



Australasian College
for Emergency Medicine

2021 New FACEMs Early Career Survey

Report

New FACEMs Early Career Survey

Key Findings

The New FACEMs Early Career Survey is distributed biannually to new FACEMs. A total of 96 new FACEMs participated in the 2021 survey, providing feedback on their current and future career plans, College resources and support, and their experiences as a new FACEM.

91% felt well prepared for independent practice as an emergency medicine specialist at the completion of the FACEM Training Program.

Key Challenges

Overcoming imposter syndrome was a key challenge for new FACEMs in both the first week and first month post-Fellowship.



First 3 – 6 months post-Fellowship, the key challenges included:

- Managing the emergency department and managing intra- and inter-department relationships
- Making career decisions
- Finding permanent employment and the issue of job insecurity

Rural, Regional, Remote



51% were working in rural, regional, and remote locations.

Reasons to be working in rural, regional, and remote locations:

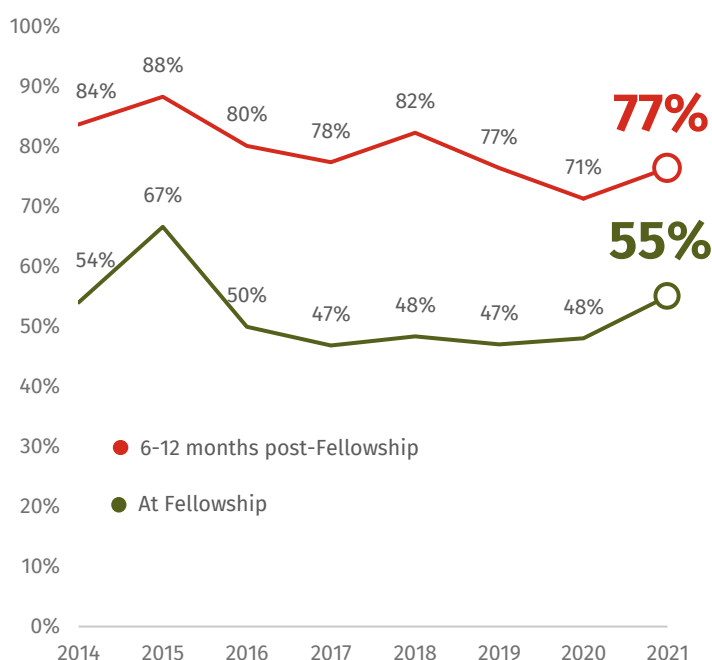
- Job availability and opportunity
- Enjoying rural lifestyle
- Clinical variety or exposure and skill development
- Interest in rural medicine

Career and Employment Profile

The likelihood of securing an emergency medicine specialist position is trending upwards in 2021, compared with the 2020 survey.

- 99%** Worked in emergency medicine practice
- 91%** Felt prepared to practice emergency medicine
- 49%** Worked in metropolitan EDs only
- 45%** Worked in one workplace only
- 43%** Held a full-time position at their primary workplace

EM specialist position secured



Source: Australasian College for Emergency Medicine (2021), Early Career Survey Report, Melbourne.

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1. Executive Summary

The New FACEMs Early Career Survey is distributed biannually to new Fellows of the Australasian College for Emergency Medicine (FACEMs) 6-12 months post Fellowship. Participation is voluntary, and 98 (53%) of 184 new FACEMs participated in the 2021 surveys.

Summary of 2021 New FACEMs Early Career Survey Findings

Current Career and Employment Profile

- Over half, 55%, of respondents had an emergency medicine (EM) specialist position secured at the time of attaining Fellowship, which increased to 77% at the time of the survey.
- Nearly all (99%) respondents reported working in EM, with 33% also working in another area of clinical or professional practice.
- New FACEMs reported working at between one and five workplaces, with 55% working at more than one workplace.
- Less than half (43%) were working in a full-time position at their primary workplace, with 51% reporting working in a part-time position, and 6% working in a casual position.
- Almost half (49%) of new FACEMs reported working in a metropolitan area only, 31% reported working in both metropolitan and rural/regional/remote areas, and 20% worked only in a rural/regional/remote area.

Future Career Plans

- All respondents reported wanting to work in EM in five years' time. Medical education (29%) and retrieval and pre-hospital medicine (29%) were two most commonly reported areas of practice outside of EM that respondents wanted to be working in.
- Half of the respondents indicated that they preferred to work in a metropolitan area only in five years' time, whilst lesser proportions reported wanting to work in both metropolitan and rural/regional/remote areas (31%), or in rural/regional/remote areas (19%).

Mentoring and ACEM Continuing Professional Development (CPD) Resources

- Just over half, 52%, of respondents reported having been involved in a mentoring program, either as a mentor (34%), as a mentee (17%), or as both a mentor and a mentee (13%).
- 60% had not used ACEM's mentoring resources, with 54% of them reporting that they were not aware of the resources.
- The majority (96%) of respondents had commenced the ACEM Specialist CPD Program.
- Assessing Cultural Competence modules, Indigenous Health and Cultural Competency online modules, and resources for Workplace-Based Assessments were among the most popular CPD resources.

Areas for Support from ACEM and Workplaces

- The most popular topics selected by respondents for inclusion in the New Fellows Program were "Finding your niche as an EM Specialist" (60%) and "Managing trainees" (60%), followed by "Emergency Department Management" (55%).
- Over half (53%) of respondents were aware of ACEM's New Fellows Network, and of those who had used the network, 57% were satisfied with the network.
- Opportunities to experience the responsibilities of a FACEM was the key support provided by workplaces that respondents deemed useful, whereas mentoring resources and department orientation were deemed as useful supports that workplaces could have provided to new FACEMs, but in some cases didn't.

Preparedness for EM Practice and Challenges Experienced

- 91% of 81 respondents agreed that they felt well-prepared for independent practice as an EM specialist at the completion of the FACEM Training Program.
- Training in non-clinical skills was among the most frequently nominated area that respondents reported as being inadequately covered in the FACEM Training Program.
- Managing the emergency department and intra- and interdepartmental relationships, and career decisions and planning were consistently raised as key challenges faced by new Fellows within the first 3-6 months post Fellowship.

2. Purpose and Scope of Report

The New FACEMs Early Career Survey is a biannual survey distributed to new Fellows of the Australasian College for Emergency Medicine (FACEMs) six to 12 months following attainment of the ACEM Fellowship. Commencing in 2014, these voluntary surveys are administered to enhance ACEM's understanding of current and future career plans of new FACEMs, resources and support that the College should provide, and challenges experienced as a new FACEM. This report provides the findings from the two iterations of the survey conducted in 2021 and presents longitudinal data from 2014 to 2021.

3. Methodology

Two survey iterations in 2021 were administered, one in March to Fellows elected between 1 March 2020 and 31 August 2020, and another in September to Fellows elected between 1 September 2020 and 28 February 2021. The new FACEMs were contacted by email and invited to participate in the online survey hosted in QuestionPro. Participation was voluntary, and the completion of the survey was considered implied consent. Two reminder emails were distributed to the new FACEMs who had not responded, encouraging them to participate.

Personal information was collected as part of the survey to match respondents to the demographic and training information within ACEM's member database, however participant's confidentiality was fully protected. All personal information provided was excluded from data analysis and reporting, with data being reported only in the aggregate.

4. Results

4.1 Demographic Information

Of the 184 new FACEMs in 2021, 52% (n= 96) were female and their average age was 36.8 years on the attainment of Fellowship. Sixteen new FACEMs obtained their Fellowship via the Specialist International Medical Graduate (SIMG) pathway. New FACEMs who completed the FACEM Training Program took an average of 7.3 years to gain their Fellowship.

A total of 98 from the pool of 184 new FACEMs responded to the 2021 survey, a response rate of 53% (range between 48%-64% from 2014-2020). The demographics of the respondents were comparable with that for the whole cohort of 2021 new FACEMs, with 55% female, they had an average age of 36.7 years at Fellowship and took an average of 7.4 years to complete the FACEM Training Program.

4.2 Current Career and Employment Profile

This section presents the findings on the current career profile of the responding new FACEMs, including whether they had an emergency medicine (EM) specialist position secured at the time of obtaining Fellowship and at the time of the survey; area(s) of clinical or professional practice working in and location of their workplace; employment type; contracted hours worked; and current career preferences.

Over half (n= 54/98, 55%) of the respondents reported having an EM specialist position secured at the time of attaining Fellowship, while 28 (29%) did not have a specialist position secured. Sixteen (16%) respondents were working in either locum or casual positions.

Of those that provided reasons for not having an EM specialist position secured at the time of attaining Fellowship (n= 28), nine (32%) reported they were still seeking employment, while 18 (64%) reported they were completing training or finishing other rotations. The remaining new FACEM reported they had taken parental leave.

The number of new FACEMs who reported working in a specialist position increased to 75 (77%) between six and 12 months post-Fellowship. Twelve (12%) new FACEMs reported working in locum or casual positions. Four (4%) new FACEMs were completing additional training (including paediatric emergency medicine and intensive care). Three (3%) new FACEMs were still seeking employment. Two (2%) new FACEMs were on parental leave, whereas two (2%) others were working in registrar roles.

Of the twelve new FACEMs who provided a reason as to why they were working in a locum or casual position or still seeking employment, two-thirds (n= 8) commented on the lack of permanent specialist job opportunities in their preferred area, while four others reported not working in a permanent position by choice.

Figure 1 shows the proportion of new FACEMs who had an EM specialist position secured at Fellowship and 6-12 months post-Fellowship, between 2014 and 2021. On average, over the 8 years, just over half (52%) of the new FACEMs reported having an EM specialist position secured at Fellowship. The percentage increased to an average of 80%, 6-12 months post-Fellowship. Despite the decreasing trend in recent years suggesting challenges facing new FACEMs in obtaining a specialist position, the percentage who had attained a specialist position at Fellowship and 6-12 months post, increased in 2021.

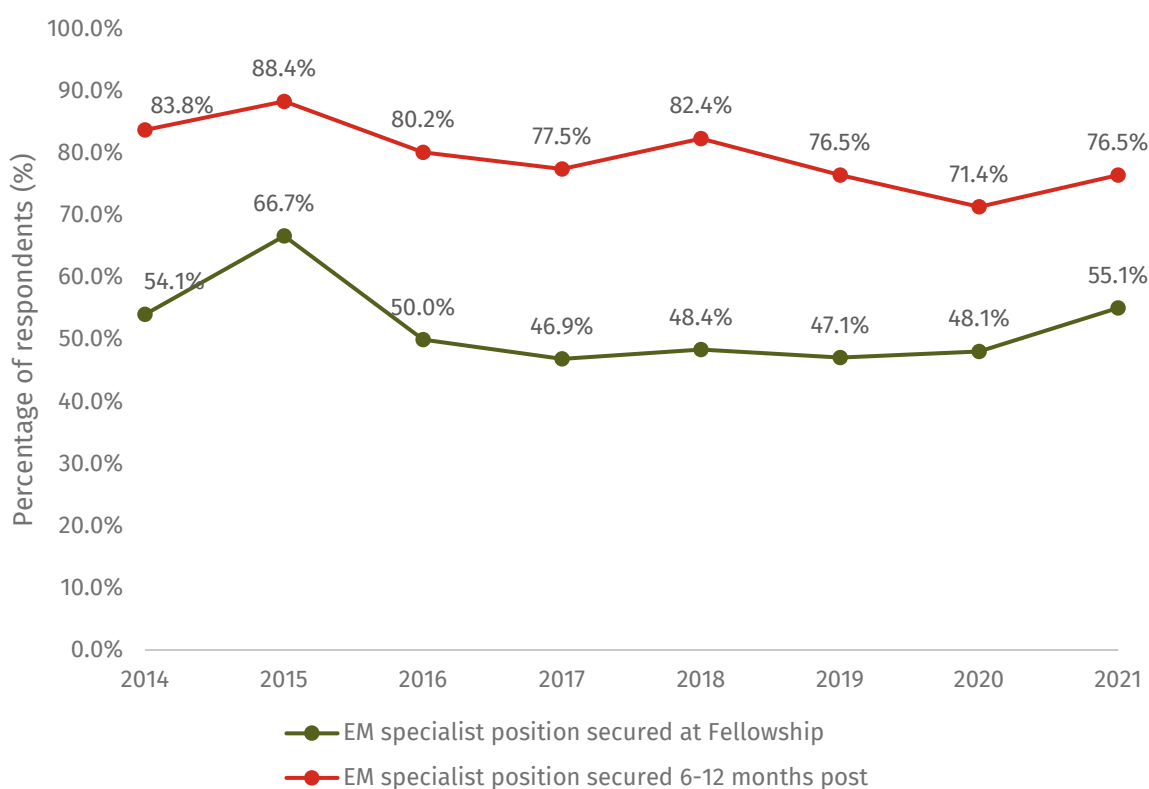


Figure 1: Percentage of new FACEMs with an emergency medicine specialist position secured at Fellowship and 6-12 months post-Fellowship, for the years 2014-2021

New FACEMs were asked if they had undertaken any work that was below the level of an EM specialist since attaining their Fellowship and 35 (36%) reported having done so. All but one specified the reason(s) for this, with the majority reporting that they were still working as registrars completing existing work contracts or were finishing dual specialist training.

A total of 82 respondents selected the area(s) of clinical or professional practice they were working in at the time of the survey, with all but one reporting working in EM (Table 1). Of these, 27 (33%) reported also working in another clinical or professional area, with five working in two or more areas other than EM.

Table 1: Areas of clinical or professional practice new FACEMs were working in at time of the survey

Area of clinical professional practice	No. of respondents	%
Emergency Medicine	81	98.8%
Retrieval and Pre-hospital Medicine	12	14.6%
Medical Education	10	12.2%
Paediatrics	3	3.7%
Geriatric Emergency Medicine	2	2.4%
Forensics	1	1.2%
General Practice	1	1.2%
Intensive Care	1	1.2%
Palliative	1	1.2%
Research	1	1.2%
Toxicology	1	1.2%
Urgent Care	1	1.2%
Total no. of respondents	82	

**Respondents may select more than one area of clinical or professional practice*

Of the 82 new FACEMs who provided their current workplace details, 83% (n= 68) were working in Australia and 17% (n= 14) were working in New Zealand. Two other new FACEMs reported working overseas and had not provided further workplace details. In Australia, 31% (n= 21) were working in Queensland, 29% (n= 20) in New South Wales and 27% (n= 18) in Victoria for their primary workplace. A further 13% (n= 9) of respondents reported working in other Australian states or territories. In New Zealand, 43% (n= 6) of respondents were working in the Bay of Plenty, 36% (n= 5) in Auckland and 21% (n= 3) in Wellington for their primary place of employment.

This distribution of respondents was somewhat comparable to the distribution of the new FACEM population, with the majority of them working in Queensland (25%), New South Wales (25%) and Victoria (18%), and a further 15% were working in New Zealand.

Thirty-five (43%) new FACEMs reported holding a full-time position at their primary workplace. Just over half reported working in part-time roles (n=42, 51%), and a further five (6%) were working in locum or casual positions as their primary workplace.

From 2015 onwards, more than half of the new FACEMs each year reported working in part-time or in casual or locum positions at their primary workplace (Figure 2). On average over the 8-year period between 2014 and 2021, only 44% of new FACEMs reported working in a full-time position at their primary workplace.

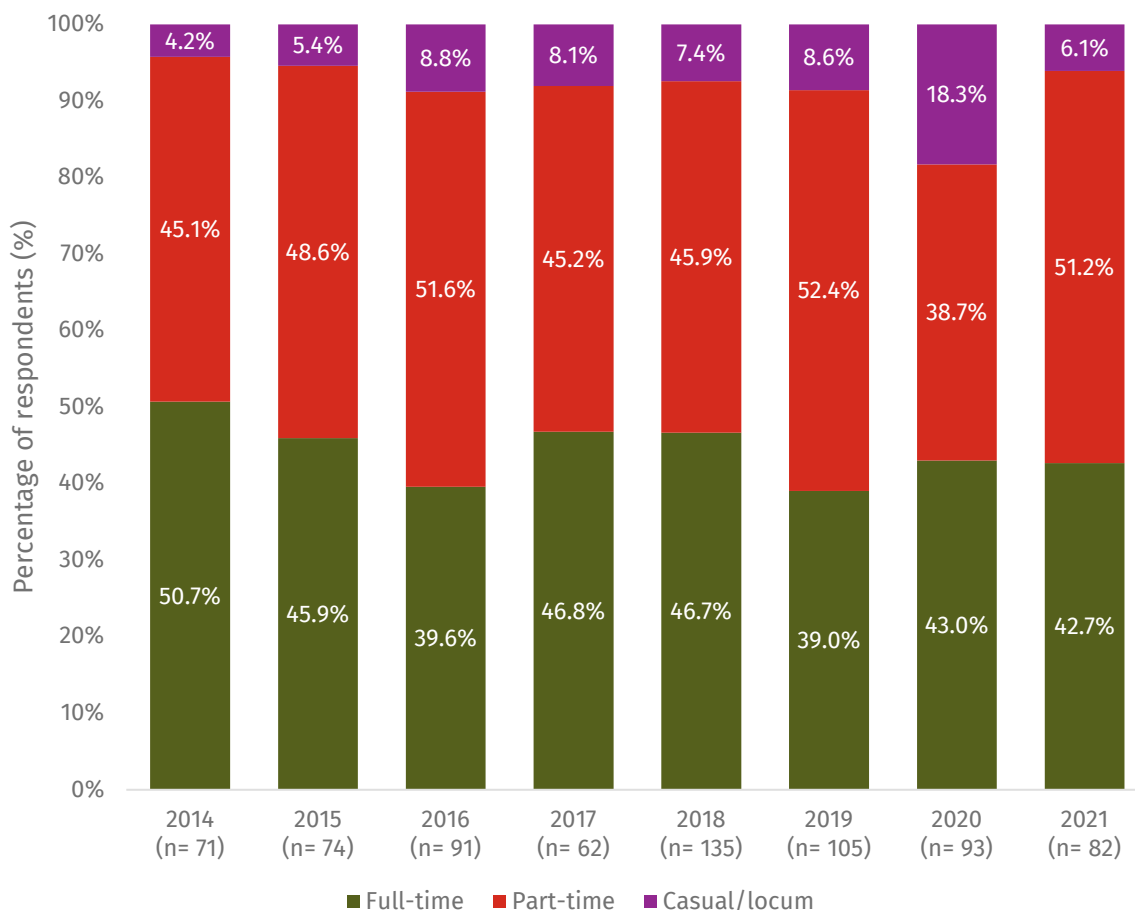


Figure 2: Type of employment new FACEMs reported working in at their primary workplace, for the years 2014-2021

Under half (45%, n= 37) of the respondents worked at one workplace only, with the remainder working across multiple workplaces (55%, n= 45). Of the 45 respondents working at more than one workplace, 73% were working at two workplaces, 18% at three workplaces and two new FACEMs reported working at four and five workplaces, respectively.

For those who worked at multiple workplaces, 40 respondents provided a reason(s) for working at multiple workplaces. The majority (70%, n= 28) reported that it was by choice, with the main reasons being the opportunity to have a broader variety of clinical exposure or to work across specialties such as retrieval medicine. Importantly, 30% of respondents (n= 12) indicated that they did not work at multiple workplaces by choice but needed to do this to make up the equivalent of full-time hours, given a lack of permanent or full-time positions at their primary workplace.

For those who provided details of their working hours, only one third (33%, n= 26/78) were working the equivalent of full-time hours, 60% (n= 47) were working part-time hours (i.e., less than 38 hours per week), and 6% (n= 5) were working casual hours only. Thirty-four respondents who reported working part-time hours also worked at another workplace(s).

At the time of completing the survey, respondents reported working on average 35.5 hours per week (n= 74, range 10 – 70 hours) across all workplaces, excluding after hours and on-call work and those working in casual, sessional or locum positions only.

Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours. A significant proportion of respondents reported working in excess of their contracted hours (Table 2).

Table 2: Average hours worked per week and percentage in excess of contracted hours, by workplace

Workplace	No. of respondents	No. with locum/ sessional/casual position	Average hours per week*	% working in excess of contracted hours
Primary workplace	82	5	29.5	36.1%
Second workplace	44	23	14.2	47.1%
Third workplace	12	10	†	0%

*Excludes locum, casual and sessional positions, and those with zero contracted hours

† Figure not included, as data only available for two respondents

The remoteness location of new FACEMs' current workplace was assessed, with 49% (n= 39/80) working in a metropolitan area only, 31% (n= 25/80) in a rural/regional/remote area only, whilst 20% (n= 16/80) were working in both metropolitan and rural/regional/remote areas. Over the last eight years, a significant decrease has been seen in the proportion of new FACEMs reporting working in a metropolitan area only, from 76% in the 2014 cohort of new FACEMs to 49% in the 2021 cohort (Figure 3), with more recent cohorts more likely to work in a rural/regional/remote area.

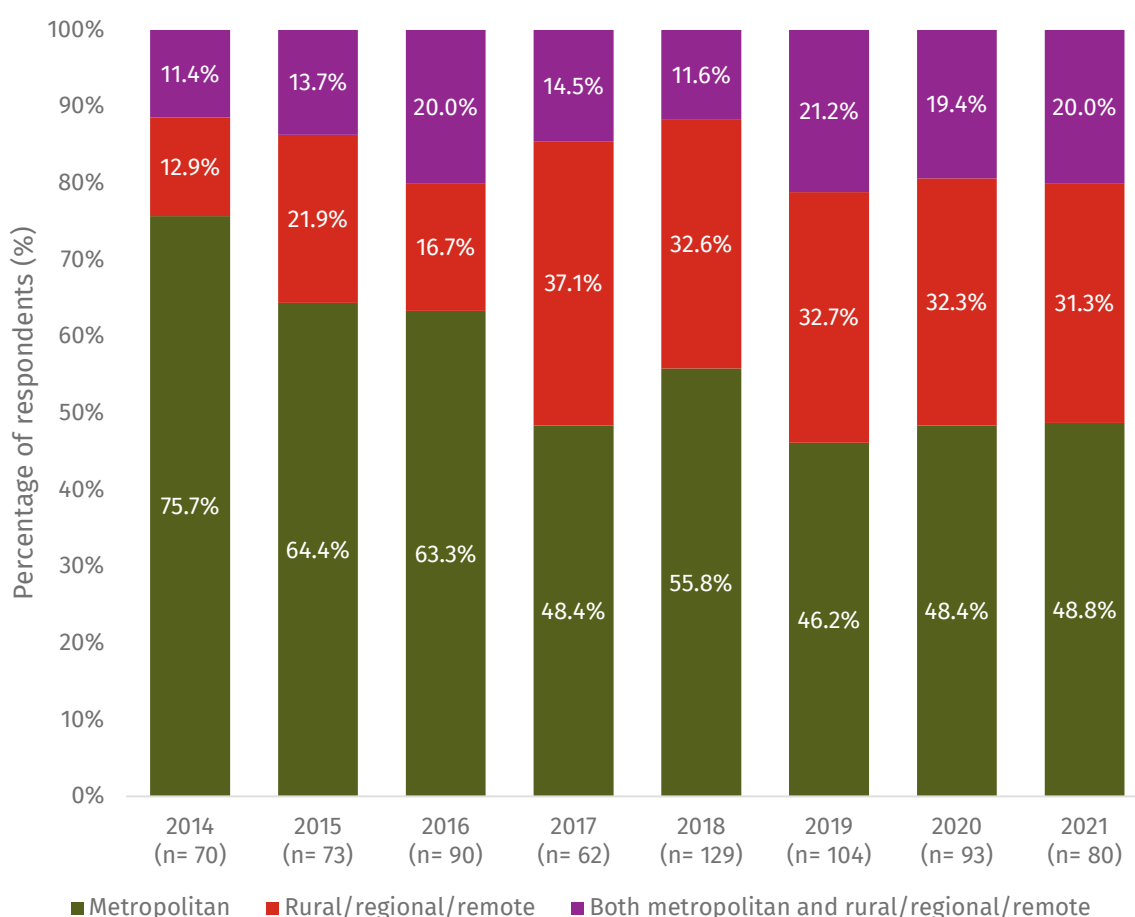


Figure 3: Remoteness of workplace location, new FACEMs reported working in, for the years 2014-2021

New FACEMs who worked outside metropolitan areas (n= 41) were encouraged to provide the reason(s) why they chose to work in a rural/regional/remote location, with 33 providing a response. Consistent with the findings in the 2020 survey, job availability and opportunity was the most common theme identified, followed by enjoying rural lifestyle, clinical variety or exposure and skill development in the rural ED setting, and interest in rural medicine (Table 3).

Table 3: Themes and representative comments of the reasons new FACEMs chose to work in a rural, regional, or remote location

Reasons for choosing to work in rural, regional, or remote location	
Job availability and opportunity (n= 18)	<ul style="list-style-type: none"> – Jobs in metropolitan areas are too competitive and positions tend not to be full-time – Opportunity for retrieval work – No FACEM job available in the city I lived or trained in
Rural lifestyle (n= 10)	<ul style="list-style-type: none"> – More space, less expense, better for family – Long term intention to settle down in a regional location to raise family
Clinical variety or exposure and skill development (n= 7)	<ul style="list-style-type: none"> – Wider range of disease presentation – Diversity of clinical exposure – [I enjoy] the challenge of managing unwell patients in hospitals without immediate access to tertiary specialties. – I enjoy the diversity of work
Interest in rural medicine (n= 7)	<ul style="list-style-type: none"> – I enjoy rural medicine – To help rural areas with FACEM support
Work environment (n= 6)	<ul style="list-style-type: none"> – Place where I have started my career in Australia. Familiarity with staff, place and always had a great relationship with of the place 'where it all began' – Great department
Rural background (n= 5)	<ul style="list-style-type: none"> – I am from [rural location] and have family here – From and trained in a regional area
Job satisfaction (n= 4)	<ul style="list-style-type: none"> – [metropolitan positions] less enjoyable/fulfilling medicine – I enjoy the unique challenges of working in a regional setting – I enjoy being able to take more ownership of patients in regional/rural EDs
Contract requirement (n= 4)	<ul style="list-style-type: none"> – Bonded medical place – Job was available to complete SIMG pathway

Of the 82 respondents, the majority of new FACEMs (87%, n= 71) reported working in their preferred area of clinical practice, while smaller proportions indicated working in their preferred region (i.e., state, territory, or country), (74%, n= 61) and preferred remoteness location (63%, n= 52). None of the respondents indicated that they were not working in either their preferred clinical practice, region, or remoteness location.

4.3 Future Career Plans

New FACEMs were asked about their future career plans (in five years' time) with respect to area(s) of clinical or professional practice, region, and remoteness location. All 94 respondents reported they hoped to work in EM in five years' time (Table 4). Similar to 2020 survey findings, retrieval medicine and medical education were two most common areas of clinical or professional practice outside of EM that new FACEMs wanted to be working in the future. Of note, four new FACEMs expressed interest in ultrasound training including completing a certificate of clinician performed ultrasound or diploma of diagnostic ultrasound.

Table 4: Area(s) of clinical or professional practice new FACEMs hoped to be working, in 5 years' time

Future area of clinical or professional practice	No. of respondents*	%
Emergency Medicine	94	100.0%
Retrieval / Pre-hospital Medicine	27	28.7%
Medical Education	27	28.7%
Toxicology	8	8.5%
Paediatrics	5	5.3%
Research	5	5.3%
Intensive Care / Critical Care	3	3.2%
Geriatric Emergency Medicine	2	2.1%
General Practice	1	1.1%
Palliative Care	1	1.1%
Other Medicine		
Disaster and terror medicine	1	1.1%
Expedition medicine	1	1.1%
Medicolegal	1	1.1%
Medical administration	1	1.1%
Total no. of respondents	94	

**Respondents may select more than one area of clinical or professional practice*

When asked which region(s) the new FACEMs would prefer to be working in, in five years' time, Queensland and New South Wales were among the most preferred regions, nominated by 34% and 31% of respondents, respectively. This was followed by Victoria (20%) and New Zealand (20%), with 6% of respondents reporting wanting to be working overseas in five years' time (Table 5).

Table 5: Regions new FACEMs would prefer to work in 5 years' time

Preferred region	No. of respondents*	%
Australia	77	81.9%
Queensland	32	34.0%
New South Wales	29	30.9%
Victoria	19	20.2%
South Australia	6	6.4%
Western Australia	4	4.3%
Northern Territory	4	4.3%
Tasmania	2	2.1%
Australian Capital Territory	1	1.1%
New Zealand	19	20.2%
Overseas	6	6.4%
Total no. of respondents	94	

*Respondents may select more than one preferred region

When asked in which location with respect to remoteness they would prefer to be working within in five years' time, half (50%, n= 47) of the respondents indicated that their preference was to work in a metropolitan area only. The remaining respondents reported that their preferred future workplace location was either both metropolitan and rural/regional/remote areas (31%), or rural/regional/remote areas only (19%).

4.4 Mentoring

This section shows the responses to the questions relating to formal mentoring. This includes whether the new FACEMs had been involved in a mentoring program since attaining Fellowship and their satisfaction level with respect to ACEM's mentoring resources.

Just over half of responding new FACEMs (52%, n= 48/93) reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor (34%, n= 32), as a mentee (4%, n= 4), or both as a mentor and a mentee (13%, n= 12). Of those who reported having been involved as a mentor (n= 44), only two reported having the same mentee they had during the FACEM Training Program, with the remainder reporting having a new mentee. Whilst for those who reported being a mentee (n= 16), 56% (n= 9) reported having the same mentor they had when they were in the FACEM Training Program, with 44% (n= 7) reporting having a new mentor since attaining Fellowship.

The remaining 48% (n= 45/93) reported that they had not been involved in a mentoring program since obtaining Fellowship, with the majority (89%, n= 40) indicating that they would like to be involved in one. Of those, a larger proportion reported wanting to be involved as a mentor (90%, n= 36) than as a mentee (55%, n= 22), with only five indicating they would like to be a Mentoring Program Coordinator.

Of the 48 respondents who reported having been involved in a mentoring program, less than half (48%, n= 23) had used ACEM's mentoring resources. Table 6 presents the satisfaction levels of new FACEM's for: ACEM's mentoring resources overall, the Mentoring Course modules, Mentoring Network forum (online space to discuss mentoring ideas and issues), and other resources on the Mentoring Network Resources page (e.g., tools, templates, handbook, FACEM support contacts). Overall, the majority (84%) were satisfied or very satisfied with the resources, with 16% remaining neutral.

Table 6: New FACEM's satisfaction levels with ACEM mentoring resources

ACEM mentoring resources	Very satisfied	Satisfied	Neutral	Unsatisfied	Unaware of this resource	N/A
Overall	15.8%	68.4%	15.8%	-	-	-
Mentoring course modules	14.3%	61.9%	9.5%	-	9.5%	4.8%
Mentoring network forum	-	31.8%	22.7%	-	27.3%	18.2%
Other resources	4.5%	54.6%	22.7%	-	9.1%	9.1%

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, 54 (61%) of the 88 respondents had not used ACEM's mentoring resources. Of those, more than half (54%, n= 29) reported that they were not aware of the resources.

4.5 Continuing Professional Development and ACEM Resources

This section provides the findings relating to the new FACEMs' current and future continuing professional development (CPD) plans and their intention to utilise various ACEM resources as part of their CPD. The majority (96%; n= 89/93) of the respondents had commenced the ACEM Specialist CPD Program, with three new FACEMs reporting that they would be commencing CPD in the next intake and one other reporting being exempt from undertaking the program while they were on parental leave.

New FACEMs were asked to rank each of ACEM's educational resources available for CPD, with respect to whether they were utilising or had utilised the resource(s) and their intentions to utilise the resource(s) in the future (Table 7). Resources including Assessing Cultural Competence modules (96%), Indigenous Health & Cultural Competency Online modules (85%) and resources relating to Workplace-Based Assessments (WBAs; 80%) were among the most popular educational resources that respondents had utilised or were intending to utilise for their CPD. In addition, more than half of the new FACEMs reported that they intended to utilise the Leadership - online course and Mentoring Course - online modules for their CPD. The least popular educational resources included the Welcome to Working as a Medical Practitioner in Australia - Online program and the Mentoring Discussion Forum, which presumably having less relevance to most of the new FACEMs.

Table 7: Utilisation of ACEM's educational resources available for CPD, by new FACEMs

CPD resources	n	Have or currently utilising	Intend to utilise	Do not intend to utilise	Unaware of this resource
Assessing Cultural Competence modules	76	59 (77.6%)	14 (18.4%)	2 (2.6%)	1 (1.3%)
Fellowship examination resources	74	54 (73.0%)	4 (5.4%)	13 (17.6%)	3 (4.1%)
Indigenous Health & Cultural Competency - Online modules	71	41 (57.7%)	19 (26.8%)	3 (4.2%)	8 (11.3%)
Workplace-Based Assessment- Online Training modules	71	34 (47.9%)	23 (32.4%)	5 (7.0%)	9 (12.7%)
Primary examination resources	72	31 (43.1%)	8 (11.1%)	28 (38.9%)	5 (6.9%)
Workplace-Based Assessment- Orientation videos	70	27 (38.6%)	23 (32.9%)	8 (11.4%)	12 (17.1%)
General Emergency Medicine Resources	70	17 (24.3%)	18 (25.7%)	9 (12.9%)	26 (37.1%)
Clinical Supervision Online modules	72	17 (23.6%)	34 (47.2%)	1 (1.4%)	20 (27.8%)

Emergency Ultrasound resources	73	16 (21.9%)	34 (46.6%)	6 (8.2%)	17 (23.3%)
Mentoring Course - Online modules	70	15 (21.4%)	38 (54.3%)	2 (2.9%)	15 (21.4%)
Best of Web EM	71	12 (16.9%)	27 (38.0%)	5 (7.0%)	27 (38.0%)
EM certificate and diploma resources	72	12 (16.7%)	12 (16.7%)	25 (34.7%)	23 (31.9%)
Critical Care Airway Management modules	72	11 (15.3%)	34 (47.2%)	4 (5.6%)	23 (31.9%)
Mentoring Network Resources for mentors and mentees	70	9 (12.9%)	32 (45.7%)	7 (10.0%)	22 (31.4%)
ACEM Core Values module	72	8 (11.1%)	28 (38.9%)	6 (8.3%)	30 (41.7%)
Indigenous Health & Cultural Competency - Podcasts	70	6 (8.6%)	23 (32.9%)	8 (11.4%)	33 (47.1%)
Leadership - Online Course	70	5 (7.1%)	37 (52.9%)	2 (2.9%)	26 (37.1%)
Wellbeing Network	70	4 (5.7%)	20 (28.6%)	21 (30.0)	25 (35.7%)
Mentoring Discussion Forum	69	3 (4.3%)	17 (24.6%)	16 (23.2%)	33 (47.8%)
Operating with Respect – Online module	70	3 (4.3%)	22 (31.4%)	8 (11.4%)	37 (52.9%)
Welcome to Working as a Medical Practitioner in Australia – Online program	70	3 (4.3%)	2 (2.9%)	36 (51.4%)	29 (41.4)

n = number of respondents; Data are reported as *n* (%)

The new FACEMs who had utilised CPD resources were further asked to rate their level of satisfaction with each of the resources, with Table 8 displaying the percentage who were satisfied with each resource. There were reasonably high proportions (ranged 69% - 94%) who indicated that they were satisfied with the CPD resources.

Table 8: Number and percentage of new FACEMs that were satisfied with CPD resources

CPD resources*	Number satisfied with resource	% who were satisfied
Assessing Cultural Competence Modules	44	78.6%
Fellowship Examination Resources	41	80.4%
Indigenous Health & Cultural Competency - Online Modules	29	76.3%
Primary Examination Resources	26	92.9%
Workplace-Based Assessment – Online Training Modules	25	86.2%
Workplace-Based Assessment – Orientation Videos	21	87.5%
Clinical Supervision Online Modules	15	93.8%
Emergency Ultrasound Resources	11	73.3%
General Emergency Medicine Resources	11	68.8%
Mentoring Course - Online Modules	11	84.6%
Best of Web EM	10	83.3%
Critical Care Airway Management modules	10	90.9%

*Excludes CPD resources used by less than 10 new FACEMs

New FACEMs were asked if they wished to comment on ACEM's CPD resources, with 13 providing a response. Three suggested improvements to current resources, whilst eight others provided suggestions for new resources, such as orientation modules, ultrasound resources and leadership resources. Three commented that the CPD resources were difficult to find on ACEM's website.

New FACEMs were asked to rank several ACEM workshops and events, with respect to whether they had attended the workshop or event, their intentions to attend in the future or if they were unaware of the workshop or event (Table 9). Not surprisingly, the most attended ACEM event among new FACEMs was the Annual Scientific Meeting (ASM) with a quarter having attended. Over two-thirds of the new FACEMs intended to attend the ASM and Winter Symposium in the future, while nearly half intended to attend the New Fellows Workshop and WBA Assessor Workshop. On the other hand, the Exam Writing Workshop and EMC/EMD Supervisor Workshop were among the least popular events among new FACEMs, with most indicating that they were not planning on attending these workshops.

Table 9: Attendance at ACEM workshops and events by new FACEMs

ACEM workshops and events	n	Have attended		Intend to attend		Do not intend to attend		Unaware or this event	
		n	%	n	%	n	%	n	%
Annual Scientific Meeting (ASM)	83	21	25.3%	56	67.5%	6	7.2%	0	0%
Winter Symposium	83	10	12.0%	66	79.5%	6	7.2%	1	1.2%
WBA Assessor Workshop	80	2	2.5%	38	47.5%	19	23.8%	21	26.2%
EMC/EMD Supervisor Workshop	80	10	12.5%	17	21.2%	26	32.5%	27	33.8%
Exam Writing Workshop	80	1	1.3%	34	42.5%	28	35.0%	17	21.2%
Faculty Meetings	80	14	17.5%	29	36.3%	23	28.7%	14	17.5%
Faculty Symposiums	80	4	5.0%	33	41.3%	20	25.0%	23	28.7%
New Fellows Workshop	81	7	8.6%	40	49.4%	10	12.3%	24	29.6%

n = number of respondents

4.6 College Support – New Fellows Program and Resources to Support New Fellows

This section contains topic preferences nominated by new FACEMs to inform ACEM's New Fellows Program; their perceptions of various ACEM resources to support new FACEMs including the New Fellows Network, Welcome Pack and New Fellows Faculty event; and their suggestions for other resources, programs, or support services ACEM could provide to assist them in their new role as an EM specialist. Figure 4 presents the areas nominated by new FACEMs that they would like to know more about, and which could be included in ACEM's New Fellows Program. Two new FACEMs responded "None" and one suggested other topics such as international aid and public health to be included in ACEM's New Fellows Program.

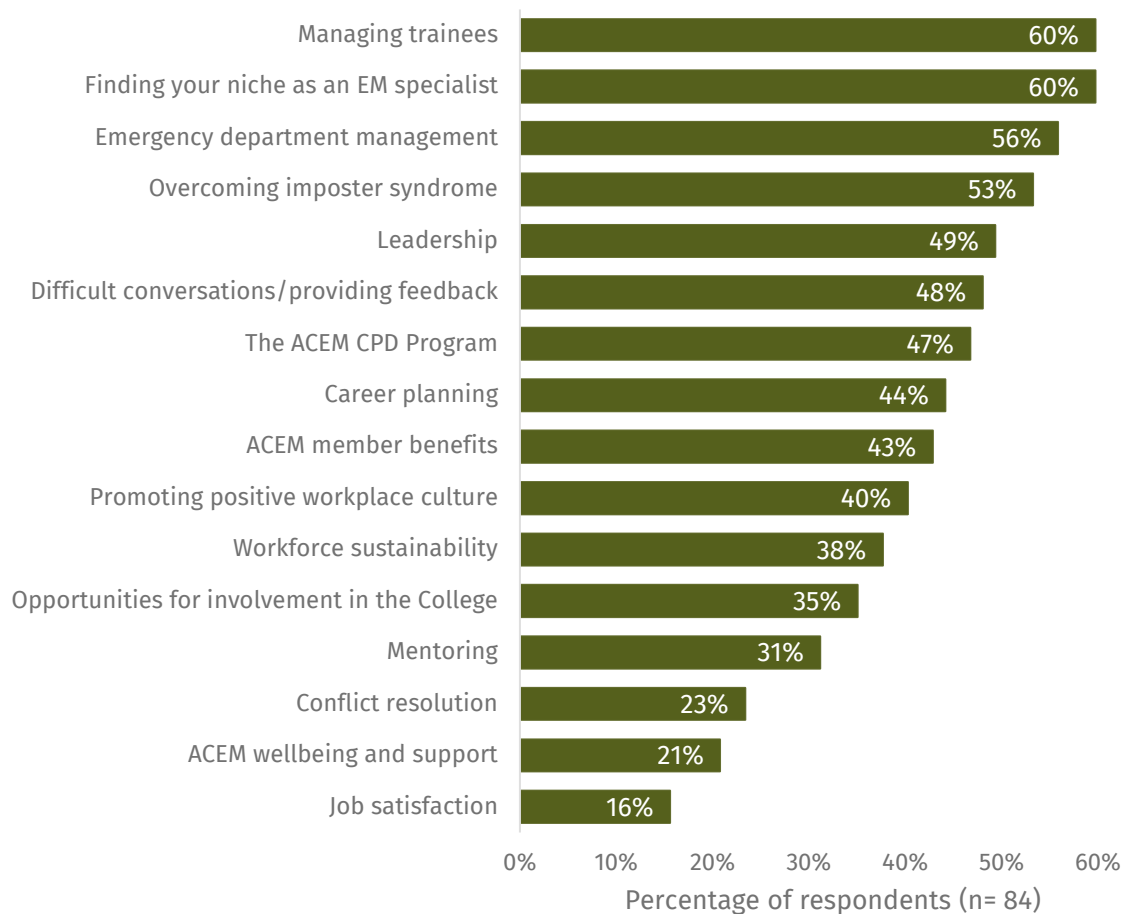


Figure 4: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area

The ACEM New Fellows Network is an online platform which aims to provide resources, networking opportunities with other new FACEMs, and information regarding upcoming events and opportunities for new EM specialists. It is important to note that just over half (53%, n= 44) of the 83 respondents reported being aware of ACEM's New Fellows Network. Of those, 23 responded to the follow-up question regarding their satisfaction with the network; just over half (n= 13) reported that they were satisfied or very satisfied, nine were neutral, and one reported not being satisfied with the network. Nineteen new FACEMs reported they had not utilised the New Fellows Network although they were aware of the resource.

All new FACEMs receive a New Fellows Welcome Pack; they were asked about their satisfaction with the information provided in the New Fellows Welcome Pack, with 83 responding to this question. Less than one third (30%) reported being satisfied with the information contained in the Welcome Pack, with a larger proportion (36%) being neutral. A further nine respondents (11%) indicated that they were unsatisfied with the Welcome Pack, with the key reasons provided being they did not find the information helpful or practically useful to them (n= 6), and that they needed more information about the CPD program and ACEM's events (n= 2). Almost one quarter of the respondents reported that they had not used the Welcome Pack (23%). When asked if there was anything else they would like to see included in the Welcome Pack, 13 respondents provided feedback. Five of them claimed that they did not receive a Welcome Pack, and others suggested more information regarding CPD, educational resources, or a guide for the transition to new FACEM.

New FACEMs automatically become members of their regional Faculty at their election, and as such they were surveyed regarding their interest in attending a new Fellows Faculty event in their region. The majority (84%, n= 68) of the 81 responding new FACEMs reported that they would be interested, whilst the remaining 13 indicated that they were not interested in attending a new Fellows Faculty event in their region.

4.7 Preparedness for EM Practice

To help ensure that the FACEM Training Program is fit for purpose, feedback from new FACEMs was sought regarding their level of preparedness for independent practice as an EM specialist at the completion of the FACEM Training Program. Excluding those (n= 3) who underwent the SIMG pathway, 74 (91%) of 81 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist. Six neither agreed nor disagreed, whilst one disagreed that they were well-prepared for independent practice after becoming an EM specialist, with the reasons provided mainly focused on a lack of confidence and lack of training in non-clinical areas.

Sixteen respondents provided further feedback about additional training and resources that ACEM should have provided during FACEM training but didn't. The majority (n= 12) of feedback focused on more training relating to non-clinical skills (e.g., staff and ED management, leadership, mentoring, communication, and conflict management). Other suggestions (n= 4) included increasing the breadth of clinical exposure, mandating a minimum 6-month critical care rotation, and introducing a formal rural and regional term for senior registrars.

4.8 Workplace Support and Challenges

The survey also collected responses from new FACEMs on useful resources, programs, or support services their workplace provided and/or should have provided but didn't. The themes of respondent's comments are provided in Table 10. Feedback relating to resources and support services within the respondent's workplaces were largely related to opportunities to step into senior staff roles to simulate consultant requirements. Consistently, resources or programs on mentoring, leadership and supervision of junior staff were suggested by respondents of support their workplace should have provided but didn't. Training or information on expectations and logistics of being an EM consultant were also frequently raised as support their workplace should have provided but didn't.

Table 10: Useful resources, programs or support services respondent's workplaces provided or could have provided but didn't, to assist with the transition to becoming an EM specialist

Key themes	Frequency
Workplace provided (n= 24)	
Opportunity to step into consultant level roles	4
Fellow education session (interview skills, managing trainees, transition tips, department management)	4
Financial support for external training or program	2
Informal senior staff support	2
Discussion group	1
No resources or programs offered	13
Workplace could have provided (n= 18)	
Mentoring, leadership, and supervision of junior staff	8
Comprehensive new FACEM orientation, including key expectations and logistics	5
Local resources and network i.e., introduction to FACEMs in the same area/region	3
Guide to trainee assessment	2
Management of department including workflow and conflict resolution	2
Introduction to CPD	1
Career path guidance	1

The trajectory of challenges experienced by new FACEMs through their first week, first month, then 3-6 months post-Fellowship are provided in Table 11. Overcoming imposter syndrome was a key challenge for new FACEMs in the first week of Fellowship, a similar concept was expressed through transitioning to the responsibilities of a consultant and having confidence in being the key decision maker. This continued from one month through to 3-6 months, although expressed by fewer new FACEMs over time. Some new FACEMs expressed the challenge of beginning in a new workplace with the added complexity of increasing responsibility, such as managing the emergency department and staff. On the other hand, others commented that stepping into a consultant role in the same workplace was also challenging through managing colleague relationships with increased authority and responsibility.

As time passed, new FACEMs began to settle in, imposter syndrome was reported less. However, broader challenges were reported more frequently, including managing intra- and inter-department relationships, with an increase in new FACEMs reporting this from one month to 3-6 months. Likewise, managing work-life balance and decisions regarding career progression were expressed more frequently at 3-6 months post-Fellowship.

Table 11: Themes of challenges experienced in the first week, first month and 3-6 months post Fellowship

Timeline	Key Themes
First week (n= 39)	<ul style="list-style-type: none"> - Overcoming imposter syndrome (n= 12) - Adjusting to new workplace (n= 10) - Managing department and workflow (n= 8) - Managing non-clinical responsibilities (n= 5) - Transitioning to consultant (n= 5) - Managing dynamics of a new position in the same workplace (n= 3) - Managing and supervising junior staff (n= 3) - Management of COVID-19 and pandemic uncertainty (n= 2) - Finding permanent employment (n= 1) - No challenges (n= 3)
First month (n= 35)	<ul style="list-style-type: none"> - Overcoming imposter syndrome (n= 9) - Prioritising tasks and non-clinical responsibilities (n= 8) - Managing and supervising junior staff (n= 8) - Managing department and intra- and inter-department relationships (n= 7) - Finding permanent employment and job insecurity (n= 3) - Fulfilling CPD requirements (n= 2) - Lack of mentor (n= 2) - Management of COVID-19 and pandemic uncertainty (n= 2) - Managing dynamics of a new position in the same workplace (n= 2) - Lack of support from health network (n= 1) - Managing workload (n= 1) - No challenges (n= 3)
First 3-6 months (n= 37)	<ul style="list-style-type: none"> - Managing department and intra- and inter-department relationships (n= 10) - Making career decisions and finding niche as EM specialist (n= 7) - Finding permanent employment and job insecurity (n= 7) - Prioritising tasks and non-clinical responsibilities (n= 6) - Managing and supervising trainees (n= 4) - Overcoming imposter syndrome (n= 4) - Managing work-life balance (n= 3) - Fulfilling CPD requirements (n= 3) - Access block (n= 2) - Management of COVID-19 and pandemic uncertainty (n= 1) - No challenges (n= 2)

5. Conclusion

New FACEMs responding to the 2021 Early Career Survey were slightly more likely to report having secured an EM specialist position at the attainment of Fellowship (55%) compared to previous years (ranged 47% - 50% between 2016 and 2020). However, this was not seen in the proportion reporting securing an EM specialist position at six to 12 months post-Fellowship (77%), decreasing from 84% in the 2014 survey. Indeed, seeking permanent employment and job insecurity was raised as a challenge during the first 3-6 months post-Fellowship.

Consistent with the findings from previous years, the proportion of full-time employment remained low (43%), with more than half reporting working part-time or in casual or locum positions. The proportion who reported working in locum or casual positions dropped from 18% (in 2020 survey) to 6%, a percentage more comparable to the survey cohorts prior to 2020, suggesting the 18% reported in the 2020 cohort was an outlier. New FACEMs reporting working in multiple workplaces remains high (55%), with key reasons for working across multiple workplaces being either to gain broader clinical exposure or that they needed to make up the equivalent of full-time hours.

Similar to new FACEMs in more recent cohorts (2019-2020), more than half of respondents in 2021 reported working in a rural, regional, or remote ED (51%), compared with 24% in the 2014 survey. Consistent with the findings in the 2020 survey, job availability and opportunity was the most common theme identified among the reasons new FACEMs provided for working outside of metropolitan areas.

All respondents reported wanting to work in EM in five years' time. Similar to the 2020 survey findings, retrieval/ pre-hospital medicine and medical education were the two most common areas of clinical or professional practice outside of EM that new FACEMs wanted to be working in the future. Only half of the respondents indicated that their preference was to work in a metropolitan area only in five years' time.

Over half (52%) of new FACEMs reported having been involved in a mentoring program, the majority as a mentor. Less than half (48%) had used ACEM's mentoring resources, with a significant proportion reporting they were not aware of the resources. Nearly all (96%) of the new FACEMs had commenced the ACEM Specialist CPD Program.

Ninety-one percent of new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist after completing the FACEM Training Program, which was similar to the findings from the 2020 cohort (89%). Managing trainees and finding your niche as an EM specialist were the most nominated topics to be further covered in the New Fellows Program. Other commonly reported topics included ED management, overcoming imposter syndrome and leadership. These themes were also represented in the key challenges faced by new FACEMs from the first week, through to 3-6 months post-Fellowship.

This report presents the key findings from the 2021 New FACEMs Early Career Survey and highlights longitudinal trends and changes since 2014. This surveillance will continue to inform the College's work into the future, including workforce planning and in identifying areas to further support new FACEMs.

6. Acknowledgements

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7. Suggested Citation

Australasian College for Emergency Medicine (2021), Early Career Survey ACEM Report, Melbourne.

8. Contact for further information

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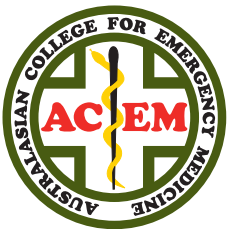
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