



EMERGENCY MEDICINE TRAINING IN NSW SURVEY

REPORT NOVEMBER 2014

1. EXECUTIVE SUMMARY

The Survey of Emergency Medicine Training in NSW in October 2014 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 – [Emergency Medicine Training in NSW - Surveys](#).

Information from the Survey Report, together with the Quarterly Performance Reports from the Networks continues 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 612)
- Directors of Emergency Medicine Training (DEMTs)

Responses were received from trainees at 29 of 38 hospitals accredited for Emergency Medicine (EM) Training across NSW. 30% of ACEM trainees in NSW responded, down from 34% in 2013. DEMTs responded from 34 of the 38 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 87% of trainees expressed satisfaction with their training and this was comparable with satisfaction levels in 2013. Approximately 2% of trainees indicated that they were unlikely to finish their training, slightly less than in 2012 and 2013.

Trainees' responses relating to rural rotations indicated that 65% of trainees have worked or are open to working in a rural location, which is a similar response to 2013.

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 2015, workforce stability and support for networks. Responses highlighted variable departmental support for teaching and supervision and recruitment and rotation issues. DEMTs generally commented on a stronger level of support for the networks, including that several ongoing vacant Education Support Officer positions had been filled during the year. With the introduction of more Network Directors of Training in 2014 they expressed increased acknowledgement and appreciation for the value of networks.

1.1 ACKNOWLEDGEMENTS

HETI and the Clinical 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

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 2014 Emergency Medicine recruitment round.

3.2 METHODOLOGY

Methodology for the Survey was developed by the Emergency Medicine Training Program Clinical Chair, Dr Jon Hayman and administrated by Emergency Medicine Training 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 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 ACEM.

Surveys were completed by:

Trainees at 29 of the 38 hospitals accredited for Emergency Medicine training across NSW.
DEMENTs from 34 of the 38 ACEM accredited hospitals.

4. RESPONDENTS

TRAINEES

The Survey was sent to all Trainees in NSW registered with ACEM. ACEM reported a total of 612 Emergency Medicine Trainees registered with the College in NSW as at 31 October 2014.

A total of 184 Trainees responded to the Survey, an overall response rate of 30%.

DEMTs

The Survey was sent to the 64 DEMTs at the 38 ACEM accredited training hospitals in NSW and at least one DEMT (52 in total) from each hospital responded to the survey. The overall response rate by hospital was 90%.

TABLE 1: RESPONDENTS

Total ACEM Trainees in NSW	Number of trainee responses	% of responses from individual trainees
612	184	30%
Total ACEM accredited hospitals in NSW	Number of DEMT responses from accredited hospitals	% of responses from accredited hospitals
38	34	90%

5. MAIN FINDINGS - TRAINEES

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*) and the form of training being undertaken (*Table 5.2.1*).
- Views of Trainees in relation to working in rural terms (*Table 5.3*).
- Likelihood of Trainees completing their training and working as Emergency Physicians in an ED (*Table 5.4*).
- Directors of Emergency Training comments and DEMENT tables (*Table 5.5*).

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 i.e. Major referral (MR) 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.

Refer to table 5.1 on next page.

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 2014	Headcount (FTE) at network hospitals at 30 June 2014		
MR	John Hunter	4-5	1-8	7 (7)	12 (3)		
MR	Liverpool			11 (9)	16 (14)		
MR	Nepean			8 (7.8)	7 (5.5)		
MR	Prince of Wales			15 (15)	6 (5)		
MR	Royal North Shore			22 (20.8)	26 (18.1)		
MR	Royal Prince Alfred			15 (14)	14 (11.5)		
MR	St George			7 (6)	16 (12.5)		
MR	St Vincent's			12 (10.3)	9 (7.3)		
MR	Westmead			7 (6)	27 (17)		
TOTAL		Average = 4	Average = 3.8	104 (95.9)	133 (93.9)		
RR	Coffs Harbour	Average = 3.6	Average = 3.8	11 (10)	1 (1)		
RR	Dubbo			0 (0)	2 (2)		
RR	Gosford			9 (9)	9 (8.8)		
RR	Lismore			2 (2)	5 (4)		
RR	Mount Druitt			3 (3)	4 (2.5)		
RR	Orange			0 (0)	2 (1.5)		
RR	Port Macquarie			3 (3)	1 (1)		
RR	Tamworth			5 (5)	8 (7.1)		
RR	Tweed			4 (4)	9 (7.25)		
RR	Wagga Wagga			2 (2)	1 (0.5)		
RR	Wollongong			3 (3)	4 (4)		
TOTAL				Average = 3.6	Average = 3.8	42 (41)	46 (39.65)
UD	Auburn			1-6	1-5	0 (0)	1 (1)
UD	Bankstown-Lidcombe	5 (5)	3 (2.5)				
UD	Blacktown	9 (9)	7 (4.75)				
UD	Calvary Mater	7 (7)	3 (2)				
UD	Campbelltown	6 (6)	0 (0)				
UD	Canterbury	4 (4)	4 (4)				
UD	Concord	2 (1.5)	6 (5)				
UD	Hornsby Ku-ring-gai	0 (0)	2 (2)				
UD	Maitland	4 (4)	5 (4)				
UD	Manly	2 (1.3)	5 (5)				
UD	Mona Vale	4 (4)	2 (2)				
UD	Ryde	1 (1)	4 (4)				
UD	Sutherland	7 (7)	5 (5)				
UD	Sydney Adventist	1 (1)	3 (3)				
UD	Wyong	2 (2)	0 (0)				
TOTAL		Average = 3.2	Average = 2.6	54 (52.8)	50 (44.25)		
GRAND TOTAL				200 (189.7)	229 (177.8)		

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

**Sydney Children's Hospital majority of trainees rotated from other sites. Sydney Children's Hospital reported 2 hours protected teaching time.

TABLE 5.2 TRAINEE LEVEL OF SATISFACTION WITH CURRENT EM TRAINING

Type of Trainee	Number of Responses	Percentage (%) of Respondents
Provisional trainee	69	39%
Advanced trainee	107	61%
Total	176	100%

Trainees were asked to respond on a five point scale of satisfaction with their current Emergency Medicine education and training. The results are shown below by percentage.

Responses	Provisional Trainees	Advanced Trainees	%
Highly Satisfied	14	14	16%
Satisfied	36	50	50%
Neutral	11	25	21%
Dissatisfied	6	12	11%
Highly Dissatisfied	2	2	2%

- 65.7% of trainees surveyed indicated that they were satisfied or highly satisfied with their current education and training.
- 20.9% of trainees gave a neutral response.
- 13.4% of trainees were either dissatisfied or highly dissatisfied.

Trainees commented on their satisfaction with their current Emergency Medicine education and training:

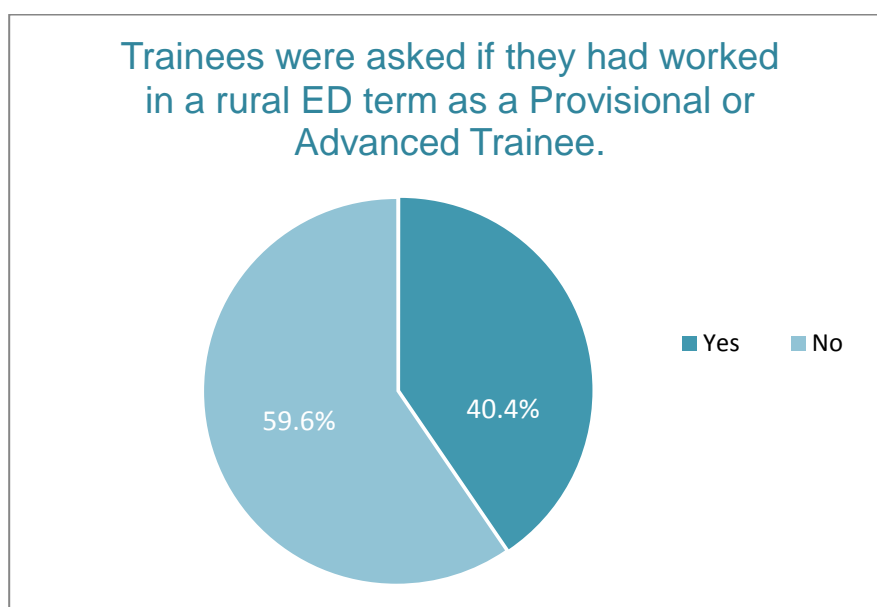
- Fantastic and structured education program in (RR) with coverage of topics as per syllabus and additional guest talks. Ongoing exam question sessions as part of education mornings. Great involvement from multiple interested FACEMs. (RR)
- (MR) prioritises education. Excellent dedication to teaching. (MR)
- General training standard is good, but assistance with fellowship exam preparation is very poor. I feel unsupported through this process. (MR)
- The protected teaching is good however; the training on the shop floor can suffer significantly due to patient overload and understaffing. (RR)
- Things have improved greatly over the last year. We could still benefit from more clinical floor based training. (UD)
- Increasing patient numbers, and staffing issues having an impact on on-the-floor teaching on the run. (MR)

- Away from base hospital this year, lots of different trainee and non-trainee level registrars so teaching very variable, usually too basic. (MR)
- There is unfortunately not a lot of time for on-the-job pearls of wisdom. (MR)
- Inadequate teaching or exam preparation, no time to do WBAs, poor supervision often. (MR)
- Difficult to access out of ED terms especially critical care. (MR)

5.2.1 Form of Training

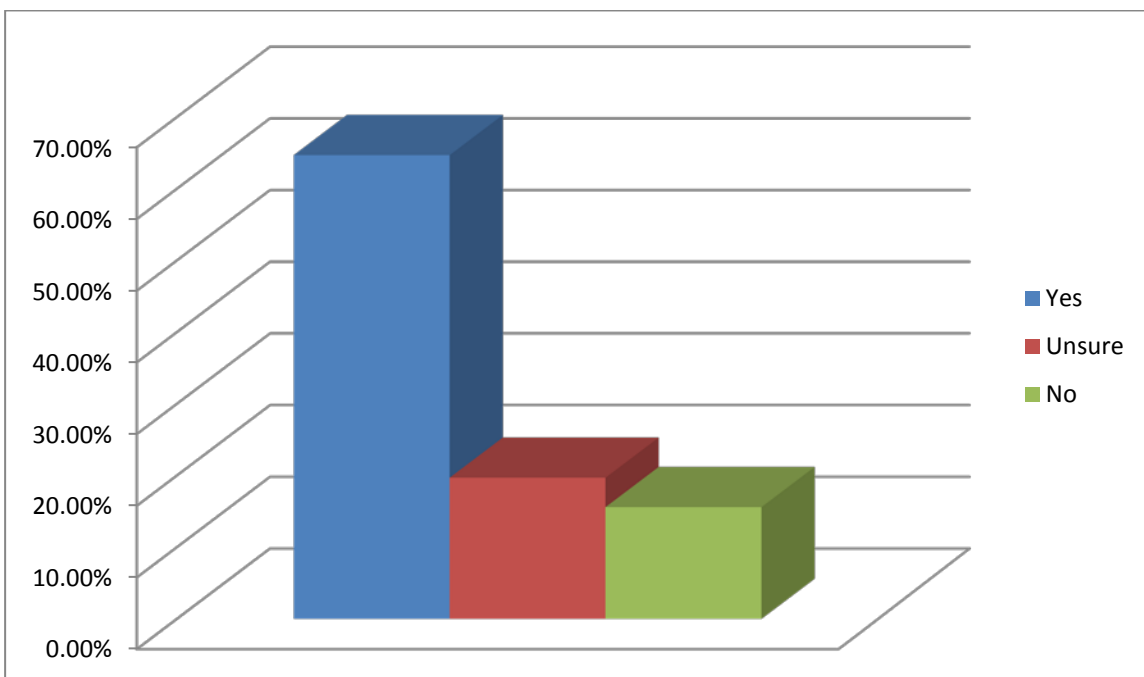
Form of Training	Number of Responses	Percentage (%) of Respondents
Emergency Medicine training only	161	92%
Joint Emergency/Paediatric training	3	2%
Joint Emergency/ICU training	11	6%
Total	175	100%

TABLE 5.3 TRAINEES AND RURAL TERMS



40.4% of trainees reported that they had completed a rural ED.

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?



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
65%	20%	15%

Trainees Interested in Working Rural Terms:

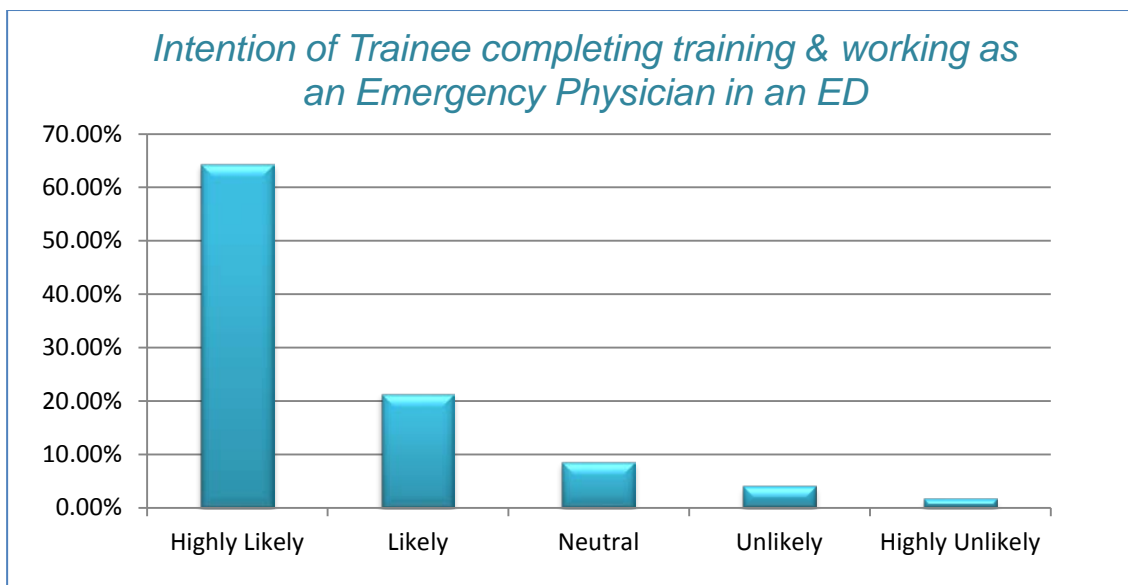
- 64.74% of trainees indicated that they were interested in working in a rural term which is a slight increase.
- 19.65% were unsure which has reduced by 3.35% since 2013.
- 15.6% of trainees responded that they would not work in a rural term (in 2013 this response was 14%).

Trainees commented on working a rural term:

- Don't enforce more than 6 months rural. (MR)
- Cannot work in a rural setting because I have a family that requires me to be with them in Sydney. (MR)
- More rural placements. (RR)
- Due to family commitments forced rural secondments would be undesirable to many trainees. Suggest offering rural terms to interested trainees. (MR)

TABLE 5.4 Intention of Trainee completing training and working as Emergency Physician in an ED

	Provisional	Advanced	%
Highly Likely	38	71	64%
Likely	19	16	21%
Neutral	10	7	9%
Unlikely	3	4	4%
Highly Unlikely	0	4	2%



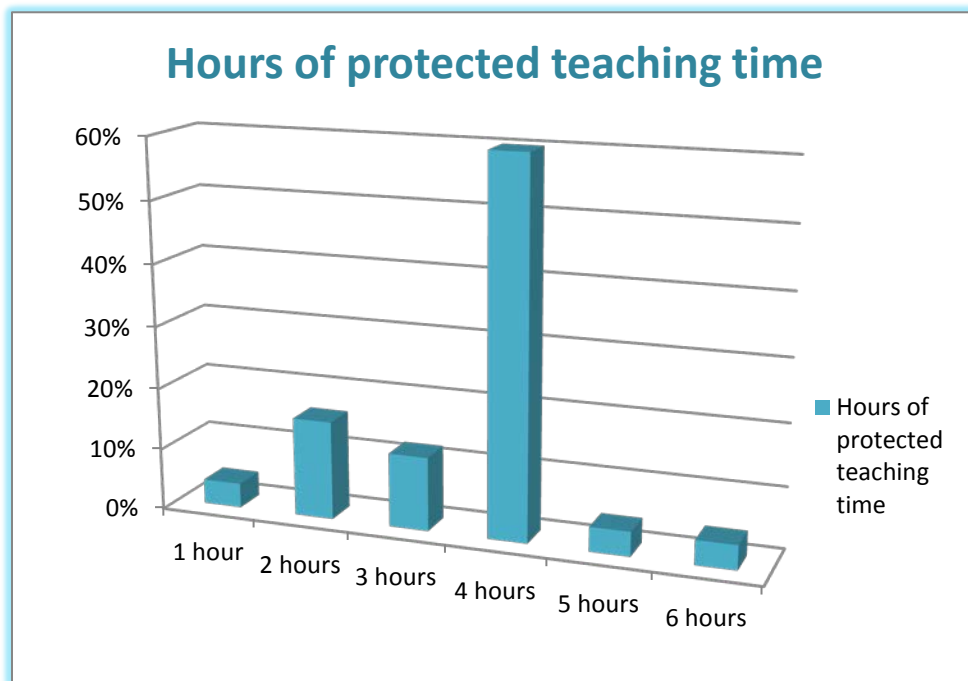
- 85% of all trainees were either likely or highly likely to complete training.
- 9% did not have an opinion about completing training.
- 6% were unlikely or highly unlikely to complete training.

Trainees provided further comments they would like to make to the NSW
Emergency State Training Council:

- HETI training days are an excellent development. (MR)
- Thanks to the (RR) FACEMs and DENT for a very good and supportive training program. (RR)
- (MR) has done an exceptional job in its commitment to our training and education considering business and fund/staffing limitations. (MR)
- Increasing patient volumes and the pressures of NEAT with small consultant/trainer numbers limit supervision and training opportunities. The unstructured training program does not reliably/consistently provide trainees with ever increasing skills and abilities over the course of their training program.(MR)
- I feel very fortunate that among the staff at (MR) there are so many passionate teachers!!
- The protected teaching is good however; the training on the shop floor can suffer significantly due to patient overload and understaffing. (MR)
- Need paediatric and trauma centre rotations. Team leading most shifts doesn't help me gain any new knowledge. (UD)

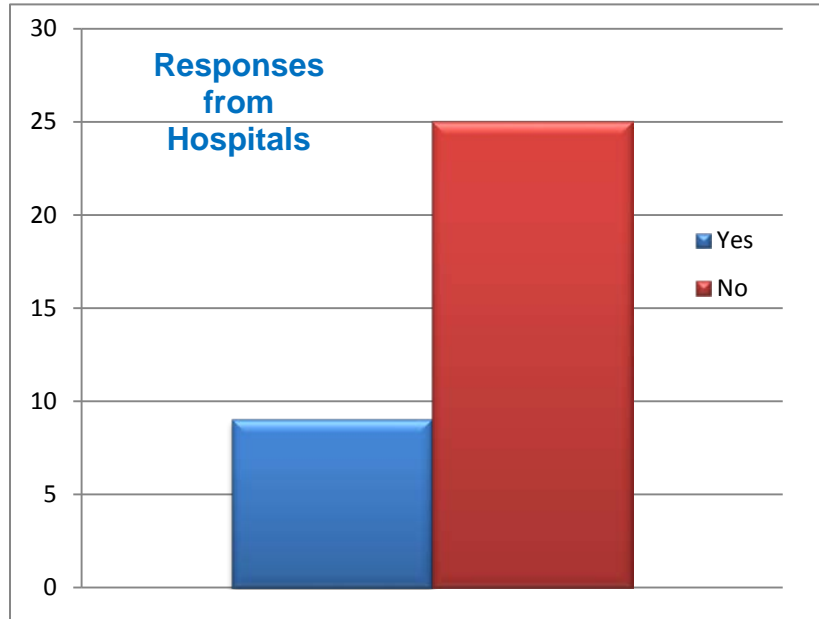
5.5 DIRECTORS OF EMERGENCY MEDICINE TRAINING DMT SURVEY

DEMTs were asked to estimate the total hours of protected teaching time available to their trainees each week:



Hours	Number of Responses	Percentage (%) of Respondents
1	2	4%
2	8	16%
3	6	12%
4	30	60%
5	2	4%
6	2	4%
Total	50	100%

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:



	Number of Responses from Hospitals	Percentage (%) of Respondents
Yes	9	26%
No	25	74%
Total	34	100%

- No, we could always use more trainees and fill our vacancies with non-trainees from UK.
- 2 applicants for 1 AT position and only 1 applicant suitable/employable.
- Currently 9 FTE down on annual recruitment including local RMOs who accepted a position before accepting a position elsewhere.

Comparison with 2013 - appointment of employable trainees

Major Referral hospitals

Out of the 9 MR (Major Referral) hospitals 5 indicated there were employable trainees that did not get a position at their hospital.

In 2013 out of the 9 MR hospitals 7 indicated that there were employable trainees who did not get a position.

Regional/Rural hospitals

Out of the 11 RR (Regional/Rural Base) hospitals none of them indicated that there employable trainees who did not get a position.

In 2013 out of 9 RR hospitals none indicated that employable trainees did not get a position.

Urban District hospitals

Out of the 14 UD (Urban District) hospitals 2 indicated there were employable trainees that did not get a position at their hospital.

In 2013 out of 12 UD hospitals 2 indicated that there were employable trainees that did not get a position.

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

	Percentage (%) of Respondents
Highly Stable	4%
Stable	49%
Uncertain	33%
Unstable	14%
Highly Unstable	0%

SUPPORT FOR NETWORK

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

- Well supported. (UD)
- Very supportive. (UD)
- Relatively supported. We have tremendous help with supply of anatomy exam models and electronic gadgets. (UD)
- There is increasing involvement now that ESO position has been filled. (RR)
- We are getting trainees for the first time in years. Admin are very supportive. (UD)
- Contact was made early in the year and support offered. I have been content to go with what we have here in terms of regular teaching. There is always support within the network for exam preparation. (RR)
- I feel adequately supported. The problems we face at our local site are not something with which they would be able to help (i.e. recruitment, permanent trainees vs FIFO doctors). We do rely upon the network 1 hospitals sending us 4 trainees per year. (RR)
- We are rural. We had a site visit and had assistance with models and funding for courses. (RR)
- They do a good job given the distance we are from the rest of the network. (RR)
- Very keen to help with the very big task with enormous number of trainees. (MR)
- Not well supported. Lack of willingness to rotate trainees to our hospital. (UD)
- Very little. Programs of study are Sydney centric; it is not feasible for most/any of our trainees to attend. (RR)

DEMT comments for the Emergency Medicine State Training Council:

- I would like rural rotation to become compulsory for all trainees, least of all because all of the trainees who come here tell us that they have had a really great hands-on experience that they wouldn't get in a city hospital. It is a shame that trainees don't realise what we have to offer. (RR)
- ESO, assistance for trainee coordination, new exam formats – more in depth details, development of question banks, trainee in difficulty – structured support resources, trainee professionalism. (MR)
- I will continue to push for a centralised recruiting and training coordinating body for the state, if not for nation. (RR)
- More equitable distribution of trainees across the network especially to rural and urban hospitals. (UD)
- There should be planning for rural centres and working closely with metropolitan centres regarding secondments. (RR)

6. CONCLUSION

There was a 94% response rate to the Survey from DEMENTs this year. The trainee response rate was 30% which was lower than the 2013 response rate.

The Network Training Program has been operational from the middle of 2010. During 2014 HETI undertook a Medical Portfolio Programs Review. The Report from the Review [Equipping NSW Doctors for Patient Centred Care](#) provides recommendations to HETI for future directions in health education and training.

Trainees and DEMENTs 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 filled 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.

87% of trainees expressed satisfaction with their training which is a small increase since 2013. With the introduction of more Network Directors of Training in 2014 there was an increased acknowledgement/appreciation expressed in the value of networks.

The Survey will provide valuable information for the Emergency Medicine State Training Council 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 2014

Q1. 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
- St George
- St Vincent's
- Sutherland
- Sydney Adventist
- Sydney Children's
- Tamworth
- Tweed
- Wagga Wagga
- Westmead
- Wollongong
- Wyong

Q2. What type of trainee are you?

- Provisional trainee
- Advanced trainee

Q3. Which form of training are you undertaking?

Q4. Please estimate the total hours of protected teaching time available to you each week when working in the ED in your home hospital (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

Q5 How satisfied are you with your current Emergency Medicine education and training?

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

Q6 Any comments?

Q7 Have you worked in a rural ED term as a Provisional or Advanced trainee?

- Yes
- No

Q8 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

Q9 How likely are you to complete your training and work as an Emergency Physician in an ED?

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

Q10 Do you have any other comments you would like to make to the NSW Emergency Medicine State Training Council?

Appendix 2 – Example of DEMA Survey

NSW Emergency Medicine DEMA Survey 2014

Q1 Please enter your name and hospital details below.

Name

Hospital

Q2 Please estimate the total hours of protected teaching time available to your trainees each week.

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

Comments:

Q3 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

Q4 Any comments?

Q5 How stable is your non trainee workforce?

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

Q6 How supported are you and your trainees by the Network Directors and Education Support Officers for your network?

Q7 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