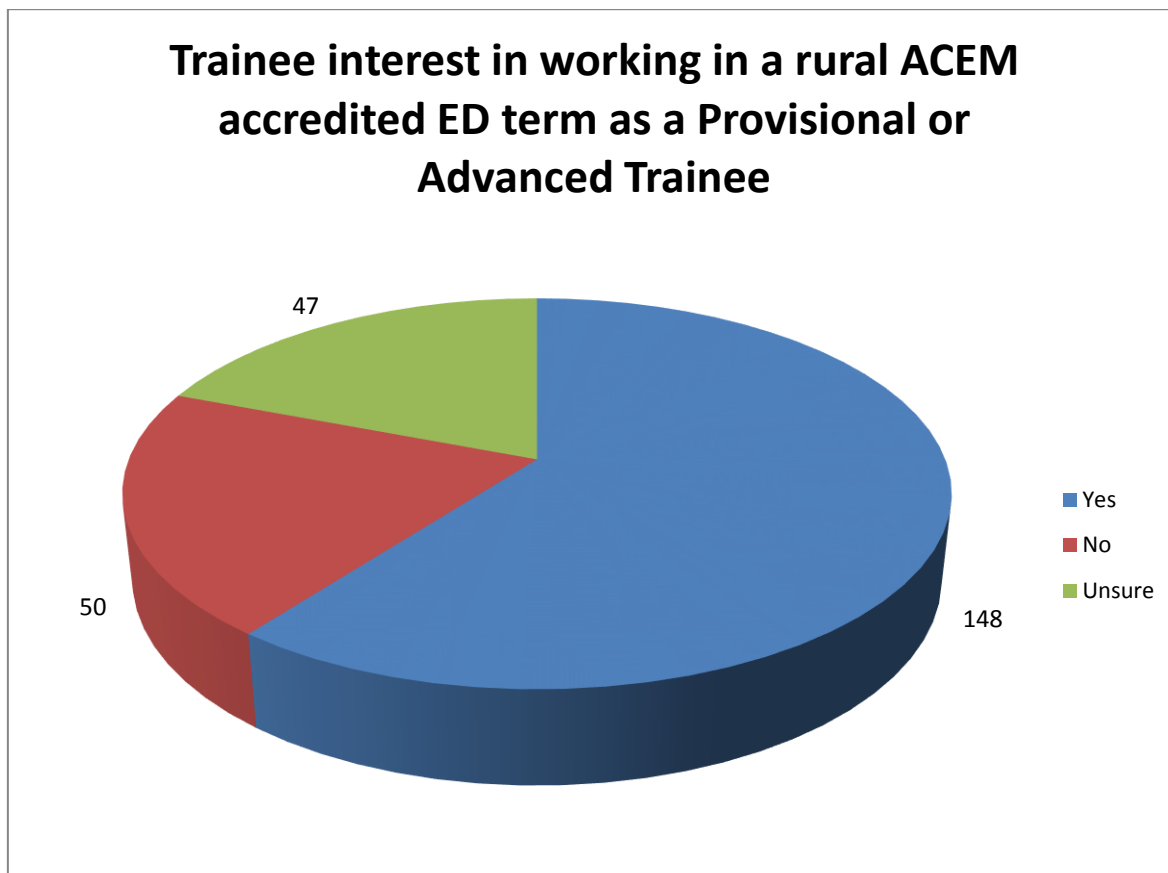


Figure 4: Trainee interest in rural placements

### 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 an Emergency Physician in an Emergency Department. These results are consistent with results from 2016.

#### Summary of Responses

- 91% of trainees were either likely or highly likely to complete training, a slight decrease of 1.6% on 2016 results.
- 6.12% were undecided, an increase of 1.12% on 2016 results.
- 2.85% were unlikely or highly unlikely to complete training which is similar to 2016 results.

	Provisional	Advanced	%
Highly Likely	43	121	66.95%
Likely	25	34	24.08%
Neutral	6	9	6.12%
Unlikely	2	2	1.63%
Highly Unlikely	0	3	1.22%

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

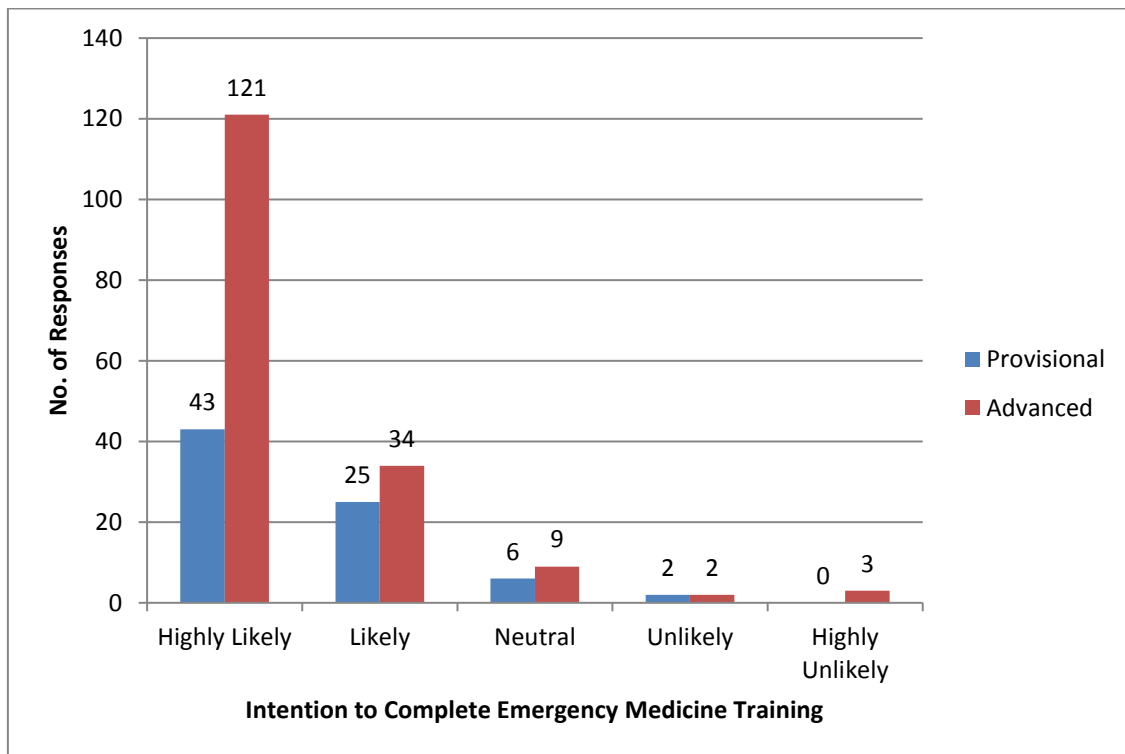


Figure 5: Intention to complete Emergency Medicine training

## Question 8: Do you have any other comments you would like to make to the NSW Emergency Medicine State Training Council?

Trainees provided a range of comments on their Emergency Medicine training experience. As illustrated in Figure 5 below, the challenge trainees report in managing service demands in balance with training needs was a prominent concern. Comments on the standard of supervision, training and exam preparation were generally positive; although some indicated that this was variable across sites. Examples of trainee comments are listed below under the themes they fall into.

### Overall Satisfaction

Positive comments by trainees focused on the dedication and hard work of specific directors of training, education support officers and supervisors. There was also mention of excellent exam preparation and mentorship by some consultants.

#### Comments:

*Excellent support during primary examination with specifically scheduled sessions aimed at candidates, along with out of hour's practice where many FACEMs gave up their own time for VIVA practice and support. Regular protected teaching time each week is well staffed for, and attendance and feedback encouraged.*

*(MR) has a fantastic training programme. I have been very impressed with the time and support, provision of a study budget, and access to information for further educational opportunities. There is also great access to treating patients with diverse clinical pathology, and access to multiple FACEMs interested in teaching and mentorship.*

### Suggested improvements to Training Program

Whilst the responses to Question five indicated that the majority of respondents were satisfied with their Emergency Medicine training, a number of trainees used this section to provide comment on the inconsistency of the standard and availability of clinical supervision.

#### Comments:

*I think there should be more structured teaching across hospitals so that where you are based doesn't impact as highly on the quality of education.*

*I would like to have more access to state wide or at least region wide specific ED training days or afternoons. I find the ones that are available are poorly advertised or advertised only a week or two before when we all have our rosters already. The earlier cross region training occurs in our training the better the ED training community will become and the better we will all know the levels at which we should be performing and practicing.*

### Workforce Demands

An over-riding concern of many trainees is the pressure of service needs and the difficulty of accessing training when staff shortages, rosters and extended shifts interfere with teaching times and study commitments. These issues appear to be dependent on trainee placement. It is worth noting that 50% of the comments about service needs impacting on training refer to the lack of protected teaching time in one network.

#### Comments:

*There needs to be more doctors employed at all level of ED. More FACEMs would allow more opportunities for teaching on the floor as well as allow trainees to attend teaching opportunities off the floor. Also the trainees are so overworked on the floor there is no opportunity for teaching, learning and at times patient safety is compromised due to pressure from administration. Very poor morale currently.*

*The teaching time is not rostered, and therefore many trainees are made to work during its hours of occurrence. In those instances, consultants refuse to allow trainees to attend the teaching. Even on the occasions that we are not rostered on to work during teaching, it is almost certain, with the tight rostering due to staff shortage, that we will be working that evening or will have worked the previous day or evening.*

### **Trainee Wellbeing**

Comments relating to trainee wellbeing were attributed to lack of support, excessive working hours and night shifts.

#### Comment:

*The shift work is very difficult on health. The frequent nights, mixed with exam study are brutal. The shifts are 10 hours long and it is difficult to have a proper meal break. There needs to be more time off for trainees. ED Nurses get much more annual leave for the shift work they do and it should be the same for Doctors. The amount of burn out within my colleague group is big and it has become seen as a normal part of training. I believe that prevention is better than cure. It is a fascinating and rewarding speciality but I believe more needs to be done for trainee health.*

### **ACEM Education Program**

Recently the ACEM made changes to the format and timetabling of the Fellowship Exam. Comments by some trainees indicate they had difficulty adapting to the new processes.

#### Comment:

*The recent changes to format appear only to be designed to restrict the outflow of Fellows. For those currently at late phase, this is outrageous. When we entered training there was a reasonable expectation of achieving the final outcome. Now, we have been thrown under the bus. After committing 12 years of my life to this career, I have now a 1 in 3 chance of passing the final exam. In addition, fees have increased by more than 30%, a limit of attempts has been introduced, and a three hour exam now takes three days to conduct.*

### **Rural Rotations**

Responses to this question indicated that there are concerns around rural rotations, with one comment highlighting the lack of long-term training available at rural and regional hospitals.

#### Comment:

*Setting up a Rural network where trainees can remain entirely rural (except for 6/12 metropolitan at any hospital rather than within the Home hospital network) would be great for recruiting and retaining rural doctors.*

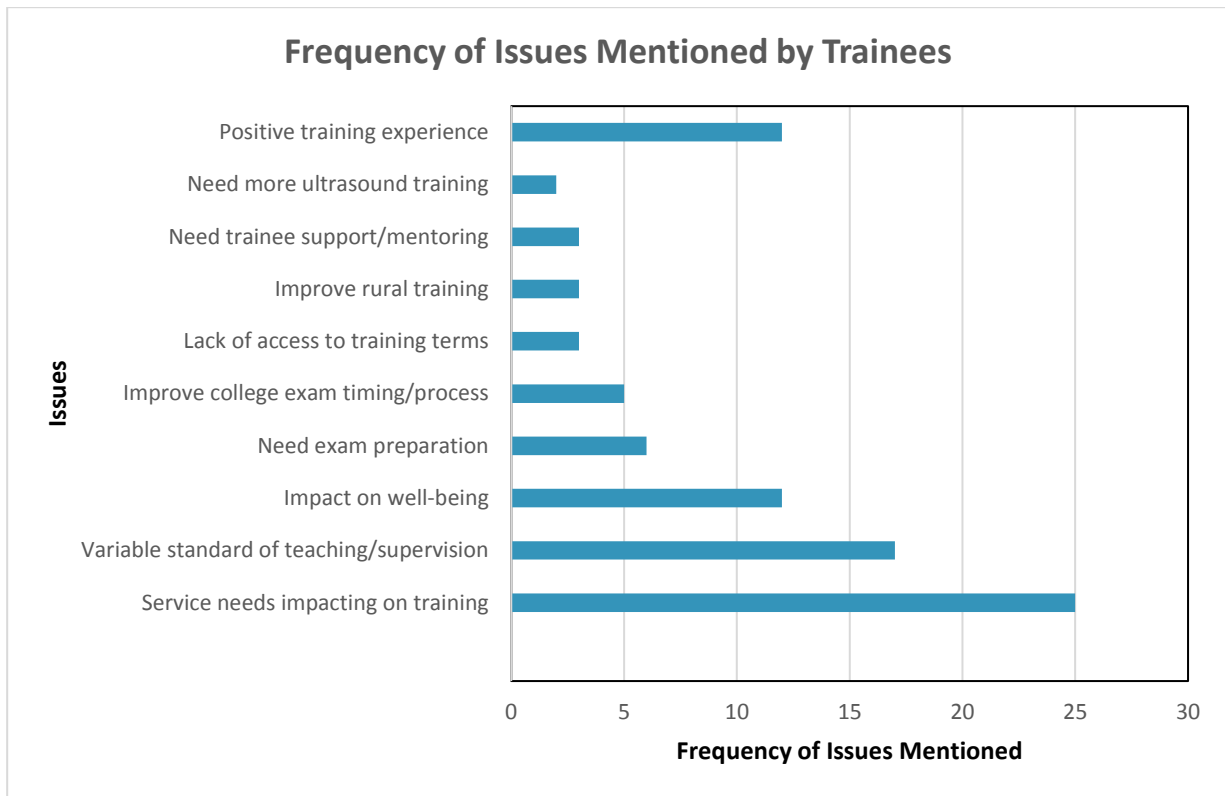


Figure 6: Frequency of Issues Mentioned by Trainees

## 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. There were some very positive comments about the commitment of Emergency Medicine education support officers and consultants who gave valuable support to trainees. It was noted that good exam preparation and mentorship by consultants at some sites contributed greatly to a successful training experience. The availability of high quality resources was also mentioned as a positive factor in training. Trainees who indicated dissatisfaction with their training experience referred to the high service demands which impacted on their access to training, the pressure caused by shift work and variable standards of supervision. There were calls for mentorship which may be seen as a strategy to support trainee welfare.

## 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 the majority of trainees have four hours per week of protected teaching time. There has been a slight decrease in the amount of protected teaching time in the three to five hours per week bracket to 88.4%, when compared to 92.4% in 2016 for the same time range.

Hours	Number of Responses	Percentage (%) of Respondents
1	0	0%
2	3	11.5%
3	1	3.8%
4	21	80.8%
5	1	3.8%
Total	26	100%

Table 8: Protected Teaching Time

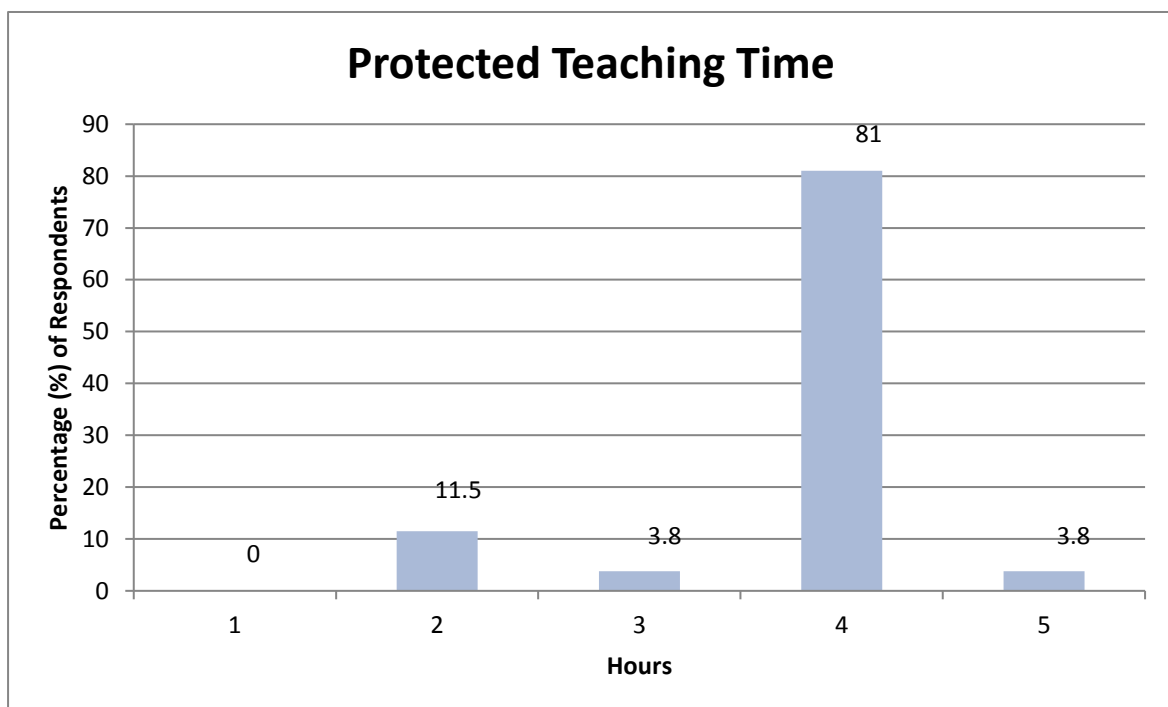


Figure 7: Protected Teaching Time



**Question 3: DEMTs were asked if there were any trainee applicants who were employable but did not get a job at their hospital because all of the positions were taken.**

DEMTs from seven hospitals indicated that there were not enough positions to cater for employable trainees in their hospitals. This represents 25% of the hospitals accounted for in this survey question.

**Appointment of Employable Trainees - Comparison with 2016**

**Major Referral hospitals**

Out of the 9 Major Referral hospitals, 4 hospitals indicated there were employable trainees that did not get a position at their hospital, compared with 3 hospitals in 2016.

**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 2016.

**Urban District hospitals**

Out of the 16 Urban District hospitals, 1 hospital indicated there were employable trainees that did not get a position at their hospital which is the same as in 2016.

**NSW Children's hospitals**

In 2017, 2 of the Children's Hospitals indicated that there were employable trainees that did not get a position, compared with 1 Children's Hospital in 2016.

	Major Referral Hospitals	Regional/Rural Hospitals	Urban District Hospitals	NSW Children's Hospitals
2016	3	0	1	1
2017	4	0	1	2
TOTAL	9	10	16	2

Table 10: Non-appointment of Employable Trainees – Comparison of 2016 & 2017

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

Fourteen (38%) DEMTs gave comments to this question. The majority (71%) of comments identified an inability to fill positions in the first round of recruitment and therefore relied on second and third rounds of recruitment or backfilling by non-trainees. Lack of detail in comments and the low number of DEMTs who provided a comment in response to this question make it difficult to draw conclusions on the recruitment of trainees or availability of positions.

Comments:

*Have significant ongoing vacancies at AT/PT and unaccredited trainee level in Department. (RR)*

*We were not allowed to recruit to need (over-recruitment to accommodate for expected mid-year attrition).*

(MR)

*We are never fully staffed after annual recruitment and the bulk of our ED positions are filled by SRMOs.*

(UD)

*We always need more trainees but backfill our trainee positions with UK RMO's.*

(RR)

#### **Question 5: DEMENTs were asked about the stability of their non-trainee workforce.**

The non-trainee workforce was considered stable by 42% of DEMENTs, with 35% considering it unstable and 23% unsure of its stability. This is an improvement on the perceived stability of the overall Emergency Department workforce in 2016, whereby 35% of DEMENTs considered it stable and 38% considered it unstable.

<b>Stability of non-trainee workforce</b>	<b>2017 Percentage (%) of Respondents</b>	<b>2016 Percentage (%) of Respondents</b>
Highly Stable	11%	5.4%
Stable	31%	29.7%
Uncertain	23%	27.2%
Unstable	31%	35%
Highly Unstable	4%	2.7%

Table 11: Stability of non-trainee workforce

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

Comments were provided by 33 DEMENTs, which represents 91% of respondents. The majority (66%) of DEMENTs claimed that good support was received from the Network Directors of Training (NDoTs) and Education Support Officers (ESOs).

Comments:

*We have interesting & well-structured trainee education on a weekly basis as well as regular primary exam preparation sessions. There is also an increasing move towards facilitating long term part time training for trainees returning from maternity leave.*

*I would like more support for regional hospitals with provision of rotating registrars from metropolitan hospitals.*

*We have received books and several anatomic models for the department. I would like more support for regional hospitals with provision of rotating registrars from metropolitan hospitals. Currently our only permanent arrangement has been driven by individual FACEMs who have strengthened such connections.*

Good support from director. Would benefit from having ESO onsite.

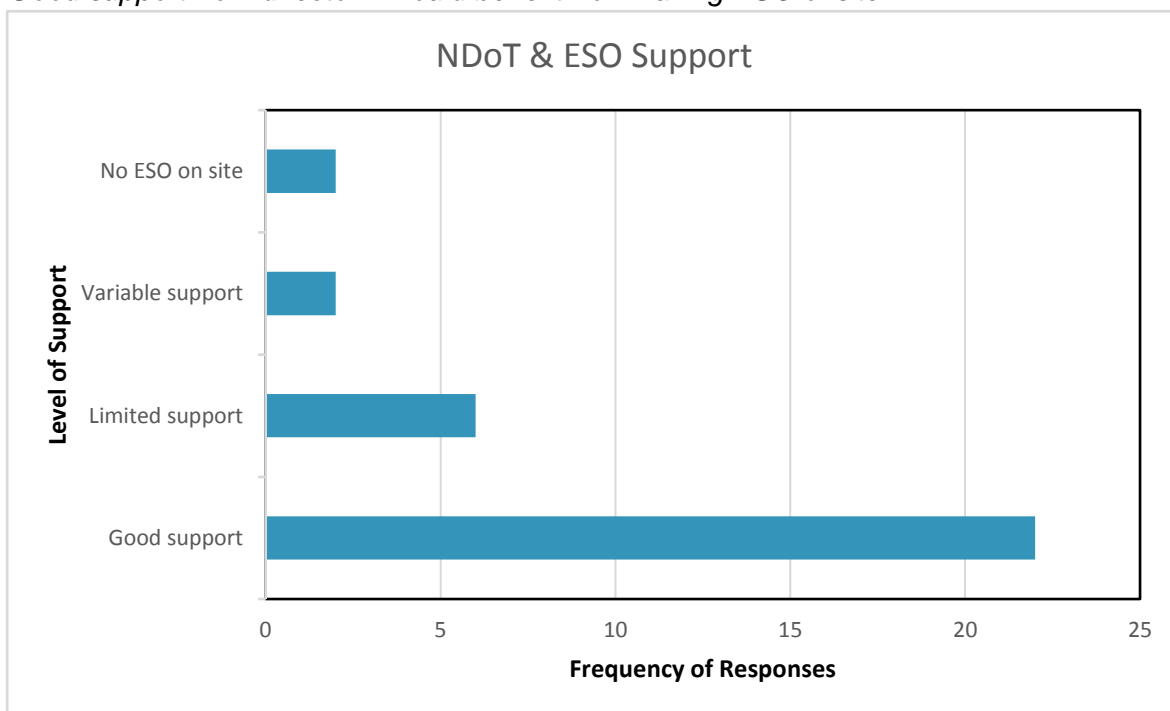


Figure 8: NDoT and ESO support

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

In answer to this question, comments were provided by 11 DEMTs. Recruitment issues and funding shortfalls in Emergency Medicine Training Networks were noted as well as the lack of regional training opportunities, which was seen to impact on the breadth and standard of training for trainees.

Comments:

*What actions are being taken to rotate trainees through hospitals like (UD) - to benefit trainees to get broader clinical exposure and also to help with low trainee numbers in EDs like (UD)*

*The recurrent issue of a failure of regional hospital trainee rotations remains problematic.*  
(RR)

*Promote and support regional EDs with financial support for rotating registrars. The job horizon for future FACEMs lies in regional areas and metropolitan ED trainees are being shortchanged in their training if it is only based in the cities.*  
(RR)

*I think we should mandate that registrar teaching is protected and paid at a rate of 4 hours per week.*  
(UD)

*Emergency Medicine in our network is chronically underfunded affecting patient care, training quality and recruitment.*  
(RR)

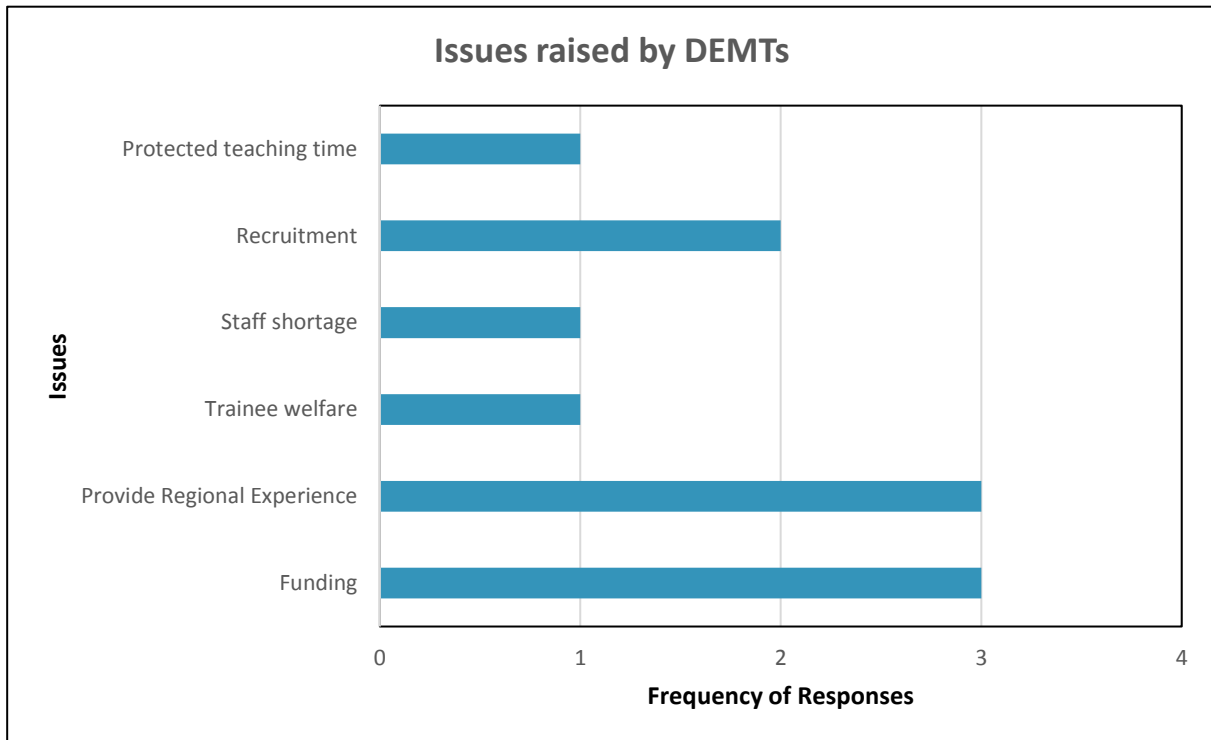


Figure 9: Issues reported by DEMTs

## SUMMARY – DIRECTORS OF EMERGENCY MEDICINE TRAINING

DEMTs indicated that they and the trainees were well supported by Network Directors of Training and Education Support Officers. Concerns for trainee welfare and provision of training focused on the impact of staff shortages and funding restraints. These industrial issues have spiraling effects on protected teaching time, trainee welfare and trainee recruitment.

Dissatisfaction with staffing levels was evident in DEMT responses which mentioned the shortage of trainees filling Emergency Department positions as well as underfunding of Emergency Department positions, and inequitable funding for Emergency Medicine Networks. Less than half (42%) of DEMTs considered their non-trainee workforce to be stable. This is higher than the previous year where 35% of DEMTs considered their non-trainee workforce to be stable.

## CONCLUSION

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The 2017 NSW Emergency Medicine Training Survey indicates that the majority of trainees are satisfied with the education and intend to follow a career in Emergency Medicine. DEMENTs also expressed satisfaction with the training support given to Emergency Medicine trainees. Many positive comments were made by DEMENTs and trainees on the high standard of support provided by consultants, NDoTs and ESOs. However, there were also a number of trainees who highlighted the issue of low morale among trainees, the pressure of shift work and lack of protected teaching time. Some DEMENTs also called for a standardisation of protected teaching time.

The majority of trainees expressed a desire to undertake some of their training in rural areas. Some DEMENTs suggested that trainees be financially assisted to pursue rural rotations or that rural placements extend to 6 or 12 months. On this issue, it is important to note that the number of trainees interested in rural and/or regional placements has increased this year and that DEMENTs are vocal about the importance of supporting trainees to take up rural and regional positions.

### APPENDIX 1

#### Trainee Survey

# NSW ACEM Trainees Survey 2017

Welcome to the NSW ACEM Trainees Survey 2017.

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

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

#### \* 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 Children's
- John Hunter
- Lismore
- Liverpool
- Maitland
- Manly
- Mona Vale
- Mt Druitt
- Nepean
- Orange
- Port Macquarie
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred
- Ryde
- Shoalhaven
- St George
- St Vincent's
- Sutherland
- Sydney Adventist
- Sydney Children's
- Tamworth
- Tweed
- Wagga Wagga
- Westmead
- Wollongong
- Wyong

**\* 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):**

- 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 to the NSW Emergency Medicine State Training Council?**



**APPENDIX 2**

**DEMT Survey**

# NSW Emergency Medicine DEMT Survey 2017

Welcome to the NSW Emergency Medicine DEMT Survey 2017.

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

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

**\* 1. Please enter your name and hospital details below.**

Name

Hospital

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

- 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 to the NSW Emergency Medicine State Training Council?**

