Australasian College
for Emergency Medicine

# 2025 Trainee Emergency Department Survey

Report

July 2026

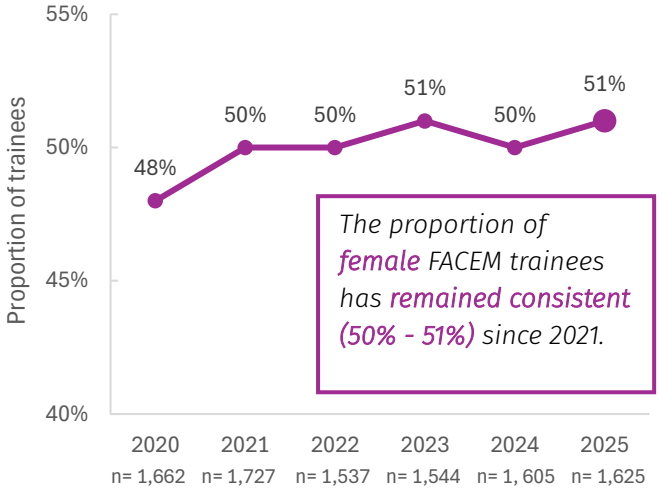
**acem.org.au**

# 2025 Trainee ED Placement Survey

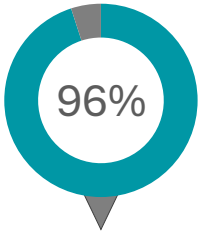
## Key findings

All active FACEM trainees complete an annual trainee placement survey. Survey questions focus on three key areas of the ED placement: Health, Welfare and Interests of Trainees; Supervision and Training Experience; and Education and Training Opportunities.

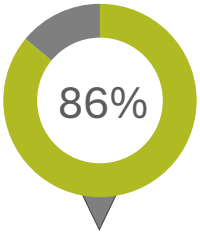
A total of 1,625 trainees responded to the 2025 survey.



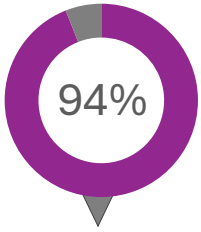

## Health, Welfare and Interest of Trainees



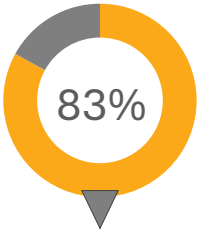

Agreed their training needs were being met.




Overall satisfied with rostering at their placement.




Agreed their placement provided a safe and supportive workplace.

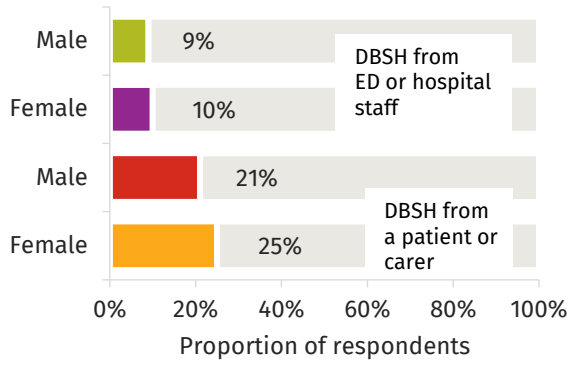


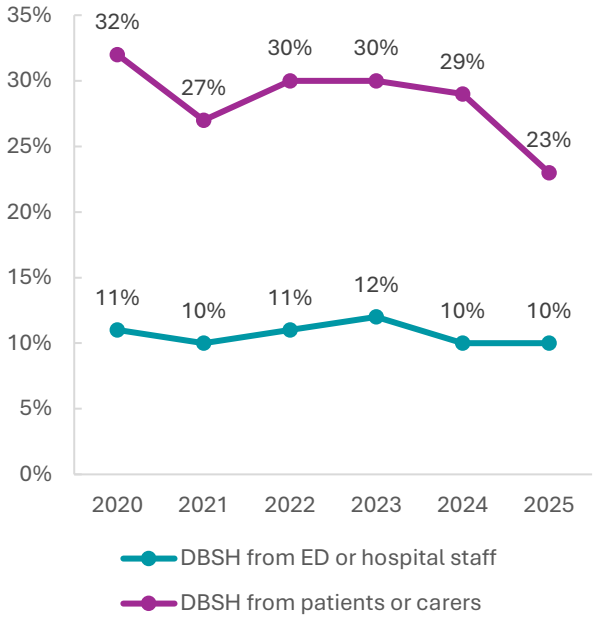

Agreed their placement sustained their wellbeing.

## Discrimination, Bullying, Sexual Harassment and Harassment (DBSH)

There was a decreasing overall trend in DBSH experiences from patients while DBSH from ED or hospital staff remained relatively consistent over the last six years between 10% and 12%.

Female trainees were more likely than male trainees to report experiencing DBSH from patients.



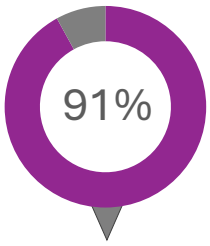




***Note:*** Surveys from 2022 onward asked about "Other unreasonable behaviour" not strictly classified as DBSH incidents, with these responses included.

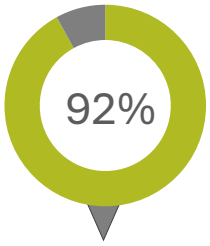
# 2025 Trainee ED Placement Survey

## Supervision and training experience

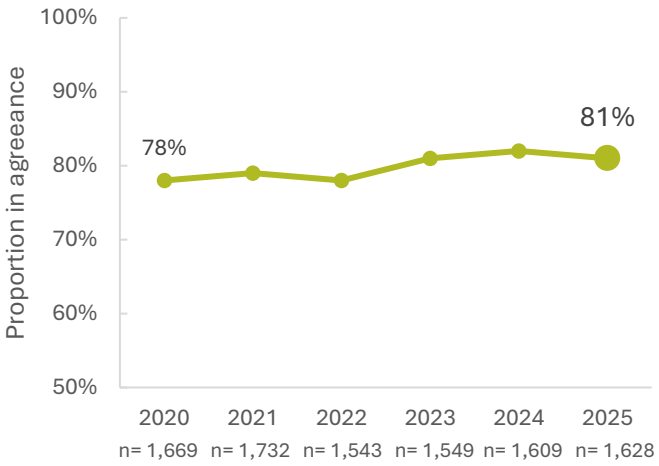
The proportion of trainees agreeing that they received regular informal feedback has *slightly increased*.



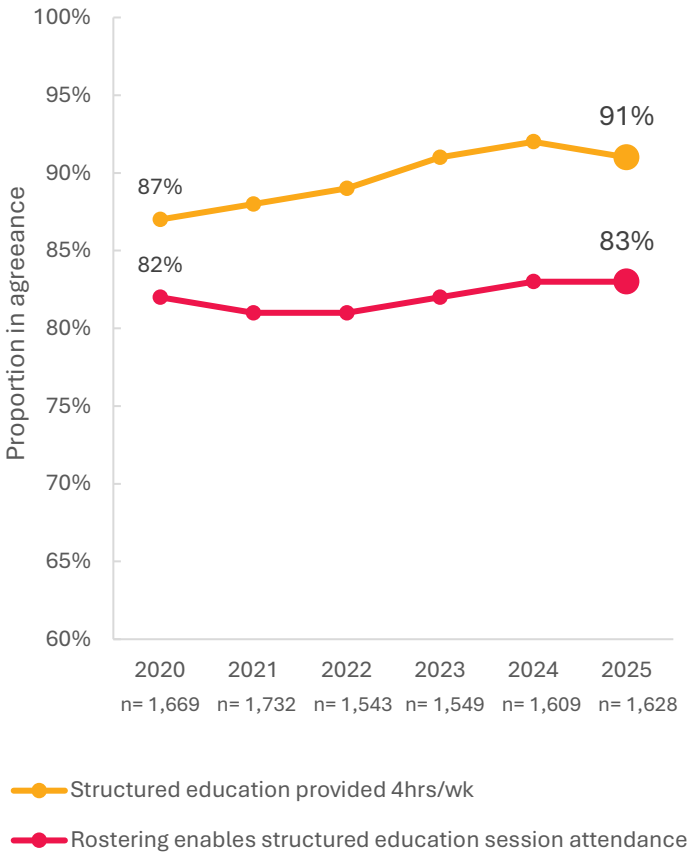

Satisfied with the quality of DEMT support.

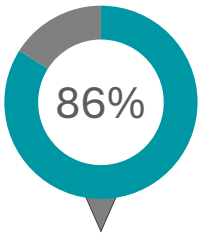



Agreed clinical supervision received from consultants met their needs.

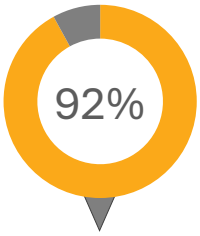



## Education and training opportunities




Agreed structured education program met their needs.




Reported access to simulation learning experiences.

The proportion of trainees reporting that structured education was provided at a minimum of four hours per week has *increased*.

The proportion of trainees reporting rostering at their placement enabled their attendance at structured education sessions has remained *consistent*.

## Executive Summary

The Trainee Placement Survey is an annual survey that captures site-specific data to ensure that ACEM-accredited sites provide training and a training environment that are appropriate, safe and supportive of FACEM trainees. Findings from the 2025 survey included feedback from 1625 active FACEM trainees undertaking an emergency department (ED) placement are summarised below:

### *Health, Welfare and Interests of Trainees*

- Nearly all (96%) trainees strongly agreed or agreed that their training needs were being met at their ED placement.
- 87% agreed they were satisfied overall with the rostering at their site, with the highest-rated aspect being rosters supporting the service needs of the site (92%).
- Most trainees reported knowing where to go for assistance if they encountered difficulty meeting training requirements (96%) or had a grievance about training (91%).
- 94% agreed that their placement provided a safe and supportive workplace overall.
- 27% reported experiencing discrimination, bullying, sexual harassment, harassment (DBSH), or other unreasonable behaviour from a patient/ carer or ED/ hospital staff.
- 61% reported personally experiencing verbal or physical violence from a patient/carer at their placement.
- Trainees were more likely to agree that they could participate in quality improvement activities than in decision-making regarding governance (82% vs. 67%).

### *Supervision and Training Experience*

- 93% of FACEM trainees were satisfied overall with the supervision received but were less likely to agree they received regular (81%), or useful (86%) informal feedback on their performance and progress.
- 88% of trainees agreed their Workplace-based Assessment (WBA) assessors provided useful feedback.
- Overall, most trainees agreed that the ED case-mix at their placement was appropriate considering the number (97%), breadth (91%), acuity (88%), and complexity (92%) of cases.

### *Education and Training Opportunities*

- Most trainees (87%) agreed that the clinical teaching at their placement optimised their learning opportunities.
- 91% agreed that structured education sessions were provided for a minimum of four hours per week, but trainees were less likely to agree that rostering enabled trainees to attend the structured education sessions (83%).
- Comparable proportions of trainees reported having onsite access to written exam revision programs (89%) and clinical exam preparation programs (90%).
- Most trainees (92%) reported the availability of simulation learning experiences at their placement, and of those, nearly all (95%) participated in the simulation learning.

### *Further Perspectives on ED Placement*

- ED location was the most considered factor for trainees when choosing their ED placement, followed by ED case-mix and training rotation requirements.
- The most rated ED placement highlights included supportive senior staff, team environment, and ED case-mix
- The most frequently raised areas for improvement were rostering and staffing, followed by teaching and education support at the placement.

### *Perspectives on the FACEM Training Program and Support from ACEM*

- 90% agreed that the FACEM Training Program facilitates trainee preparation for independent practice as an emergency medicine specialist, and 88% agreed that they were well-supported in their training by ACEM processes.

## 1. Purpose and Scope of Report

The Emergency Department (ED) Trainee Placement Survey is distributed annually to FACEM trainees undertaking an ED placement in Aotearoa New Zealand and Australia. Survey questions focused on three key areas of the ED placement: Health, Welfare and Interests of Trainees; Supervision and Training Experience; and Education and Training Opportunities. The survey also sought trainee feedback on the support they received from ACEM.

## 2. Methodology

Participation in the annual Trainee Placement Survey is a mandatory requirement of the FACEM Training Program as per item B1.5 in Regulation B (FACEM trainees enrolled before 2022) and item G1.5 in Regulation G (FACEM trainees enrolled in 2022 and onwards). Eligible FACEM trainees were those undertaking an active placement in ACEM-accredited sites as of 15 October 2025, excluding trainees on an interruption to their training. The survey was active between 3 November 2025 and 28 February 2026.

All trainee feedback was handled in confidence, with anonymity ensured in reporting. Survey findings were reported only in the aggregate as a percentage of total responses or by training stage, sex of trainee, region, or accreditation type of the ED. Training Stages (TS) were grouped into three groups, TS1, TS2 – TS3 and TS4, for the purposes of comparison. Accreditation types were categorised into five groups, Tier 1 with a maximum 36 months of core ED time, Tier 2 with a maximum of 24 months of core ED time, and Tier 3, Paediatric EDs and Private EDs, each with a maximum of 12 months core ED time. Survey responses were collected using a five-point Likert scale, and for the reporting purposes, levels of agreement were combined, with *Strongly agree* and *Agree* responses grouped together to represent overall agreement.

## 3. Results

A total of 1628 (98%) survey responses were received from 1657 eligible FACEM trainees undertaking an ED placement, as of the survey closing date. Three trainees were undertaking ED placements at two hospitals and completed a survey for each placement. All survey findings were reported based on the total responses, except for the demographic information (Section 3.1) and overall perspectives (Section 3.6), which was presented for the 1625 individual trainees.

### 3.1 Demographic Characteristics of Respondents

Of the 1625 FACEM trainees, 92% were undertaking an ED placement in Australia and the remainder (8%) were in Aotearoa New Zealand. Just over half (51%, n= 835) of the responding trainees were female, comparable with the 2024 Trainee Placement Survey (50%). Just under a third of trainees (32%, n= 521) were in TS1, 36% (n= 592) in TS2 - TS3, and the remaining 32% (n= 512) were in the final stage of training (TS4) (Table 1).

*Table 1. Distribution of responding trainees undertaking an ED placement, by region, sex and training stage.*

| Region | Female n | Male n | Total n | Total % | Female (%) | TS1 (%) (n= 521) | TS2 – TS3 (%) (n= 592) | TS4 (%) (n= 512) |
|---|---|---|---|---|---|---|---|---|
| **Australia** | **755** | **732** | **1489*** | **91.6%** | **50.7%** | **32.0%** | **36.3%** | **31.6%** |
| ACT | 16 | 12 | 28 | 1.7% | 57.1% | 21.4% | 46.4% | 32.1% |
| NSW | 212 | 220 | 433* | 26.6% | 49.0% | 32.1% | 33.7% | 34.2% |
| NT | 13 | 16 | 29 | 1.8% | 44.8% | 37.9% | 37.9% | 24.1% |
| QLD | 185 | 204 | 389 | 23.9% | 47.6% | 32.6% | 33.2% | 34.2% |
| SA | 41 | 44 | 85 | 5.2% | 48.2% | 41.2% | 27.1% | 31.8% |
| TAS | 14 | 13 | 27 | 1.7% | 51.9% | 25.9% | 37.0% | 37.0% |
| VIC | 185 | 163 | 349* | 21.5% | 53.0% | 28.7% | 44.7% | 26.6% |
| WA | 89 | 60 | 149 | 9.2% | 59.7% | 34.9% | 35.6% | 29.5% |
| **Aotearoa** | **80** | **56** | **136** | **8.4%** | **58.8%** | **32.4%** | **37.5%** | **30.1%** |
| Total no. of trainees | 835 | 788 | 1625* | 100% | 51.4% | 32.1% | 36.4% | 31.5% |

**Total includes two trainees who did not specify their sex.*

Three-quarters (75%) of the responding trainees were undertaking their ED placement at a Tier 1-accredited site (accredited for 36 months), while only 3% undertook placements at the respective Paediatric- and Tier 3-accredited sites (accredited for 12-months) and 2% at an accredited Private ED (Table 2).

*Table 2. Distribution of trainees undertaking an ED placement, by training stage and ED accreditation type.*

| ED Accreditation Tier | TS1 | | TS2 – TS3 | | TS4 | | Total | |
|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % |
| Tier 1 | 387 | 74.3% | 430 | 72.6% | 403 | 78.7% | **1220** | **75.1%** |
| Tier 2 | 113 | 21.7% | 95 | 16.0% | 80 | 15.6% | **288** | **17.7%** |
| Tier 3 | 19 | 3.6% | 13 | 2.2% | 9 | 1.8% | **41** | **2.5%** |
| Paediatric | 2 | 0.4% | 35 | 5.9% | 8 | 1.6% | **45** | **2.8%** |
| Private | 0 | 0% | 19 | 3.2% | 12 | 2.3% | **31** | **1.9%** |
| **Total no. of trainees** | **521** | **100%** | **592** | **100%** | **512** | **100%** | 1625 | 100% |

*Note: Three trainees (TS1, TS2 and TS4) completed the survey for two ED placement sites.*

Over one-third of trainees reported undertaking their ED placement in a part-time capacity (35%, n= 565). A significantly higher proportion of female trainees than male trainees reported undertaking a part-time placement (41% vs. 28%).

All trainees undertaking part-time training provided reason(s) (n= 565) for their decision, with allowing additional time to prepare for examinations being most common (58%, n= 326). Other main reasons included improving work-life balance (46%, n= 262) and carer responsibilities (36%, n= 202). A smaller proportion (8%, n= 44) of trainees reported undertaking part-time placement to allow additional time to meet training requirements, and financial reasons were reported by 7% (n= 41) of trainees. Only 4% (n= 20) indicated that employment availability was the reason for undertaking part-time training. Fifty (9%) trainees provided other reasons for undertaking a part-time training placement, such as to enable concurrent training placement (5%, n= 29), health-related reasons (1%, n= 5), workload concerns (1%, n= 5), and pursuing other professional opportunities (e.g., research, teaching, 1%, n= 5).

## 3.2 Health, Welfare and Interests of Trainees

This section covers trainee needs, mentoring, rostering, trainee assistance, workplace safety and support, and opportunities to participate in governance and quality improvement activities. Trainee's feedback on their experiences of discrimination, bullying, sexual harassment, and harassment (DBSH), or violent incidents at their ED placement is also included in this section.

### 3.2.1 Overall trainee needs

Nearly all (96%, n= 1568) trainees strongly agreed or agreed that their training needs were being met at their ED placement, with 3% (n= 42) being neutral and 1% (n= 18) disagreeing. Agreement that their training needs were met was comparable across all training stages (ranged 96% - 97%).

*96% of FACEM trainees agreed their training needs were met.*

Trainees (n= 60) who did not agree that their training needs were being met at their placement were asked to comment on their response, with 53 of them providing feedback. Key reasons outlined by trainees concerning their needs not being met at their placement included:

- Rostering limited training and teaching opportunities, such as not being rostered to different ED areas, limited access to special skills rotation, or the teaching or education were not protected (n= 16)
- Limited on-the-floor teaching, including opportunities for procedural skills, often due to understaffing and service provision demands of the department (n= 16)
- Inadequate or poor-quality teaching for exam preparation (n= 14)
- Difficulty in completing Workplace-based Assessments (WBAs) or other assessments (n= 11)
- Unsatisfactory senior supervision, and/or feedback on progress (n= 10)
- A lack of education and teaching opportunities tailored to their stage of training (n= 10)
- Inadequate ED case-mix exposure, particularly higher acuity and complex cases (n= 9)
- Toxic or hostile workplace environment (e.g., bullying) (n= 3)

Trainee feedback often comprised of more than one reason, with these reasons interrelated. Some examples of trainee comments included:

> *Rostered for 25% of formal teaching. Not enough involvement in high acuity cases. Limited access to Intensive Care Unit placements and special skill placements*
>
> *The airways and interventional procedures (lines, chest tubes) are rather rare. Challenging to find a consultant to do an assessment.*
>
> *Lack of Senior Medical Officers (SMOs) direction/oversight, despite attempts to ask for more dedicated feedback. Teaching sessions haphazard and pitched at TS1 level.*
>
> *Great consultants and really supportive with good learning opportunities on shift. However minimal teaching, especially teaching appropriate to training registrar level and minimal support for exams.*
>
> *Registrars regularly work in excess of 33% of night shifts and often with minimal exposure to day shifts. When on day or afternoon shifts with most SMOs, there are good training opportunities, but it is let down by the roster and by a portion of the FACEMs.*
>
> *Not enough exposure to procedures. Unable to get these assessed and signed off due to high competition with so many other registrars.*

### 3.2.2 Mentoring

The majority (87%, n= 1,421) of trainees reported that there was a formal mentoring program available at their ED placement, with 2% (n= 38) indicating that no such program was available, while 10% (n= 169) were unsure whether a formal mentoring program was available. However, of the trainees who reported having access to a formal mentoring program, only 60% (n= 847) had utilised the program. Trainees in TS1 (68%) were more likely than those in TS2 - TS3 (54%) and TS4 (57%) to report utilising the mentoring program available.

*60% of FACEM trainees who reported having a formal mentoring program at their placement utilised the program.*

Among trainees (n= 574) who did not use the available formal mentoring program, the most common reason was a lack of interest at the time (45%). Others reported already having a mentor (27%) or not having time to participate in a mentoring program (23%). Several other trainees raised concerns about confidentiality (4%), difficulty accessing the program (3%), or that the program did not meet their needs (3%). A small number of trainees found their assigned mentor was not a good fit (1%), while a few other trainees indicated preferring informal mentoring.

### 3.2.3 Rostering

Most trainees (87%) agreed they were satisfied overall with the rostering at their site, with similar proportions of TS1 (87%), TS2 - TS3 (86%) and TS4 (89%) trainees reporting so. Likewise, comparable proportions of female and male trainees (86% and 88%, respectively) were satisfied overall with the rostering at their placement site.

*Most (87%) FACEM trainees reported being satisfied overall with rostering at their placement.*

Trainees undertaking a placement at Paediatric EDs were relatively less likely to agree (71%) that their placement rosters provided equitable exposure to day, evening and night shifts compared to trainees at other accredited EDs. Whilst trainees undertaking a placement at Tier 3 sites were relatively less likely to agree that their rosters supported access to part-time work arrangements (66%) or that the rosters were provided in a timely manner (73%), compared to trainees at other accredited EDs (Table 3).

*Table 3. Proportion of trainees who strongly agreed or agreed with statements regarding rostering at their ED placement, by ED accreditation type.*

| Statements regarding rostering | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| Overall, I am satisfied with rostering at my site | 86.3% | 91.0% | 87.8% | 84.4% | **83.9%** | 87.1% |
| Rosters are provided in a timely manner | 84.3% | 88.6% | **73.2%** | 80.0% | 80.6% | 84.6% |
| Rosters give equitable exposure to day/ evening/ night shifts | 84.1% | 86.9% | 82.9% | **71.1%** | 87.1% | 84.3% |
| Rosters give equitable shifts to all areas of the ED | **83.9%** | 88.9% | 87.8% | 86.7% | 96.8% | 85.3% |
| Rosters consider workload as a trainee | 84.2% | 88.6% | **82.9%** | 88.9% | 93.5% | 85.3% |
| Rosters support the service needs of the site | 91.7% | 94.8% | **90.2%** | 95.6% | 96.8% | 92.4% |
| Rosters ensure safe working hours | 90.5% | 94.1% | 90.2% | **88.9%** | 90.3% | 91.1% |
| Rosters take into account leave requests | 90.0% | 90.3% | **85.4%** | 88.9% | 93.5% | 90.0% |
| Rosters take into account the skill mix required | **83.9%** | 87.9% | 92.7% | 91.1% | 93.5% | 85.3% |
| Rosters support access to part-time work arrangements | 79.4% | 80.3% | **65.9%** | 80.0% | 90.3% | 79.4% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

*Note: One ED placement site does not have an accreditation tier.*

Trainees were given the opportunity to comment on the rostering available at their placement, with Table 4 presenting the major themes and subthemes from the trainee responses (n= 273) and some example comments.

Comments that reflected negatively on rostering (68%, n= 185) outnumbered the positive feedback about rostering (32%, n= 88). A wide range of rostering issues were raised, with understaffing being a frequently stated challenge that further complicated rostering at sites. Many negative comments also focused on unfair allocation of night shifts, as well as rosters issued at very short notice and often changed without warning.

***Table 4. Positive and negative themes of trainee feedback regarding rostering at their placement, with example comments.***

| Theme | Example comments |
|---|---|
| Negative (n= 185)<br>- Understaffing complicated rostering<br>- Excessive and inequitable evening/night shifts<br>- Delayed provision of rosters and short notice changes<br>- Minimal teaching time allocated during on-floor shift<br>- Limited access to specific ED areas (e.g., fast track, resuscitation)<br>- Rigid rostering and difficulty accessing leave (incl. study leave) | *Unable to access leave. Most leave requests are filled with rostered days off, not leave, leading to long runs of shifts to facilitate long runs of rostered days off. 'Lack of staff' is the reason given as to why this occurs.*<br><br>*One issue with rostering at my site is that trainees do not seem to have protected teaching days, we are rostered the same as locum registrars and can have haphazard shift patterns.*<br><br>*Disproportionate amount of night shifts. Little regard paid to amount of time needed to recover following a run of night shifts.*<br><br>*Rosters are not released in advance, at least with not enough time to arrange for daycare needs and other commitments with children.*<br><br>*Night shifts are sometimes dangerously understaffed.*<br><br>*Very few fast-track shifts, which would be useful for procedural experience.*<br><br>*Placement unable to offer reasonable reduction in (clinical) hours to allow preparation for fellowship exam.* |
| Positive (n= 88)<br>- Accommodating rostering (leave requests, personal needs)<br>- Timely release of rosters<br>- Fair and equitable rostering | *Fair rostering. Roster out well in advance to plan ahead. As much accommodating as possible re. leave/Professional Development Leave etc. Great roster.*<br><br>*Overall, I feel this is a fair roster with good consideration of staff and departmental needs. They were very good about ensuring that new starters don't start with nights and a fairly good split of skill mix on night teams.*<br><br>*Rostering is done by a FACEM and takes into consideration parental responsibilities and exam preparation requirements. Makes the juggle so much more bearable and does a lot to prevent burnout.* |

### 3.2.4 Assistance for trainees

Almost all trainees (96%, n= 1558) reported knowing where to go for assistance if they had difficulty meeting the training requirements, with comparable proportions of TS1, TS2-3 and TS4 trainees (96%, respectively) reporting so (Table 5). Similar proportions of female trainees and male trainees agreed that they know where to go for assistance if they had difficulty meeting training requirements (95% and 96%, respectively).

The majority (84%) of trainees agreed that their ED placement has adequate processes to identify and assist trainees encountering difficulty in progressing through the FACEM Training Program. Female trainees were less likely than male trainees (82% vs 86%) to report their ED had adequate processes to assist trainees having difficulty, consistent with the 2024 survey findings (females: 79%, males: 84%).

*Nearly all (96%) FACEM trainees reported knowing where to go for assistance if they encountered difficulty meeting training requirements.*

In relation to managing trainee grievances, 91% of trainees reported knowing where to go for assistance if they had a grievance about their training. A smaller proportion of trainees (79%) agreed that their placement had adequate processes to manage trainee grievances. Comparable proportions of trainees across training stages reported their agreement with various aspects of trainee assistance (Table 5).

*Table 5. Proportion of trainees who strongly agreed or agreed with statements regarding assistance for trainees in the ED, by training stage.*

| Statements on assistance for trainees | Strongly agreed or agreed (%) | | | |
|---|---|---|---|---|
| | TS1 | TS2 - TS3 | TS4 | Total |
| Know where to go for assistance if I have difficulty meeting the training requirements | 95.8% | 95.6% | 95.7% | 95.7% |
| ED placement has adequate processes in place to identify and assist trainees having difficulty in progressing through their training | 85.8% | 81.6% | 83.8% | 83.7% |
| Know where to go for assistance if I have a grievance about training | 92.0% | 90.7% | 91.0% | 91.2% |
| ED placement has adequate processes in place to manage grievances | 79.5% | 76.6% | 81.1% | 78.9% |
| Total no. of responses | 522 | 593 | 513 | 1628 |

Trainees undertaking a placement at Private EDs were generally more likely to agree with the statement regarding adequate processes in place to manage grievances, compared with trainees at other types of accredited EDs (Table 6).

*Table 6. Proportion of trainees who strongly agreed or agreed with statements regarding assistance for trainees in the ED, by ED accreditation type.*

| Statements on assistance for trainees | Strongly agreed or agreed (%) | | | | |
|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private |
| Know where to go for assistance if I have difficulty meeting the training requirements | 95.7% | 95.8% | 95.1% | **93.3%** | 96.8% |
| ED placement has adequate processes in place to identify and assist trainees in difficulty in progressing through their training | 83.0% | 85.5% | **82.9%** | 88.9% | 87.1% |
| Know where to go for assistance if I have a grievance about training | 90.9% | 92.4% | 92.7% | **88.9%** | 93.5% |
| ED placement has adequate processes in place to manage grievances | 78.4% | 79.6% | **78.0%** | 84.4% | 87.1% |
| Total no. of responses | 1221 | 289 | 41 | 45 | 31 |

The survey further sought feedback about the assistance or processes available at ED placements for trainees in difficulty or with respect to handling grievances, with 96 responses received. Slightly more positive (n= 34) than negative (n= 28) comments were received.

Positive comments reflected on approachable and supportive senior staff and the DEMTs available for trainee assistance, as well as support from the broader department staff. On the contrary, negative comments generally focused on unsupportive senior staff, poor handling of grievances, or fear of potential reprisal for raising concerns.

### 3.2.5 Safe and supportive workplace

Trainees were asked to rate their level of agreement that their placement provided a safe and supportive workplace for various aspects, as shown in Table 7. While most trainees (94%) strongly agreed or agreed that their placement provided a safe and supportive workplace overall, a smaller proportion agreed their placement provided a safe environment with respect to their personal safety (87%) or sustaining their wellbeing (83%). A higher proportion of trainees were in agreeance that their placement provided a safe and supportive environment with respect to availability of clinical protocols (92%) or support processes (88%). Similarly, a high proportion of trainees were in agreeance that their placement provided a safe and

supportive environment for culturally diverse patients (88%); however fewer agreed that their placement supported staff with diverse cultural backgrounds (83%), and even fewer agreed it supported trainees with diverse needs (e.g., those with disabilities or are neurodivergent) (72%).

*FACEM trainees were least likely to agree that their ED placement provided a workplace environment supportive of trainees with diverse needs.*

Comparable proportions of female and male trainees agreed that their placement provided a safe and supportive workplace overall (94%). Female trainees, however, were less likely than male trainees (68% vs. 72%) to agree that their placement provided a safe workplace with respect to supporting trainees with diverse needs. TS1 trainees were generally more likely to express higher levels of agreement with respect to various aspects of workplace safety and support (Table 7).

*Table 7. Proportion of trainees who strongly agreed or agreed that specific aspects relating to a safe and supportive workplace were provided in their ED placement, by training stage.*

| Placement provides a safe and supportive workplace with respect to: | Strongly agreed or agreed (%) | | | |
|---|---|---|---|---|
| | TS1 | TS2 - TS3 | TS4 | Total |
| Overall safety and support | 95.6% | 93.1% | 92.8% | 93.8% |
| Personal safety (e.g., aggression directed by patients and/ or carers) | 88.7% | 87.2% | 85.6% | 87.2% |
| Sustaining my wellbeing | 85.8% | 82.0% | 80.3% | 82.7% |
| Support processes (e.g., de-briefing opportunities, collegiate environment, informal mentoring) | 89.8% | 86.7% | 86.2% | 87.5% |
| Clinical protocols | 93.5% | 90.4% | 91.0% | 91.6% |
| Culturally appropriate practices to cater to culturally diverse patients | 89.7% | 86.8% | 87.7% | 88.0% |
| Culturally appropriate practices to support staff with diverse cultural backgrounds | 83.9% | 80.6% | 84.6% | 82.9% |
| Adequate adjustment to support trainees with diverse needs (e.g., those with disabilities or are neurodivergent) | 73.0% | 69.1% | 73.1% | 71.6% |
| **Total no. of responses** | **522** | **593** | **513** | **1628** |

Trainees undertaking a placement in a Private ED were generally more likely to agree with their placement providing a safe and supportive workplace across most areas, except for culturally appropriate practices for patients. (Table 8).

*Table 8. Proportion of trainees who strongly agreed or agreed that specific aspects relating to a safe and supportive workplace were provided in their ED placement, by ED accreditation type.*

| Placement provides a safe & supportive workplace with respect to: | Strongly agreed or agreed (%) | | | | |
|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private |
| Overall safety & support | 93.2% | 95.5% | 97.6% | **91.1%** | 100.0% |
| Personal safety | 86.1% | 90.0% | **82.9%** | 97.8% | 93.5% |
| Sustaining my wellbeing | 80.8% | 90.0% | 80.5% | **80.0%** | 93.5% |
| Support processes | **86.7%** | 89.3% | 92.7% | 88.9% | 93.5% |
| Clinical protocols | 91.9% | 90.0% | **85.4%** | 97.8% | 93.5% |
| Culturally appropriate practices for patients | 87.2% | 90.0% | 90.2% | 95.6% | **87.1%** |
| Culturally appropriate practices to support staff | **81.0%** | 88.9% | 85.4% | 91.1% | 90.3% |
| Adequate adjustment to support trainees with diverse needs | 69.8% | 77.9% | **68.3%** | 75.6% | 87.1% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** |

Trainees who disagreed that their ED placement provided a safe and supportive workplace were asked to provide a reason(s) for their response, with 99 trainees providing feedback (Table 9). Over half of the comments referenced concerns about trainee wellbeing (64%), followed by feedback reflecting a lack of focus on personal safety (39%).

*Table 9. Themes of trainee responses relating to their placement not meeting aspects of a safe and supportive workplace, with example comments.*

| Theme | Example comments |
|---|---|
| Trainee wellbeing (n= 63)<br>*Unsafe rostering, increased workload, lack of support processes* | *Focus is 100 percent on staffing the roster and little care for wellbeing and training. Department is greatly understaffed.*<br>*Massive understaffing leading to burnout.*<br>*No debriefs after tough cases/deaths, which I've had at every other hospital. No positive encouragement from good cases or well managed difficult patients.* |
| Personal safety (n= 39)<br>*Ineffective security, increasing violent alcohol/drug-related or mental health patients, absence of zero violence policy* | *Multiple recent incidences of staff suffering physical and mental injury at the hands of aggressive patients and staff were asked to simply do a learning module as the response.*<br>*Security staff not allowed to engage in physical contact with patients therefore defunct if patient engaging in violent/aggressive behaviour.*<br>*Very poor support from the department regarding violent and aggressive or sexually aggressive patients. When complaints are made from staff, the department tends to prioritise the aggressor.* |
| Cultural safety and diversity (n= 17)<br>*Inadequate support for trainees with diverse cultural backgrounds, disability or neurodivergence, limited interpreter services, discriminatory behaviour, lack cultural safety support* | *We have a number of neurodivergent trainees and I think steps could be taken to improve the way feedback and guidance could be provided [to this trainee cohort].*<br>*We could be more proactive as a system in identifying and prioritising indigenous patients early in their ED journey. Limited access to Aboriginal Liaison Officer.*<br>*Inadequate interpreter services overnight for some of the most common presenting non-English speaking populations.* |
| Clinical protocols (n= 6)<br>*Poor quality, limited up-to-date resources, difficult to access* | *Protocols are often outdated and very hard to locate — this probably speaks more to the overall clunkiness of the IT and computer system.*<br>*No formal protocols.* |

*Note: Comments from respondents may fit into more than one theme.*

Most trainees (83%) agreed or strongly agreed that their placement provided a comprehensive orientation program at their placement commencement. This was more commonly reported among trainees undertaking a placement at a Private or Paediatric ED (97 and 96%, respectively), compared to Tier 1 (83%), Tier 2 (79%), and Tier 3 (78%) sites.

Trainees who did not agree they were provided with a comprehensive orientation were given the opportunity to describe what was missing, with 61 providing comments. Trainees often stated their orientation was brief and not comprehensive (n= 26), or there were no orientations at all (n= 19). Other trainees mentioned that only a hospital-wide orientation without ED-specific content (n= 11). Nine trainees commented that the orientation was rostered during clinical shifts or exam commitments, while a few trainees who had previously worked at the same site expressed that an updated orientation specific to the ED setting was required (n= 6).

### 3.2.6 Discrimination, Bullying, Sexual Harassment, Harassment (DBSH), and other unreasonable behaviour

Trainees were asked if they had experienced DBSH or other unreasonable behaviour at their current ED placement, with detailed definitions provided for each aspect of DBSH. Overall, 439 (27%) FACEM trainees reported experiencing at least one aspect of DBSH or other unreasonable behaviour from patients/ carers or ED/ hospital staff at their current placement, down from 33% in the 2024 survey.

*Greater than one in four FACEM trainees reported experiencing discrimination, bullying, sexual harassment, harassment, or other unreasonable behaviour at their current ED placement.*

The number and percentage of trainees that reported experiencing DBSH, other unreasonable behaviour, or verbal or physical violence from patients or carers are shown in Table 10. Trainees were more likely to report experiencing harassment (11%), discrimination (10%), or other unreasonable behaviour (not classified as DBSH, 9%), than bullying or sexual harassment (4%, respectively), from a patient or carer. Female trainees were more likely than male trainees to report experiencing DBSH from a patient or carer (25% vs. 21%).

Sixty-one per cent of trainees reported personally experiencing either verbal or physical violence from patients or carers at their current placement. Similarly, female trainees were more likely than male trainees to report experiencing verbal or physical violence from a patient or carer (63% vs. 59%), and TS1 and TS4 trainees (64%, respectively) were more likely than TS2-3 trainees (56%) to report experiencing verbal or physical violence.

*Table 10. Number (%) of FACEM trainees that reported DBSH, other unreasonable behaviour, verbal abuse/threats or physical aggression/violence from patients or carers, by sex and training stage.*

| Experienced DBSH from a patient or carer | Total n = 1628^ | Sex | | Training Stage | | |
|---|---|---|---|---|---|---|
| | | Female n = 838 | Male n = 788 | TS1 n = 522 | TS2 – 3 n = 593 | TS4 n = 513 |
| Discrimination | 158 (9.7%) | 81 (9.7%) | 77 (9.8%) | 65 (12.5%) | 41 (6.9%) | 52 (10.1%) |
| Bullying | 67 (4.1%) | 25 (3.0%) | 42 (5.3%) | 29 (5.6%) | 17 (2.9%) | 21 (4.1%) |
| Sexual Harassment | 61 (3.7%) | 50 (6.0%) | 11 (1.4%) | 26 (5.0%) | 15 (2.5%) | 20 (3.9%) |
| Harassment | 177 (10.9%) | 95 (11.3%) | 82 (10.4%) | 61 (11.7%) | 56 (9.4% | 60 (11.7%) |
| # Other unreasonable behaviour | 149 (9.2%) | 88 (10.5%) | 61 (7.7%) | 44 (8.4%) | 45 (7.6%) | 60 (11.7%) |
| **Overall** | **375 * (23.0%)** | **213 (25.4%)** | **162 (20.6%)** | **135 (25.9%)** | **111 (18.7%)** | **129 (25.1%)** |
| Verbal abuse or threats | 966 (59.3%) | 510 (60.9%) | 456 (57.9%) | 325 (62.3%) | 321 (54.1%) | 320 (62.4%) |
| Physical aggression or violence | 494 (30.3%) | 259 (30.9) | 235 (29.8%) | 166 (31.8%) | 164 (27.7%) | 164 (32.0%) |
| **Overall** | **992 * (60.9%)** | **524 (62.5%)** | **468 (59.4%)** | **332 (63.6%)** | **332 (56.0%)** | **328 (63.9%)** |

*Note: *FACEM trainees who reported at least one aspect of DBSH behaviour or other unreasonable behaviour.*
*^Two trainees did not disclose their sex but are included in the total.*
*# Unreasonable behaviour refers to other incidents not strictly classified as D,B,S, or H. For instance, 'bullying', refers to a type of unreasonable behaviour that is repeated over time or occurs as a pattern of behaviour that creates a risk to health and safety. One incident may not be appropriately classified as bullying and thus may be raised as other unreasonable behaviour.*

Of 142 ED placement sites, over two-thirds (70%, n= 100) had at least one FACEM trainee who reported experiencing DBSH from a patient or carer, which has decreased compared to the 2024 survey feedback (76%, n=110). A higher proportion of ED placement sites (92%, n= 130) had at least one FACEM trainee report experiencing verbal and/or physical violence from a patient or carer.

Of those who reported having experienced DBSH from a patient or carer (n= 375), trainees were significantly more likely to report DBSH incidents or other unreasonable behaviour from patients only (52%) than carers only (2%), with 46% reporting experiencing DBSH from both patients and carers. Similarly, trainees were more likely to report experiencing violence from patients rather than carers, with 62% reporting verbal violence and 83% reporting physical violence from patients only.

Among those who reported experiencing verbal or physical violence from a patient or carer (n= 992), more than half (55%) indicated that they did not report the incident(s), with only 14% reflecting they reported all incidents and a larger proportion (31%) indicating they reported some incidents. The main reasons for not reporting were either lack of time, or a belief that reporting would not lead to any change.

The trainees who reported having experienced DBSH from a patient or carer were asked to describe the incidents if they felt comfortable doing so, with 91 trainees responding. The key themes are similar to findings from the 2024 survey, including:

- Violence and aggressive behaviour were frequently described by trainees:
  - Verbal aggression and abuse included threats, swearing, condescending and offensive language and shouting (n= 44).
  - Physical aggression and violence included threatening and intimidating behaviour, attempted and actual assault, spitting, punching, kicking, hitting, and throwing or smashing items (n= 29).
- Racial or ethnic discrimination was often described, including racial slurs and verbal abuse relating to skin colour, or refusal of care based on a trainee's ethnicity (n= 23).
- Trainees often described the influences of drugs and/or alcohol, or mental health-related presentations associated with the patients' aggressive behaviour (n= 18).
- Inappropriate comments of sexual nature and sexual advances, harassment and assault from patients or carers were described, with trainees reporting inappropriate touching, lewd comments, and grabbing (n= 11).
- Female trainees reported sexism and gender-based discrimination, including lack of trust in clinical judgement, inappropriate or misogynistic comments, and being misidentified as a nurse based on gender stereotype (n= 8).
- Trainees also reported ageist comments, role misidentification, and a trainee described that a patient withholding essential clinical history until a consultant entered the room (n= 5).

Trainees were also asked if they had experienced any DBSH from ED or hospital staff while working in their placement. Ten per cent of trainees (n= 156) reported at least one aspect of DBSH or other unreasonable behaviour from ED or hospital staff (Table 11), remaining consistent with the 2024 survey (10%). No obvious differences were observed in experiences of DBSH from ED or hospital staff when comparing trainees by sex or training stage.

*One in ten FACEM trainees reported experiencing discrimination, bulling, sexual harassment, harassment, or other unreasonable behaviour from ED or hospital staff.*

*Table 11. Number and proportion of trainees who reported experiencing DBSH behaviour from ED or hospital staff at their placement, by sex and training stage.*

| Experienced DBSH from ED or hospital staff | Total n = 1628^ | Sex | | Training Stage | | |
|---|---|---|---|---|---|---|
| | | Female n = 838 | Male n = 788 | TS1 n = 522 | TS2 – TS3 n = 593 | TS4 n = 513 |
| Discrimination | 44 (2.7%) | 26 (3.1%) | 18 (2.3%) | 16 (3.1%) | 19 (3.2%) | 9 (1.8%) |
| Bullying | 56 (3.4%) | 27 (3.2%) | 29 (3.7%) | 17 (3.3%) | 17 (2.9%) | 22 (4.3%) |
| Sexual Harassment | 7 (0.4%) | 6 (0.7%) | 1 (0.1%) | 3 (0.6%) | 3 (0.5%) | 1 (0.2%) |
| Harassment | 23 (1.4%) | 10 (1.2%) | 13 (1.6%) | 9 (1.7%) | 9 (1.5) | 5 (1.0%) |
| Other unreasonable behaviour | 61 (3.7%) | 35 (4.2%) | 26 (3.3%) | 13 (2.5%) | 24 (4.0%) | 24 (4.7%) |
| Overall | 156* (9.6%) | 85 (10.1%) | 71 (9.0%) | 52 (10.0%) | 53 (8.9%) | 51 (9.9%) |

*Note: *FACEM trainees who reported at least one aspect of DBSH behaviour or other unreasonable behaviour.*
*^Two trainees did not disclose their sex but are included in the total.*

Trainees who reported experiencing DBSH from ED or hospital staff were further asked which person(s) displayed the DBSH behaviour toward them. Consistent with survey findings from previous years, FACEMs, ED nursing staff and in-patient medical staff were the most frequently reported perpetrators of DBSH incidents (Table 12). DBSH from a FACEM was reported by 49 trainees, and six trainees reported experiencing DBSH by a Director of Emergency Medicine (DEM) or DEMT.

*Table 12. Number of trainees who reported experiencing DBSH or other unreasonable behaviour against them, by category of staff.*

| ED or hospital staff | Discrimination n = 44 | Bullying n = 56 | Sexual Harassment n = 7 | Harassment n = 23 | Other unreasonable behaviour n = 61 |
|---|---|---|---|---|---|
| FACEM | 22 | 22 | 2 | 6 | 11 |
| DEM/ Deputy DEM | 2 | 0 | 0 | 0 | 1 |
| DEMT | 2 | 1 | 0 | 0 | 5 |
| ED nursing staff | 9 | 19 | 0 | 6 | 20 |
| Other ED doctor | 6 | 4 | 0 | 3 | 4 |
| Other ED staff * | 2 | 1 | 1 | 2 | 2 |
| In-patient medical | 10 | 20 | 3 | 10 | 31 |
| In-patient non-medical staff | 0 | 2 | 0 | 1 | 1 |
| *Other staff | 5 | 2 | 0 | 3 | 4 |
| Prefer not to say | 10 | 4 | 1 | 2 | 7 |

*Note: Trainees could select more than one category of staff.*
**Other ED staff includes clerical, orderly, and allied health.*

Trainees reported experiencing DBSH or other unreasonable behaviour from ED or hospital staff at 78 (55%) of 142 ED placement sites. Trainees who reported having experienced DBSH are displayed by region in Table 13. South Australia observed the highest proportion of trainees reporting DBSH from patients or carers, whilst the Northern Territory observed the highest proportion of trainees reporting verbal or physical violence from patients or carers. The Australian Capital Territory reported the highest proportion of trainees experiencing DBSH from ED or hospital staff, compared with trainees undertaking an ED placement in other regions.

*Table 13. Proportion of trainees who reported experiencing DBSH or other unreasonable behaviour, by region.*

| Experienced DBSH from: | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Aotearoa | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Patients or carers | 21.4% | 23.5% | 17.2% | 22.6% | **35.3%** | 33.3% | 17.5% | 26.2% | 25.5% | 23.0% |
| ED or hospital staff | **17.9%** | 12.2% | 6.9% | 8.7% | 9.4% | 14.8% | 7.7% | 7.4% | 8.8% | 9.6% |
| **Experienced verbal/physical violence from:** | **ACT** | **NSW** | **NT** | **QLD** | **SA** | **TAS** | **VIC** | **WA** | **Aotearoa** | **Total** |
| Patients or carers | 67.9% | 62.4 | **75.9%** | 62.8% | 57.6% | 74.1% | 50.4% | 65.8% | 67.2% | 60.9% |
| **Total no. of responses** | **28** | **434** | **29** | **390** | **85** | **27** | **349** | **149** | **137** | **1628** |

Fifty-eight trainees provided further information on their DBSH experiences or other unreasonable behaviour from staff, with the identified key themes summarised below:

- Trainees often described demeaning or bullying, harassment and unreasonable behaviour from senior medical staff (n= 12). For example;
    - rude, aggressive, intimidating, bullying and belittling behaviour
    - unreasonable expectations related to workload
    - favouritism and discrimination
- Nursing staff were frequently mentioned as perpetrators of bullying, harassment, discrimination and other unprofessional conduct (n= 14). For example;
    - a perceived culture of bullying within nursing teams
    - instances of unprofessional conduct that negatively affected patient care
    - racist and derogatory comments directed toward trainees
    - swearing at trainee in front of their peers
- Trainees often recounted experiences of gender-based discrimination (n=6). Female trainees reported that less experienced male colleagues were offered more opportunities, or that degrading or sexually inappropriate comments were commonly directed toward them

- Concerns were raised around inadequate support in relation to sick leave, approval for secondary employment, and excessive or unreasonable workloads
- Reports of bullying and harassment were often perceived as not being taken seriously by senior staff, with responses highlighting broader systemic and cultural issues surrounding the reporting, investigation, and management of DBSH

### 3.2.7 Opportunities to participate

Two-thirds (67%) of trainees strongly agreed or agreed that they were able to participate in decision-making regarding governance (for example, workplace committees) at their ED placement, comparable with 65% in the 2024 survey. Consistent with previous survey findings, a higher proportion of male trainees than female trainees (70% vs. 64%) were in agreeance with this. TS4 trainees (73%) were also more likely to agree they could participate in decision-making regarding governance, compared to TS1 and TS2 – TS3 trainees (65% and 64%, respectively).

The majority (82%) of trainees agreed that they were able to participate in quality improvement activities at their placement. A higher proportion of male trainees compared with female trainees (84% vs. 81%) agreed they could participate in quality improvement activities, while TS4 trainees (88%) were also more likely than TS1 and TS2 - TS3 trainees to agree (77% and 82%, respectively).

*Male FACEM trainees and TS4 trainees were more likely to agree that they could participate in quality improvement activities and decision-making regarding governance*

Trainees undertaking a placement in Paediatric sites were generally more likely to agree that they had opportunities to participate in governance decision making and quality improvement activities (Table 14), compared with trainees in other types of ED.

*Table 14. Proportion of trainees who strongly agreed or agreed to statements relating to participation in quality improvement activities and decision-making regarding governance, by ED accreditation type.*

| Opportunities to participate | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| Able to participate in decision-making regarding governance (e.g., workplace committees) | 67.7% | 65.1% | **53.7%** | 77.8% | 71.0% | 67.2% |
| Able to participate in quality improvement activities | 82.0% | 83.4% | **78.0%** | 88.9% | 80.6% | 82.2% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

## 3.3 Supervision and Training Experience

This section presents trainee experiences relating to supervision and feedback, support for WBAs, virtual supervision or assessment, and whether the ED placements provide an appropriate training experience when considering case-mix.

### 3.3.1 Supervision and feedback

Trainees were asked about supervision, support and feedback provided by DEMTs and senior staff at their ED placement. Overall, most (93%) trainees reported being satisfied with the supervision they received at their placement, similar to the 2024 survey (92%). Nearly all (95%) trainees agreed that their DEMT had discussed what was expected of them at their stage and phase of training.

*Most (93%) FACEM trainees were satisfied overall with the supervision received, but they were less likely to agree they received regular or useful informal feedback on their performance and progress.*

Trainees reported satisfaction regarding the supervision they received at their ED placement consistently across the training stages. TS1 trainees (82%) were more likely to agree that they received culturally appropriate supervision where they felt supported and their cultural identify and perspective were respected, compared with TS2-3 and TS4 (79%, respectively) trainees. Likewise, male trainees were also more likely than female trainees (82% vs. 77%) to agree that the supervision they received was culturally appropriate.

Trainees undertaking an ED placement in Tier 1 sites generally reflected less positively with respect to supervision, support and feedback received, compared to trainees undertaking placements at other types of accredited EDs (Table 15).

*Table 15. Proportion of trainees who strongly agreed or agreed with statements about supervision, support and feedback provided at their placement, by ED accreditation type.*

| Statements about supervision, support and feedback | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| Overall, satisfied with the supervision received | **91.7%** | 96.2% | 92.7% | 95.6% | 93.5% | 92.7% |
| Satisfied with quality of DEMT support | **90.2%** | 92.7% | **90.2%** | 91.1% | 96.8% | 90.8% |
| Availability of DEMT for guidance/ supervision meets needs | **91.5%** | 92.4% | 92.7% | 93.3% | 96.8% | 91.8% |
| Clinical supervision received from consultants meets needs | 91.9% | 94.8% | 92.7% | 93.3% | **90.3%** | 92.4% |
| DEMT had discussed what is expected of trainee at their stage of training | 94.8% | 96.2% | **92.7%** | 93.3% | 96.8% | 95.0% |
| Received regular, *informal feedback on performance and progress | **79.3%** | 85.8% | 80.5% | 86.7% | 90.3% | 80.9% |
| Received useful *informal feedback on performance and progress | **84.8%** | 86.9% | 92.7% | 86.7% | 96.8% | 85.6% |
| Received culturally appropriate supervision that respects individual's cultural identity and perspectives | **78.1%** | 84.4% | 95.1% | 80.0% | 87.1% | 79.9% |
| Total no. of responses | 1221 | 289 | 41 | 45 | 31 | 1628 |

*Note: *Informal feedback includes any interaction with FACEMs or FRACPs (Paediatric EDs) such as on the floor discussion, suggestions, and advice regarding clinical/ non-clinical matters, coaching and expressions of appreciation.*

The proportion of trainees agreeing with statements relating to supervision, support and feedback provided at their ED placement is presented by region in Table 16. Compared to trainees across all regions, the Northern Territory generally saw a relatively lower proportion of trainees who agreed with various supervision, support and feedback statements (Table 16).

*Table 16. Proportion of trainees who strongly agreed or agreed with statements about supervision, support and feedback provided at their placement, by region.*

| Statements about supervision, support and feedback | Strongly agreed or agreed (%) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Aotearoa |
| Overall, satisfied with the supervision received | 85.7% | 91.9% | **79.3%** | 94.9% | 92.9% | 88.9% | 92.0% | 94.0% | 94.2% |
| Satisfied with quality of DEMT support | 89.3% | 90.8% | **69.0%** | 91.0% | 82.4% | 88.9% | 92.6% | 95.3% | 91.2% |
| Availability of DEMT for guidance/ supervision meets needs | 92.9% | 91.5% | **69.0%** | 93.1% | 87.1% | 88.9% | 92.6% | 94.6% | 92.7% |
| Clinical supervision received from consultants meets needs | 85.7% | 91.9% | **79.3%** | 93.1% | 92.9% | 96.3% | 92.3% | 96.0% | 92.0% |
| DEMT had discussed what is expected of trainee at their stage of training | 96.4% | 93.3% | **82.8%** | 95.9% | 92.9% | 92.6% | 94.8% | 98.0% | 98.5% |
| Received regular, *informal feedback on performance and progress | 75.0% | 79.0% | **72.4%** | 80.3% | 80.0% | 74.1% | 84.2% | 85.2% | 80.3% |
| Received useful *informal feedback on performance and progress | 85.7% | 85.3% | **72.4%** | 86.7% | 85.9% | 81.5% | 86.5% | 89.3% | 81.0% |
| Received culturally appropriate supervision that respects individual's cultural identity and perspectives | **57.1%** | 76.7% | 72.4% | 82.1% | 81.2% | 74.1% | 84.2% | 79.9% | 78.8% |
| Total no. of responses | 28 | 434 | 29 | 390 | 85 | 27 | 349 | 149 | 137 |

*Note: *Informal feedback includes any interaction with FACEMs or FRACPs (Paediatric EDs) such as on the floor discussion, suggestions, and advice re clinical/ non-clinical matters, coaching and expressions of appreciation.*

### 3.3.2 Virtual supervision, assessment and education

Trainees were asked if virtual supervision, assessment, and education had been utilised at any point at their ED placement. Less than three-quarters of trainees (73%) reported that virtual supervision or assessment were not utilised at any point during their ED placement (Table 17).

A larger proportion of trainees reported their training assessments were completed online (19%), followed by online education activities (14%). Very few (1%) trainees reported that virtual clinical supervision was provided while working on the floor. Comparable proportions of trainees across all training stages reported having virtual supervision or training assessments completed online at their placement (differences <2%); however, TS2 - TS3 and TS4 (16%, respectively) trainees were more likely than TS1 trainees (10%) to report accessing online education activities other than formal education sessions at their ED placement.

*Table 17. Proportion of trainees who reported virtual supervision, assessment, and education were utilised at their placement, by ED accreditation type.*

| Virtual supervision, assessment and education | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
|---|---|---|---|---|---|---|
| Virtual clinical supervision while working on the floor | 1.5% | 0.7% | 2.4% | 0% | 6.5% | 1.4% |
| Training assessment(s) completed online | 18.1% | 19.0% | 19.5% | 26.7% | 22.6% | 18.7% |
| Online education activities other than formal education sessions, e.g., undertaking case-based discussions | 14.3% | 13.1% | 9.8% | 11.1% | 25.8% | 14.1% |
| No virtual supervision, assessment, or education | 72.9% | 73.4% | 75.6% | 71.1% | 64.5% | 72.8% |
| Total no. of responses | 1221 | 289 | 41 | 45 | 31 | 1628 |

*Note: Trainees could select more than one option for either virtual supervision, assessment or education.*

Trainees were given the opportunity to comment on their virtual supervision, assessment and education experiences, with 59 providing feedback. Most responses reflected on positive experiences with virtual supervision, assessment, or education (n= 48), as they found the availability of virtual options enhanced flexibility, and promoted equity particularly for those with caring responsibilities, geographical isolation,

neurodivergence, or part-time work arrangements. These virtual options were also perceived to support work-life balance and facilitate greater engagement with supervisors, including improved access to feedback.

Nineteen trainees commented on how virtual supervision, assessment and education were used, including use of virtual meeting platforms (e.g., Microsoft Teams, n= 6). Others described a variety of purposes for these virtual activities at their placement, which included for WBAs and In-Training Assessments (ITAs) (n= 9), education sessions such as exam preparation and clinical courses (n= 8), clinical supervision or guidance (n= 7), case-based discussions (n= 5), and completion of shift reports (n= 1). A few trainees commented on the challenges associated with virtual supervision, assessment and education, and a preference for in-person interaction, particularly for feedback (n= 3).

### 3.3.3 Workplace-based assessments

Trainees were asked to rate the support and feedback provided by their Local WBA Coordinators, consultants and WBA assessors at their ED placement. The majority (83%) were satisfied with the level of support they received from their Local WBA Coordinator to complete their EM-WBA requirements. A slightly higher proportion (85%) were satisfied with the level of support they received from the consultants at their ED, and an even larger proportion (88%) were in agreeance that WBA assessors provided useful feedback to guide their training.

*Almost nine in ten FACEM trainees agreed their WBA assessors provided useful feedback.*

Trainees undertaking placements in Paediatric and Private EDs were generally more likely to report satisfaction with support and feedback received for EM-WBAs than trainees undertaking placements at other types of EDs (Table 18).

*Table 18. Proportion of trainees who agreed that they were satisfied with the support and feedback from their Local WBA Coordinator, consultants and/ or WBA assessors, by ED accreditation type.*

| Statements about support and feedback for EM-WBAs | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| Satisfied with the level of support from Local WBA Coordinator | 83.5% | 80.6% | **80.5%** | 86.7% | 93.5% | 83.2% |
| Satisfied with the level of support from consultants | 85.4% | 82.7% | **78.0%** | 86.7% | 93.5% | 85.0% |
| WBA assessors provided useful feedback | 88.0% | **87.2%** | 90.2% | 93.3% | 93.5% | 88.1% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

Comparing trainees across regions, those undertaking an ED placement in the Northern Territory were generally less satisfied with the level of support and feedback received for EM-WBAs than trainees in other regions (Table 19).

*Table 19. Proportion of trainees who agreed that they were satisfied with the support and feedback from their local WBA Coordinator, consultants and/ or WBA assessors, by region.*

| Statements about support and feedback for EM-WBAs | Strongly agreed or agreed (%) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Aotearoa |
| Satisfied with the level of support from Local WBA Coordinator | 85.7% | 80.4% | **72.4%** | 87.2% | 84.7% | 85.2% | 84.8% | 81.9% | 78.8% |
| Satisfied with the level of support from consultants | 89.3% | 82.0% | **69.0%** | 89.0% | 84.7% | 85.2% | 85.1% | 85.2% | 84.7% |
| WBA assessors provided useful feedback | 89.3% | 85.0% | **79.3%** | 89.7% | 85.9% | 88.9% | 88.8% | 90.6% | 92.0% |
| **Total no. of responses** | **28** | **434** | **29** | **390** | **85** | **27** | **349** | **149** | **137** |

Trainees were further surveyed about how WBAs were organised at their site (Table 20), with most reporting that it was the trainee's responsibility (73%), rather than the DEMT or Local WBA Coordinator to schedule WBAs (30%). WBAs were more commonly conducted on an ad hoc basis (26%), with fewer trainees reporting WBAs were organised through a rostered WBA Consultant (23%), or rostered WBA session (9%).

*Table 20. How EM-WBAs are organised at ED placement sites for trainees.*

| How are EM-WBAs organised at your site? | n | % |
|---|---|---|
| It is the trainee's responsibility | 1194 | 73.3% |
| They are scheduled by DEMT or Local WBA Coordinator | 483 | 29.7% |
| On an ad hoc basis | 415 | 25.5% |
| Through rostered WBA Consultant | 380 | 23.3% |
| Through rostered WBA session | 149 | 9.2% |
| Other (e.g., a mix of the above) | 33 | 2.0% |
| **Total no. of respondents** | **1628** | |

*Note: Respondents may select more than one-way WBAs were organised at their site.*

### 3.3.4 Case-mix

Trainees were asked if their ED placement provided an appropriate training experience when considering case-mix. Overall, most trainees agreed that the ED case-mix at their placement was appropriate concerning the number (97%), breadth (91%), acuity (88%), and complexity (92%) of cases.

Trainees undertaking placements in Tier 1 accredited EDs were more likely than trainees in other EDs to agree that the ED case-mix at their placement was appropriate with respect to the breadth, acuity, and complexity of cases (Table 21).

*Table 21. Proportion of trainees who agreed that their current placement provided an appropriate training experience when considering aspects of case-mix, by ED accreditation type.*

| Aspects of case-mix | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| Number of cases | 96.6% | 97.6% | 97.6% | 97.8% | **90.3%** | 96.7% |
| Breadth of cases | 93.0% | 86.9% | 82.9% | 88.9% | **77.4%** | 91.3% |
| Acuity of cases | 91.2% | 77.9% | **68.3%** | 84.4% | 74.2% | 87.8% |
| Complexity of cases | 93.9% | 84.8% | **82.9%** | 88.9% | 90.3% | 91.8% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

TS1 trainees were more likely to agree with all aspects relating to ED case-mix as being appropriate for their training, when compared to TS2 – TS3 and TS4 trainees (Table 22).

*Table 22. Proportion of trainees who agreed that their current placement provided an appropriate training experience when considering aspects of case-mix, by training stage.*

| Aspects of case-mix | Strongly agreed or agreed (%) | | | |
|---|---|---|---|---|
| | TS1 | TS2 – TS3 | TS4 | Total |
| Number of cases | 98.1% | 95.1% | 97.3% | 96.7% |
| Breadth of cases | 94.3% | 88.7% | 91.2% | 91.3% |
| Acuity of cases | 90.0% | 86.0% | 87.5% | 87.8% |
| Complexity of cases | 94.8% | 88.4% | 92.6% | 91.8% |
| **Total no. of responses** | **522** | **593** | **513** | **1628** |

## 3.4 Education and Training Opportunities

This section covers clinical teaching (including ultrasound), the structured education program, access to educational and examination resources, simulation learning experiences, and leadership and research opportunities.

### 3.4.1 Clinical teaching

Most trainees (87%) strongly agreed or agreed that the clinical teaching at their placement optimised their learning opportunities, which was similar to the 2024 survey (85%). A larger proportion of trainees agreed that they received training for, and were provided with opportunities to use relevant clinical equipment (92%).

Most (86%, n= 1394) trainees reported having access to ultrasound teaching at their placement. The types of ultrasound teaching available was surveyed, with bedside teaching (78%) being the most common, followed by a structured education program (64%) (Table 23).

*Table 23. The types of ultrasound teaching available for trainees.*

| Types of teaching available at placements with formal ultrasound teaching | n | % |
|---|---|---|
| Bedside teaching (with FACEM or sonographer educator) | 1081 | 77.5% |
| Structured education program | 898 | 64.4% |
| Image review meetings | 209 | 15.0% |
| Clinical review meetings | 153 | 11.0% |
| Other (ad-hoc teaching sessions, informal teaching, etc.) | 79 | 5.7% |
| **Total no. of respondents** | **1394** | |

*Note: Trainees were able to select more than one education type.*

The majority of trainees (n= 1337, 82%) reported having opportunity to have their point-of-care ultrasound (POCUS) reviewed by a FACEM. The percentage of POCUS scans reviewed by a FACEM is outlined in Table 24. Over three-quarters (81%) of trainees reported access to ultrasound credentialled FACEMs during their ED placement. While 76% of trainees indicated being able to improve their ultrasound skills during their ED placement, a smaller proportion (66%) felt that the ultrasound teaching provided was sufficient to meet the ultrasound competencies outlined in the ACEM curriculum.

*Table 24. The percentage of POCUS scans reviewed by a FACEM.*

| Having POCUS scans reviewed by a FACEM | n | % |
|---|---|---|
| 0% | 134 | 10.0% |
| >0% and ≤25% | 447 | 33.4% |
| >25% and ≤50% | 260 | 19.4% |
| >50% and ≤75% | 195 | 14.6% |
| >75% and <100% | 163 | 12.2% |
| 100% | 138 | 10.3% |
| **Total no. of respondents** | **1337** | |

### 3.4.2 Access to structured education program

Overall, most trainees agreed that the structured education program at their placement met their needs (86%). Comparable proportions of trainees agreed that they have access to the educational resources needed to meet the requirements of the FACEM Training Program (91%), and that the structured education program at their placement was aligned to the content and learning outcomes of the ACEM Curriculum Framework (89%). Trainees were asked whether the structured education sessions were provided for, on average, a minimum of four hours per week at their placement, with 91% agreeing. However, a smaller proportion of

trainees (83%) reported that the rostering at their placement enabled them to attend structured education sessions. The majority of trainees also reported receiving training on how to provide culturally safe care to Aboriginal and Torres Strait Islander peoples and/or Māori patients (83%).

*86% of FACEM trainees agreed that the structured education program at their placement met their needs*

Trainees undertaking a placement at Paediatric accredited EDs were generally more likely to agree with most of the statements relating to accessibility to education resources and the structured education program, compared to trainees at other EDs (Table 25).

*Table 25. Proportion of trainees who strongly agreed or agreed with statements about the clinical teaching and structured education program at their ED placement, by ED accreditation type.*

| Statement on teaching and education | Strongly agreed or agreed (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| I have access to the educational resources that I need to meet the requirements of the FACEM Training Program | 90.6% | **90.0%** | 90.2% | 95.6% | 96.8% | 90.7% |
| The structured education program meets my needs at my stage of training | 85.8% | **84.8%** | 90.2% | 97.8% | 93.5% | 86.2% |
| Structured education sessions are provided for a minimum of four hours per week | **90.2%** | 93.8% | **90.2%** | 97.8% | 93.5% | 91.1% |
| The structured education program aligns to the content and learning outcomes of the ACEM Curriculum Framework | 88.5% | 91.7% | **87.8%** | 97.8% | 93.5% | 89.4% |
| Rostering enables trainees to attend structured education sessions | **82.1%** | 86.9% | 82.9% | 91.1% | 93.5% | 83.4% |
| I receive training on how to provide culturally safe care to Aboriginal and Torres Strait Islander peoples and/or Māori patients | 82.1% | 84.1% | **75.6%** | 93.3% | 83.9% | 82.6% |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

Trainees across all training stages reported similar levels of agreement with statements relating to teaching and education at their ED placement (Table 26).

*Table 26. Proportion of trainees who strongly agreed or agreed with statements about the clinical teaching and structured education program at their ED placement, by training stage.*

| Statement on teaching and education | Strongly agreed or agreed (%) | | | |
|---|---|---|---|---|
| | TS1 | TS2 - TS3 | TS4 | Total |
| I have access to the educational resources that I need to meet the requirements of the FACEM Training Program | **90.4%** | 90.7% | 90.8% | 90.7% |
| The structured education program meets my needs at my training stage | 87.7% | **85.5%** | 85.6% | 86.2% |
| Structured education sessions are provided for a minimum of four hours per week | 90.6% | **90.1%** | 92.8% | 91.1% |
| The structured education program aligns to the content and learning outcomes of the ACEM Curriculum Framework | **88.3%** | 89.9% | 90.1% | 89.4% |
| Rostering enables trainees to attend structured education sessions | 84.3% | **82.0%** | 84.2% | 83.4% |
| I receive training on how to provide culturally safe care to Aboriginal and Torres Strait Islander peoples and/or Māori patients | 83.7% | **80.9%** | 83.4% | 82.6% |
| **Total no. of responses** | **522** | **593** | **513** | **1628** |

Trainees who disagreed with any statements relating to educational and training opportunities available at their placement were given the opportunity to comment on the reason(s) for their responses. Most comments (n= 139) primarily highlighted issues with unsupportive rostering and a lack of protected teaching time (n= 55). Other comments mentioned poorly structured education programs (n= 44), limited tailoring of programs to different training stages (n= 20), insufficient on the floor/bedside teaching (n= 13), or that the education sessions were frequently held off-site (n= 7).

### 3.4.3 Access to examination resources

Trainees were asked if they had access to exam preparation resources either onsite at their placement or at another site (linked or networked ED). The same proportion (94%) of trainees reported having access to both written exam revision programs and clinical exam preparation programs; however, the availability of these programs varied by accreditation type of ED, particularly with respect to whether they were offered onsite or offsite (Table 27).

Trainees undertaking a placement at a Tier 1 accredited ED were most likely to report having onsite access to both written and clinical exam preparation programs at their placement, compared with trainees at other EDs (Table 27).

*Table 27. Proportion of trainees who reported having access to written and clinical exam preparation programs onsite or offsite at another linked/ networked site, by ED accreditation type.*

| I have access to: | Reported yes (%) | | | | | |
|---|---|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
| **Written exam revision program (Primary and Fellowship)** | 96.1% | 88.6% | 92.7% | 75.6% | 93.5% | **94.0%** |
| Onsite | 93.4% | 81.0% | 78.0% | 48.9% | 80.6% | **89.3%** |
| Offsite (linked/ networked ED) | 2.7% | 7.6% | 14.6% | 26.7% | 12.9% | **4.8%** |
| **Clinical exam preparation program (Primary and Fellowship)** | 95.5% | 92.0% | 92.7% | 73.3% | 93.5% | **94.2%** |
| Onsite | 94.0% | 84.8% | 78.0% | 44.4% | 83.9% | **90.4%** |
| Offsite (linked/ networked ED) | 1.5% | 7.3% | 14.6% | 28.9% | 9.7% | **3.8%** |
| **Total no. of responses** | **1221** | **289** | **41** | **45** | **31** | **1628** |

Of those who reported having access to onsite written exam revision programs (n= 1453), over three-quarters (77%) agreed that they had sufficient access to the program, and a smaller proportion agreed that the program met their needs (69%). Similarly, for trainees who reported having onsite access to clinical exam preparation programs (n= 1471), 70% agreed they had sufficient access to the program, and a smaller proportion (66%) agreed that it met their needs.

### 3.4.4 Simulated learning experiences

The majority (92%) of trainees reported that simulation learning experiences were utilised at their ED placement. Trainees undertaking a placement in Paediatric EDs (93%) and Tier 1 accredited EDs (95%) were more likely than trainees at other types of accredited EDs to report that simulation learning experiences were utilised in their placement.

Of the trainees who reported the availability of simulation learning experiences (n= 1502), 95% (n= 1432) reported participating in these learning experiences. Interestingly, trainees in TS4 (92%) were less likely than trainees in TS1 (98%) and TS2 – TS3 (96%) to report participating in simulation learning at their ED placement.

*92% of FACEM trainees reported the availability of simulation learning experiences at their placement, with nearly all (95%) of them participating.*

The 70 trainees who did not participate in simulation learning at their placement were asked to provide reason(s), with 44 trainees doing so. The main reason for not participating was due to unsupportive rostering that hindered them from attending simulated learning sessions.

Among the trainees who reported participating in simulation learning at their placement, the majority (87%, n= 1245) reported that they had participated in multidisciplinary team-based simulation training, with trainees undertaking a placement in Paediatric EDs being most likely to report this (95%). Among those who reported having participated in multidisciplinary team-based simulation, TS1 trainees were generally more likely than trainees in other training stages to be in agreeance with statements on the benefits of participation (Table 28).

*Table 28. Proportion of trainees who strongly agreed or agreed with statements regarding the benefits of participating in multidisciplinary team-based simulation training, by training stage.*

| Participation in multidisciplinary team-based simulation training at this placement: | Strongly agreed or agreed (%) | | | |
|---|---|---|---|---|
| | TS1 | TS2 - TS3 | TS4 | Total |
| Has improved my effectiveness in ED team-based practice | 97.9% | 93.9% | 93.9% | 95.3% |
| Has contributed to my leadership development | 96.2% | 94.4% | 93.7% | 94.8% |
| Has enhanced my learning and team-based practice | 96.4% | 93.9% | 93.1% | 94.5% |
| Total no. of responses | 422 | 444 | 379 | 1245 |

Trainees who disagreed with any statements relating to participation in multidisciplinary team-based simulation training were given the opportunity to comment on the reason(s) for their response, with 13 trainees providing feedback. The most reported concerns related to poorly designed simulation programs (n= 6), limited access to simulation training, mainly due to rostering constraints (n= 4), and the infrequent delivery of simulation sessions (n= 3).

### 3.4.5 Leadership opportunities

Almost all trainees strongly agreed or agreed that they were provided with opportunities to teach and supervise junior medical staff (96%). A smaller proportion agreed they were provided with opportunities for leadership and management appropriate to their stage and phase of training (92%). Trainees in TS1 and TS4 (both 97%) were more likely than those in TS2-3 (93%) to report having opportunities to teach and supervise junior medical staff. Comparable proportions of trainees reported having leadership and management opportunities at their current placement across training stages (<3% difference). There were also no differences in the proportion of male and female trainees reporting leadership, management, and teaching or supervision opportunities (<1% difference).

### 3.4.6 Research opportunities

Three-quarters (75%) of trainees reported being able to participate in research opportunities at their placement, increasing from 70% in the 2024 survey. Trainees at Paediatric (84%) and Tier 1 sites (77%) were more likely to report having research opportunities, while trainees at Tier 3 sites (61%) were the least likely to report being able to participate in research opportunities at their placement.

Table 29 shows the proportion of trainees who indicated the availability of a designated staff member to provide advice about the research component of the FACEM Training Program at their placement. Trainees undertaking their ED placement at Tier 1 (53%) and Paediatric (58%) sites were significantly more likely to report having access to a designated staff member to advise them on the research component. Over one-quarter (27%) of trainees did not know if a designated staff member was available to provide advice about the research component at their current placement, and this was consistently seen across all ED accreditation types.

*Table 29. Availability of a staff member to provide advice about the research component of the FACEM Training Program, by ED accreditation type.*

| Staff member available | Tier 1 | Tier 2 | Tier 3 | Paediatric | Private | Total |
|---|---|---|---|---|---|---|
| Yes | 52.8% | 33.6% | 31.7% | 57.8% | 32.3% | 48.6% |
| No | 2.5% | 5.2% | 2.4% | 2.2% | 12.9% | 3.1% |
| Don't know | 25.3% | 32.5% | 36.6% | 28.9% | 25.8% | 27.0% |
| *Not applicable | 19.4% | 28.7% | 29.3% | 11.1% | 29.0% | 21.3% |
| Total no. of responses | 1221 | 289 | 41 | 45 | 31 | 1628 |

*Note: *Not applicable includes trainees who have previously completed or have not yet started the research component.*

## 3.5 Further Perspectives on Placement

From a list of potential factors, trainees were asked to select up to five key factors they considered most in arranging their training placement (Figure 1). Nominated key factors were consistent with those identified in previous survey iterations, where ED location was most frequently cited, followed by the ED case-mix. Also consistent with previous years' findings, remuneration and research opportunities were among the least considered factors influencing trainee choice of training placement.

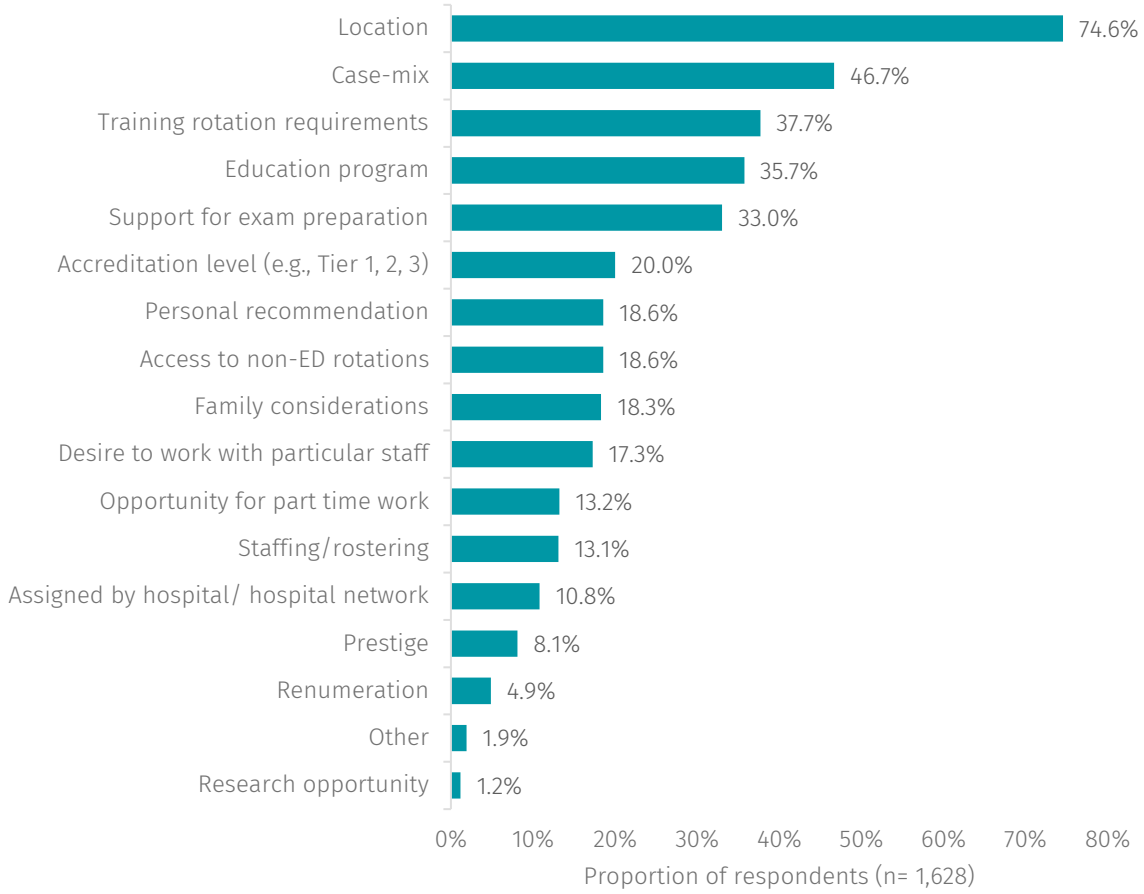



*Figure 1. Factors for consideration in arranging training placement, ranked from the most important to the least important.*

*Note: Trainees could select up to five factors. 'Other' factors included special skills rotation, supportive workplace culture, leadership and professional development opportunities.*

Trainees were asked to nominate highlights of their ED placement, with the option to select multiple responses. The four most rated highlights included supportive senior staff, supportive DEMT, ED case-mix and supportive team environment (Figure 2). These highlights were also consistently rated the highest in the previous survey iterations.

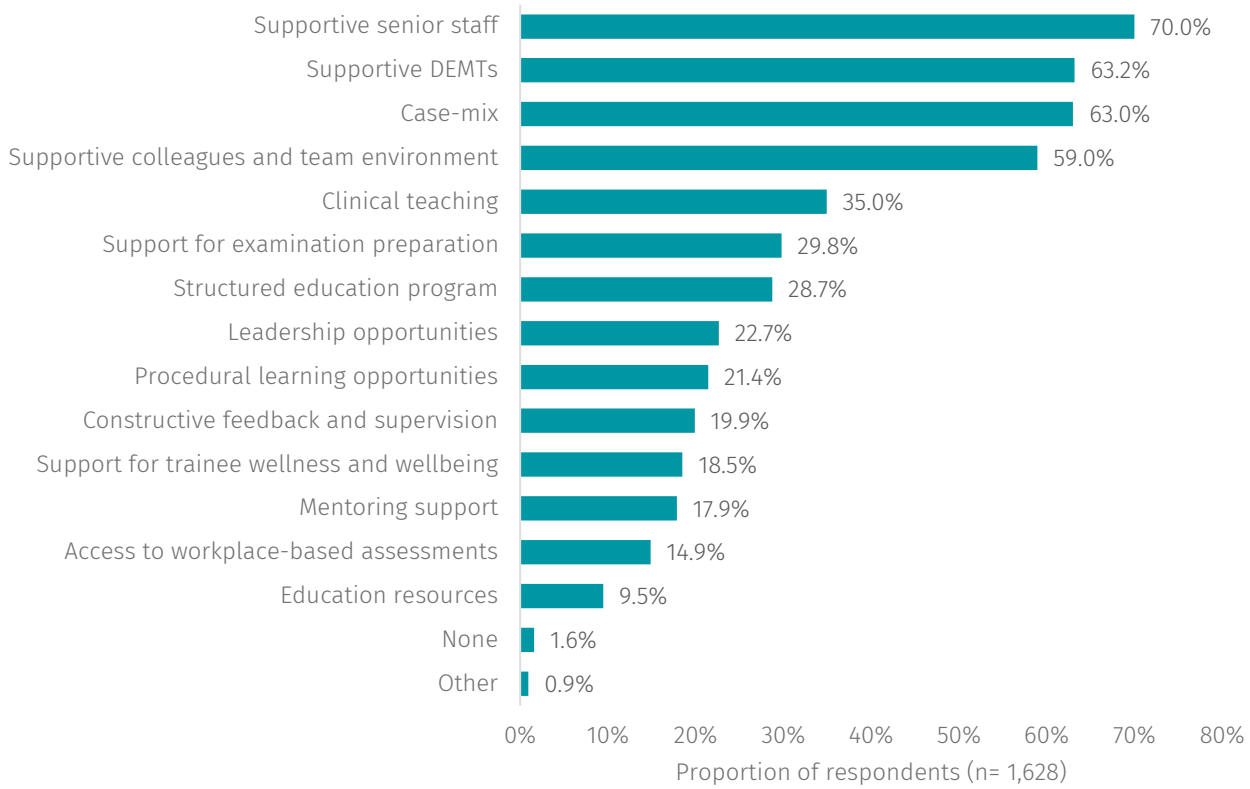



*Figure 2. ED placement highlights ranked from most common to least common.*

*Note: Respondents could select more than one highlight for each placement.*
*'None' refers to no highlight in their placement. 'Other' highlights included ultrasound teaching and credentialling program, and rostering.*

Trainees were given the opportunity to identify key areas for improvement that could be made at their placement, with 127 trainees providing feedback (Table 30). Rostering and staffing remained the most identified areas for improvement, either independently or as factors contributing to challenges in other areas, such as access to teaching, education and training, as well as trainee wellbeing.

*Table 30. Themes and subthemes for identified areas for improvement.*

| Key themes and sub-themes |
|---|
| Rostering / Staffing (n= 58)<br>• *Safer staffing levels, including more equitable distribution of night shifts*<br>• *Increased availability of part-time training positions*<br>• *Easier access to leave*<br>• *More equitable rostering across clinical areas of the department*<br>• *Rostering that allows access to teaching/simulation learning* |
| Teaching / education program (n= 51)<br>• *Increased access to exam preparation courses*<br>• *More formalised bedside teaching*<br>• *Additional research and quality improvement opportunities* |
| Clinical and procedural training (n= 35)<br>• *More opportunities for clinical teaching on the floor*<br>• *Increased access to procedural learning opportunities*<br>• *Increased access to paediatric, resuscitation and trauma training opportunities* |
| Trainee welfare and wellbeing (n= 24)<br>• *Stronger emphasis on trainee wellbeing initiatives*<br>• *Improved staffing level to mitigate burnout*<br>• Improved workplace culture<br>• More de-briefing sessions following management of complex cases |
| Senior supervision and feedback (n= 20)<br>• *More structured, constructive and regular feedback (incorporating positive and negative feedback) from senior staff*<br>• *Increased direct senior supervision for complex procedural performance*<br>• *Strengthening the mentoring programs* |
| Workplace-based Assessment (WBAs) support (n= 15)<br>• *Dedicated time within shifts for WBA completion*<br>• *Having a dedicated FACEM to support WBAs and bedside teaching* |

## 3.6 Overall Perspectives on the FACEM Training Program and Support from ACEM

### 3.6.1 Perspectives on the FACEM Training Program

Most trainees (90%) strongly agreed or agreed with the statement 'the FACEM Training Program is facilitating my preparation for independent practice as an EM specialist'. The same proportion of male and female trainees (90% each) agreed with the statement, with similarly consistent agreement across training stages (<3% difference).

*90% of FACEM trainees agreed that the FACEM Training Program facilitates their preparation for independent practice as an EM specialist.*

Most (88%) trainees agreed that they were well supported in their training by ACEM processes. Trainees in TS1 (91%) were more likely to agree that they were well supported by ACEM processes, compared to trainees in TS2 – TS3 (87%) and TS4 (85%). Comparable proportions of female and male trainees (87% and 89%, respectively) reported that they were well supported by ACEM processes.

Trainees who disagreed that they were well-supported in their training by ACEM processes were invited to provide further details, with 126 trainees responding. Most comments highlighted the need for clearer communication and stronger support about FACEM Training Program requirements, particularly for those transitioning into a new training stage or into the new curriculum (n= 48) Several trainees also described feeling inadequately supported by the training program, with some raising concerns about training fees. Other trainees commented on the need for enhanced support for exams, which includes improved support and resources for exam preparation, increased flexibility in the number of allowable attempts at exams and assessments, and targeted support for those who were unsuccessful in exams (n= 38). Several trainees mentioned that the College processes could have better supported their wellbeing or more effectively addressed their concerns (n= 28). Several other trainees expressed difficulty in completing WBAs and ITAs, including difficulty understanding requirements (n= 14). Several trainees also commented that the educational resources provided by the College were insufficient (n= 11).

### 3.6.2 Online resources available for FACEM trainees

Trainees were asked to express their level of agreement with statements relating to the usefulness of the listed resources that ACEM provides to support FACEM trainees (Figure 3). Consistent with the 2024 survey findings, more trainees found the Primary and Fellowship exam resources to be useful (74%), compared with other online resources.

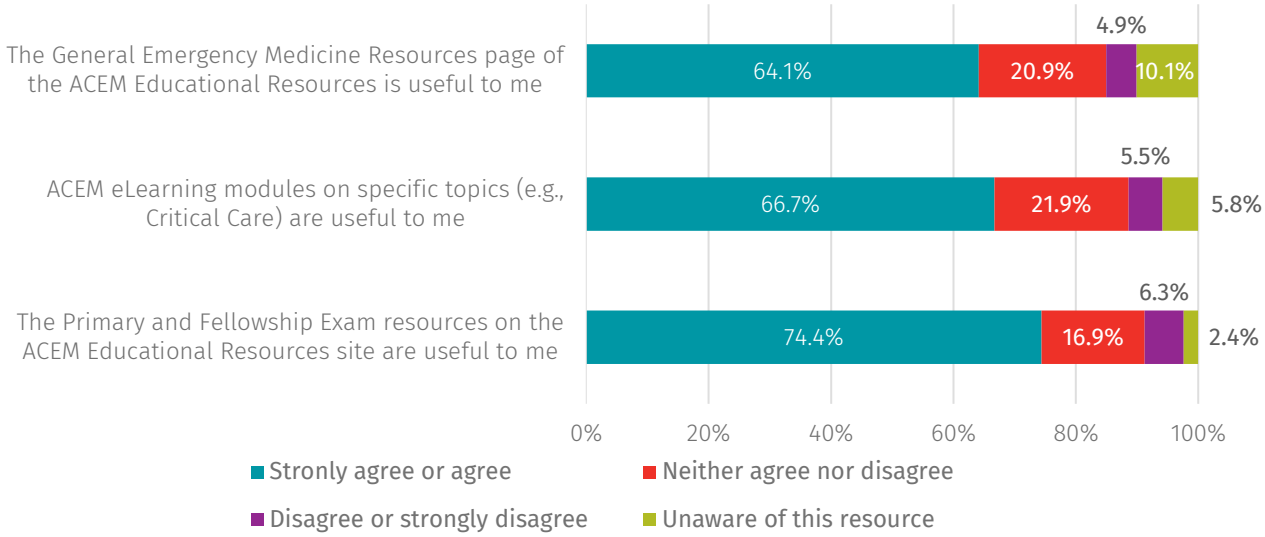



*Figure 3. Level of agreement of respondents with statements relating to the usefulness of a range of online resources to support FACEM trainees.*

### 3.6.3 Support and resources – areas of need and interest

Trainees were asked to nominate areas of need and/ or interest for resources and support and their preferred delivery mode(s) for each selected area (Figure 4, Table 31) to inform the future development of appropriate resources and support. Primary and Fellowship examination resources (written and practical) were the most nominated area of need and/ or interest. Consistent with findings from the previous surveys, resources for leadership, management and clinical skills were the next most rated areas of need.

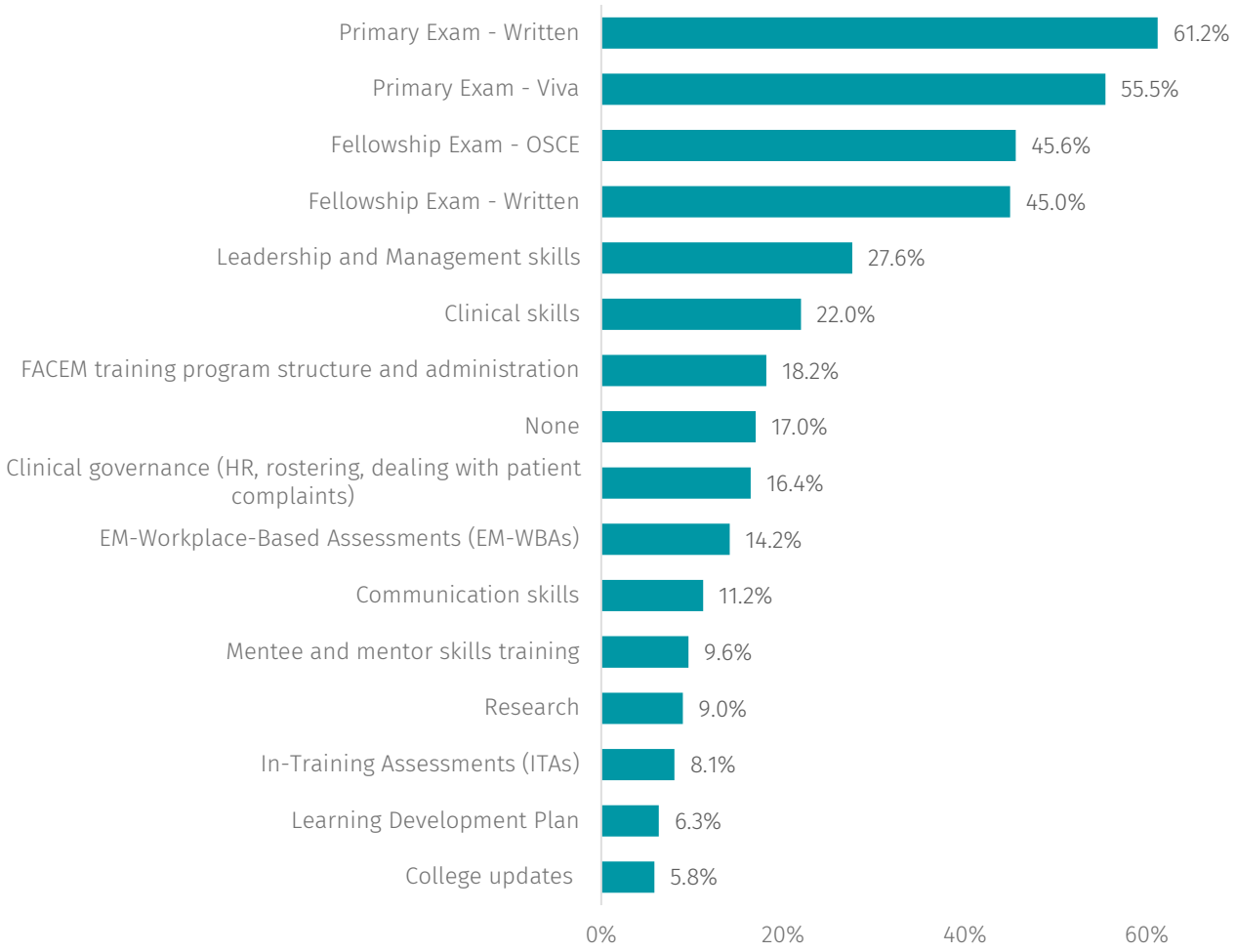



*Figure 4. Trainee response rates to resources and support nominated as an area of need and/ or interest.*

*Note: Trainees were able to select 'None', with no nomination of any resources/ support from the list (n= 276, 17%).*
*For 'Primary exam' resources (Written and Viva), responses from only TS1 trainees were included. The percentages reflect the proportion of 521 TS1 trainees.*

There was a preference for face-to-face training over other delivery methods for most resources and support that were nominated as an area of need/ interest (eight out of 15). Delivery through online learning modules was generally the next preferred mode for other resources and areas for support.

*Table 31. Trainee response rates to resources and support nominated as an area of need and/ or interest and the preferred delivery mode(s).*

| Resources & Support | Respondents who nominated as area of need/ interest<br>n | Preferred Delivery Mode<br>Face-to-face training<br>% | ACEM online learning modules<br>% | Video podcasts<br>% | Web-links to external sources<br>% | How-to guide<br>% |
|---|---|---|---|---|---|---|
| College updates | 95 | 28.4% | **43.2%** | 31.6% | **43.2%** | 25.3% |
| FACEM training program structure and administration | 295 | 43.4% | **50.8%** | 26.8% | 23.1% | 31.5% |
| Learning Development Plan | 103 | 43.7% | **52.4%** | 26.2% | 19.4% | 25.2% |
| In-Training Assessments (ITAs) | 131 | **60.3%** | 40.5% | 22.1% | 10.7% | 18.3% |
| EM-Workplace-Based Assessments (EM-WBAs) | 230 | **61.7%** | 40.4% | 20.0% | 9.1% | 23.0% |
| Primary Exam - Written | 319 | 45.1% | **51.4%** | 29.2% | 26.31% | 21.0% |
| Primary Exam - Viva | 289 | **57.4%** | 42.6% | 32.2% | 25.3% | 21.8% |
| Fellowship Exam - Written | 731 | 60.6% | **71.1%** | 46.0% | 37.8% | 35.0% |
| Fellowship Exam - OSCE | 741 | **75.7%** | 65.0% | 47.1% | 35.9% | 34.5% |
| Communication skills | 182 | **69.2%** | 54.4% | 41.2% | 16.5% | 12.1% |
| Leadership and Management skills | 449 | **67.9%** | 57.7% | 38.1% | 22.5% | 16.7% |
| Clinical skills | 357 | **77.6%** | 56.3% | 42.6% | 23.0% | 19.9% |
| Clinical governance (HR, rostering, dealing with patient complaints) | 267 | 40.4% | **68.5%** | 33.3% | 27.7% | 32.2% |
| Research | 146 | 50.7% | **55.5%** | 34.2% | 30.1% | 37.7% |
| Mentee and mentor skills training | 156 | **62.8%** | 51.3% | 27.6% | 16.7% | 19.2% |

*Note: Respondents may select more than one type of preferred delivery mode for each nominated resource/support.*
*For 'Primary exam' resources (Written and Viva), responses from only TS1 trainees were included.*

Trainees were invited to provide suggestions for improvement to the current online resources provided by ACEM, with 68 respondents offering feedback. Consistent with the 2024 survey findings, exam preparation was the main theme identified, including more updated and expanded exam preparation resources, a broader repository of past exam papers with model answers, a comprehensive study guide, ACEM-delivered online lectures, and a formalised ACEM-run exam preparation course. Several trainees also highlighted the need for clearer guidance and additional resources for OSCEs, including video examples, as well as improved access to ultrasound training materials. Another key theme was usability of the ACEM website, with several recommending improvements to navigation and overall ease of accessing online resources.

## 4. Conclusion and Implications

Overall, FACEM trainees continue to report positive experiences across ACEM-accredited ED placements. Nearly all trainees reflected that their training needs were being met at their ED placement, consistent with findings from past survey iterations (ranging 93% - 96% since 2020). Similarly, almost all trainees reported knowing where to access assistance if they experienced difficulties in meeting FACEM training requirements. However, perceptions of the adequacy of support processes at their placement site to assist progression through their training remained comparatively lower, although this has gradually improved over time (80% in 2020 to 84% in 2025).

Most trainees agreed that their placement provided a safe and supportive workplace overall. While perception of the placement's ability to support trainee wellbeing continues to be one of the lower-rated aspects of the training experience, improvement has been observed over time (77% in 2020 to 83% in 2025). Rostering and staffing issues remain the most consistently identified areas for improvement and continue to be a key concern for trainees across survey iterations.

Overall, over one-quarter of FACEM trainees reported experiencing discrimination, bullying, sexual harassment, and harassment (DBSH) or other unreasonable behaviour at their current placement, perpetrated by either patients/ carers or from ED/ hospital staff. While the reported DBSH from patients or carers has declined slightly over time (from 27% in 2021 to 23% in 2025), exposure to violence remains a significant concern, with almost two-thirds of trainees reporting personally experiencing verbal or physical violence from patients or carers during their placement. Trainees should feel safe and supported to report incidents of misconduct, DBSH, or violent encounters without fear of repercussions. Trainee's feedback suggests that trainees perceive ED violence as 'a normal part of the job', highlighting the ongoing need to strengthen security measures, reporting pathways, and trainee wellbeing support processes.

Encouragingly, the supervision and support for training and assessments continues to improve over the years. This includes the previously lower rated areas such as the WBA Coordinator support (77% in 2020 to 83% in 2025) and provision of regular, informal feedback (78% in 2020 to 81% in 2025). Likewise, improvement was also seen in provision of structured education sessions at placement sites for a minimum of four hours per week (87% in 2020 to 91% in 2025). Despite these positive trends, two notable equity-related gaps emerged in this year's survey, where support and workplace adjustments for staff with diverse needs received the lowest rating in the survey. Similarly, the training to provide culturally safe care to Aboriginal and Torres Strait Islander and/or Māori patients was also the lowest rated area (83%).

Gender disparities are narrowing across various aspects of training support, supervision and education opportunities. Teaching and leadership opportunities were reported at comparable levels by male and female trainees. However, differences remain in some areas. Male trainees were more likely than female trainees to report having opportunities to participate in quality improvement activities and decision-making regarding governance. Similarly, female trainees continued to be more like to report experiencing DBSH from patients or carers.

In summary, most monitoring indicators showed continued improvement in the 2025 survey, reinforcing the strengths of ACEM-accredited ED placements in supporting trainee education, supervision, and training progression. Several challenges persist, particularly in relation to rostering and staffing pressures, equitable workplace support, sustaining trainee wellbeing, and ongoing experiences of DBSH and workplace violence. These highlighted issues have important implications for trainee safety, wellbeing, and training outcomes. These findings provide valuable evidence to inform ongoing targeted quality improvement efforts, ensuring that ACEM-accredited EDs deliver safe, appropriate, and supportive training environments for all FACEM trainees.

## 5. Suggested Citation

Australasian College for Emergency Medicine. (2026). *2025 Trainee Placement Survey Report – ED Placement.* ACEM Report: Melbourne.

## 6. Contact for Further Information

ACEM Research and Evaluation Unit {email: Research-evaluation@acem.org.au}
Department of Policy, Research and Partnerships
Australasian College for Emergency Medicine (ACEM)
34 Jeffcott Street, West Melbourne VIC 3003, Australia
Telephone +61 3 9320 0444