Australasian College
for Emergency Medicine

2024 Trainee Emergency Department Survey

Report

July 2025

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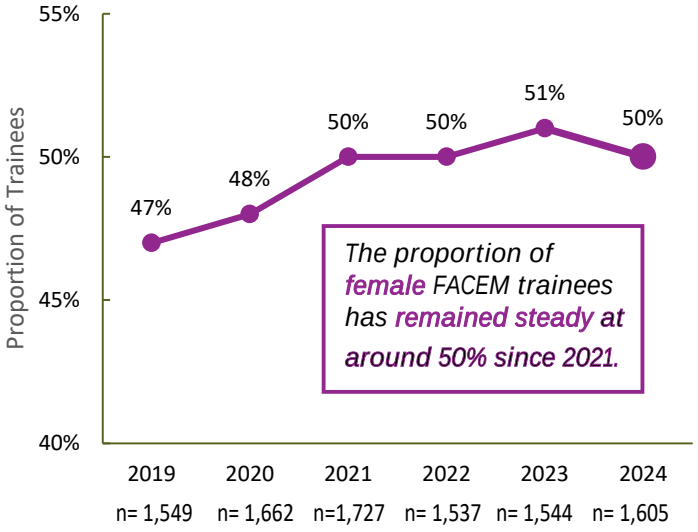
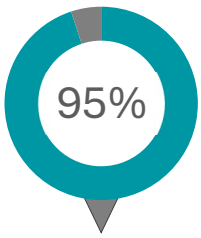
2024 Trainee ED Placement Survey

Key findings

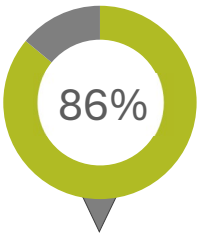
All active FACEM trainees complete an annual trainee placement survey. Survey questions focus on three key areas of the ED placement: Health, Welfare and Interests of Trainees; Supervision and Training Experience; and Education and Training Opportunities. A total of 1,605 trainees responded to the 2024 survey.



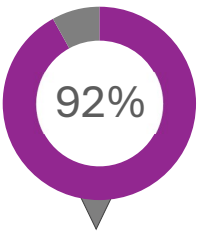
Health, Welfare and Interests of Trainees



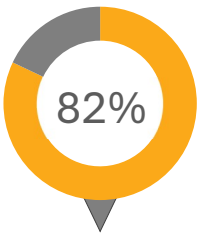
Agreed their training needs were being met.



Overall satisfied with rostering at their placement.



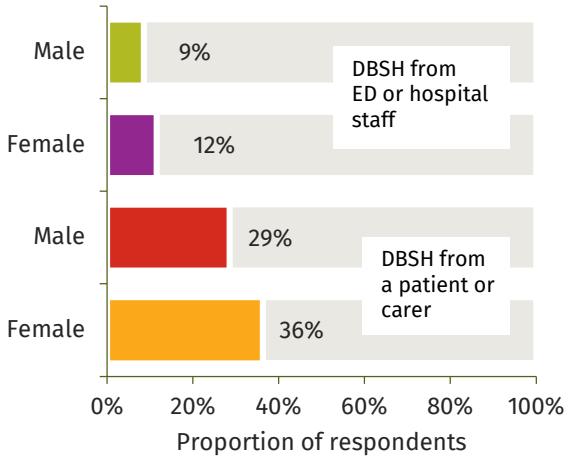
Agreed their placement provided a safe and supportive workplace.

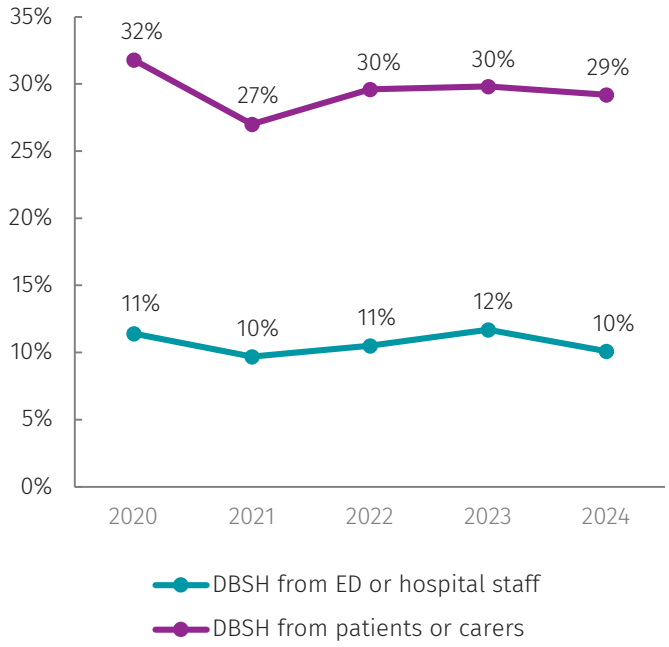


Agreed their placement sustained their wellbeing.

Discrimination, Bullying, Sexual Harassment and Harassment (DBSH)

Female trainees were more likely than male trainees to report experiencing DBSH. There was a slight decreasing overall trend in DBSH experiences from patients while DBSH from ED or hospital staff remained relatively consistent over the last five years between 10% and 12%.



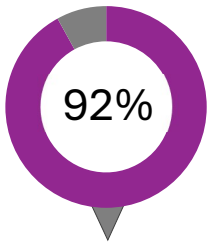


Note: Surveys from 2022 onward asked about "Other unreasonable behaviour" not strictly classified as DBSH incidents, with these responses included.

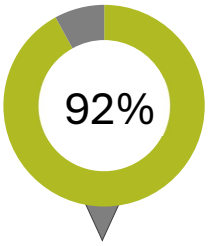
2024 Trainee ED Placement Survey

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

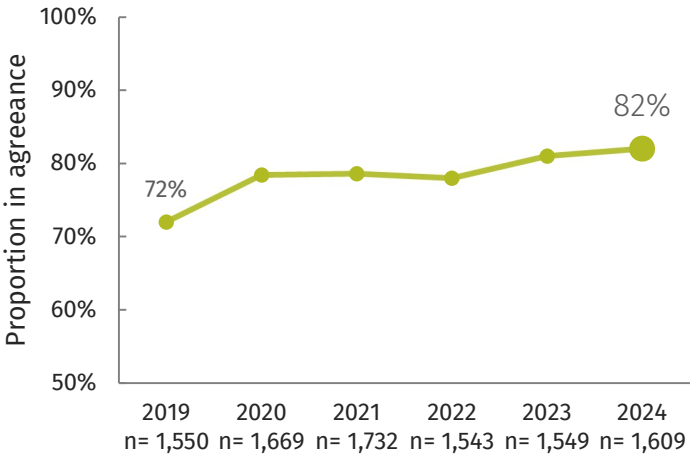
Supervision and training experience



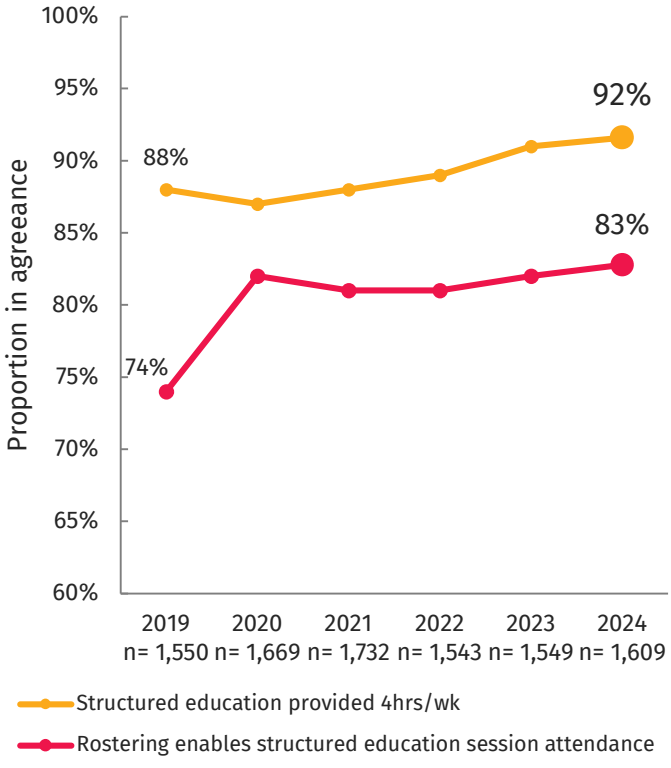
Satisfied with the quality of DEMT support.

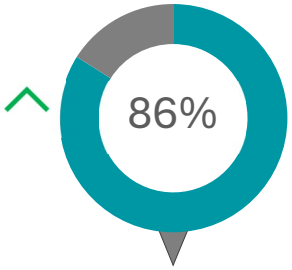


Agreed clinical supervision received from consultants met their needs

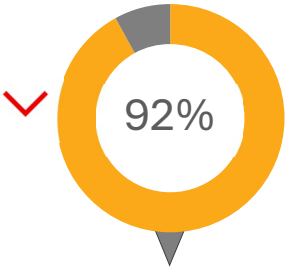


Education and training opportunities





Agreed structured education program met their needs.



Reported access to simulation learning experiences.

Note: ^ and ˇ indicate at least 2% change between 2023 and 2024 survey results.

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

There was an *increase* in the proportion of trainees reporting rostering at their placement enabled their attendance at structured education sessions.

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 2024 survey included feedback from 1605 trainees undertaking an emergency department (ED) placement are summarised below:

Health, Welfare and Interests of Trainees

- Nearly all (95%) trainees strongly agreed or agreed that their training needs were being met at their ED placement.
- 86% agreed they were satisfied overall with the rostering at their site, with most trainees agreeing that rosters supported the service needs of the site (92%).
- Most trainees reported knowing where to go for assistance if they encountered difficulty meeting training requirements (95%) or had a grievance about training (91%).
- 92% agreed that their placement provided a safe and supportive workplace overall but were less likely to agree their ED placement sustained trainee wellbeing (82%).
- One third of trainees reported experiencing discrimination, bullying, sexual harassment, harassment (DBSH), or other unreasonable behaviour from a patient/ carer or ED/ hospital staff.
- Trainees were more likely to agree that they could participate in quality improvement activities than in decision-making regarding governance (79% vs. 65%).

Supervision and Training Experience

- 92% of FACEM trainees were satisfied overall with the supervision received, but were less likely to agree they receive regular (82%), or useful (87%) informal feedback on their performance and progress.
- 88% of trainees agreed their Workplace-based Assessment (WBA) assessors provided useful feedback.
- Overall, the majority of trainees agreed that the ED casemix at their placement was appropriate considering the number (97%), breadth (92%), acuity (88%), and complexity (92%) of cases.

Education and Training Opportunities

- Most trainees (85%) agreed that the clinical teaching at their placement optimised their learning opportunities.
- 77% indicated being able to improve their ultrasound skills, while 66% reported they could improve their trauma treatment and management skills at their current placement.
- 92% 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 (87%) and clinical exam preparation programs (89%).
- 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 casemix and training rotation requirements.
- The most rated ED placement highlights included supportive senior staff, Director of Emergency Medicine Training (DEMT) and team environment, and ED casemix, consistent with previous survey findings.

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, while 86% 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 administered 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 2024, excluding trainees on an interruption to their training. The survey was active between 1 November 2024 and 28 February 2025.

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 1609 (98%) completed surveys were received from 1642 eligible FACEM trainees undertaking an ED placement, as of the survey closing date. Four 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), which was presented for the 1605 individual trainees.

3.1 Demographic Characteristics of Respondents

Of the 1605 FACEM trainees, 92% were undertaking an ED placement in Australia and the remainder (8%) were undertaking a placement in Aotearoa New Zealand. Half (50%, n= 804) of the trainees were female, comparable with the 2023 Trainee Placement Survey (51%). Just over a quarter of responding trainees (26%, n= 420) were in TS1, 36% (n= 581) in TS2 - TS3, and the remaining 38% (n= 604) were in the final stage of training (TS4) (Table 1).

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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= 420)	TS2 – TS3 (%) (n= 581)	TS4 (%) (n= 604)
Australia	**737**	**738**	**1476***	**92.0%**	**49.9%**	**26.1%**	**36.3%**	**37.6%**
ACT	18	12	30	1.9%	60.0%	16.7%	46.7%	36.6%
NSW	212	227	439	27.4%	48.4%	24.4%	33.1%	42.5%
NT	13	10	24*	1.5%	54.2%	33.3%	33.3%	33.3%
QLD	190	192	382	23.8%	49.7%	25.1%	36.6%	38.2%
SA	37	45	82	5.1%	45.1%	26.8%	32.9%	40.2%
TAS	12	11	23	1.4%	52.2%	34.8%	34.8%	30.4%
VIC	164	180	344	21.4%	47.7%	27.0%	40.7%	32.3%
WA	91	62	153	9.5%	59.5%	30.1%	35.3%	34.6%
Aotearoa	**67**	**61**	**129***	**8.0%**	**51.9%**	**27.1%**	**34.9%**	**38.0%**
Total no. of trainees	**804**	**799**	**1605***	**100%**	**50.1%**	**26.2%**	**36.2%**	**37.6%**

Total includes two trainees who did not specify their sex.

Table 2 presents the proportion of trainees undertaking an ED placement, by ED accreditation type and training stage. Nearly three-quarters (72%) 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 a Tier 3-accredited site (accredited for 12-months) and 2% at an accredited Private ED.

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	307	73.1%	416	71.6%	438	72.5%	**1161**	**72.3%**
Tier 2	94	22.4%	93	16.0%	100	16.6%	**287**	**17.9%**
Tier 3	14	3.3%	16	2.8%	11	1.8%	**41**	**2.6%**
Paediatric	5	1.2%	46	7.9%	34	5.6%	**85**	**5.3%**
Private	0	0%	10	1.7%	21	3.5%	**31**	**1.9%**
Total no. of trainees	**420**	**100%**	**581**	**100%**	**604**	**100%**	**1605**	**100%**

Note: One TS3 trainee and three TS4 trainees completed the survey for two ED placement sites

Over one-third of trainees reported undertaking their ED placement in a part-time capacity (36%, n= 583). A significantly higher proportion of female trainees than male trainees reported undertaking a part-time placement (42% vs. 30%).

Almost all trainees provided reason(s) (n= 582) for undertaking part-time training, with carer responsibilities or family commitments being most common (41%, n= 240). Other main reasons for undertaking part-time training were to allow additional time to meet training requirements (31%, n= 183) and exam preparation (13%, n= 77). Only 4% (n= 23) of trainees reported undertaking a part-time placement due to employment availability. Other reasons for undertaking a part-time placement included the intention to improve work-life balance, and for mitigation of burnout or maintaining health and wellbeing (8%, n= 47). A smaller proportion of trainees indicated undertaking a part-time ED placement to enable a concurrent placement (3%, n= 20), or an opportunity to undertake research or further study (3%, n= 15). Two per cent of trainees reported undertaking part-time placement due to personal or medical reasons (n= 13).

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) at their ED placement is also included in this section.

3.2.1 Overall trainee needs

Nearly all (95%, n= 1525) trainees strongly agreed or agreed that their training needs were being met at their ED placement, with 3% (n= 46) being neutral and 2% (n= 38) disagreeing. Agreement that their training needs were met was comparable across all training stages (ranged 94% - 96%).

95% of FACEM trainees agreed their training needs were met.

Trainees (n= 84) who did not agree that their training needs were being met at their placement were asked to comment on their response, with 73 of them providing feedback. Key reasons outlined by trainees concerning their needs not being met at their placement included:

- Limited on-the-floor teaching, including opportunities for procedural skills, often due to understaffing and service provision demands of the department (n= 19)
- Limited training opportunities, including limited access to special skills rotations (n= 17)
- Unsatisfactory senior supervision, and/or feedback on progress (n= 17)
- Rostering limited training and teaching opportunities, such as not being rostered to different areas, teaching not protected, or frequent night shifts (n= 16)
- A lack of education and teaching opportunities tailored to the stage of training (n= 14)
- Difficulty in completing Workplace-based Assessments (WBAs) or other assessments (n= 14)
- Inadequate ED casemix exposure, particularly higher acuity and complex cases (n= 11)
- Inadequate or poor-quality teaching for exam preparation (n= 9)
- Lack of accommodation for trainees who wished to work part time hours (n= 4)

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

> *The general lack of acuity, coupled with a 12-month placement has, in my view, resulted in deskilling. I have not been involved in any intubations in my time at the ED Further there are also limited opportunities to get on the job training and to have competencies or WBAs signed off. Some consultants won't be involved, and some are well known for not providing fair assessments.*
>
> *Minimal support and training opportunities for training registrars, minimal input from* Director of Emergency Medicine Training (*DEMT), department under extreme stress from staff shortages and overcrowding means that the lack of training opportunity.*
>
> *I am not rostered with regular FACEMs (majority are locums) and I am not getting the experience I require in resuscitation.*
>
> *There was insufficient rostering for scheduled shift reports, which created confusion and inconsistency. The primary focus was more on work output than on teaching or educational opportunities.*
>
> *No day shift allocations to allow shift report completion. Rostered on with the same FACEMs every week making it difficult to get feedback from a range of consultants.*

3.2.2 Mentoring

The majority (88%, n= 1,411) of trainees reported that there was a formal mentoring program available at their ED placement, with 3% (n= 45) reporting that there was not one available, and 9% (n= 153) reporting not knowing whether a formal mentoring program was available. Positively, the proportion that reported availability of a formal mentoring program has increased from 79% in the 2023 survey. However, of the trainees who reported having a formal mentoring program, just over half (58% n= 820) had utilised the program. Trainees in TS1 (67%) were more likely than those in TS2 - TS3 (54%) and TS4 (56%) to report utilising the mentoring program available.

Over half (58%) of FACEM trainees who reported having a formal mentoring program at their placement utilised the program.

For trainees (n= 591) who reported not using the formal mentoring program at their placement despite the program being available, 39% reported they did not want mentoring at the time. Others reported already having a mentor (31%) or not having time to participate in a mentoring program (20%). Several other trainees raised concerns about confidentiality (4%) of seeking mentoring support, while other trainees reported that the mentoring program was difficult to access (2%), or that it did not meet their needs (2%). Several trainees stated the mentor previously assigned to them was not a good match (2%). A few trainees provided other reasons, including an intention to find a mentor themselves at their own pace or preferring informal mentoring.

3.2.3 Rostering

Most trainees (86%) agreed they were satisfied overall with the rostering at their site, with similar proportions of TS1 (86%), TS2 - TS3 (84%) and TS4 (87%) trainees reporting so. Likewise, comparable proportions of female and male trainees (86% and 85%, respectively) were satisfied overall with the rostering at their placement site.

Most (86%) FACEM trainees reported being satisfied overall with rostering at their placement.

Trainees undertaking a placement at Paediatric EDs were relatively less likely to agree (74%) that their placement rosters provided equitable exposure to day, evening and night shifts (74%) or equitable shifts to all areas of the ED (80%) 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	85.3%	87.5%	88.1%	**83.5%**	83.9%	85.6%
Rosters are provided in a timely manner	**81.8%**	83.7%	83.3%	82.4%	87.1%	82.3%
Rosters give equitable exposure to day/ evening/ night shifts	83.2%	80.6%	88.1%	**74.1%**	80.6%	82.3%
Rosters give equitable shifts to all areas of the ED	81.9%	84.1%	90.5%	**80.0%**	90.3%	82.6%
Rosters consider workload as a trainee	85.4%	86.2%	**81.0%**	83.5%	93.5%	85.5%
Rosters support the service needs of the site	92.4%	**90.3%**	95.0%	96.5%	96.8%	92.4%
Rosters ensure safe working hours	91.7%	90.7%	97.6%	92.9%	**90.3%**	91.7%
Rosters take into account leave requests	89.9%	91.0%	90.5%	**89.4%**	96.8%	90.2%
Rosters take into account the skill mix required	83.8%	**82.7%**	85.7%	89.4%	93.5%	84.2%
Total no. of responses	**1162**	**289**	**42**	**85**	**31**	**1609**

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= 306) and some example comments.

Comments that reflected negatively on rostering (72%, n= 222) outnumbered the positive feedback about rostering (28%, n= 84). A wide range of rostering issues were raised, with understaffing being regularly stated as a factor that further complicated rostering at sites. Many comments also focused on the imbalance of skill mix in the department, particularly during night shifts. Several trainees also mentioned difficulty accessing leave impacting work-life balance, especially due to rosters being published at short notice or being changed without notice.

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

Theme	Example comments
Negative (n= 222) - Unsafe staffing level, especially during night shifts - Excessive and inequitable evening/night shifts - Delayed provision of rosters - Minimal breaks between shifts - Minimal teaching time allocated during on-floor shift - Frequent rostering to fast track/short stay unit; limited access to resuscitation - Rigid rostering and difficulty accessing leave (incl. study leave)	*Constant staff shortages make rostering difficult. Need to rely on locum, therefore more night duty coverage by long term registrars.* *Increased fatigue as no time for meal breaks on nights. Sequential in charge shifts on nights due to inadequate skilled doctors' available lead to burnout and fatigue. Reduced time for required WBAs. Minimal rostered teaching day shifts.* *Found it difficult to attend in-person education sessions due to number of late and night shifts.* *I have been rostered to do more than 50% of night shifts.* *Rosters are often provided 2 weeks prior to shifts which is less than ideal.* *The practice of rostering one day on, one day off, one day on, one day off etc. is not conducive to providing staff with suitable rest and recovery time.* *I am frequently rostered in the fast track, which has resulted in me having inadequate exposure to high complexity and unwell patients.* *Religious leave not granted or then flexibility not allowed, study leave was limited despite having much leave available and days requested to not work were ignored.*
Positive (n= 84) - Fair and equitable rostering - Accommodating leave requests - The roster considers the health and wellbeing of trainees	*Excellent rostering, flexible with requests and will do everything possible to ensure trainee roster requests are facilitated.* *Provided in timely fashion. Leave requests well catered to. Open and transparent with rostering.* *Rostering has been fair, so I really appreciate it. I try to help the department by picking up more shifts when I am able.* *Really grateful to be paired with senior registrars for nights.*

3.2.4 Assistance for trainees

Almost all trainees (95%, n= 1532) reported knowing where to go for assistance if they had difficulty meeting the training requirements, with comparable proportions of TS1 trainees (96%), TS2 – TS3 trainees (95%) and TS4 trainees (95%) 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 (82%) 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 (79% vs 84%) to report their ED had adequate processes to assist trainees

having difficulty progressing through their training, consistent with the 2023 survey findings (females: 80%, males: 86%).

Nearly all (95%) 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. Six per cent of trainees neither agreed nor disagreed, and 2% disagreed that they knew where to go for assistance if they had a grievance about their training. A much smaller proportion of trainees (77%) 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	96.4%	95.0%	94.6%	95.2%
ED placement has adequate processes in place to identify and assist trainees having difficulty in progressing through their training	83.6%	81.1%	81.4%	81.9%
Know where to go for assistance if I have a grievance about training	91.7%	91.6%	89.5%	90.8%
ED placement has adequate processes in place to manage grievances	77.4%	77.1%	76.4%	76.9%
Total no. of responses	420	582	607	1,609

Trainees undertaking a placement at Tier 3 accredited EDs and Private EDs were generally more likely to agree with statements regarding assistance for trainees in difficulty and having 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	95.0%	95.5%	100%	**94.1%**	96.8%
ED placement has adequate processes in place to identify and assist trainees in difficulty	81.3%	**80.6%**	95.2%	84.7%	87.1%
Know where to go for assistance if I have a grievance about training	90.7%	91.0%	92.9%	**89.4%**	93.5%
ED placement has adequate processes in place to manage grievances	76.9%	75.4%	83.3%	**75.3%**	87.1%
Total no. of responses	1162	289	42	85	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 69 responses received. Slightly more positive (n= 38) than negative (n= 28) comments were received (three included mixed feedback).

Positive comments reflected on approachable and supportive senior staff and the DEMTs available for trainee assistance. On the contrary, negative comments generally focused on unclear assistance processes, poor management of grievances, or unapproachable, defensive or unsupportive senior staff. Some examples of these negative comments are provided below:

When I tried to raise grievances about lacking opportunity and support in training, I was advised there was no room for improvement as it is not a current priority for the department due to overwhelming crowding, staff shortages and other departmental demands.

Where a trainee is adversely affected by a FACEM there is only unilateral process of notifying the FACEM involved of their behaviour. There is no redress system where there this FACEM then seeks to resolve the issue with the trainee. The unintended effect is only a partial resolution of the issue. The trainee is left frustrated and feeling as though the issue is "swept under the carpet" by the ED Director.

You cannot openly complain, you get labelled as a troublemaker.

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. Most trainees (92%) strongly agreed or agreed that their placement provided a safe and supportive workplace overall, while a smaller proportion (86%) agreed their placement provided a safe environment with respect to their personal safety. A high proportion of trainees were in agreeance that their placement provided a safe and supportive environment with respect to the provision of support processes (88%), cultural safety practices (90%) (catering for culturally diverse patients and emergency medicine (EM) workforce), and accessibility of clinical protocols (91%). The other aspects, including the provision of a comprehensive orientation program at commencement (81%) or the placement was conducive to sustaining trainee wellbeing (82%) received less agreement from trainees.

FACEM trainees were least likely to agree that their ED placement provided a workplace environment supportive of their personal safety and wellbeing.

Female trainees were slightly less likely than male trainees (87% vs. 90%) to agree that their placement provided a safe workplace with respect to support processes. Comparable proportions of female and male trainees agreed that their placement provided a safe and supportive workplace overall (92% and 93% respectively). Likewise, comparable proportions of TS2 - TS3 and TS4 trainees agreed their placement provided a safe and supportive workplace overall, with TS1 trainees being more likely to express higher levels of agreement 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	94.5%	91.9%	91.3%	92.4%
Personal safety (e.g., aggression directed by patients and/ or carers)	87.6%	86.3%	84.8%	86.1%
Sustaining my wellbeing	82.9%	81.8%	81.9%	82.1%
Support processes (other than mentoring)	88.6%	88.1%	88.0%	88.2%
Clinical protocols	94.8%	90.0%	90.8%	91.4%
Cultural safety practices (cater for culturally diverse patients and EM workforce)	91.0%	90.5%	88.0%	89.7%
Comprehensive orientation program at commencement	84.3%	79.2%	79.4%	80.6%
Total no. of responses	420	582	607	1609

Trainees undertaking a placement in a Tier 1 site were less likely to agree with almost all aspects relating to their placement providing a safe and supportive workplace, compared with trainees undertaking a placement in other EDs (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	**91.4%**	94.8%	97.6%	94.1%	93.5%
Personal safety	**85.1%**	87.9%	88.1%	91.8%	87.1%
Sustaining my wellbeing	**81.1%**	83.4%	85.7%	87.1%	90.3%
Support processes	**87.5%**	89.3%	92.9%	90.6%	90.3%
Clinical protocols	92.1%	88.2%	88.1%	97.6%	**80.6%**
Cultural safety practices	**89.0%**	90.3%	95.2%	94.1%	90.3%
Comprehensive orientation	80.3%	**77.2%**	81.0%	92.9%	90.3%
Total no. of responses	**1192**	**289**	**42**	**85**	**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 110 trainees providing feedback (Table 9). Half of the comments referencing concerns about personal safety, followed by comments reflecting a lack of focus on trainee wellbeing (48%).

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
Personal safety (n= 55) *Ineffective or slow to react security, increasing violent alcohol/drug-related or mental health patients, ineffective zero violence policy*	*Inadequate security personnel at times prevent safe management of aggressive patients.* *Aggressive mental health and drug and alcohol patient demographic.* *The 'zero tolerance' policy is ignored. Verbal abuse, threats and intimidating behaviour is routinely ignored, and care is expected to continue. I have never seen police involved when threats of harm are made towards staff.*
Trainee wellbeing (n= 53) *Unsafe rostering, increased workload, unsupportive mentoring*	*Roster pattern has been tiring to work, and winter workload has been draining.* *Very limited support. Busy department with evident burn out across the board.* *There is no opportunity for informal mentoring or debriefing.*
Clinical protocols (n= 16) *Poor quality, limited, unorganised, difficult to access*	*The hospital guidelines are not on an easy to access platform and not always up to date.* *The impact of departmental flow issues tends to be the biggest challenge in terms of ability to perform role safely and preserve wellbeing.* *Some documentation can be hard to find in a rush.*
Cultural safety (n= 10) *Limited availability of Aboriginal Liaison Officer, lack of cultural safety awareness and training, ineffective culturally appropriate care*	*Culturally unsafe environment perpetuated by senior management in their inability to understand their obligations to Te Tiriti and steps which can be made to engage in that process.* *No cultural sensitivity, some discrimination and lack of empathy for cultural issues with no seeking of understanding when issues are raised.* *Poor awareness of cultural safety and senior staff have little insight into the ways in which the departmental culture excludes culturally diverse members of the workforce.* *Lack of timely interpreters is a huge issue for a hospital that serves increasing number of refugees from very diverse backgrounds.*

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

Trainees who did not agree they had a comprehensive orientation at commencement in the ED were given the opportunity to describe what was missing, with 77 providing comments. Trainees often stated their orientation was brief and not comprehensive (n= 28), or there were no orientations at all (n= 23). Other trainees mentioned that only a hospital-wide orientation was provided, and they did not receive an ED specific orientation (n= 20). Several trainees indicated they were not given an orientation considering they

had previously worked at the same site but expressed that an updated orientation specific to the ED setting was required (n= 13). Thirteen trainees stated an orientation was available; however, it occurred while they were rostered to clinical shifts.

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, 524 (33%) 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.

One in three 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 or other unreasonable behaviour from patients or carers are shown in Table 10. Trainees were more likely to report experiencing harassment (14%), other unreasonable behaviour (not classified as DBSH, 12%), or discrimination (11%), than bullying (5%) or sexual harassment (4%), from a patient or carer. Female trainees were much more likely than male trainees to report experiencing DBSH from a patient or carer (32% vs. 26%). DBSH incidents by patients or carers were more likely to be reported by TS1 trainees (33%), compared with TS2 - TS3 (27%) and TS4 (28%) trainees.

Table 10. Number and proportion of trainees who reported experiencing DBSH behaviour by a patient or carer at their placement, by sex and training stage.

Experienced DBSH from a patient or carer	Total n= 1609^	Female n= 805	Male n= 802	TS1 n= 420	TS2 – TS3 n= 582	TS4 n= 607
Discrimination	173^ (10.8%)	99 (12.3%)	73 (9.1%)	61 (14.5%)	55 (9.5%)	57 (9.4%)
Bullying	74 (4.6%)	32 (4.0%)	42 (5.2%)	27 (6.4%)	13 (2.2%)	34 (5.6%)
Sexual Harassment	71 (4.4%)	53 (6.6%)	18 (2.2%)	25 (6.0%)	28 (4.8%)	18 (3.0%)
Harassment	217 (13.5%)	109 (13.5%)	108 (13.5%)	58 (13.8%)	84 (14.4%)	75 (12.4%)
#Other unreasonable behaviour	197 (12.2%)	100 (12.4%)	97 (12.1%)	54 (12.9%)	68 (11.7%)	75 (12.4%)
Overall	**470^* (29.3%)**	**260 (32.3%)**	**209 (26.1%)**	**140 (33.3%)**	**159 (27.3%)**	**171 (28.2%)**

*Note: *FACEM trainees who reported at least one aspect of DBSH behaviour or other unreasonable behaviour.*
^One trainee did not disclose their sex but is included in total.
 # Unreasonable behaviour refers to other incidents not strictly classified as D, B, S, or H. For instance, 'bullying', which 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 144 ED placement sites, over three-quarters (76%, n= 110) had at least one FACEM trainee who reported experiencing DBSH from a patient or carer.

Of those who reported having experienced DBSH from a patient or carer (n= 470), trainees were significantly more likely to report DBSH incidents or other unreasonable behaviour from patients only (52%) than carers only (5%), with 40% reporting experiencing DBSH from both patients and carers (a further 3% did not disclose).

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 139 trainees responding. The key themes are similar to findings from the 2023 survey, including:

- Violence and aggressive behaviour were frequently described by trainees, including verbal and physical aggression.
    - Verbal aggression and abuse included threats, swearing, condescending and offensive language and shouting (n= 77).
    - Physical aggression and violence were also reported, including threatening and intimidating behaviour, and accounts of attempted assault and assault, spitting, biting, and pushing (n= 36).
- Trainees often described the influence of drugs and/ or alcohol, and mental health-related presentations associated with the patients' aggressive behaviour (n= 22).
- Racial or ethnic discrimination and slurs were often described, such as being asked to speak English, verbal abuse relating to skin colour, refusing to be seen due to ethnicity (n= 20).
- Inappropriate comments of a sexual nature and sexual advances, harassment and assault from patients or carers were described, with trainees reporting inappropriate touching and lewd comments (n= 15).
- Female trainees frequently reported sexism and gender-based discrimination, including lack of trust in clinical judgement, role misidentification, inappropriate or misogynistic comments, and accounts of patient refusal to be seen by female doctors (n= 14).
- Prolonged waiting time, access block and delayed emergency care provision were also described as other reasons for patient aggression, and trainees also expressed unrealistic expectations from patients and carers regarding their ED care (n= 4).

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=163) reported at least one aspect of DBSH or other unreasonable behaviour from ED or hospital staff (Table 11), slightly decreasing from 12% in the 2023 survey. Consistent with previous survey findings, female trainees (12%) were more likely than male trainees (9%) to report experiencing discrimination or other unreasonable behaviour by staff. Comparable proportions of TS1 (11%), TS2 – TS3 (10%) and TS4 (10%) trainees reported having experienced DBSH or other unreasonable behaviour by staff.

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= 1,609	Female n = 805	Male n = 802	TS1 n = 420	TS2 – TS3 n = 582	TS4 n= 607
Discrimination	45 (2.8%)	27 (3.4%)	18 (2.2%)	10 (2.4%)	19 (3.3%)	16 (2.6%)
Bullying	63 (3.9%)	35 (4.3%)	28 (3.5%)	20 (4.8%)	19 (3.3%)	24 (4.0%)
Sexual Harassment	2 (0.1%)	2 (0.1%)	0 (0%)	1 (0.2%)	0 (0%)	1 (0.2%)
Harassment	21 (1.3%)	8 (1.0%)	13 (1.6%)	6 (1.4%)	5 (0.9%)	10 (1.6%)
Other unreasonable behaviour	74^ (4.6%)	37 (4.6%)	36 (4.5%)	21 (5.0%)	22 (3.8%)	31 (5.1%)
Overall	**163^* (10.1%)**	**93 (11.6%)**	**69 (8.6%)**	**44 (10.5%)**	**56 (9.6%)**	**63 (10.4%)**

Note: *FACEM trainees who reported at least one aspect of DBSH behaviour or other unreasonable behaviour. ^One trainee did not disclose their sex but is included in 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 were the most commonly reported perpetrators of DBSH incidents, over ED nursing staff, and in-patient medical staff (Table 12). DBSH from a FACEM was reported by 74 trainees, and 24 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= 45	Bullying n= 63	Sexual Harassment n= 2^	Harassment n= 21^	Unreasonable behaviour n= 74
FACEM	21	26	0	4	23
DEM/ Deputy DEM	7	4	0	1	2
DEMT	5	2	0	1	2
ED nursing staff	14	21	1	3	17
Other ED doctor	10	10	0	0	7
Other ED staff *	3	3	0	1	5
In-patient medical	9	31	0	11	32
In-patient non-medical staff	2	9	0	3	0
Other staff	5	5	0	3	5
Prefer not to say	9	2	1	3	8

Note: Trainees could select more than one category of staff.
^Several trainees did not disclose the person who displayed DBSH behaviour against them.
**Other ED staff includes clerical, orderly and allied health.*

Trainees reported experiencing DBSH or other unreasonable behaviour from ED or hospital staff at 77 (53%) of 144 ED placement sites. Trainees who reported having experienced DBSH are displayed by region in Table 13. The Northern Territory observed the highest proportion of trainees reporting DBSH from patients or carers, while the Australian Capital Territory reported 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	36.7%	27.1%	**45.8%**	31.9%	35.4%	13.0%	24.7%	34.0%	29.8%	29.2%
ED or hospital staff	**26.7%**	13.7%	16.7%	7.0%	12.2%	8.7%	6.7%	11.8%	8.4%	10.1%
Total no. of responses	**30**	**439**	**24**	**383**	**82**	**23**	**344**	**153**	**131**	**1609**

Sixty-three 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. This included rude, condescending, hostile and aggressive behaviour; verbal abuse, belittling insults, screaming and swearing in front of peers and junior staff; and unfair or favouritism behaviour (e.g. rostering or shift allocations)
- Rude and dismissive behaviour towards junior staff by nursing staff was viewed as a norm, and the complaints about the verbal abuse behaviour were often overlooked
- Trainees often recounted discrimination based on gender from all staff categories. For example, female trainees described being overlooked for clinical and leadership opportunities; pregnancy-related discrimination; and unfair workload allocation
- Unprofessional and hostile attitudes by the in-patient medical team when managing patient admission requests
- Other feedback included racial stereotyping, unpaid overtime for trainees, or unrealistic expectations imposed by senior staff.

3.2.7 Opportunities to participate

Nearly two-third (65%) 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 64% in the 2023 survey. A further 23% neither agreed nor disagreed, 7% disagreed, and 5% reported not knowing. Consistent with previous survey findings, a higher proportion of male trainees than female trainees (69% vs. 61%) were in agreeance with this. TS4 trainees (71%) were also more likely to agree they could participate in decision-making regarding governance, compared to TS1 and TS2 – TS3 trainees (60% and 63%, respectively).

Over three-quarters (79%) of trainees agreed that they were able to participate in quality improvement activities at their placement. For the remaining trainees, 16% neither agreed nor disagreed, 2% disagreed and 3% did not know. A higher proportion of male trainees compared with female trainees (82% vs. 77%) agreed they could participate in quality improvement activities, and TS4 trainees (85%) were also more likely than TS1 and TS2 - TS3 trainees to agree (73% and 78%, 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 Tier 1 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)	66.5%	**60.2%**	66.7%	65.9%	61.3%	65.3%
Able to participate in quality improvement activities	81.0%	75.1%	**69.0%**	74.1%	74.2%	79.1%
Total no. of responses	**1162**	**289**	**42**	**85**	**31**	**1609**

3.3 Supervision and Training Experience

This section presents trainee experiences relating to supervision and feedback, support for WBAs, and whether the ED placements provide an appropriate training experience when considering casemix.

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 (92%) trainees reported being satisfied with the supervision they received at their placement, similar to the 2023 survey. Nearly all (94%) trainees agreed that their DEMT had discussed what was expected of them at their stage and phase of training.

Most (92%) 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.

A higher proportion of TS1 trainees (95%) reported satisfaction regarding the supervision received at their ED placement compared to TS2 - TS3 and TS4 trainees (92% and 91%, respectively). Similarly, TS1 trainees were more likely to agree with other statements on supervision, support and feedback provided at their placement than TS2 – TS3 and TS4 trainees (differences ranged between 1% - 4%).

Trainees undertaking an ED placement in Paediatric or Private EDs generally reflected a higher level of satisfaction with 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	92.0%	**91.3%**	100%	95.3%	93.5%	92.3%
Satisfied with quality of DEMT support	91.8%	90.7%	**88.1%**	95.3%	90.3%	91.7%
Availability of DEMT for guidance/ supervision meets needs	92.3%	92.0%	**90.5%**	96.5%	96.8%	92.5%
Clinical supervision received from consultants meets needs	91.7%	91.3%	**90.5%**	92.9%	93.5%	91.7%
DEMT had discussed what is expected of trainee at their stage of training	94.2%	**92.4%**	95.2%	96.5%	96.8%	94.1%
Receive regular, *informal feedback on performance and progress	**81.0%**	83.4%	95.2%	81.2%	90.3%	82.0%
Receive useful *informal feedback on performance and progress	**86.5%**	87.2%	95.2%	89.4%	87.1%	87.0%
Total no. of responses	1162	289	42	85	31	1609

*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, Tasmania regularly saw a relatively lower proportion of trainees who agreed with 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	90.0%	91.8%	91.7%	95.0%	86.6%	82.6%	92.4%	92.2%	91.6%
Satisfied with quality of DEMT support	96.7%	90.9%	91.7%	92.4%	89.0%	82.6%	91.9%	91.5%	93.9%
Availability of DEMT for guidance/ supervision meets needs	93.3%	91.8%	91.7%	93.2%	90.2%	87.0%	93.0%	92.2%	93.9%
Clinical supervision received from consultants meets needs	93.3%	90.9%	95.8%	92.7%	87.8%	87.0%	92.4%	92.2%	90.8%
DEMT had discussed what is expected of trainee at their stage of training	96.7%	91.8%	91.7%	94.3%	91.5%	87.0%	94.8%	96.7%	99.2%
Receive regular, *informal feedback on performance and progress	80.0%	80.6%	83.3%	83.3%	79.3%	78.3%	81.4%	82.4%	86.3%
Receive useful *informal feedback on performance and progress	86.7%	85.0%	83.3%	87.5%	85.4%	82.6%	88.7%	87.6%	90.1%
Total no. of responses	30	439	24	383	82	23	344	153	131

*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. Three-quarters of trainees (75%) 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 (17%), followed by online education activities (13%). Very few trainees reported that virtual clinical supervision (1%) 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 (14%) and TS4 (15%) trainees were more likely than TS1 trainees (8%) 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	1.1%	1.7%	0%	1.2%	3.2%	1.2%
Training assessment(s) completed online	16.1%	20.4%	7.1%	14.1%	38.7%	17.0%
Online education activities other than formal education sessions, e.g., undertaking case-based discussions	13.1%	10.0%	9.5%	11.8%	32.3%	12.7%
No virtual supervision, assessment, or education	75.3%	72.0%	83.3%	81.2%	51.6%	75.2%
Total no. of responses	1162	289	42	85	31	1609

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 60 providing feedback. Ten trainees commented on how virtual supervision, assessment and education were used, including online (n= 7) and phone (n= 3) meetings. Others described a range of purposes for the virtual supervision, assessment and education opportunities at their placement, which included for WBAs and In-Training Assessments (ITAs) (n= 12), case-based discussions (n= 7), education sessions such as exam preparation (n= 7), clinical supervision or guidance (n= 5), and shift reports (n= 2). More commonly, trainees reflected positively on their experiences with virtual supervision, assessment and education (n= 32) as they found having the virtual option helpful, suitable, more accessible and convenient which improved their work-life balance, and some reported feeling more supported. A few others did not find virtual supervision, assessment and education appropriate, or they preferred in-person sessions (n= 4).

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 (81%) were satisfied with the level of support they received from their Local WBA Coordinator to complete their EM-WBA requirements. A slightly higher proportion (83%) 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 (88%).

Trainees undertaking placements in Tier 3 and Private EDs were generally more likely to be satisfied with support and feedback 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	81.3%	**80.3%**	83.3%	82.4%	87.1%	81.4%
Satisfied with the level of support from consultants	**82.8%**	83.4%	83.3%	83.5%	90.3%	83.1%
WBA assessors provide useful feedback	87.9%	87.5%	88.1%	**84.7%**	90.3%	87.7%
Total no. of responses	**1162**	**289**	**42**	**85**	**31**	**1609**

Comparing trainees across regions, those undertaking an ED placement in the Australian Capital Territory and Tasmania 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	**66.7%**	80.6%	87.5%	84.3%	74.4%	73.9%	81.7%	81.0%	82.4%
Satisfied with the level of support from consultants	76.7%	82.5%	87.5%	84.6%	74.4%	**73.9%**	84.3%	84.3%	84.0%
WBA assessors provide useful feedback	80.0%	84.7%	91.7%	89.8%	85.4%	**78.3%**	89.2%	92.2%	86.3%
Total no. of responses	**30**	**439**	**24**	**383**	**82**	**23**	**344**	**153**	**131**

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 (28%). Almost one-third of trainees reported that WBAs were conducted on an ad hoc basis (31%), while

fewer trainees reported WBAs were organised through a rostered WBA Consultant (25%) 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	1177	73.2%
On an ad hoc basis	496	30.8%
They are scheduled by DEMT or Local WBA Coordinator	448	27.9%
Through rostered WBA Consultant	403	25.1%
Through rostered WBA session	143	8.9%
Other (e.g., a mix of the above, only rostered for a specific type(s) of WBA, etc.)	21	1.3%
Total no. of respondents	**1609**	

Note: Respondents may select more than one-way WBAs were organised at their site. Excludes trainees that selected 'Not applicable'.

3.3.4 Casemix

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

Trainees undertaking placements in Tier 1 and Paediatric accredited EDs were generally more likely than trainees in other EDs to agree that the ED casemix at their placement was appropriate with respect to the number, 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 casemix, by ED accreditation type.

Aspects of casemix	Strongly agreed or agreed (%)					
	Tier 1	Tier 2	Tier 3	Paediatric	Private	Total
Number of cases	97.2%	95.5%	**95.2%**	96.5%	96.8%	96.8%
Breadth of cases	93.0%	87.9%	92.9%	91.8%	**83.9%**	91.9%
Acuity of cases	91.4%	78.5%	78.6%	87.1%	**71.0%**	88.1%
Complexity of cases	93.9%	**85.5%**	**85.7%**	94.1%	87.1%	92.0%
Total no. of responses	**1162**	**299**	**42**	**85**	**31**	**1609**

TS1 trainees were generally more likely to agree with all aspects relating to ED casemix 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 casemix, by training stage.

Aspects of casemix	Strongly agreed or agreed (%)			
	TS1	TS2 – TS3	TS4	Total
Number of cases	97.6%	96.7%	96.2%	96.8%
Breadth of cases	93.8%	90.7%	91.6%	91.9%
Acuity of cases	90.0%	87.3%	87.6%	88.1%
Complexity of cases	93.6%	92.1%	90.9%	92.0%
Total no. of responses	**420**	**582**	**607**	**1609**

3.4 Education and Training Opportunities

This section covers clinical teaching (including ultrasound and trauma training), 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 (85%) strongly agreed or agreed that the clinical teaching at their placement optimised their learning opportunities, which was similar to the 2023 survey (85%). A larger proportion of trainees agreed that they received training for and were provided with opportunities to use relevant clinical equipment (92%).

Over three-quarters (77%) of trainees indicated being able to improve their ultrasound skills during their placement

Eighty-six per cent (n= 1379) of trainees surveyed reported having access to ultrasound teaching at their placement. The types of ultrasound teaching available was surveyed, with bedside teaching (65%) being the most common, followed by a structured education program (54%) (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)	1045	65.1%
Structured education program	874	54.4%
Image review meetings	213	13.3%
Clinical review meetings	127	7.9%
Other (Ad-hoc teaching sessions, informal teaching, etc.)	44	3.2%
Total no. of respondents	**1379**	

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

The majority of trainees (n= 1343, 84%) 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.

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

Having POCUS scans reviewed by a FACEM	n	%
0%	149	11.1%
>0% and ≤25%	489	36.4%
>25% and ≤50%	259	19.3%
>50% and ≤75%	186	13.8%
>75% and <100%	152	11.3%
100%	108	8.0%
Total no. of respondents	**1343**	

Trainees were also asked to rate their level of agreement on three statements relating to the trauma training opportunities at their ED placement. Two-thirds of trainees agreed that their placement facilitated an appropriate trauma training experience to meet their stage of training (66%), and that they were able to improve trauma treatment and management skills (66%) at their placement site. Just over half of the responding trainees agreed that their placement site provided them with an opportunity to perform trauma-focused procedural skills (55%).

Two thirds (66%) of trainees reported they could improve trauma treatment and management skills at their current placement

Female trainees were less likely than male trainees to agree that, their current placement provided an appropriate trauma training experience to meet their training stage (65% vs. 68%), they were able to improve their trauma treatment and management skills (63% vs 69%), or that they were given the opportunity to perform trauma-focused procedural skills (51% vs 60%) at their placement.

Trainees undertaking placements at Tier 1 sites were generally more likely to agree with each statement related to trauma training opportunities. In contrast, less than one-third of trainees undertaking a placement in Private EDs agreed with each statement relating to trauma training opportunities (Table 25).

Table 25. Proportion of trainees who strongly agreed or agreed with statements about the trauma training opportunities, by ED accreditation type.

Statement on trauma training	Strongly agreed or agreed (%)					
	Tier 1	Tier 2	Tier 3	Paediatric	Private	Total
My current placement facilitates an appropriate trauma training experience to meet my stage of training	70.1%	53.6%	54.8%	77.6%	**32.3%**	66.4%
I am able to improve my trauma treatment and management skills at my current placement	69.5%	54.0%	57.1%	68.2%	**29.0%**	65.6%
I am provided with an opportunity to perform trauma-focused procedural skills (e.g. thoracostomy, intercostal catheter insertion, lateral canthotomy, delivery of haemostatic transfusion) at my current placement	59.0%	47.1%	54.8%	43.5%	**29.0%**	55.4%
Total no. of responses	**1,162**	**299**	**42**	**85**	**31**	**1,609**

TS4 trainees were generally more likely to agree with all aspects relating to trauma training when compared to trainees in other training stages (Table 26).

Table 26. Proportion of trainees who strongly agreed or agreed with statements about the trauma training opportunities, by training stage.

Statement on trauma training	Strongly agreed or agreed (%)			
	TS1	TS2 - TS3	TS4	Total
My current placement facilitates an appropriate trauma training experience to meet my stage of training	64.5%	66.0%	68.0%	66.4%
I am able to improve my trauma treatment and management skills at my current placement	61.9%	65.5%	68.2%	65.6%
I am provided with an opportunity to perform trauma-focused procedural skills at my current placement	51.0%	51.0%	62.6%	55.4%
Total no. of responses	**420**	**582**	**607**	**1,609**

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, and that the structured education program at their placement was aligned to the content and learning outcomes of the ACEM Curriculum Framework (91% and 89%, respectively). Trainees were asked whether the structured education sessions were provided for, on average, a minimum of four hours per week at their placement, with 92% agreeing. However, a smaller proportion of trainees (83%) reported that the rostering at their placement enabled them to attend structured education sessions.

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 27).

Table 27. 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	90.9%	90.7%	**90.5%**	94.1%	93.5%	91.1%
The structured education program meets needs	85.8%	**83.4%**	90.5%	88.2%	87.1%	85.6%
Structured education sessions are provided for a minimum of four hours per week	91.6%	91.0%	92.9%	94.1%	**90.3%**	91.6%
The structured education program aligns to the content and learning outcomes of the ACEM Curriculum Framework	88.9%	**87.2%**	88.1%	90.6%	96.8%	88.8%
Rostering enables trainees to attend structured education sessions	82.4%	82.0%	**81.0%**	88.2%	93.5%	82.8%
Total no. of responses	**1162**	**299**	**42**	**85**	**31**	**1609**

Trainees in TS1 were generally more likely than trainees in other training stages to agree to all statements relating to teaching and education at their ED placement (Table 28).

Table 28. 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	93.8%	**88.8%**	91.3%	91.1%
The structured education program meets needs	89.3%	85.2%	**83.5%**	85.6%
Structured education sessions are provided for a minimum of four hours per week	94.3%	91.1%	**90.3%**	91.6%
The structured education program aligns to the content and learning outcomes of the ACEM Curriculum Framework	89.5%	**88.5%**	88.6%	88.8%
Rostering enables trainees to attend structured education sessions	84.0%	82.8%	**82.0%**	82.8%
Total no. of responses	**420**	**582**	**607**	**1609**

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 response. Most comments (n= 149) primarily focused on unsupportive rostering and lack of protected teaching time (n= 79). Other comments mentioned about poorly structured education programs (n= 27), the programs not being tailored to the needs of different training stages (n= 25), the lack of on the floor/bedside teaching (n= 15), or that the education sessions were frequently held off-site (n= 3).

3.4.3 Access to examination resources

Trainees were asked if they have 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 written exam revision programs and clinical exam preparation programs; however, there were varying proportions of trainees indicating onsite or offsite availability to written and clinical exam programs (Table 29).

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 29).

Table 29. 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)	95.5%	89.2%	88.1%	89.4%	100%	**94.0%**
Onsite	93.0%	74.7%	73.8%	55.3%	90.3%	**87.2%**
Offsite (linked/ networked ED)	2.5%	14.5%	14.3%	34.1%	9.7%	**6.8%**
Clinical exam preparation program (Primary and Fellowship)	96.0%	90.0%	88.1%	83.5%	93.6%	**94.0%**
Onsite	94.5%	81.7%	76.2%	50.6%	83.9%	**89.2%**
Offsite (linked/ networked ED)	1.5%	8.3%	11.9%	32.9%	9.7%	**4.8%**
Total no. of responses	**1162**	**299**	**42**	**85**	**31**	**1609**

Of those who reported having access to onsite written exam revision programs (n= 1403), the majority (84%) agreed that they had sufficient access to the program. Similarly, for trainees who reported having onsite access to clinical exam preparation programs (n= 1435), a comparable proportion (83%) agreed they had sufficient access to the program.

3.4.4 Simulated learning experiences

The majority (92%) of trainees reported that simulation learning experiences were utilised at their ED placement, 3% reported being unsure whether it was available and another 5% reported that it was unavailable at their placement. Trainees undertaking a placement in Paediatric EDs (97%) and Tier 1 accredited EDs (94%) 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= 1484), 95% (n= 1410) reported participating in these learning experiences. Interestingly, trainees in TS4 (93%) were less likely than trainees in TS1 (97%) 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 74 trainees who did not participate in simulation learning at their placement were asked to provide reason(s), with 50 trainees doing so. The main reason for not participating was due to unsupportive rostering that hindered them from attending simulation sessions.

Among the trainees who reported participating in simulation learning at their placement, the majority (84%, n= 1181) reported that they had participated in multidisciplinary team-based simulation training, with comparable proportions of trainees at different training stages reporting so (ranged 83% -85%).

Among those who had 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 30).

Table 30. 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	97.2%	93.5%	91.4%	93.7%
Has contributed to my leadership development	93.1%	92.8%	91.2%	92.3%
Has enhanced my learning and team-based practice	95.9%	93.0%	91.2%	93.1%
Total no. of responses	319	430	432	1181

Trainees were asked to comment on their participation in multidisciplinary team-based simulation training, with nineteen providing written feedback. Comments were mixed, with positive comments focusing on simulation experiences being beneficial for their training. A few negative reflections included infrequent simulation sessions, mainly due to rostering, the simulation learning sessions being held off-site, the simulation was rigid in structure, or a lack of debriefing and feedback to assist with learnings.

3.4.5 Leadership opportunities

Most trainees strongly agreed or agreed that they were provided with opportunities to teach and supervise junior trainees (94%). A similar proportion agreed they were provided with opportunities for leadership and management appropriate to their stage and phase of training (91%). Trainees in TS2 - TS3 (94%) and TS4 (95%) were slightly more likely than trainees in TS1 (92%) to agree that they were provided with opportunities to teach and supervise junior medical staff. Similarly, TS4 trainees (94%) were most likely to report having leadership and management opportunities at their current placement, compared with TS1 and TS2 - TS3 trainees (90%, respectively). Male trainees were slightly more likely than female trainees to agree they were provided with opportunities for leadership and management (93% vs. 90%), however there were no differences in proportion reporting teaching/ supervision opportunities (94% for both).

3.4.6 Research opportunities

Over two-thirds (70%) of trainees reported being able to participate in research opportunities at their placement, increasing from 68% in the 2023 survey. Trainees at Paediatric (77%) and Tier 1 sites (73%) were more likely to report having research opportunities, while trainees at Tier 3 sites (57%) were the least likely to report being able to participate in research opportunities at their placement.

Table 31 displays the proportion of trainees who indicated there was a designated staff member available to provide advice about the research component of the FACEM Training Program at their placement. Trainees undertaking their ED placement at Tier 1 (52%) and Paediatric (46%) sites were significantly more likely to report there was a designated staff member to advise them on the research component. Over one-quarter (26%) of trainees did not know if a designated staff member was available to provide advice about the research component at their current placement, which was consistently seen across all ED accreditation tiers, with the largest proportion of trainees in Tier 2 (35%) and Private accredited EDs (36%) reporting not knowing.

Table 31. 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	52.3%	27.7%	40.5%	45.9%	32.3%	46.9%
No	2.9%	6.9%	11.9%	4.7%	0%	3.9%
Don't know	23.3%	34.9%	26.2%	21.2%	35.5%	25.6%
*Not applicable	21.4%	30.4%	21.4%	28.2%	32.3%	23.6%
Total no. of responses	1162	299	42	85	31	1609

*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 in arranging their training placement (Figure 1). Nominated key factors were consistent with those identified in previous survey iterations, where ED location was the most considered factor when trainees arranged their placement, followed by the ED casemix. Also consistent with previous years' findings, remuneration and research opportunities were the least considered factors by trainees.

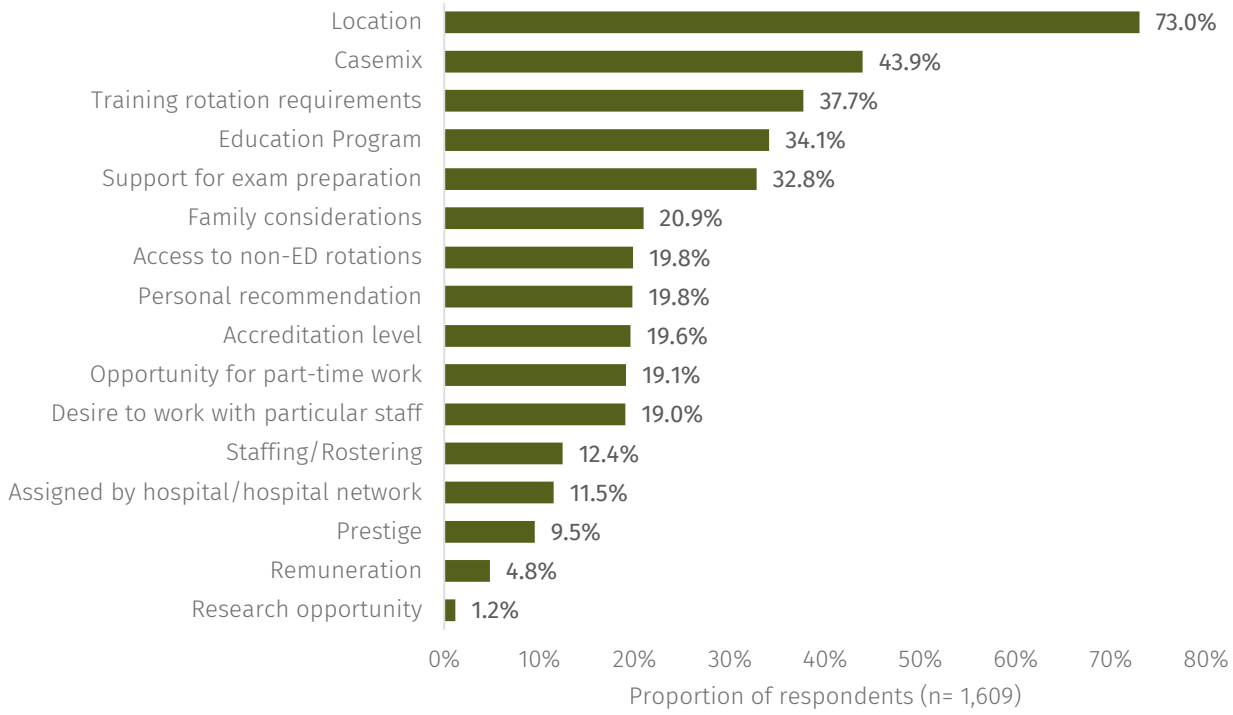

Figure 1. Factors for consideration in arranging training placement, ranked from the most important to the least important.

Note: Trainees could select up to five factors.

Trainees were asked to nominate highlights of their ED placement, with trainees being able to select as many highlights as possible that applied. The four most rated highlights included supportive senior staff, supportive DEMT, supportive colleagues/ team environment and the ED casemix (Figure 2). These four highlights were also consistently rated the highest in the previous survey iterations.

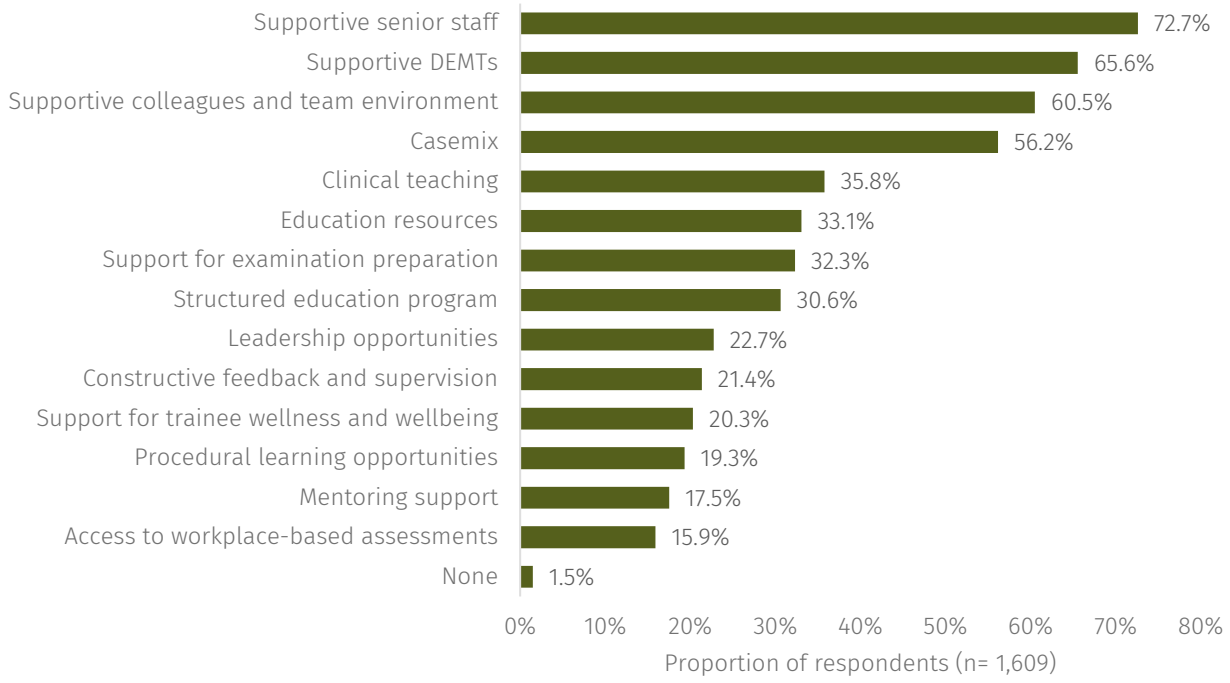

Figure 2. ED placement highlights ranked from most common to least common.

Note: Respondents could select more than one highlight for each placement.
'None' refers to no highlight in their placement, whilst no trainee selected 'Other' as an option.

Trainees were given the opportunity to outline key areas for improvement that could be made at their placement, with 129 trainees providing feedback (Table 32). Rostering and staffing remained the most identified areas for improvement, either independently or associated with impacting other areas, such as the availability of and access to teaching, education and training, as well as trainee wellbeing.

Table 32. Themes and subthemes for areas for improvement.

Key themes and sub-themes
Rostering / Staffing (n= 56) • *Safer staffing and more equitable nightshifts* • *Increased access to part-time training positions* • *Easier access to leave* • *Equitable rostering to other clinical areas of the department* • *Shift allocation that allows access to teaching/simulation learning*
Teaching / education program (n= 42) • *Increased access to exam preparation courses* • *More formalised bed side teaching* • *Additional research and quality improvement opportunities*
Trainee welfare and wellbeing (n= 28) • *Increased focus on trainee wellbeing* • *Improved staffing level to reduce staff burnout* • Improved workplace culture • More de-briefing sessions after management of complex cases
Clinical and procedural training (n= 26) • *More opportunities for clinical teaching on the floor* • *Increase procedural learning opportunities* • *Increased access to paediatric, resuscitation and trauma training opportunities*
Senior supervision and feedback (n= 23) • *More structured, constructive and regular feedback (incorporating positive and negative feedback) from senior staff* • *Direct senior supervision for complex procedural performance* • *Implementing or improving the mentoring programs*
Better structured and support for WBAs (n= 14) • *More teaching time for WBA completion* • *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', with a further 7% neither agreeing nor disagreeing, 2% disagreeing with this statement and 1% reporting that they did not know. The same proportion of male and female trainees agreed (90% for both) with the statement, while trainees in TS1 (92%) and TS2 - TS3 (91%) were more likely than trainees in TS4 (88%) to agree that the FACEM Training Program facilitated their preparation for independent EM specialist practice.

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

A smaller proportion (86%) of trainees agreed that they were well supported in their training by ACEM processes. Trainees in TS1 (92%) were more likely to agree that they were well supported by ACEM processes, compared to trainees in TS2 – TS3 (86%) and TS4 (82%). Comparable proportions of female and male trainees (87% and 86%, 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 given the opportunity to provide further details, with 152 trainees doing so. Most comments focused on the need for enhanced support for exams, which includes improved support and resources for exam preparation, more allowable attempts at exams and assessments, and targeted support for those who were unsuccessful in exams (n= 38). Other trainees commented on the trainee transition process into the revised FACEM Training Program, which included requests for more transparent communication, increased guidance and support regarding the requirements (n= 29). Furthermore, several trainees mentioned that the College processes could have better supported their wellbeing or addressed their concerns (n= 26). Several other trainees expressed difficulty in completing WBAs and ITAs, including understanding requirements, or a lack of timely communication from ACEM on assessment matters (n= 23). Likewise, several trainees reported that limited educational resources were provided by the College or they found third-party or hospital resources more helpful (n= 12). Other comments included better support for trainees encountering issues at their placement, or for those undertaking a placement in rural and remote EDs.

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 2023 survey findings, more trainees found the Primary and Fellowship exam resources to be useful (75%), compared with other online resources. An increase in reported usefulness was seen for each of the resources listed comparing the 2023 and 2024 surveys, with the ACEM eLearning modules observing the greatest increase from 60% in the 2023 survey to 65% in 2024.

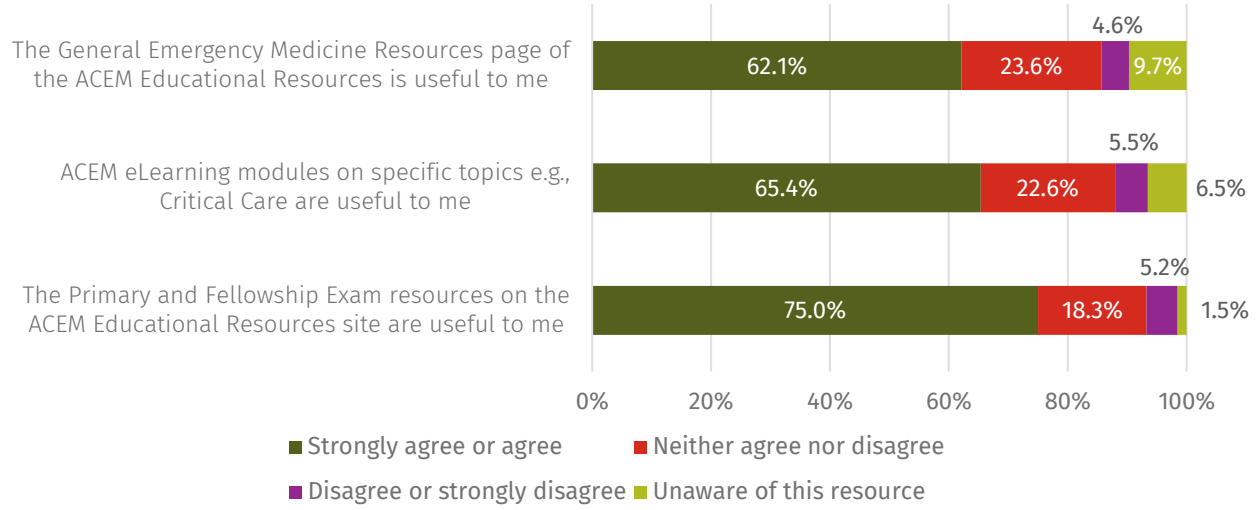

Figure 3. Level of agreement of respondents with statements relating to the usefulness of a range of online resources to support FACEM trainees.

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 33) 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 and management skills and clinical skills were the next most rated areas of need.

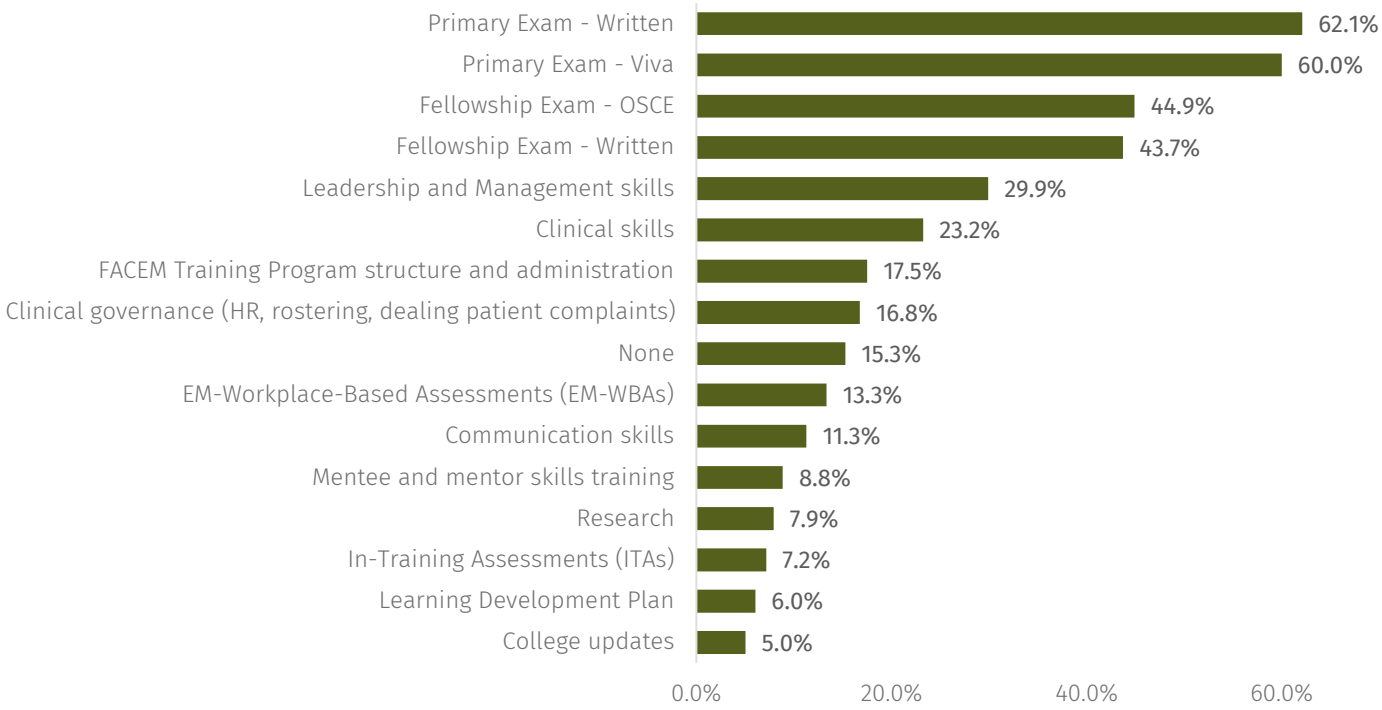

Figure 4. Trainee response rates to resources and support nominated as an area of need and/ or interest.

Note: Trainees were able to select 'None', with no nomination of any resources/ support from the list (n= 245, 15.3%).
For 'Primary exam' resources (Written and Viva), responses from only TS1 trainees were included. The percentages reflect the proportion of 420 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 33. 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	Preferred Delivery Mode				
		Face-to-face training	ACEM online learning modules	Video podcasts	Web-links to external sources	How-to guide
	n	%	%	%	%	%
College updates	81	34.6%	**49.4%**	37.0%	32.1%	11.1%
FACEM training program structure and administration	281	43.8%	**53.0%**	27.0%	19.9%	35.6%
Learning Development Plan	97	47.4%	**53.6%**	19.6%	15.5%	22.7%
In-Training Assessments (ITAs)	115	**65.2%**	48.7%	23.5%	10.4%	20.9%
EM-Workplace-Based Assessments (EM-WBAs)	214	**56.1%**	38.3%	20.6%	11.2%	28.5%
Primary Exam - Written	261	53.6%	**67.8%**	45.6%	34.1%	33.0%
Primary Exam - Viva	252	**67.9%**	63.9%	49.2%	30.6%	32.9%
Fellowship Exam - Written	700	59.1%	**70.9%**	47.7%	37.4%	32.3%
Fellowship Exam - OSCE	721	**72.1%**	65.7%	49.2%	35.8%	34.1%
Communication skills	181	**68.5%**	57.5%	48.1%	23.2%	16.6%
Leadership and Management skills	480	**65.4%**	59.2%	42.5%	25.8%	17.5%
Clinical skills	373	**80.4%**	60.1%	48.5%	27.6%	28.7%
Clinical governance (HR, rostering, dealing with patient complaints)	269	46.8%	**68.4%**	39.4%	26.0%	28.3%
Research	127	42.5%	**63.8%**	29.1%	34.6%	44.9%
Mentee and mentor skills training	142	**63.4%**	57.0%	33.1%	24.6%	21.8%

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 asked if they had any suggestions for improvement to the current online resources provided by ACEM, with 47 respondents providing feedback. Consistent with the 2023 survey findings, exam preparation was the main theme identified, including the provision of updated exam preparation resources, an expanded collection of past exam papers with answers, a comprehensive study guide, and a formalised ACEM-run exam preparation program. Another key theme was improving the ACEM website, with a focus on enhancing the user interface and making access to online resources more intuitive. Additional feedback highlighted the need for resources that accommodate diverse learning styles, including tailored support for neurodivergent trainees.

4. Conclusion and Implications

Nearly all trainees reflected that their training needs were being met at their ED placement, a consistent finding across past survey iterations (ranging from 93% to 95% between the 2019 and 2024 surveys). Similarly, almost all trainees reported knowing where to go for assistance if they experienced difficulties in meeting FACEM training requirements. However, fewer trainees agreed that adequate support processes were in place to assist them in progressing through their training, although this has gradually improved over time (77% in 2019 to 82% in 2024).

Most trainees agreed that their placement provided a safe and supportive workplace overall, including access to clinical protocols and cultural safety practices. The capability of the placement in sustaining trainee wellbeing remained the lowest rated area, although improvement has been noted (75% in 2019 to 82% in 2024). Trainees generally reflected less positively on rostering at their placement site, highlighting that rostering often prioritised service needs over providing equitable shifts that support training needs, an area requiring consideration by accredited EDs, noting the broader challenges of ED overcrowding and access block.

Overall, one-third of FACEM trainees reported experiencing discrimination, bullying, sexual harassment, and harassment (DBSH) or other unreasonable behaviour at their current placement, from either patients/ carers or from ED/ hospital staff. A slight decrease was seen in the proportion of trainees who reported experiencing DBSH from patients and carers (from 32% in 2020 to 29% in 2024), the prevalence remains concerning. ACEM's *Breaking Point: An Urgent Call to Action on Emergency Department Safety* report highlights the need for hospitals to foster a culture of reporting patient violent incidents and invest in dedicated ED security officers in supporting staff safety. The proportion of trainees reporting DBSH from ED or hospital staff remained relatively unchanged (ranging 10% to 12%) over five years. Female trainees consistently reported higher rates of DBSH, although the proportion has declined over time (from 38% in 2020 to 32% in 2024 for patient/carer incidents, and from 14% to 12% for staff-related incidents). Trainees should feel safe and supported in reporting misconduct or DBSH encounters without fear of repercussions. ED and hospital leadership must ensure clear, confidential reporting channels with transparent follow-up processes. Providing mentorship, staff wellbeing initiatives, and regular equity audits can help build an inclusive culture and address systemic gender disparities in the workplace.

The majority of trainees were satisfied with the supervision received from DEMTs and other ED consultants. Although trainees were less likely to report receiving regular, informal feedback on their performance and progress, substantial improvement has been observed over the years (72% in 2019 and 82% in 2024). Satisfaction with support from the Local WBA Coordinator has also increased (from 76% in 2019 to 81% in 2024).

Most trainees reflected positively on the clinical teaching at their placement. Improvement was also seen in provision of structured education sessions at placement sites for a minimum of four hours per week (88% in 2019 to 92% in 2024), and in rostering that enabled trainee participation in these sessions (74% in 2019 to 83% in 2024).

The gender disparity gaps have narrowed across various aspects of training support, supervision and education opportunities. However, female trainees remained more likely to report experiencing DBSH, particularly sexual harassment and gender-based discrimination. Female trainees were also less likely than male trainees to report being able to participate in governance decision making, quality improvement activities, and leadership and management opportunities. Positively, gender disparities in feedback on supervision, informal feedback, and other forms of support have reduced over the years, with female trainees now reporting comparable levels of satisfaction to male trainees.

Consistent with previous years, supportive senior staff, DEMT and colleagues, and ED casemix remained the most nominated placement highlights. In contrast, rostering and staffing arrangements were the most frequently identified areas for improvement. Other consistently highlighted areas for improvement included better access to the teaching and education program and exam preparation resources.

Trainee feedback gathered through this annual trainee placement survey provides critical insights into the strengths and areas for improvement of accredited ED placements. It highlights steady improvements in available trainee support, supervision and education opportunities, alongside persistent issues such as rostering equity, trainee wellbeing and DBSH experiences. These findings are essential for informing ongoing quality improvement efforts, ensuring that ACEM-accredited EDs foster a safe, appropriate and supportive environment for all FACEM trainees.

5. Suggested Citation

Australasian College for Emergency Medicine. (2025). *2024 Trainee Placement Survey Report – ED Placement*. ACEM Report: Melbourne.

6. Contact for Further Information

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