EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT NOVEMBER 2013

HEALTH EDUCATION AND TRAINING INSTITUTE (HETI) MEDICAL PORTFOLIO

1. EXECUTIVE SUMMARY

The Survey of Emergency Medicine Training in NSW in October 2013 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

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 595)
- Directors of Emergency Medicine Training (DEMTs)

Responses were received from trainees at 32 of 37 hospitals accredited for EM Training across NSW. 34% of ACEM trainees in NSW responded, down from 48% in 2012. DEMTs responded from 31 of the 37 hospitals accredited for EM Training across NSW.

Trainees

The Survey sought updated information from Trainees about:

- level of satisfaction with current Emergency Medicine training and education
- clinical teaching and supervision within the ED
- level of interest in rural and regional training
- their expectation of completing training

Responses indicated that around 10% fewer trainees were satisfied or highly satisfied with their training, than in 2012. 3.5% indicated that they were unlikely to finish their training, slightly higher than in 2011 and 2012.

53% Trainees indicated that they strongly agreed, or agreed that there were adequate number of Emergency Department Staff Specialists to provide clinical teaching and supervision. 36% of trainees disagreed. In contrast 61% of DEMTs, asked to respond to the statement that there were adequate numbers of FACEMs to provide clinical teaching and supervision in the Emergency Department, disagreed or strongly disagreed with the statement.

Responses from trainees to the question of whether NEAT targets, shift work and clinical load impacted on their ability to access adequate clinical teaching and supervision in the Emergency Department elicited firm views from around ⅔ of Trainees that all three impacted. DEMTs responses to whether these three factors impacted on their ability to provide adequate clinical teaching and supervision in the Emergency Department, were weighted slightly in agreement for the factors of NEAT targets and shift work and more strongly for the factor of clinical load.

Trainees' responses relating to rural rotations indicated that 86% of trainees have worked or are open to working in a rural location, which is higher than 2012 by 6%.

Directors of Emergency Medicine Training (DEMTs)
The Survey also sought information from DEMTs about provision of protected teaching time, availability of positions in the recruitment round for 2014, workforce stability and support for networks. Responses highlighted disadvantageous FACEM to trainee ratios in NSW as compared to similar States, variable departmental support for teaching and supervision and recruitment and rotation issues. DEMTs generally indicated support for the networks, noting distance from NDOT and ongoing vacancies in several of the Education Support Officer positions, as disadvantages.

1.1 ACKNOWLEDGEMENTS

HETI and the A/Clinical Chair of the State Training Council, Dr Cameron Dart, 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

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
- seek views about the effectiveness of the Supervisor/trainee ratio in NSW
- 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 2014 Emergency Medicine recruitment round.

3.2 METHODOLOGY

This year's Survey was developed by the Acting Clinical Chair, EMSTC, Dr Cameron Dart, 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 DEMTs were asked to complete the Survey. The A/Clinical Chair's request to the trainees to participate in the Survey was sent through the Network Directors of Training (NDoTs), Education Support Officers (ESOs) and the Australasian College for Emergency Medicine ACEM.

Surveys were completed by:
Trainees at 32 of the 37 hospitals accredited for Emergency Medicine training across NSW.
DEMTs from 31 of the 37 ACEM accredited hospitals.

4. RESPONDENTS

TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 595 Emergency Medicine Trainees registered with the College in NSW as at 31 October 2013.

A total of 202 Trainees responded to the Survey, an overall response rate of 34%.

DEMTS

The Survey was sent to all the DEMTs at the 37 ACEM accredited training sites in NSW and DEMTs from 31 ACEM accredited training sites responded to the survey. The overall response rate was 84%.

TABLE 1 : RESPONDENTS

Total ACEM Trainees in NSW	Number of trainee responses	% of responses
595	**202**	**34%**
Total ACEM accredited hospitals in NSW	Number of DEMT responses from accredited hospitals	% of responses
37	**31**	**84%**

5. MAIN FINDINGS

The Tables in 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 about the level of clinical teaching and supervision in the Emergency Department (*Table 5.3)*
- views of Trainees in relation to working in rural terms (*Table 5.4*)
- views of Trainees on whether they intended to work as Emergency Physicians in Emergency Medicine Departments (*Table 5.5*)
- DEMT tables

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) at network hospitals at 30 June 2013	Headcount (FTE) at network hospitals at 30 June 2013
MR	**John Hunter**	2-4	1-6	4 (4)	16 (16)
MR	**Liverpool**			8 (8)	11 (10.5)
MR	**Nepean**			5 (4.5)	9 (8.25)
MR	**Prince of Wales**			8 (8)	12 (9.5)
MR	**Royal North Shore**			10 (8.8)	24 (20)
MR	**Royal Prince Alfred**			6 (5)	16 (12.5)
MR	**St George**			6 (5.3)	13 (12)
MR	**St Vincent's**			6 (5.5)	9 (7.5)
MR	**Westmead**			7 (5)	26 (21.25)
TOTAL		***Average = 3.8***	***Average = 3.9***	**60 (54.1)**	**136 (117.5)**
RR	**Coffs Harbour**	2-4	1-5	1 (1)	3 (3)
RR	**Dubbo**			2 (2)	2 (2)
RR	**Gosford**			8 (8)	9 (8.5)
RR	**Lismore**			5 (5)	2 (2)
RR	**Port Macquarie**			3 (3)	1 (1)
RR	**Tamworth**			4 (4)	6 (4.8)
RR	**Tweed**			4 (3.75)	5 (4.5)
RR	**Wollongong**			7 (7)	0 (0)
TOTAL		***Average = 3.4***	***Average = 2.8***	**34 (33.75)**	**28 (25.8)**
UD	**Bankstown-Lidcombe**	2-5	1-8	5 (5)	5 (4.5)
UD	**Blacktown**			5 (5)	8 (5)
UD	**Calvary Mater**			2 (2)	5 (5)
UD	**Canterbury**			1 (1)	3 (3)
UD	**Concord**			2 (2)	4 (3)
UD	**Hornsby Ku-ring-gai**			1 (1)	3 (3)
UD	**Maitland**			3 (3)	6 (6)
UD	**Manly**			5 (4.5)	1 (1)
UD	**Mona Vale**			3 (3)	1 (1)
UD	**Mt Druitt**			4 (4)	6 (5)
UD	**Ryde**			0 (0)	4 (4)
UD	**Sydney Adventist**			1 (0.5)	4 (3)
UD	**Sutherland**			7 (6.2)	2 (2)
UD	**Wyong**			2 (1.2)	0 (0)
TOTAL		***Averag-e = 2.7***	***Average = 2.8***	**41 (38.4)**	**52 (45.5)**
GRAND TOTAL				**135 (126.25)**	**216 (188.8)**

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

***Orange, Auburn, Wagga Wagga and Campbelltown Hospitals received accreditation in 2013 – no data.**

****Sydney Children's Hospital and the Children's Hospital at Westmead – no data. Majority of trainees rotated from other sites.**

DEMTs and trainees reported on Protected Teaching Time

Responses varied from a minimum of one hour, reported by trainees to a maximum of eight 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:

- Some consultants always put in a lot of effort which shows as their teaching is great, ie. interesting, relevant and memorable, i.e. one learns a lot! Some (generally more junior registrars) don't put a lot of effort into preparing their talk and that shows, too. (MR)
- The DEMTs do try hard to put together a teaching program and the department is considering a change in the format to accommodate changing needs. (MR)
- I think it should be more exam-focused, particularly for those preparing for fellowship exams. (MR)
- I think we should have online modules to work through to ensure that we are all working to the same knowledge level. Just relying on clinical exposure is too hit and miss, and clinical practice depends on which department you work in. (RR)
- No formal training or feedback. (UD)

Trainees once again expressed concern over accessing protected teaching time:

- the formal teaching is fantastic but the on-the-job training has become non-existent due to the extreme time pressures put on seeing patients. (MR)
- Level of standardised training and protected teaching time for advance trainees is very poor. (UD)
- More PROTECTED teaching time will be great. Unfortunately the teaching time is not protected if you are on a shift. You have to carry on with your patients rather than going to the teaching as staff specialists on the day won't take care of registrars' patients during the teaching time. (UD)
- Quality of training is poor; most of this protected time is sacrificed for endless useless discussions about NEAT and statistics around it. Simulation training is in a manner that mainly destructively lowers your confidence and there is no training for exams. (MR)
- Would be nice to have paid teaching time, rather than being in our own time, but they do put on a great program with great content and a lot of effort is put into organising it. (RR)
- Little to no protected or formal education is offered to provisional trainees at smaller, community hospitals. Attendance at lunchtime lectures is subject to your patient load. There should be formal handover of patients and truly protected teaching time dedicated to trainees at the ED. (UD)
- The protected teaching is great. On the floor, clinical / bedside teaching is near non-existent. (MR)
- Teaching is often difficult to attend due to the high % of night shifts we are required to work once we have airway skills, and is not paid teaching time (ie. protected, but in our own time unpaid). (RR)
- There is protected time once a fortnight and there is meant to be daily teaching which often doesn't happen. Protected time very variable quality - some is excellent; other sessions are a total waste of 4 hours. Also on nights so frequently that you miss a lot of the fortnightly teaching sessions. (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?

Responses	Provisional Trainees	Advanced Trainees	%
Highly Satisfied	14	16	15%
Satisfied	38	58	47.5%
Neutral	18	29	23%
Dissatisfied	8	14	11%
Highly Dissatisfied	2	5	3.5%

- 62% of Trainees surveyed indicated that they were satisfied or highly satisfied with their current education and training.
- 14.5% of Trainees were either dissatisfied or highly dissatisfied.
- 23.5% of Trainees gave a neutral response.

5.3 Clinical Teaching and Supervision in the Emergency Department

Trainees were asked if there were adequate numbers of Emergency Department Staff Specialists to provide clinical teaching and supervision.

Table 5.3: Clinical Teaching and Supervision in the ED

Responses	Provisional Trainees	Advanced Trainees	%
Strongly Agree	17	14	15.5%
Agree	31	44	37.5%
Undecided	8	13	10.5%
Disagree	19	40	29.5%
Strongly Disagree	5	9	7%

Trainees were also asked if there were certain factors that would impact on their ability to access adequate clinical teaching and supervision in the Emergency Department.

Advanced Trainees responses:

Responses	NEAT Targets	%	Shift Work	%	Clinical Load	%
Strongly Agree	46	39%	30	25.4%	42	35.6%
Agree	36	30.5%	56	47.5%	49	41.5%
Undecided	19	16%	11	9.3%	7	6%
Disagree	15	12.8%	17	14.4%	17	14.4%
Strongly Disagree	2	1.7%	4	3.4%	3	2.5%

Provisional Trainees responses:

Responses	NEAT Targets	%	Shift Work	%	Clinical Load	%
Strongly Agree	28	36%	19	24.4%	19	24.4%
Agree	18	23%	43	55.1%	35	45%
Undecided	20	25.6%	5	6.4%	7	9%
Disagree	11	14.1%	11	14.1%	17	21.6%
Strongly Disagree	1	1.3%	0	0%	0	0%

Trainees commented on factors impacting their ability to access adequate clinical teaching and supervision in the ED:

- NEAT targets are taking away the training benefits at the work hours. (MR)
- We get 4 hours of teaching but this occurs outside of our rostered hours. On the floor the FACEM's are too busy to teach much. I don't see this as their fault, but with the NEAT rule and the department load increasing there isn't enough time to do that properly. (MR)
- Teaching is often difficult to attend due to the high % of night shifts we are required to work once we have airway skills, and is not paid teaching time (I.e protected, but in our own time unpaid). (RR)
- I think that the workload is prohibitory of adequate supervision, especially of interns which are now taking up more JMO roles. It is not fair on them or patients. The staff specialist to junior ratio is poor. (MR)
- The NEAT Target has put real pressure on the department and any 'non-clinical' time we had previously is now gone which has affected our learning/training. (MR)

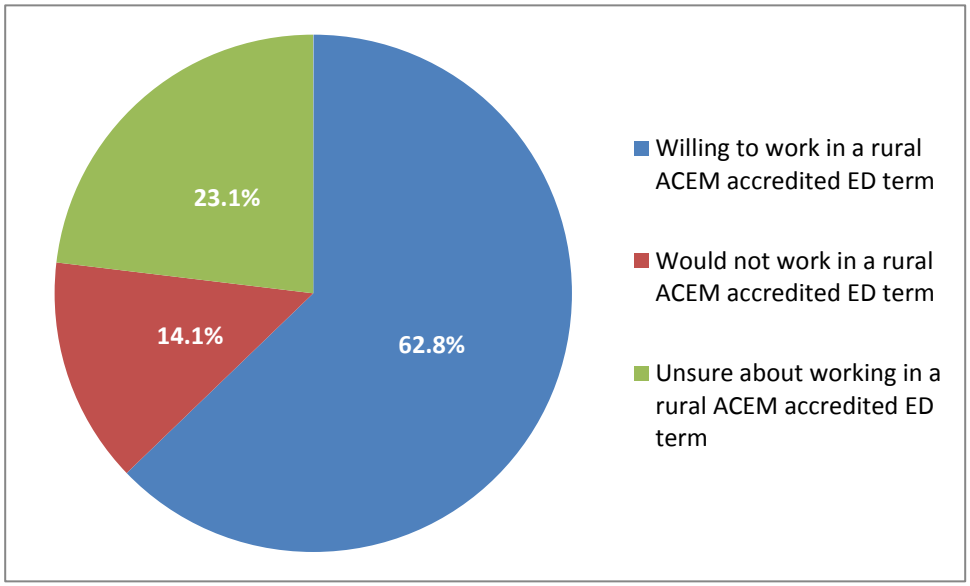
5.4 TRAINEES AND RURAL TERMS

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)*

45.5% of trainees reported that they have completed a rural ED term.

TABLE 5.4: 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
62.8%	**23.1%**	**14.1%**

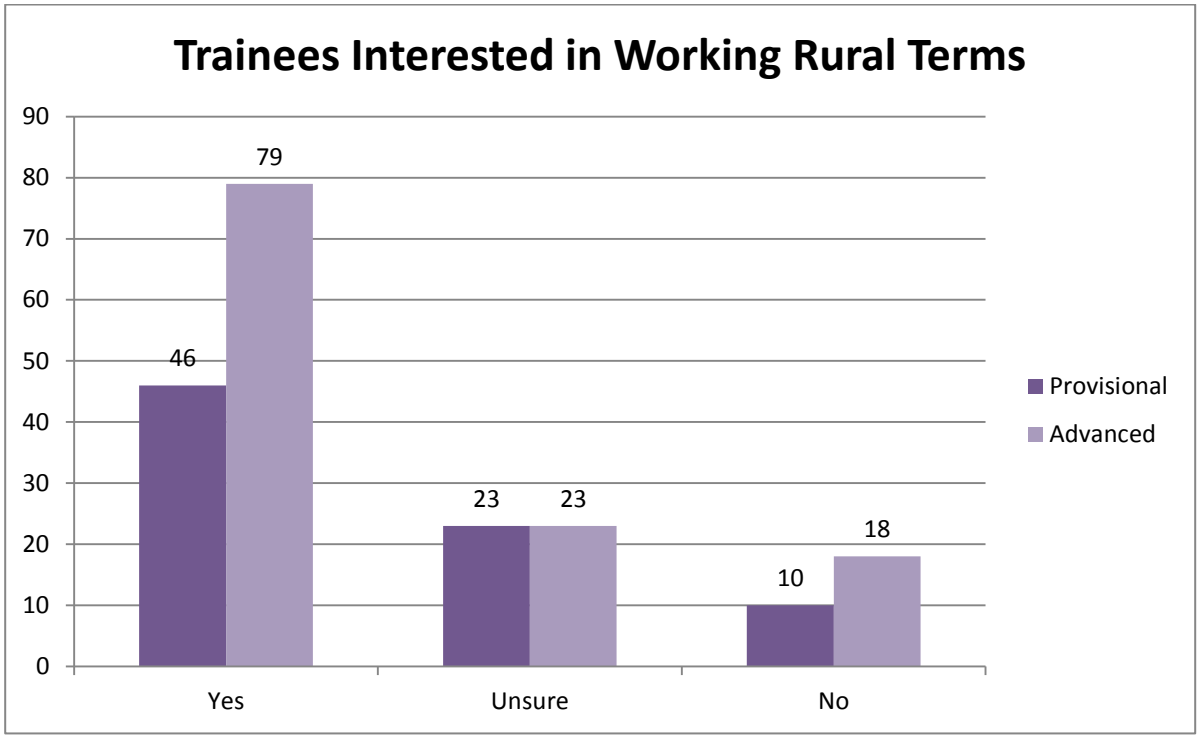


Trainees provided further comments on rural training:

- There should be some sort of subsidy to help out rurally-based advanced trainees who have to leave home to fulfil the minimum 6 month tertiary placement, as there is often assistance from the local hospitals for urban trainees to fulfil their rural placement... (RR)
- More support needs to be given to trainees who are not in tertiary centres and therefore have very variable protected teaching time and access to teaching. (UD)
- Will be good to have a rural term for well rounded training. (UD)
- Working in rural areas can be very rewarding and grants a degree of clinical autonomy to doctors in training that may be greater than in urban hospitals. However, rural placements need to be allocated on a case by case basis as many trainees have family or other commitments in the city. Enforcing rural placements is probably not the way to go. (UD)

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

	Provisional	Advanced	%
Yes	46	79	63%
Unsure	23	23	23%
No	10	18	14%



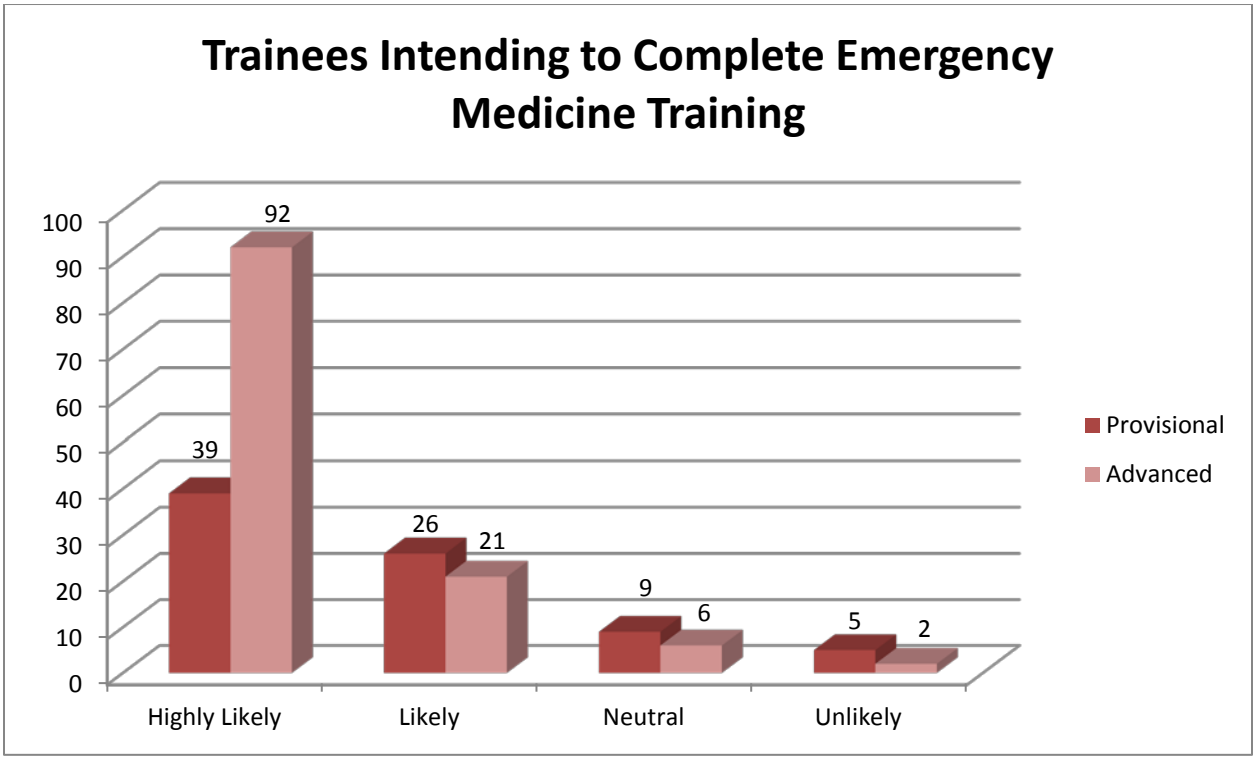
- 63% of Trainees indicated that they were interested in working in a rural term which is an increase of 6% from 2012.
- 23% were unsure, perhaps needing more information which is similar to 2012.
- 14% of Trainees responded that they would not work in a rural term.

5.5: 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 5.5 Intention to Complete Emergency Medicine Training

	Provisional	Advanced	%
Highly Likely	39	92	65.5%
Likely	26	21	23.5%
Neutral	9	6	7.5%
Unlikely	5	2	3.5%



- 89% of all Trainees were either likely or highly likely to complete training.
- 7.5% were neutral about completing training.
- 3.5% were unlikely to complete training.

6 DIRECTORS OF EMERGENCY MEDICINE TRAINING COMMENTS

6.1 RECRUITMENT FOR 2014

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

- No, year after year we fail to attract suitable applicants at registrar/CMO level. (UD)
- Yes though many OTD were very employable. Australians take precedence by law. (MR)
- No, we supported all our trainees who we thought were suitable and encouraged others who weren't as suitable to pursue other interests. (MR)
- No, ACEM policy of changing the way we advertise online has impacted our 'visibility' to the point that positions are unfilled. (UD)

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

	MR	RR	UD	%
Highly Stable	0	0	2	6%
Stable	7	3	5	49%
Uncertain	3	1	1	16%
Unstable	1	3	4	26%
Highly Unstable	0	1	0	3%

6.2 SUPPORT FOR NETWORK

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

- Good support for primary and fellowship exam trials and 3 monthly Sydney west joint teaching. (UD)
- Not supported. (MR)
- They do what that they can but they cannot make up for an indifferent, disinterested and at time hostile administration. (RR)
- Supported from a distance. The majority of stuff we do ourselves, but have accessed some good funding and there are good courses etc in Sydney that the trainees can go to (and have gone to). (RR)
- Well supported but they are under resourced. (MR)
- Well supported - even though we are remote to the network director, there is a good line of communication. (RR)
- Supported but as the ESO is based at one site it is difficult for them to get to know all of the trainees at the other sites and they are not able to assist in the usual teaching sessions at other hospitals. (MR)
- Very well supported but there is no ESO to my knowledge. (MR)
- Well supported except for ongoing reluctance to meaningfully advocate for network-based recruitment. (UD)

6.3 CLINICAL TEACHING AND SUPERVISION IN THE EMERGENCY DEPARTMENT

DEMTs responses to whether there were adequate numbers of FACEMs to provide clinical teaching and supervision to all Emergency Medicine trainees:

Responses	DEMTs	%
Strongly Agree	4	10.5%
Agree	8	21%
Undecided	1	2.5%
Disagree	14	37%
Strongly Disagree	11	29%

DEMTs responses to whether there were certain factors that would impact on their ability to provide adequate clinical teaching and supervision and their responses follow below:

Responses	NEAT Targets	%	Shift Work	%	Clinical Load	%
Strongly Agree	8	21%	6	15.8%	22	58%
Agree	11	29%	17	44.7%	9	23.7%
Undecided	7	18.4%	2	5.3%	2	5.3%
Disagree	11	29%	13	34.2%	5	13%
Strongly Disagree	1	2.6%	0	0%	0	0%

6.4 DEMT COMMENT FOR EMERGENCY MEDICINE STATE TRAINING COUNCIL

DEMTs comments for the NSW Emergency Medicine State Training Council:

- We have concerns about the introduction of WBA and how we are going to be able to do this with the service delivery we also have to provide and whether it will be feasible given our heavy workload. There are also many concerns about the external validity of WBA etc. (RR)
- ACEM trainees in NSW are significantly disadvantaged by the worst FACEM:trainee ratios as compared to other states. This is reflected in trainee exam performance year after year. I think this is well known but not addressed. (UD)
- there needs to be a fairer distribution of advanced trainees across the state (UD)
- Support from departmental FACEM's/Staff Specialists for teaching, training and supervision matters is extremely variable across the group and volatile across time depending on other commitments. For example assistance in staging the NSW Fellowship Course sessions. Would like to somehow see this improved. ?maybe support across a network or ?introducing compulsory contributions to the NSW Fellowship Course particularly given very large number of trainees and very poor exam results resulting in "bottlenecking" for attention re exam specific teaching and assistance with viva exam preparation. Busy workloads also mean on the floor teaching and supervision is no longer existent and the department seems constantly in crisis mode. This means trainees don't develop as well as they could and therefore less prepped for the practical aspects of the exam as well as for coping as a junior staff specialist when the examination is eventually passed. (MR)

6. CONCLUSION

There was a 84% response rate to the Survey from DEMTs this year. The trainee response rate was 34% which was lower than the 2012 response rate.

The Network Training Program was operational from the middle of 2010. In 2013 Co-Network Directors of Training @ 0.125 FTE were appointed for each network for 12 months while a Review of the HETI Medical Portfolio Programs was undertaken. The Report from this review will provide recommendations to HETI for the network training programs in the future.

Trainees and DEMTs surveyed this year appreciate the resources provided by the network training program, but would like to see the networks provide more training to the regional/rural base and urban district hospitals. Two networks have ongoing vacancies for the Education Support Officer (ESO) role. Currently the focus of the network training program continues on the development and delivery of 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 dipped with 62.5% of trainees surveyed being satisfied or highly satisfied with their training, as compared with a 74% satisfaction rating in 2012. Possible explanations for the reduction may be due to the lower response rate to the survey, increased training expectations or the effects of NEAT on department's training programs. 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.

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.

6. APPENDICES

Appendix 1 – Example of Trainee Survey

NSW ACEM Trainees Survey 2013

Question 1

What do you consider to be your home hospital?

- Auburn
- 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 Druitt
- Nepean
- Orange
- 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
- Wagga Wagga
- 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 (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

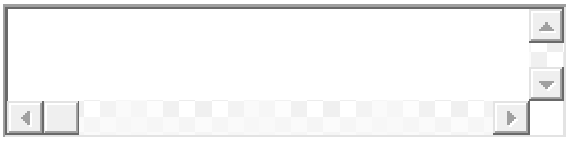
Question 5

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

Do you agree that there are adequate numbers of ED Staff Specialists to provide clinical teaching and supervision?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Question 8

Do any of the following factors impact on your ability to access adequate clinical teaching and supervision in the ED?

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
NEAT targets	●	●	●	●	●
Shift work	●	●	●	●	●
Clinical workload	●	●	●	● C	●

Question 9

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

- Yes
- No

Question 10

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

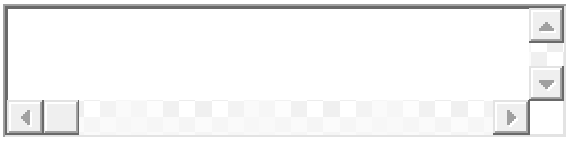
Question 11

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 12

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

NSW Emergency Medicine DEMT Survey 2013

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

Do you agree that there are adequate numbers of FACEMS to provide clinical teaching and supervision to all Emergency Medicine trainees?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Question 4

Do any of the following factors impact on your ability to access adequate clinical teaching and supervision in the ED?

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
NEAT targets	●	●	●	●	●
Shift work	●	●	●	●	●
Clinical workload	●	●	●	●	●

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Question 5

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

Any comments?

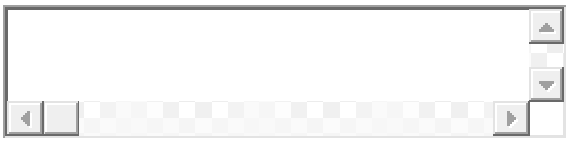
Question 6

How stable is your non trainee workforce?

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

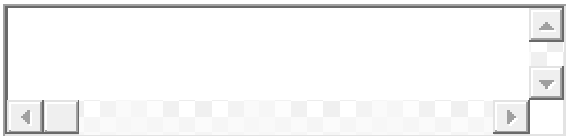
Question 7

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



Question 8

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
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