



2025 Sustainable Workforce Survey

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Australasian College
for Emergency Medicine

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The Australasian College for Emergency Medicine (ACEM) defines a sustainable emergency medicine workforce as one in which emergency doctors are able to maximise their health, professional satisfaction and career longevity, thereby optimising their ability to meet the emergency medicine care needs of the population. Through the voices of the College's members and trainees, the Sustainable Workforce Survey provides critical insights into emergency medicine workplace conditions, support, wellbeing, safety and sustainability.

First conducted in 2016, the survey has since been delivered triennially in 2019, 2022 and, most recently, in 2025. The voluntary survey was distributed to all active members and trainees. Those who were currently employed or had undertaken paid work in Australia or Aotearoa New Zealand in the preceding 12 months were eligible to complete the survey. The major topics covered in the survey include job satisfaction and work-life balance, workplace conditions, future career intentions, and health and wellbeing.

This report presents the key findings from the 2025 survey, highlighting important changes from previous iterations. An interactive dashboard is available on the [ACEM website](#) showing the trends in the key findings across the four survey iterations, with filters for membership category, age group and workplace location to gain deeper insights into emerging patterns.

Respondent characteristics

A total of 906 respondents completed the 2025 survey, representing 12 per cent of ACEM members, trainees and affiliates across Australia and Aotearoa New Zealand. The respondent characteristics are as follows.

- 79% were emergency medicine specialists (Fellows of ACEM (FACEMs) or paediatric emergency medicine specialists), 17% were FACEM trainees, and 4% other members (which includes associateship training program trainees and graduates, specialist international medical graduates and educational affiliates)
- 49% were female and 50% were male
- 34% were aged ≤40 years old, 33% were 41 – 50 years old, and 33% were >50 years old
- 78% worked primarily in Australia and 22% worked primarily in Aotearoa New Zealand
- 63% worked primarily in metropolitan areas and 37% worked primarily in rural areas



Employment profile

There is a shift towards increasing fractionalisation of the emergency medicine workforce. Around half (52%) of ACEM members are working on a full-time contract, down from 60% in 2019. The proportion working part-time hours (<37.5 hours per week) nearly doubled from 17% in 2016 to 30% in 2022, and remained stable at 30% in 2025 (Figure 1). Just below half (44%) of respondents reported working at more than one workplace.

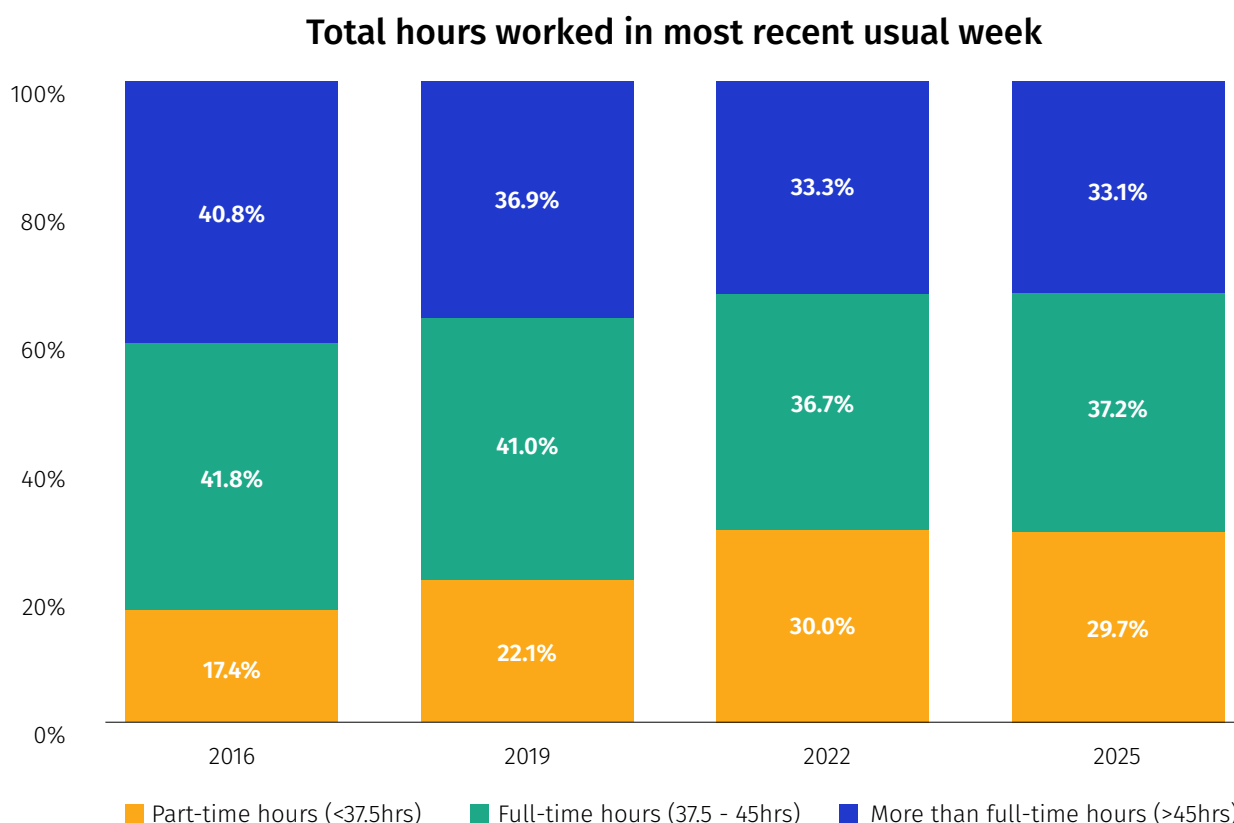


Figure 1. The total paid and unpaid hours worked in the most recent usual week at work.

Respondents reported working an average of 38.7 paid hours in their most recent typical week, while the average number of unpaid hours worked was 3.7. The average paid hours worked in each type of setting (calculated among respondents who reported more than zero hours in that setting) include:

- Public hospital emergency departments: 25.3 hours
- Private hospital emergency departments: 14.9 hours
- Clinical support time (emergency medicine specialists only): 10.0 hours
- Protected teaching time (FACEM trainees only): 4.4 hours
- Pre-hospital / retrieval: 16.0 hours
- Telehealth / virtual care: 9.0 hours
- Tertiary education institution / research: 7.9 hours
- Medical education: 5.6 hours

One in ten respondents reported working in **telehealth/virtual care.**



Work-life balance and job satisfaction

Fewer than half of respondents reported a positive work-life balance, which is consistent with the findings from each of the previous iterations of the survey.

42% felt the balance between personal and professional commitments was about right.

60% felt that the demands of work interfered with home and family life.

Respondents were asked how satisfied they were with various aspects of their work, the percentages stated include those who indicated either 'Very satisfied' or 'Moderately satisfied'. FACEM trainees were less likely than emergency medicine specialists to report satisfaction in several areas including career progression so far (58% vs 71%), rostering (55% vs 70%), and remuneration/pay (46% vs 62%).

Most satisfying aspects

78% Interactions with colleagues

68% Career progression so far

67% Rostering

67% Overall work

Less satisfying aspects

59% Remuneration/pay

47% Time allocated to learning

47% Recognition for work

33% Staffing levels

Motivations to choose a career in emergency medicine

ACEM members and trainees were asked about their motivations for choosing a career in emergency medicine; 453 responded. The most common themes and the frequencies are shown below (responses could be categorised into multiple themes, so the total exceeds 100%):

- The variety of the work: 60%
- The type of medicine (decision making, procedural skills, critical care): 52%
- The teamwork and the people in emergency medicine: 38%
- To make a difference to the individuals and the community: 17%
- No ward rounds, clinics or continuity of care: 13%

“Variety of patient encounters, ability to make a difference in the life of the person in front of me at the moment, no long-term patient relationships, no pager/clinic/call-backs, ability to change the location and/or type of the work I do.” **FACEM 41-45 years old**

“I enjoy the busy environment and the team approach to care, and working with the kind of people who work in this area – they are my tribe.” **FACEM 46-50 years old**

“Variability in skills, mix of procedural and medical, high acuity, making a difference to patients on the worst days of their lives.” **FACEM trainee 31-35 years old**

Work conditions (in the preceding 12 months)

The demands of working in emergency departments are high; almost half of respondents reported having worked more than 14 consecutive hours in the preceding 12 months, a third had worked night shifts, and the majority had worked on call.

Nearly all (98%) FACEM trainees had worked night shifts and 41% had worked more than four night shifts in a seven-day period.

45%

worked more than 14 consecutive hours some of the time or occasionally (2% work more than 14 consecutive hours all or most of the time).

34%

worked night shifts (11% had worked more than four night shifts in a seven-day period).

82%

had been rostered on call (39% had more than two nights on-call in a seven-day period).

Workplace stress and career challenges

Overcrowding in the emergency department and access block continue to be the most significant challenges for ACEM members and trainees. Respondents were asked to select their top three workplace stressors from a list of potential factors. The five most reported stressors were:

- 63%** Emergency department overcrowding
- 57%** Access block
- 40%** Staff shortages
- 24%** Unrealistic patient or community expectations
- 20%** Conflicts with other clinical teams in the workplace

Respondents were asked how they usually manage stress; the most common responses were:

- Informal debriefing / talking with colleagues and peers: 76%
- Spend time with family and friends: 74%
- Increase physical exercise: 56%
- Take time off work / go on holiday: 46%
- Get more sleep: 38%
- Avoid being around people: 33%

Respondents had the opportunity to provide a written response to the question “Considering your current training/career stage, what are the biggest challenges you face that may impact your ability to continue your career in emergency medicine?”

A total of 753 responses were received and thematically analysed. Consistent themes emerged across both emergency medicine specialists and FACEM trainees and are outlined below. One notable difference is that challenges with work-life balance alongside family commitments were raised by 10% of emergency medicine specialists compared with 24% of FACEM trainees. Additionally, almost 40% of FACEM trainees highlighted exam-related pressure as a significant challenge potentially affecting their emergency medicine career progression.

- Systemic issues (access block, overcrowding, health system in general): 28%
- Work conditions (shiftwork, overtime, poor remuneration): 27%
- Burnout, stress and fatigue: 22%
- Insufficient staffing and resources: 13%
- Challenges with work-life balance alongside increasing family commitments: 12%
- Poor leadership and workplace culture (including inpatient teams, management and executive leadership): 11%

Emergency department **overcrowding** and **access block** have consistently ranked as the **top two stressors** across all survey iterations since 2016.



“Significant bed block, overcrowding in ED, unrealistic expectations of patients and patient family members. Significant blame placed on ED for a system-wide issue with lack of clear plans to address these issues.” **FACEM 36-40 years old**

“On call overnight and call backs after already worked a 12-hour day without breaks and then having to go in to work in the wee hours and perform the job; I am deliberately reducing my hours to reduce the on call component; I don’t mind evening shifts but working at 4am is not physically possible anymore unless I get days off after to recover.” **FACEM >60 years old**

“Increasing workload along with staff shortages, bed block and increasing demands from the public all mean the rest of my training is likely to be difficult and may be too much to cope with.” **FACEM trainee ≤30 years old**

Workplace wellbeing

A range of measures were used to track the health and wellbeing of the ACEM membership. While levels of fatigue and burnout remain high, overall wellbeing does not appear to have worsened since the 2022 survey and even shows some signs of improvement.

Burnout was assessed using the Copenhagen Burnout Inventory, a validated tool which measures personal, work-related and client-related burnout. Personal burnout has increased by 14% since the 2019 iteration of the survey, with more than half of respondents experiencing moderate to severe levels in 2025. Work-related and client-related burnout also increased between 2019 and 2022 but have not worsened since 2022 (Figure 2).

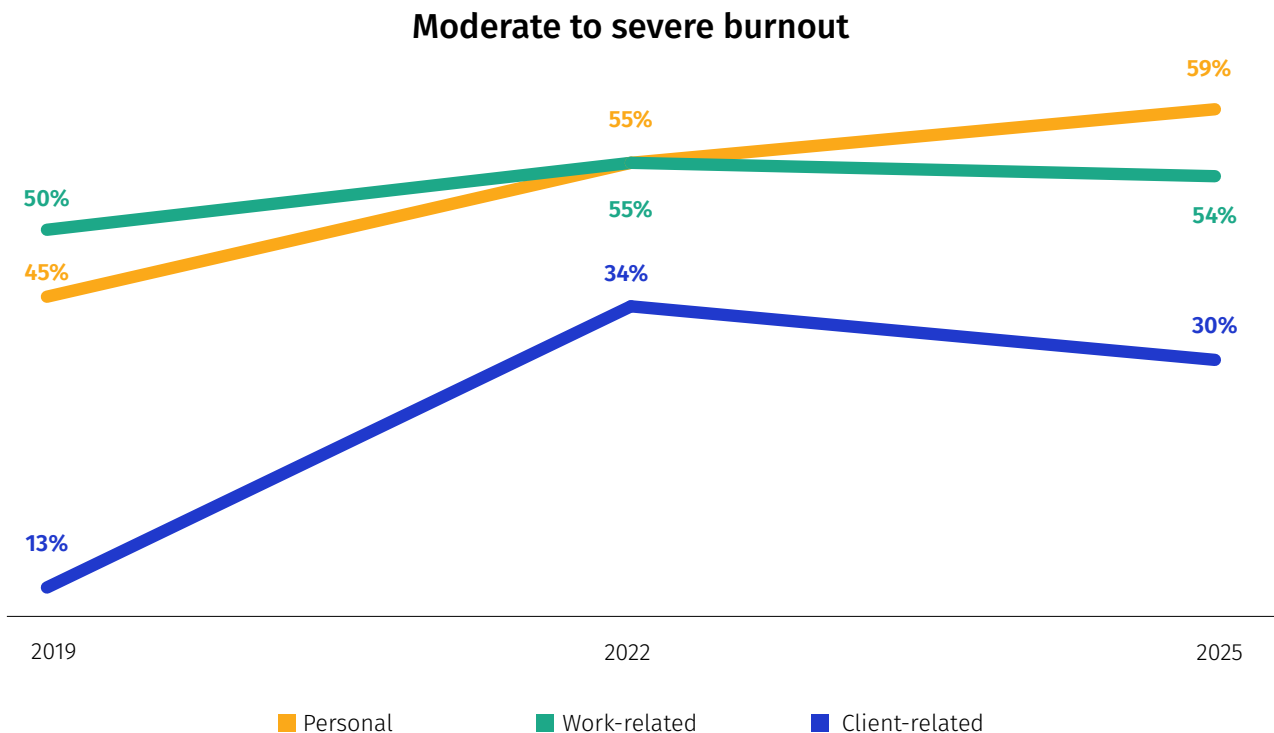


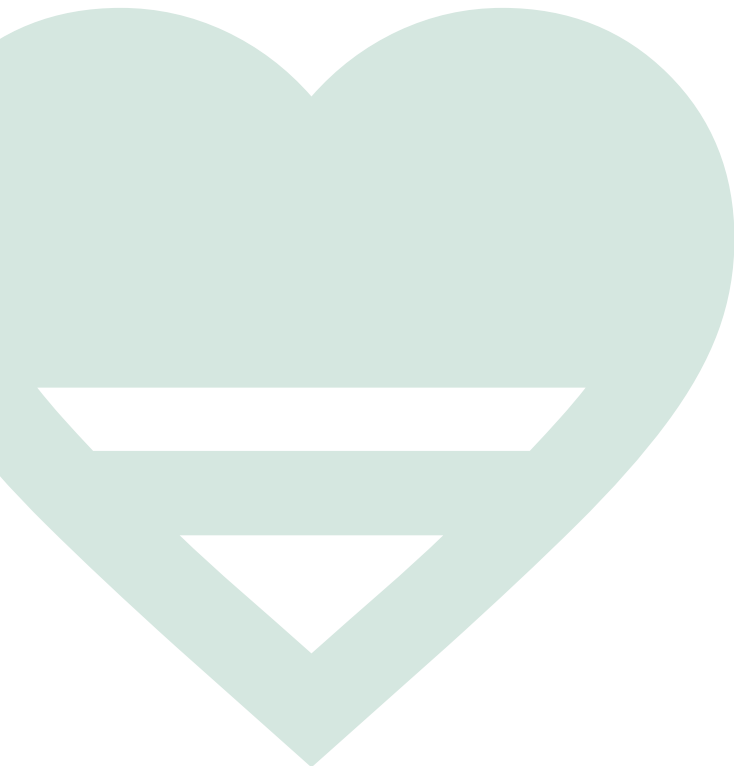
Figure 2. The Copenhagen Burnout Inventory was used to measure burnout. This is a validated questionnaire used to measure personal, work-related, and client-related burnout. The figure presents the proportion of respondents with burnout scores categorised as moderate to severe.

- 80%** perceived that fatigue had affected performance at work (down from 83% in 2022).
- 32%** had felt professionally isolated (down from 36% in 2022).
- 44%** felt anxiety at work at least some of the time (compared to 29% who felt anxiety outside of work).
- 86%** had taken at least two weeks of annual leave in the preceding 12 months.
- 23%** occasionally had to postpone or cancel leave due to work demands (4% had to do so regularly).



General health

In general, respondents report being in good health. However, a large proportion (71%) indicated they attended work while unwell, with staff shortages cited as the most common reason.



- 57%** reported their general health as very good or excellent (2% reported their general health as poor).
- 9%** took more than nine days off work due to physical or mental illness.
- 71%** went to work while physically or mentally unwell in the last 12 months (down from 94% in the 2016 survey).

The primary reasons for working while unwell included:

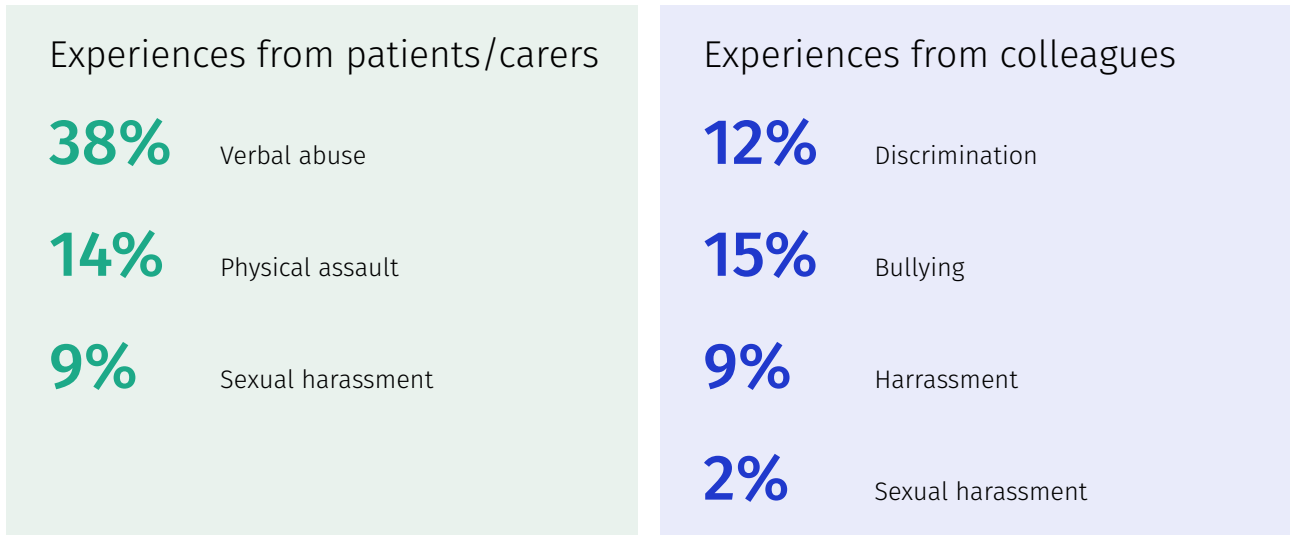
- Staff shortages: 77%
- Fear of judgement or stigma: 42%
- Pressure to meet performance expectations: 31%
- Difficulty accessing leave: 10%

Discrimination, bullying, harassment and sexual harassment

ACEM members and trainees commonly experience inappropriate behaviour from patients and carers as well as colleagues. While the rate of discrimination, bullying, harassment and sexual harassment (DBSH) from patients and carers has remained stable, reports of DBSH from colleagues have declined. FACEM trainees were more likely to report experiencing DBSH from both patients (49%) and colleagues (23%) than other respondents.

40% reported experiencing DBSH from patients or carers (comparable to 41% in 2019).

21% reported experiencing DBSH from colleagues (down from 47% in 2019).



Future career plans

Respondents were asked to specify their career plans over the next 10 years. Almost three quarters of respondents reported that they were planning to reduce their hours of clinical practice, while more than a third reported that they were planning to leave clinical practice or emergency medicine altogether. Around a quarter of respondents reported that they were planning to retire over the next 10 years.

A concerning increase observed in the 2022 survey regarding intentions to leave clinical practice or the emergency medicine workforce within the next decade has persisted in the 2025 survey (Figure 3).

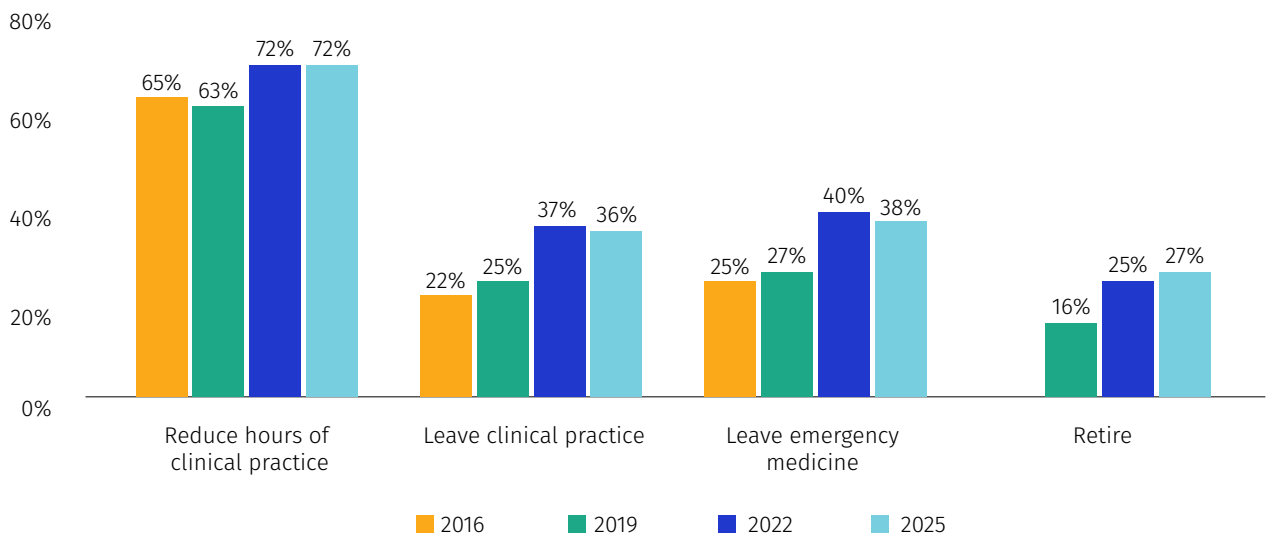


Figure 3. The proportion of respondents who said they were likely or very likely to reduce their hours of clinical practice, leave clinical practice, leave emergency medicine or retire within the next 10 years. Note: respondents were not asked about their intention to retire in the 2016 survey.

Reasons for reducing hours of clinical practice

Respondents were asked why they planned to reduce their hours of clinical practice; 573 responses were received and thematically analysed. The reasons for reducing hours of clinical practice broadly fell into five main categories:

- Unsustainable workplace conditions (including burnout, excessive stress, access block, shift work and other workload-related pressures)
- Improving work-life balance (including spending more time with family and friends, pursuing personal interests and supporting overall health and wellbeing)
- Older age or transition toward retirement
- Pursuing non-clinical work or other professional interests
- Allowing more time for exam preparation and meeting training requirements

Further analysis by age group (Table 1) shows differences in the primary motivations for reducing clinical hours. Respondents aged ≤ 40 years were more likely to report intending to reduce clinical practice hours to improve their work-life balance and allow additional time for exam preparation and/or training requirements. Those aged 41 – 50 years most frequently cited unsustainable workplace conditions, including high workload, burnout and other workplace stressors, as the primary reason for intending to reduce their clinical hours. In contrast, respondents aged >50 years were more likely to indicate older age and transitioning toward retirement as a key factor influencing their intention to scale back clinical practice.

Table 1. Reasons for intending to reduce hours of clinical practice, by age group.

Total (n = 573)	Aged ≤ 40 years (n = 168)	Aged 41–50 years (n = 171)	Aged >50 years (n = 234)
Unsustainable workplace conditions: 52%	Improving work-life balance: 56%	Unsustainable workplace conditions: 64%	Unsustainable workplace conditions: 46%
Improving work-life balance: 33%	Unsustainable workplace conditions: 49%	Improving work-life balance: 33%	Older age/transitioning to retirement: 43%
Older age/transitioning to retirement: 21%	Exam preparation/meeting training requirements: 11%	Pursuing non-clinical/professional interests: 15%	Improving work-life balance: 17%
Pursuing non-clinical/professional interests: 11%	Pursuing non-clinical/professional interests: 8%	Older age/transitioning to retirement: 9%	Pursuing non-clinical/professional interests: 10%
Exam preparation/meeting training requirements: 3%	Older age/transitioning to retirement: $<1\%$	Exam preparation/meeting training requirements: $<1\%$	Exam preparation/meeting training requirements: $<1\%$

Note: responses could be categorised into multiple themes, so the total exceeds 100%

“I have let work take over my personal life, and I feel like after finishing my training, I need to focus on my personal life and my family a bit more.” **FACEM trainee 31-35 years old**

“To allow better time for exam preparation. No time as part of clinical day to engage in exam focussed learning or preparation for FACEM written examination. No workforce ability to reduce night shifts for exam leave – in fact if you go part time for exams they are asking us to take up a higher proportion of night shifts which is not good fatigue management or clinical experience.” **FACEM trainee 31-35 years old**

“Risk of burnout from clinical work. Likely to increase other aspects of work to compensate – i.e. Leadership and Management roles.” **FACEM 36-40 years old**

“Overcrowded, underfunded, understaffed departments – if no improvement to this, will need to reduce hours in order to maintain my own wellbeing.” **FACEM 46-50 years old**

“I have worked long and hard and been successful and satisfied with what I have achieved in my career. It is better to retire with dignity than hang around the health system preventing younger brighter FACEMs getting from their time in the sun!” **FACEM >60 years old**

Respondents who indicated they were unlikely to continue clinical practice or stay in the emergency medicine workforce beyond the next 10 years were asked to provide feedback on factors that would increase their likelihood of staying in the workforce for longer.

A total of 319 responses were received and thematically analysed, and several key themes emerged from the analysis (responses could be categorised into multiple themes, so the total exceeds 100%):

- **Improved workplace conditions, 35%**
Many respondents highlighted the need for more sustainable working arrangements, including reduced shift work and night rosters, and allowing more accommodating rostering.
- **Health system reform, 30%**
Respondents frequently identified broader system-level challenges that are associated with access block and emergency department overcrowding, as significant contributors to workplace strain. Addressing these issues through system reform was seen as critical to improving the sustainability of the emergency medicine workforce.
- **Improved staffing and resources, 28%**
A common theme was the need for increased staffing levels and better access to clinical and operational resources to support safe and efficient patient care.
- **Improved workplace culture and organisational support, 16%**
Respondents emphasised the importance of stronger support from emergency department and hospital leadership, as well as improved collaboration between departments, to foster a more positive and supportive working environment.

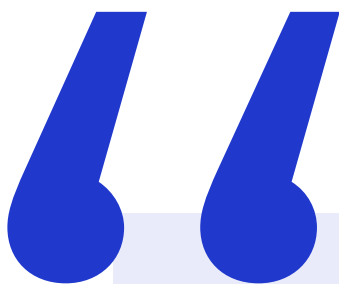
“The ability to contribute directly to patient care and education rather than flow, quantity-based ED performance, and bed-shuffling.” **FACEM 56-60 years old**

“Being valued and supported with adequate resourcing. Hospital leadership not tolerating resistant / unprofessional behaviour from inpatient specialties.” **FACEM 36-40 years old**

“Not having to do so many evening shifts or any night shifts as a senior consultant.” **FACEM 51-55 years old**

Final thoughts

Feedback consistently highlighted that workforce sustainability will require both workplace-level improvements and broader health system reform. Overall, these priorities emphasised that targeted operational improvements, particularly around supportive rostering, pragmatic strategies to improve patient flow, and stronger support from hospital leadership to foster a positive workplace culture, will be critical to strengthening workforce retention and building a more sustainable emergency medicine workforce.



“Overall I love my job but what makes it the most enjoyable is the people I work with and the patient’s I help. The system is trying really hard to undo these things.” **FACEM 36-40 years old**

“Despite the challenges I love ED! I was recently asked, with retrospect, would I have chosen the same career path. My answer is yes.” **FACEM 46-50 years old**

“I am at the back end of my career having been a FACEM for almost 30 years. It has been exciting being part of the growth and evolution of the specialty. It is a more challenging work place now but the majority of trainees and young FACEMs that I work with give me confidence for the future of EM in this country.” **FACEM >60 years old**





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