Australasian College
for Emergency Medicine

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Report
June 2020

2019 DEMT Survey

Australasian College
for Emergency Medicine

2019 DEMT Survey

Key findings

The annual Director of Emergency Medicine Training (DEMT) Survey identifies areas where ACEM can better support DEMTs in their role and seeks their perspectives on how their site provides a safe and supportive training environment. There were 195 respondents, from the total cohort of 314 DEMTs (62%). 126 (86%) of 147 ACEM-accredited EDs are represented in the sample.

95% agreed that their **DEMT role was rewarding**

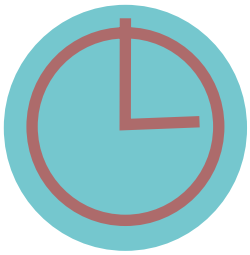
Trainee welfare

95% agreed that their ED provided a **safe and supportive workplace** overall

67% agreed that they were well supported by **ACEM processes** to manage trainees in difficulty

Time with trainees

90% agreed that they were routinely rostered on **clinical shifts** with trainees



63% agreed that they were routinely rostered on **non-clinical shifts** with trainees

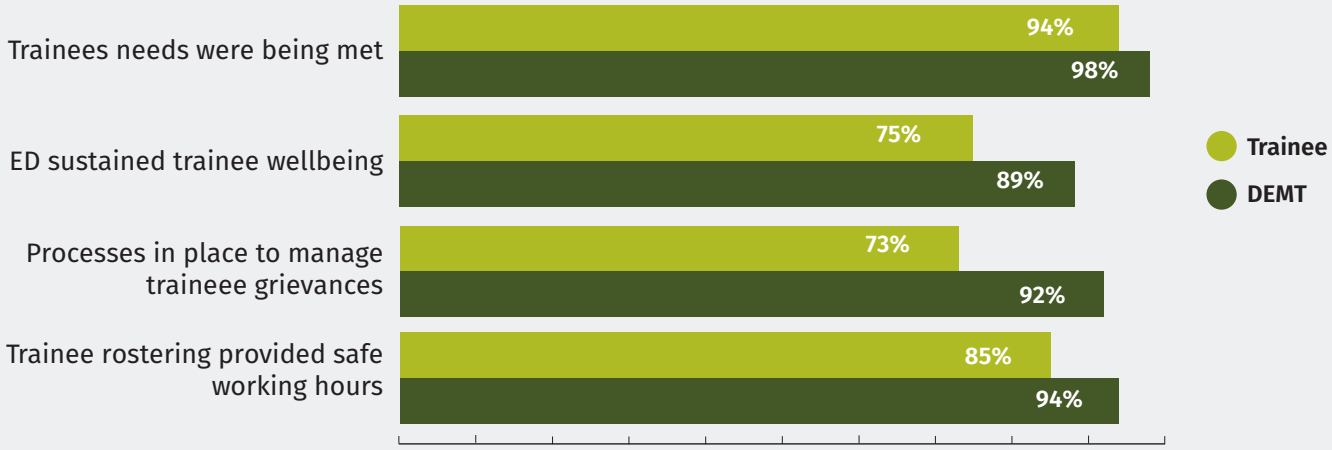
97% agreed that a **structured education program** was provided for a minimum of 4 hours per week on average

85% satisfied with the **trainee rostering** at their site overall

For the full survey findings, please refer to:
Australasian College for Emergency Medicine (2020), *2019 DEMT Survey ACEM Report*, Melbourne.

DEMT vs. trainee responses

2019 DEMT Survey responses compared with the 2019 Trainee ED Placement Survey on major parameters of the FACEM trainee experiences



Contents

1. Executive Summary

The Director of Emergency Medicine Training (DEMT) Survey is an annual survey which aims to identify areas where ACEM can better support DEMTs in their role and to seek their perspectives on how their site provides an appropriate and safe training environment. The 2019 survey was distributed to a pool of 314 DEMTs, with an overall response rate of 62% (n=195), and 126 (86%) of 147 ACEM accredited emergency departments (EDs) represented in the sample. The 2019 survey findings can be summarised into three major domains:

Support for Role as a DEMT

- 95% of DEMTs agreed that the role is rewarding, and a comparable proportion (91%) agreed that they were able to complete all requirements of their DEMT role.
- 83% of DEMTs agreed that their ED had a governance structure in place that supported their role in managing the FACEM Training Program, however a smaller proportion agreed that they were well supported in managing trainees in difficulty through ACEM regional censors (67%) and by ACEM processes (64%).
- 93% agreed that their DEM worked cooperatively with them in their DEMT role, in comparison to the Hospital Executive (43%) and hospital HR/ administration (45%).
- Resources and support related to supporting trainees in difficulty (57%) and the College processes (51%) were the largest areas of need/ interest nominated by DEMTs.

Supervision and Trainee Educational Opportunities

- The majority (90%) of DEMTs agreed that they were routinely rostered on clinical shifts with trainees, but only 63% agreed that they had regular non-clinical shifts with trainees.
- 87% of DEMTs agreed that their ED provided educational and learning resources that met the needs of trainees at all stages of their training.
- Three-quarters of DEMTs agreed that they were satisfied with the support they received from the Local WBA Coordinator.
- Most DEMTs agreed that the structured education program at their site was aligned with the content and learning outcomes of the ACEM Curriculum Framework (92%), that it was regularly evaluated (90%), and was provided for a minimum of 4 hours/ week on average (97%).
- Over 90% of DEMTs were in agreeance that the number (99%), breadth (98%), acuity (94%), and complexity of cases (98%) in their ED provided an appropriate training experience.

Health, Welfare and Interests of Trainees

- All but three of the DEMTs agreed that trainee needs were being met.
- Over 90% of DEMTs were in agreeance that their ED provided a safe and supportive workplace with respect to workplace safety (91%), personal safety (92%), support processes (92%), clinical protocols (95%), and supervision arrangements (96%).
- Comparable proportions of DEMTs agreed that there are processes in place for identifying and assisting trainees experiencing difficulties (94%), and to manage trainee grievances (92%) at their ED.
- The majority of DEMTs agreed that rosters were provided in a timely manner (89%), equitable (90%), considered trainee workload (93%), supported service needs (94%), provided safe working hours (94%), and considered staff leave requests (94%).
- 86% of DEMTs agreed that trainees could participate in quality improvement activities at their ED, whereas 72% agreed that trainees were able to participate in decision making regarding governance.

2. Purpose and Scope of Report

The DEMT Survey is distributed annually to seek feedback on the experiences of DEMTs in their role at ACEM's accredited EDs. The key purpose of the survey is to understand how supported the DEMTs are at their ED and areas of support they need from the College. The survey also seeks DEMT perspectives on how their ED supports the Fellowship of the Australasian College for Emergency Medicine (FACEM) training experience, with a focus on the supervision and educational opportunities for FACEM trainees and various aspects related to the health, welfare and interests of trainees. This report details the findings from the 2019 DEMT Survey.

3. Methodology

The DEMT Survey was distributed to all DEMTs in ACEM's accredited New Zealand and Australian EDs at the end of February 2020 (314 DEMTs across 147 EDs). DEMTs in both regions were contacted via email and invited to participate in the online survey hosted in Jotform. The survey was promoted in the DEMT discussion forum, and two follow-up emails were distributed to DEMTs who had not responded, encouraging them to participate prior to the survey closing date on the 29th of March 2020.

Participation was voluntary, and completion of the survey was considered as implied consent. All information collected was treated confidentially, with data reported only in the aggregate as a percentage of total responses, or by ED delineation or accreditation level. Responses provided by DEMTs in the free-text comment boxes were then categorised into major themes based on their frequency distribution.

4. Results

Of a pool of 314 surveys, 195 completed surveys were received from DEMTs, a response rate of 62%. Four responding DEMTs were working in the role at two EDs and completed a survey for each ED. Twelve (6%) of the 195 respondents were Paediatric DEMTs. A total of 126 (86%) of the 147 ACEM accredited EDs at the time of the survey were represented by the 195 survey responses.

Of all survey responses, 39% (n=75) were from DEMTs at urban district hospitals whilst a quarter (n=50) were from DEMTs at rural/regional-based hospitals and 36% (n=70) were from DEMTs at major referral hospitals. These hospital EDs were largely accredited for 24 months (43%) and 12 months (29%), followed by 18 months (18%) and six months (11%).

4.1 Role and Involvement as a DEMT

Around two-thirds (64%, n=124) of DEMTs were working at their current ED for over five years, with 26% (n=50) working in their ED for between two and five years and 11% (n=21) working in their ED for less than two years. A larger proportion (42%) reported being in the DEMT role for less than two years, compared with 35% working in the role for 2-5 years and 24% were in the role for more than five years.

Of the 195 respondents, 41% (n=79) reported holding other ACEM roles in addition to their DEMT role at their current workplace. Other roles most commonly reported were Supervisor of the Emergency Medicine Certificate/ Diploma (n=51), followed by Workplace-Based Assessments (WBA) Coordinator (n=11) and Mentoring Coordinator (n=9). A small number of DEMTs reported also holding the position of DEM or Deputy DEM (n=7), Network DEMT (n=3), ACEM Director of Research (n=2), and EMET lead (n=1).

Sharing of the DEMT role was common, with 91% (n=177) of respondents reporting that they were a co-DEMT in their ED. Of those who reported being a co-DEMT, similar proportions reported that either trainees were allocated to individual co-DEMTs (47%), or trainees were a shared responsibility between the co-DEMTs (48%). A further 5% reported a mixed co-DEMT model, for instance, co-DEMTs shared supervisory responsibilities of all trainees, but trainees were allocated to each co-DEMT for In-Training Assessments (ITAs).

DEMTs were asked when they last attended a DEMT workshop, with over a quarter (28%) reporting that they had attended a workshop within the last year. A quarter reported having attended a DEMT workshop within the last one to two years, whilst 27% reported last attending a workshop more than two years ago. Importantly, 21% (n=40) reported that they had never attended a DEMT workshop. The main reasons provided for having not attended a DEMT workshop were a lack of availability (n=13) and rostering (time/frequency) of the workshop (n=11), rather than due to the location of the workshop (n=2). Fourteen reported that they were still new to the role and planning to attend one in the near future.

Of the 195 responding DEMTs, 83% (n=161) reported that they had been nominated as a referee by an applicant for Selection into the FACEM Training Program and/or have been asked to complete a Selection Reference for a prospective trainee. All but three DEMTs reported that they were contacted by the applicant in advance before they were nominated as a referee. Nearly all DEMTs were in agreeance that they understood their role as a referee (99%), and that the instructions for providing the reference were easy to follow (96%).

4.2 Support for Role as a DEMT

This section presents the perspectives of DEMTs on their role, including how supported they feel and resources that are required to support them in their role. It covers the following areas: the ability to meet the requirements of the role; support from ACEM processes; governance structures in the ED; quality processes and support from their hospital; and areas of need for ACEM resources and support.

4.2.1 Requirements of the DEMT role

Overall, almost all (95%, n=186) responding DEMTs were in agreeance that their role as a DEMT was rewarding. However, regarding the requirements of the DEMT role, a smaller proportion (75%) of DEMTs were in agreeance that their ED roster ensured them sufficient time to complete the clinical support requirements of the role. An even smaller proportion of DEMTs reported that they were well supported in managing trainees in difficulty through ACEM regional censors (67%) or ACEM processes (64%).

Ninety-one percent of respondents strongly agreed or agreed that they were able to complete all requirements of their DEMT role. Five percent neither agreed nor disagreed, while 4% disagreed that they were able to meet ACEM's requirements for the DEMT role, with all of them outlining barriers to meeting the requirements. Feedback was mainly about insufficient non-clinical time allocated (n=6), or the challenge coping with the high demands and requirements of the role (n=6); for two DEMTs this was due to the large number of trainees. Three other DEMTs commented about the lack of protected teaching time for trainees. Some example responses provided by DEMTs included:

> *I feel that I could do a whole lot better if given more non clinical time. I am always late with ITA completion. And I do a great deal of work from home out of hours.*

> *I have 50% non-clinical time, which is very appreciated. However, I find this is stretched to do all of the work required of DEMT. The 3 monthly ITAs require a significant amount of time - and it is challenging to be able to provide people with meaningful feedback so frequently.*

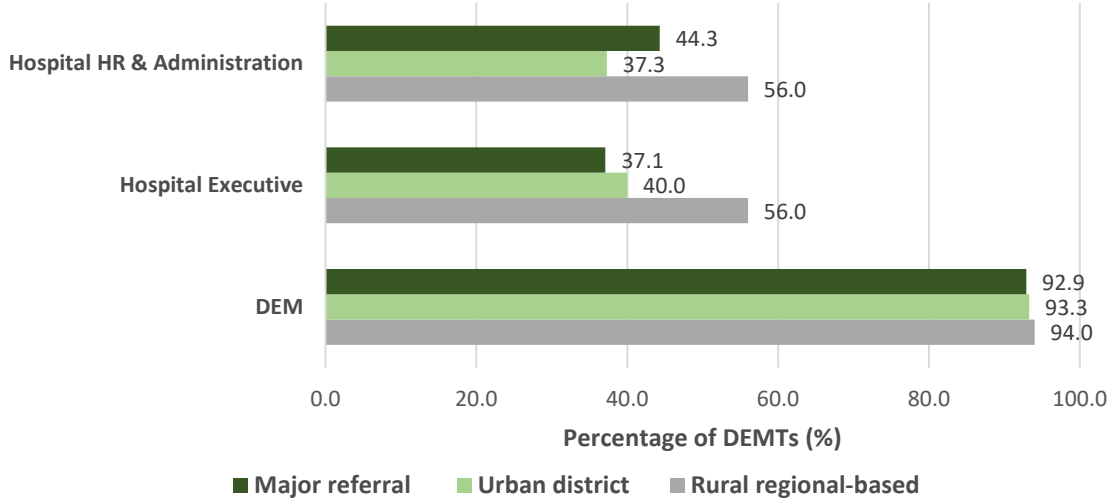
Teaching is not especially well supported by the entire department - there is not enough rostered time to complete both a full Fellowship + primary programme to the standard we would like.

4.2.2 Governance structures, quality improvement processes and support from the hospital

Regarding the governance structures, 83% of responding DEMTs were in agreeance that their ED had a governance structure (for example administration processes, committees) in place that supported their role in managing the FACEM Training Program.

DEMTs were asked whether the Director of Emergency Medicine (DEM), Hospital Executive, and hospital human resources (HR) and administration worked cooperatively with them in their DEMT role. A significantly larger proportion of DEMTs strongly agreed or agreed that the DEM worked cooperatively with them in their role (93%) when compared with the Hospital Executive (43%) and hospital HR and administration (45%). DEMTs working in rural regional-based EDs were generally more likely to agree with this (Figure 1).

Figure 1 Proportion of DEMTs in agreeance that DEMs, Hospital Executive and hospital HR/ administration work cooperatively with them in their role (N=195), by ED delineation



Sixty-seven percent of responding DEMTs were in agreeance that they were able to implement the quality improvement processes contained within their hospital's quality framework. The same percentage of DEMTs (67%) strongly agreed or agreed that they were able to ensure trainees actively participated in ED quality processes, however only 36% agreed that they were able to ensure that trainees participated in hospital-wide quality improvement processes.

4.2.3 Support and resources – areas of need and interest

DEMTs were asked to nominate resources and support in an area of need and/or interest and their preferred delivery mode(s) for each selected area (Table 1), to inform the future development of appropriate resources and support from the College. Resources and support nominated as areas of need/ interest by the largest proportion of DEMTs were supporting trainees in difficulty (57%), and College processes such as remediation, appeals and special considerations (51%).

For all resources and support that were nominated as an area of need/ interest, there was a preference for online delivery, either provided through online learning modules or an online DEMT Network. For DEMTs who nominated DEMT role orientation and supporting trainees in difficulty as

areas of need/ interest, their preference was for face-to-face delivery rather than other modes of delivery. Weblinks to external resources was often the least preferred delivery mode except for research resources and support.

Table 1. DEMT response rates to resources and support nominated as an area of need and/or interest and the preferred delivery mode(s)

Resources & Support	DEMTs who nominated as area of need/interest		*PREFERRED DELIVERY MODE					
			Face-to-face	Online learning modules	Video podcasts	Web-links	Online DEMT Network	How-to-guide
	N	% of total	%	%	%	%	%	%
College updates	72	36.9%	31.9%	38.9%	26.4%	22.2%	**52.8%**	37.5%
Curriculum Framework	69	35.4%	34.8%	**55.1%**	27.5%	18.8%	33.3%	39.1%
Learning Needs Analysis	39	20.0%	15.4%	**69.2%**	28.2%	12.8%	23.1%	38.5%
In-Training Assessment (ITA)	60	30.8%	45.0%	**65.0%**	26.7%	11.7%	26.7%	38.3%
EM-WBAs	35	17.9%	51.4%	**68.6%**	37.1%	11.4%	17.1%	37.1%
DEMT role orientation: scope/responsibilities	73	37.4%	**64.4%**	46.6%	21.9%	5.5%	26.0%	35.6%
Role delineation between DEMTs, WBA Coordinators and Mentors etc.	42	21.5%	35.7%	**45.2%**	31.0%	11.9%	26.2%	38.1%
Primary Exam	70	35.9%	32.9%	**52.9%**	32.9%	35.7%	47.1%	41.4%
Fellowship Exam	93	47.7%	45.2%	**52.7%**	26.9%	31.1%	46.2%	29.0%
College processes (remediation/ appeals/ special consideration)	100	51.3%	44.0%	**55.0%**	25.0%	10.0%	25.0%	36.0%
Supporting trainees in difficulty	111	56.9%	**60.4%**	59.5%	27.0%	18.9%	28.8%	24.3%
Research	24	12.3%	29.2%	**45.8%**	25.0%	**45.8%**	37.5%	37.5%

Note: *Respondents may select more than one type of preferred delivery mode for each nominated resource/support

DEMTs were asked to comment on any additional support, resources or training ACEM could provide to assist them in their DEMT role, with 32 providing feedback. The most common areas DEMTs outlined that ACEM could provide to assist them in their role were resources and support for examinations, more online learning modules and easier navigation of the ACEM website, and better support for trainees in difficulty (Table 2).

Table 2. Additional support, resources and training the College could provide to assist DEMTs in their role - themes and comments

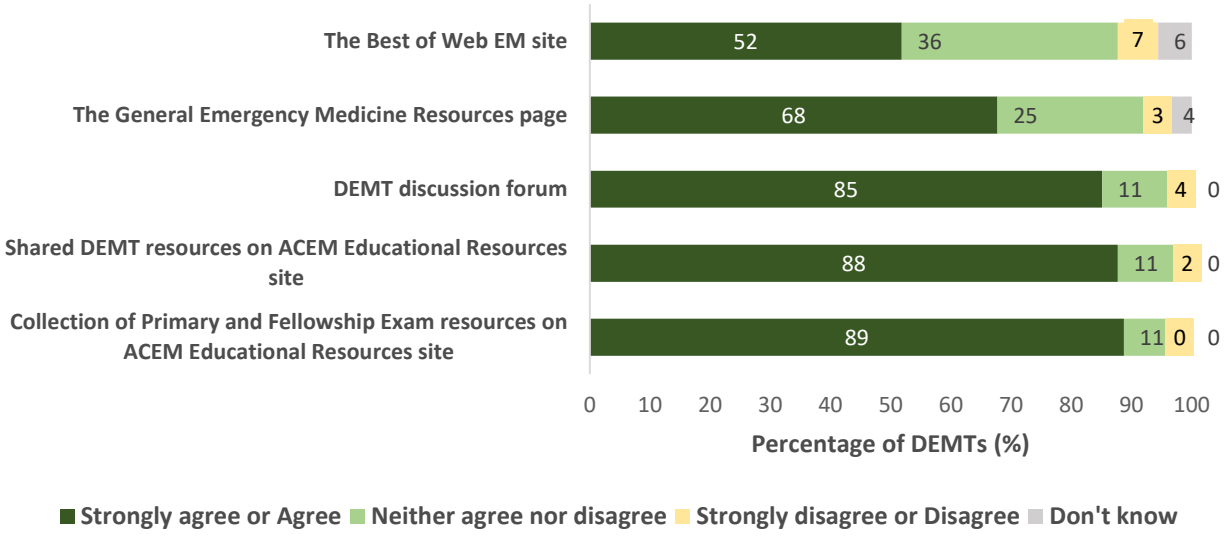
Theme	Example comments (N=32)
Resources/ support for examinations (n=8)	– *I think the hardest thing is knowing how to help trainees prepare for the exams, when the format has changed significantly since I took the exams myself.* – *Database of practice papers for Fellowship exams.*
Improve ACEM website and online learning modules (8)	– *Easier to navigate College website to find resources!* – *Online learning modules for trainees requiring support would be great. Face to Face meetings are good for this too but expensive to run and infrequent.*
Support for trainees in difficulty (n=5)	– *WBA and training team be more proactive in supporting DEMTs to support and manage the trainee in difficulty e.g. by setting up notifications for trainees receiving "below/well below expected" ratings on WBAs and developing more resources to assist the DEMTs to support/manage trainees.*

	– *More on how to support the trainee in difficulty including - options guidance/ advice which can be given, and being the support person e.g. at medical board hearings etc.*
Advocate for non-clinical time (n=2)	– *Please provide the hospital administration clear instruction on clinical support time needed for DEMT.*
Orientation and support for DEMTs new to the role (n=2)	– *Introduction to the role and a short preparation. The course only runs once a year in Melbourne at a time I am away, have to go interstate at the end of the year when I have almost finished my first year.*
Other (n=7) *(e.g. simplify processes with ACEM, workforce planning, cultural competency training, etc.)*	– *Simplify processes and communication with ACEM, often difficult to get a response to an issue or takes weeks to get a reply if going through the generic email addresses.* – *We need more senior doctors, but that will be a difficult task as the District Health Board does not appear interested in our wellbeing.*

4.2.4 Available online resources for DEMTs

ACEM currently provides a range of resources to support Fellows, and DEMTs were asked to state their level of agreement on the usefulness of each of these resources in supporting their role as a DEMT (Figure 2). The collection of exam resources and shared DEMT resources on the ACEM Educational Resources site as well as the DEMT discussion forum were found to be useful by most DEMTs, whilst only half of them found the Best of Web Emergency Medicine (EM) site useful for their DEMT role.

Figure 2 Level of agreement of respondents with statements relating to usefulness of a range of resources to support their DEMT role



DEMTs were given the opportunity to suggest improvements for the current online resources, and 30 chose to provide a comment. Consistent with the earlier feedback, the suggestions were mostly about improving the search functionality and organisation of resources on ACEM's website, and more resources for examination preparation. There were a few other comments relating to ongoing updates of important EM-related research and 'how to' videos for common procedures and for the objective structured clinical examination (OSCE).

4.3 Supervision and Trainee Educational Opportunities

This section details responses to the survey items regarding supervision, clinical teaching and educational opportunities for FACEM trainees. It covers rostering of DEMTs with trainees; educational resources and clinical teaching for trainees; support for EM-WBAs; the structured education program; and the ability of the ED to provide an appropriate training experience when considering casemix.

4.3.1 DEMT supervision, learning and education opportunities

While a large proportion (90%) of DEMTs strongly agreed or agreed that they were routinely rostered on clinical shifts with trainees, less than two-thirds (63%) were in agreeance that they were regularly rostered on non-clinical shifts with trainees.

Eighty-seven percent of the DEMTs were in agreeance that their ED provided educational and learning resources that met the needs of trainees at all stages and phases of their training. A smaller proportion of DEMTs agreed that their ED had processes in place that facilitated clinical teaching by supervisors to maximise learning opportunities for trainees (72%), and that trainees at their site had access to formal ultrasound teaching (71%). A significantly larger proportion of DEMTs working at major referral EDs (83%) agreed that trainees at their site had access to formal ultrasound teaching than those working at the urban district (65%) or rural regional-based (62%) EDs. Similarly, more DEMTs at EDs accredited for 24-months (87%) of advanced training were in agreeance that trainees had access to formal ultrasound teaching, compared with sites accredited for shorter training periods (48%-64%).

4.3.2 Workplace-based Assessments

DEMTs were asked about their level of agreement with the statement that they 'were satisfied with the support they have received from the Local WBA Coordinator to monitor EM-WBAs at their site'. Three-quarters of them strongly agreed or agreed, while a further 19% of DEMTs neither agreed nor disagreed, and the rest (6%) either strongly disagreed or disagreed with this statement. DEMTs working at rural regional-based EDs (52%) were significantly less likely to agree that they were satisfied with the support they received from the Local WBA Coordinator, compared with DEMTs at major referral (86%) or urban district (81%) EDs. Those working at EDs accredited for 18- or 24-months (80% - 83%) were more likely to agree with this statement, compared with sites accredited for 6- or 12-months (57% - 68%).

DEMTs were also surveyed about how WBAs were organised at their site (Table 3). The majority of DEMTs reported that it was the trainee's responsibility (73%), with half the percentage (36%) reporting that WBAs were scheduled by either the DEMT or WBA Coordinator. DEMTs were also more likely to report that WBAs were conducted on an ad hoc basis, instead of being organised through a rostered WBA Consultant or rostered WBA session.

Table 3. How are WBAs organised at sites for trainees

How are WBAs organised at your site?	Number of Respondents*	%
It is the trainee's responsibility	142	72.8%
Scheduled by DEMT or WBA Coordinator	71	36.4%
Through rostered WBA Consultant	58	29.7%
Through rostered WBA session	25	12.8%
On an ad hoc basis	84	43.1%
Other (e.g. mix of the above, varies according to the type of WBA, responsibility of FACEM on non-clinical duties, regular reminder to trainees, etc.)	8	4.1%
Total no. of respondents	195	

Note: *Respondents may select more than one way of how WBAs were organised at their site.
Only 36% (70) selected a single method of how WBAs were organised.

4.3.3 Structured education sessions and examination resources

When surveyed about the structured education program, the majority of DEMTs were in agreeance that the program at their ED was aligned to the content and learning outcomes of the ACEM Curriculum Framework (92%), and that it was regularly evaluated (90%).

Nearly all (97%) of the DEMTs strongly agreed or agreed that the structured education sessions at their site were provided for, on average, a minimum of 4 hours per week for trainees. The percentage of DEMTs agreeing with this statement on the frequency of structured education sessions was quite consistent when compared by ED site accreditation level, ranging between 93% (at EDs accredited for 12 months of advanced training) and 100% (EDs accredited for 18- or 24-months). Similarly, little variation was seen across ED delineations, with 100% of DEMTs from major referral EDs and 96% of DEMTs from both rural regional-based EDs and urban district EDs agreeing with this.

There were similar proportions of DEMTs who were in agreeance that trainees at their site had access to written exam revision/ preparation courses (93%) and clinical (OSCE) exam revision/ preparation courses (94%).

4.3.4 Casemix

DEMTs were asked to reflect on their site's ability to provide an appropriate training experience with respect to casemix. Overall, the majority of DEMTs were in agreeance that the number (99%), breadth (98%), acuity (94%), and complexity of cases (98%) in their ED provided an appropriate training experience (Table 4). A slightly smaller percentage of DEMTs working at EDs accredited for 6 months of advanced training agreed that their ED provides an appropriate training experience when considering most aspects of casemix, compared with EDs accredited for a longer period of advanced training.

Table 4. Proportion of DEMTs who strongly agreed or agreed that their ED was able to provide an appropriate training experience when considering various aspects of casemix, by accreditation level (N=195)

Aspects of casemix	Accreditation level				Total
	6	12	18	24	% (n)
Number of cases	100%	**96.4%**	100%	98.8%	98.5% (192)
Breadth of cases	**95.2%**	96.4%	100%	98.8%	97.9% (191)
Acuity of cases	**81.0%**	91.1%	97.1%	97.6%	94.1% (183)
Complexity of cases	**90.5%**	98.2%	97.1%	100%	97.9% (191)

4.4 Health, Welfare and Interests of Trainees

This section details the perspectives of DEMTs regarding whether their ED meets the health, welfare and interests of trainees and includes the following areas: sites ability to meet trainee's needs; mentoring program; workplace safety and support; governance structures and trainee assistance; rostering; orientation; and opportunities for trainees to participate.

4.4.1 Meeting trainee needs

Almost all (99%, n=192) of the DEMTs strongly agreed or agreed that trainee needs were being met according to their stage and phase of training at their ED. Three DEMTs did not agree that trainees' needs were being met at their site, with the main reason provided for this being a lack of senior staff to provide sufficient assessment and feedback to the trainees.

4.4.2 Mentoring program

The majority (93%) of responding DEMTs reported that there was a formal mentoring program available at their ED, with a smaller proportion (88%) reporting that their ED had an ACEM Mentoring Program Coordinator. Of the 181 DEMTs who reported a formal mentoring program at their ED, 91% reported that trainees utilised the mentoring program.

DEMTs who reported that a formal mentoring program was available for trainees at their site were further asked about how the mentoring program was structured, with all 181 responding. For most sites, the mentoring program was structured with trainees nominating their preferred mentor (65%, n=117) rather than mentors being allocated to trainees (38%, n=69). An opt-in model (51%, n=93) was also more commonly reported than an opt-out model (14%, n=26). More than half (56%) reported a combination of the aforementioned formats, where trainees nominated several mentors of their choice, with mentors then allocated based on trainee preferences.

4.4.3 Workplace safety and support

Nearly all (95%) DEMTs strongly agreed or agreed that their ED provided a safe and supportive workplace overall. Over 90% of DEMTs were in agreeance that their ED provided a safe and supportive workplace with respect to workplace safety (91%), personal safety (92%), support processes (92%), clinical protocols (95%), and supervision arrangements (96%). A slightly smaller proportion of them agreed that their ED provided a safe and supportive workplace when considering sustaining trainee wellbeing (89%). No specific patterns were observed with respect to the level of agreement of DEMTs towards various aspects of workplace safety and support and the accreditation level of EDs (Table 5).

Table 5. Proportion of DEMTs who strongly agreed or agreed that their ED provides a safe and supportive workplace in relation to specific areas, by accreditation level (N=195)

Safety/support areas	Accreditation Level				Total
	6	12	18	24	% (n)
Overall safety and support	**90.5%**	96.4%	94.3%	96.4%	95.4% (186)
Personal safety	95.2%	92.9%	94.3%	**90.4%**	92.3% (180)
Workplace safety	95.2%	92.9%	94.3%	**88.0%**	91.3% (178)
Sustaining trainee wellbeing	90.5%	91.1%	94.3%	**85.5%**	89.2% (174)
Support processes (other than mentoring)	**85.7%**	96.4%	94.3%	90.4%	92.3% (180)
Clinical protocols	**85.7%**	92.9%	100%	97.6%	95.4% (186)
Supervision arrangements	**95.2%**	96.4%	100%	**95.2%**	96.4% (188)

4.4.4 Governance structures and trainee assistance

While 83% of DEMTs reported that their ED had a governance structure that supports them in their DEMT role, a larger proportion (91%) agreed that there was a governance structure in place that supports trainees in completing the FACEM Training Program.

Most DEMTs (94%) strongly agreed or agreed with the statement 'there are adequate processes in place for identifying and assisting trainees experiencing difficulties meeting the training requirements at this site', with a comparable proportion (92%) agreeing that there were processes in place to manage trainee grievances at their ED.

4.4.5 Rostering

The majority of DEMTs (85%) strongly agreed or agreed with the statement 'Overall, I am satisfied with rostering at my site'. The same proportion (94%) of DEMTs agreed that rosters supported the service needs of the site, ensured safe working hours and took into account staff leave requests. A slightly smaller proportion of DEMTs were in agreeance that rosters were provided in a timely manner (89%), gave equitable exposure to shift types (90%), and considered trainee workload (93%). The proportions of DEMTs who were in agreeance with each of the rostering statements are presented in Table 6, by accreditation level.

Table 6. Proportion of DEMTs who strongly agreed or agreed with statements regarding rostering at their ED, by accreditation level (N=195)

Statements re. rostering	Accreditation level				Total
	6	12	18	24	% (n)
Overall, I am satisfied with rostering at my site	90.5%	**78.6%**	94.3%	83.1%	84.6% (165)
Rosters are provided in a timely manner for trainees	95.2%	89.3%	88.6%	**86.7%**	88.7% (173)
Rosters give equitable exposure to shift types	95.2%	**87.5%**	94.3%	89.2%	90.3% (176)
Rosters consider trainee workload, including attendance at education sessions	**90.5%**	91.1%	94.3%	94.0%	92.8% (181)
Rosters support the service needs of the site	95.2%	**91.1%**	97.1%	95.2%	94.4% (184)
Rosters ensure safe working hours	100%	**91.1%**	94.3%	95.2%	94.4% (184)
Rosters take into account staff leave requests	100%	98.2%	94.3%	**90.4%**	94.4% (184)

DEMTs were further asked to comment on rostering at their ED, with 38 (19%) providing feedback. Over two-thirds (n=27) were negative comments detailing poor rostering which was primarily due to understaffing. The remaining comments (n=11) were positive and focussed on rostering at their site being accommodating or that there were efforts to improve rostering (Table 7).

Table 7. Themes of DEMT responses regarding rostering, with example comments

Theme	Example comments
Poor rostering due to understaffing (n=28) *Difficult to acquire leave, excessive night & weekend shifts, inadequate senior supervision, excessive sick leave, regularly on-call, etc.*	– *Sometimes difficult to balance trainee welfare against service needs especially with regard to overnight in charge shifts due mainly to under recruitment of trainees.* – *It is difficult during periods of examinations for trainees to receive adequate leave.* – *Shifts are always busy but especially the weekends. Service provision means that learning opportunities may not be ideal. We have been understaffed at weekends for many years and this remains the case.* – *Inadequate senior consultant staff to give best clinical supervision.* – *On call arrangements onerous in periods of high sick leave.*
Flexible and accommodating roster (n=6)	– *The roster coordinator does her best to ensure all trainees get their requested leave and roster needs as well as fulfilling the department's needs.* – *The site is considerate to trainees needs and preferences with regards to shift allocation and study/conference leave.*
Suggestion and/or initiative to improve rostering (n=5)	– *Work on a mixed ACEM/ACRRM [Australian College of Rural and Remote Medicine] Registrar roster. Newly launched in February and subject to regular feedback and review.* – *Additionally commenced non clinical time for trainees to facilitate participation in education, audits, quality improvement projects.* – *There should ideally be a defined training progression point at which a recommendation should be sought within the final ITA of the prior training period, as to whether a trainee is ready to progress to the level of being in charge capable on nights.*

Note: Where applicable, comments from the individual respondents were coded across more than one theme

4.4.6 Orientation and opportunities for trainees to participate

Regarding orientation at their ED, 94% of DEMTs strongly agreed or agreed that trainees were provided with a comprehensive orientation program when they commenced training, while 6% neither agreed nor disagreed with this.

While 86% of DEMTs were in agreeance that trainees were able to participate in quality improvement activities at their ED, only 72% of them strongly agreed or agreed that trainees were able to participate in decision making regarding governance (e.g. workplace committees).

A small number of comments (n=15) were provided with respect to opportunities for trainees to participate in quality improvement activities or in decision making regarding governance, with mixed positive and negative comments. Eight DEMTs commented that there was low uptake from trainees due to the voluntary nature of these roles and the limited non-clinical time allocated for this purpose, whilst seven other comments reflected new processes being implemented to better engage trainees in quality improvement and departmental decision-making activities.

4.5 Final Comments

DEMTs were given an opportunity to provide any final comments about their role as a DEMT, with 28 providing a response (Table 8). Eight comments highlighted a few areas of support they needed from ACEM. While six DEMTs reflected on the DEMT role as being rewarding, six others commented on the overwhelming responsibilities of their role. Several DEMTs (n=5) mentioned that they were still new to the DEMT role, and three others provided information about initiatives at their workplace to improve trainees' experiences.

Table 8. Areas DEMTs provided final comment on, with examples

Theme	Example comments (N=28)
Support from ACEM (n=8) *Advocate for safe rostering and increase senior staffing, online resources, review training progression process, etc.*	– *We require support to improve facilities for training and improve healthy rostering.* – *Main areas for improvement (which could largely be changed through staffing) are in the ability to provide rostering which maximises the ability to deliver teaching and maximises trainee wellbeing.* – *College to identify and provide online resources and technologies in the new era of Covid-19 and registrar education.*
Role as DEMT – rewarding (n=6)	– *It's a great role, just wish I had more time.* – *I really enjoy my role as DEMT here and working closely with the trainees. I've found it very rewarding.*
Role as DEMT – overwhelming responsibility (n=6) *Esp. trainee assessment, insufficient non-clinical time*	– *The role of DEMT has become less about teaching and more about administration and performance assessment on a very frequent basis.* – *In this large site it is increasingly difficult to perform all of the formal duties and allow time for the most useful and non-mandatory elements which are the as needed catch ups and casual conversations.* – *There appear to be a lot of trainees who are struggling with both professional and personal issues and this all seems to fall on the DEMTs.*
New to the DEMT role (n=5)	– *Bright new in the role and still finding my feet.* – *My duties were not clear on becoming a DEMT. I have had to learn as I go.*
Workplace initiatives to improve trainee experiences (n=3)	– *A lot of new initiatives. Currently working to set up a formal mentoring programme. Have adjusted our teaching program to be more aligned to the curriculum. Started a new Fellowship teaching course.*

5. Conclusion

Overall, nearly all (95%) of responding DEMTs agreed that their role as a DEMT was rewarding. However only three-quarters agreed that their ED roster ensured them sufficient time to meet the clinical support requirements of their role. Whilst the majority of DEMTs were in agreeance that their ED had governance structures that supported their role in managing the FACEM Training Program, a much smaller proportion agreed that they were well supported in managing trainees in difficulty through ACEM regional censors or by ACEM processes.

With respect to supervision and educational opportunities for trainees, a significantly larger proportion of DEMTs agreed that they were routinely rostered on clinical shifts with trainees, as opposed to non-clinical shifts. Three-quarters of DEMTs agreed that they were satisfied with the support they received from the Local WBA Coordinator, but just over a-third reported that WBAs at their site were scheduled by the DEMT or WBA Coordinator. Importantly, nearly all of the DEMTs agreed that structured education sessions at their site were provided for a minimum of 4 hours per week on average for trainees, fulfilling ACEM accreditation requirement.

All except three DEMTs thought that trainee needs were being met at their ED. Most DEMTs were in agreeance that their ED provided a safe and supportive workplace, and that there were adequate processes in place for assisting trainees experiencing difficulties and to manage trainee grievances. Similarly, the majority of DEMTs agreed that rostering at their ED supported trainees, whilst a relatively smaller proportion agreed that trainees were able to participate in decision making regarding governance.

Given that survey respondents covered 126 of the 147 ACEM accredited EDs, the DEMT survey findings will be useful to assist the College in providing continuing support for those in the DEMT role and ensuring ACEM-accredited EDs continue to provide a safe and supportive training environment.

6. Suggested Citation

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7. Contact for Further Information

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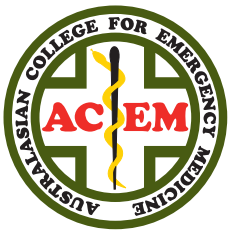

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