Australasian College
for Emergency Medicine

2024 New FACEMs
Early Career Survey

February 2025

acem.org.au

Key findings

The New FACEMs Early Career Survey is distributed biannually to new Fellows of the Australasian College for Emergency Medicine (FACEMs) six to 12 months post-Fellowship. A total of 89 new FACEMs participated in the 2024 survey, providing feedback on their current and future career plans, College resources and support, and experiences as new FACEMs.

87% felt well prepared for independent practice as an emergency medicine specialist after completing the FACEM Training Program.

Key challenges

Key challenges in the first three to six months of their transition from FACEM trainees to new FACEMs included:

- Developing confidence and skills in non-clinical portfolios and responsibilities
- Managing the department as well as intra- and inter-departmental relationships
- Supervising junior staff
- Adjusting to the responsibilities of being a FACEM/senior decision maker
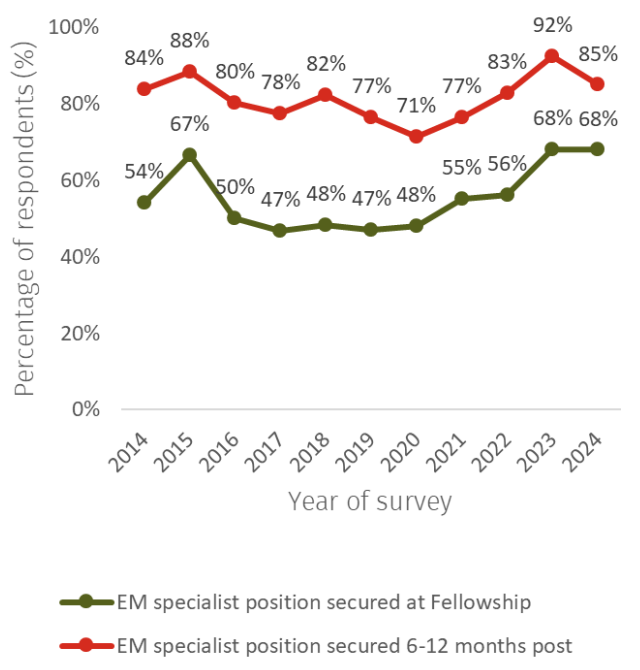
Career and employment profile

Over two-thirds of new FACEMs had secured an emergency medicine specialist position at Fellowship.

98% Worked in emergency medicine practice

55% Worked in metropolitan areas only

23% Worked full-time at their primary workplace

55% Worked at more than one workplace

Percentage of respondents (%) vs Year of survey

EM specialist position secured at Fellowship: 2014 54%, 2015 67%, 2016 50%, 2017 47%, 2018 48%, 2019 47%, 2020 48%, 2021 55%, 2022 56%, 2023 68%, 2024 68%

EM specialist position secured 6-12 months post: 2014 84%, 2015 88%, 2016 80%, 2017 78%, 2018 82%, 2019 77%, 2020 71%, 2021 77%, 2022 83%, 2023 92%, 2024 85%

—•— EM specialist position secured at Fellowship
—•— EM specialist position secured 6-12 months post

Contents

List of Figures

List of Tables

1. Executive Summary

The New FACEMs Early Career Survey is distributed biannually to new Fellows of the Australasian College for Emergency Medicine (FACEMs) 6-12 months post Fellowship. Participation is voluntary, and 89 (30%) of 293 new FACEMs participated in the 2024 survey.

Summary of 2024 New FACEMs Early Career Survey Findings

Current Career and Employment Profile

- Over two-thirds (68%) of respondents had secured an emergency medicine (EM) specialist position at the time of attaining Fellowship, which increased to 85% at the time of the survey.
- All but two respondents reported working in EM, with 44% also working in another area of clinical or professional practice(s).
- 55% reported working at more than one workplace, ranging from two to four workplaces.
- Just under one quarter (23%) of new FACEMs worked full-time at their primary workplace.
- Over half (55%) reported working only in a metropolitan area, 29% worked only in a regional, rural and remote (RRR) area, and 16% worked at both metropolitan and RRR locations.

Future Career Plans

- All but three respondents reported wanting to work in EM in five years' time.
- 53% indicated that they preferred to work in a metropolitan area only in five years, while smaller proportions reported wanting to work in both metropolitan and RRR locations (31%), or only in RRR areas (16%).

Mentoring, Continuing Professional Development (CPD) Resources and new Fellows support

- Less than half (48%) reported having been involved in a formal mentoring program, either as a mentor (45%), as a mentee (22%), or as both a mentor and a mentee (19%).
- 83% had not used ACEM's mentoring resources, with 53% reporting that they were unaware of the resources.
- Less than half of respondents (47%) reported being aware of ACEM's Mentor Connect program, decreasing from 60% in the 2023 survey.
- Nearly all (99%) respondents had commenced the ACEM CPD Program; 80% agreed they understood the ACEM CPD program requirements, and 86% were satisfied with the accessibility of the ACEM myCPD portal.
- The most popular topics selected by respondents for inclusion in the New Fellows Program were "The ACEM CPD Program" (54%), "Emergency department management" (49%) and "Finding your niche as an EM specialist" (49%).
- Just over half (52%) were aware of the role of their Regional New Fellows Champion.

Preparedness for EM Practice and Challenges Experienced

- 87% agreed they felt well-prepared for independent practice as an EM specialist after completing the FACEM Training Program.
- Increased training in developing non-clinical skills was most frequently mentioned as inadequately covered in the FACEM Training Program. Conversely, preparing for the Fellowship exams, was reported as a key component in preparing them for independent EM practice.
- Developing confidence and skills in non-clinical portfolios, leadership responsibilities, department management, and inter-departmental relationships were consistently highlighted as the key challenges faced by new FACEMs during their first week, first month through to the first 3-6 months post-Fellowship.

2. Purpose and Scope of Report

The New FACEMs Early Career Survey is a biannual survey distributed to new Fellows of the Australasian College for Emergency Medicine (FACEMs) six to 12 months after attaining the ACEM Fellowship. Initiated in 2014, the survey aims to understand the current and future career plans of new FACEMs, mentoring and professional development activities, resources and support that the College should provide, and challenges experienced as a new FACEM.

3. Methodology

Two survey iterations were administered in 2024, one in March to FACEMs elected between 1 March 2023 and 31 August 2023, and another in September to FACEMs elected between 1 September 2023 and 28 February 2024. The eligible new FACEMs were invited via email to participate in the online survey hosted in QuestionPro®. Three reminder emails were distributed to the new FACEMs who had not responded, encouraging them to participate.

Participation was voluntary, and the survey completion was considered implied consent. Respondent's identity and confidentiality were fully protected. All personal information provided was excluded from data analysis and reporting, with data reported only in the aggregate.

4. Results

4.1 Demographic Information

Of the 293 new FACEMs eligible for the 2024 survey, 50% (n= 146) were female and their average age was 37.1 years at attainment of Fellowship. Twenty-six (9%) new FACEMs obtained their Fellowship via the Specialist International Medical Graduate (SIMG) pathway. New FACEMs who completed the FACEM Training Program took an average of 7.2 years to gain their Fellowship.

A total of 89 (30%) from the pool of 293 new FACEMs responded to the survey. Of the survey respondents, 55% were female, with an average age of 37.3 years at Fellowship, and taking an average of 7.0 years to complete the FACEM Training Program.

4.2 Current Career and Employment Profile

Just over two-thirds (n= 56/89, 68%) of the respondents reported having an EM specialist position secured when attaining their Fellowship, while 21 (24%) did not have a specialist position secured. Eight (9%) respondents reported working in either locum, sessional, or casual positions, while the remaining four reported working in other speciality areas. Eighteen new FACEMs provided reasons for not securing an EM specialist position at the time of attaining Fellowship; nine reported completing training or finishing existing contracts, seven were still seeking employment, and two wanted to take a break from full-time employment.

The number of new FACEMs who reported working in a permanent EM specialist position increased to 76 (85%) between six- and twelve-months post-Fellowship. Four (5%) new FACEMs reported working in a locum, casual or sessional position. Nine respondents (10%) not currently employed as EM specialists were either finishing their existing job contract, undertaking dual paediatric emergency medicine (PEM) training, or on parental leave.

Twenty (22%) new FACEMs reported having undertaken employment below the level of an EM specialist since attaining their Fellowship. Eleven reported working as a registrar in pre-hospital and retrieval medicine, three were working in other areas of clinical practices (e.g., urgent care, trauma, and palliative care), two were completing their PEM training, and the remaining four finished up their existing contract as a registrar in their department.

Eighty-one respondents selected the area(s) of clinical or professional practice they were working in, with all but two (98%, n=79) reporting working in EM (Table 1). Of these, 34 (44%) reported also working in another clinical or professional area.

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

Area of clinical or professional practice*	No. of respondents	%
Emergency Medicine	79	97.5%
Retrieval and Pre-hospital Medicine	12	14.8%
Paediatric Emergency Medicine	10	12.3%
Medical Education	9	11.1%
Rural and Regional Medicine	3	3.7%
Intensive Care/ Critical Care	2	2.5%
Trauma	2	2.5%
Academia and Research	2	2.5%
Virtual EM/ Telehealth	2	2.5%
Acute Medical Assessment	1	1.2%
Anaesthesia	1	1.2%
Geriatric Emergency Medicine	1	1.2%
Hyperbaric Medicine	1	1.2%
Hospital management	1	1.2%
Palliative Care	1	1.2%
Toxicology	1	1.2%
Total no. of respondents	81^	

Respondents may select more than one area of clinical or professional practice.
^Eight respondents did not provide feedback on their area of clinical practice – on parental leave or no current employment.
None selected Indigenous Health, Acute Medical Assessment (or similar), Mental Health or Drug and Alcohol Services, or Public Health from the list of clinical/ professional practices.

Of the 77 new FACEMs who provided their current workplace details, 90% (n= 69) reported working in Australia, and 10% (n= 8) worked in Aotearoa New Zealand. In Australia, 25% (n= 19) were working in Queensland, 20% (n= 15) in New South Wales, 18% (n= 14) in Victoria, and a further 21 respondents reported working in other Australian states or territories.

Less than a quarter (23%, n= 18) of respondents reported securing a full-time position at their primary workplace, and two-thirds (66%, n=51) reported working in part-time roles (i.e., less than 38 hours per week). A further eight (10%) worked as a locum, or in sessional or casual positions at their primary workplace.

Under half (45%, n= 35) of the respondents worked exclusively at one workplace, with the remainder working across multiple workplaces (55%, n=42). Of the new FACEMs working across multiple workplaces, 17 worked at two workplaces, 21 reported working at three workplaces and four worked at four workplaces.

Forty new FACEMs provided feedback on reasons why they worked at more than one workplace. The majority (70%, n= 32) indicated that it was by choice, primarily to gain increased clinical exposure and experience. However, seven respondents indicated that working at multiple workplaces was not their choice, but for them to achieve their desired full-time equivalent (FTE).

Just over half (52%, n= 39) were working the equivalent of full-time hours across all workplaces, 44% (n= 33) were working part-time hours, and 3% (n= 2) were working locum/ casual hours only. Ten respondents who reported working part-time at their primary workplace also worked at other workplace(s) in casual or locum positions.

Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours (ranging between 20% and 31%). Excluding after-hours and on-call work and those working only in casual, sessional, or locum positions, respondents reported working on average 37.9 hours per week (n= 68, range 16 – 80 hours) across all workplaces.

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

Workplace	No. of respondents	No. with locum/ sessional/casual position	Average hours per week*	% Working in excess of contracted hours
Primary workplace	77	8	29.8	30.9%
Second workplace	42	16	17.0	28.6%
Third workplace	21	14	15.7	20.0%

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

The remoteness location of respondents' current workplace was assessed, with 55% (n= 41/75) working in a metropolitan area only, 29% (n= 22) in a RRR area only, whilst 16% (n= 12) were working in both metropolitan and RRR areas.

Respondents were encouraged to provide the reason(s) why they chose to work at their current location, with 66 new FACEMs providing feedback. The most common themes identified for new FACEMs working in a RRR area included enjoying the rural lifestyle, better job availability, a rural background, an interest in rural medicine, and for broader case mix and clinical exposure. The main reasons for new FACEMs working only in metropolitan areas focused on pre-existing family responsibilities and being close to home. Reasons for new FACEMs working in both metropolitan and RRR locations were mainly due to the ability to obtain desired FTE and enjoying rural/regional work while wanting to stay in a metropolitan area (Table 3).

Table 3: Themes and representative comments of the reasons new FACEMs chose to work at their current workplace location

Reasons influencing the choice of new FACEMs to work in their current location	
RRR location only (n= 24)	
Enjoying the rural lifestyle (n= 13)	− My family enjoys the rural lifestyle. − It's a nice place to live and work. − Low cost of living.
Job availability and security (n= 13)	− Lack of availability and/or permanent specialist work in metro areas. − Unable to secure work in major city locations. − Able to get a job in pre-hospital retrieval medicine here.
Background in a rural area (i.e. training experience, growing up rurally) (n= 9)	− My family lives in the rural region. − I am part of the rural bonded medical scheme. − My spouse works here too. − I own property here and my children are in school in the area. − I have trained here as a registrar.
Interest in rural medicine and ED culture (n= 5)	− I prefer rural/regional medicine. − The 'smaller department' means a much closer relationship with our prehospital paramedics and retrieval teams.
Casemix and clinical exposure (n= 3)	− I see a broad case mix of adults/paediatrics/geriatrics with significant acuity. − I can perform procedures often not performed in an ED in metropolitan hospitals.
Metropolitan location only (n= 29)	
Family responsibilities (n= 16)	− My spouse and children work and go to school here, I've just built a house in this location. − My family is established here, my children go to school in a metropolitan location. − The hospital I work at is close to home. Reluctant to move due to my spouse and children's commitments.
Lifestyle and close to home (n= 14)	− Work-life balance with my established family and friends. − I don't want to be away from my family for a week at a time. − Lifestyle, home and loyalty to my current workplace.
Casemix and clinical exposure (n= 6)	− Available work in a paediatric ED and ability to work as a PEM specialist. − Interesting diversity in patient demographics.
Prior training experience (n= 6)	− I have previously worked here as a registrar. − I did my training in these [metro] hospitals.

Both metro and RRR locations (n= 13)		
Unable to secure desired FTE in metro location (n= 7)	−	Regional locations provide an option to do retrieval work, whereas I can't get a consultant job in metropolitan areas.
	−	Initially unable to find work in a metropolitan location.
Living in a metropolitan area but enjoying RRR work for broader clinical exposure (n= 6)	−	Maintaining skills in both metropolitan and rural/regional hospitals.
	−	I work and live in a rural area for the lifestyle but work in a metropolitan hospital for the caseload and be surrounded by other FACEMs.
	−	I live in a metropolitan location, however there are more diverse patient populations in rural and regional locations.
Other reasons (n= 3)	−	Offered as a joint contract between metropolitan and rural and regional locations.
	−	I need to work in a rural location because of scholarship obligations (Medical Rural Bonded Scholarship).

Of the 73 respondents, nearly all respondents (92%, n= 67) reported working in their preferred area of clinical practice, while smaller proportions indicated working in their preferred region (i.e., state, territory, or country) (73%, n= 53) or preferred remoteness location (67%, n= 49). One respondent indicated that they were not working in either their preferred clinical practice, region, or remoteness location.

4.3 Future Career Plans

Nearly all respondents (96%, n= 78) reported they hoped to continue working in EM in five years (Table 4). Similar to the previous survey findings, retrieval/ pre-hospital medicine and medical education were the two most common areas of clinical or professional practice outside of EM that new FACEMs wanted to be working in in the future.

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

Future areas of clinical or professional practice	No. of respondents*	%
Emergency Medicine	78	96.3%
Retrieval/ Pre-hospital Medicine	28	34.6%
Medical Education	23	28.4%
Paediatric Emergency Medicine	12	14.8%
Research and academia	9	11,1%
Toxicology	6	7.4%
Rural and Remote Medicine	5	6.2%
Palliative Care	4	4.9%
Geriatric Emergency Medicine	3	3.7%
Intensive Care/ Critical Care	1	1.2%
Indigenous Health	1	1.2%
Public Health	1	1.2%
Other areas of practice		
Administration	2	2.5%
Hyperbaric Medicine	2	2.5%
Trauma	2	2.5%
Community Education	1	1.2%
Global Emergency Care	1	1,2%
Telehealth	1	1.2%
Ultrasound Medicine Education	1	1.2%
Total no. of respondents	81	

*Respondents may select more than one area of clinical or professional practice. No respondents chose 'Mental Health or Drug and Alcohol Services' or 'Acute Medical Assessment (or similar)' from the list.

When asked which region(s) the new FACEMs would prefer to be working in, in five years' time, Queensland and New South Wales were among the most selected regions, nominated by 30% and 25% of respondents, respectively. This was followed by Western Australia (23%), Victoria (21%) and Aotearoa (15%). Six per cent of respondents also reported wanting to be working overseas in five years' time.

New FACEMs were also asked which workplace location, with respect to remoteness, they would prefer to be working within five years. Just over half (54%, n= 43) of the respondents indicated that their preference was to work in a metropolitan area only. Around one-third (31%) of the respondents reported that their preferred future workplace location was both metropolitan and RRR locations, while a smaller proportion (15%) preferred to work in RRR areas only in the future.

4.4   Mentoring

Just under half (48%, n=33) of 69 responding new FACEMs reported having been involved in a formal mentoring program since attaining their Fellowship, either as a mentor (45%, n= 31), as a mentee (22%, n= 15), or both as a mentor and a mentee (19%, n= 13). Of those who reported being involved as a mentor (n= 31), none reported having the same mentee they had during the FACEM Training Program. Whereas seven of 15 who reported being a mentee had the same mentor they had in the FACEM Training Program, while eight others reported having a new mentor since attaining Fellowship. The remaining 52% (n= 36) reported that they had not been involved in a mentoring program since obtaining their Fellowship, with 30 of them stating they would like to participate in one in the future.

ACEM has established a mentoring program, known as Mentor Connect, since 2021 to offer members and trainees the opportunity for mentoring outside their places of employment. New FACEMs were asked if they were aware of the Mentor Connect program, with 47% (n=32) reporting not being aware of this. Twenty-nine respondents indicated they were interested in this mentoring program, with a comparable number indicating they would be interested in becoming either a mentor (n= 26) or a mentee (n= 29) via Mentor Connect.

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, most respondents (83%, n= 57) reported they had not used ACEM's mentoring resources, with almost half (47%) of them reporting that they were unaware of the resources.

4.5 Continuing Professional Development and ACEM Resources

Nearly all (99%, n=69) of 70 responding new FACEMs had commenced the ACEM CPD Program, with one stating they would commence their CPD program in the next intake.

When asked how they would rate their agreement level on the statement '*I understand ACEM CPD program requirements*', 52 (78%) of 67 respondents agreed with this statement. Eight (12%) reported they neither agreed nor disagreed, whereas seven (10%) disagreed or strongly disagreed that they understood the ACEM CPD program requirements. The 15 respondents who did not agree with the statement cited several key reasons, including difficulties in navigating the website, challenges in interpreting CPD requirements, and issues with providing evidence for CPD hour claims.

New FACEMs were asked to rate their level of agreement on their ability to meet various categories of CPD requirements. Respondents were generally more likely to agree that they could meet the CPD requirements for procedural skills (99%) and educational requirements (96%), compared with the professional development plan (88%), reviewing performance (79%) or measuring outcomes requirements (74%).

When asked if they wished to comment on how ACEM can better support them in meeting their CPD requirements, 17 new FACEMs provided feedback. Ten requested more straightforward instructions/explanations of how to complete their CPD requirements or upload the required evidence, four requested online logbooks to show evidence during CPD auditing, while two commented that it was not ideal to change CPD requirements part way through the CPD year.

New FACEMs were asked to rank each of ACEM's educational resources available for CPD (Table 5). Resources including Assessing Cultural Competence modules (74%) and Indigenous Health & Cultural Competency Online modules (69%) were among the most popular educational resources that respondents had utilised or were intending to utilise for their CPD. In addition, around half of the new FACEMs reported that they intended to utilise the Leadership - online course (47%), Critical Care Airway Management (40%) and the Workplace-based Assessment – Online Training modules (39%) for their CPD. The less popular educational resources included the Welcome to Working as a Medical Practitioner in Australia – Online program, Observational Medicine module, and RRR resources.

Table 5: Utilisation of ACEM's educational resources available for CPD, by new FACEMs

CPD resources	n	Have or currently utilising % (n)	Intend to utilise % (n)	Do not intend to utilise % (n)	Unaware of this resource % (n)
ACEM Core Values module	61	32.8% (20)	19.7% (12)	9.8% (6)	37.7% (23)
Assessing Cultural Competency modules	62	74.2% (46)	17.7% (11)	3.2% (2)	4.8% (3)
Best of Web EM	62	19.4% (12)	33.9% (21)	16.1% (10)	30.6% (19)
Clinical Supervision Online modules	62	17.7% (11)	37.1% (23)	4.8% (3)	40.3% (25)
Critical Care Airway Management modules	60	18.3% (11)	40.0% (24)	8.3% (5)	33.3% (20)
General Emergency Medicine Resources	61	24.6% (15)	32.8% (20)	6.6% (4)	36.1% (22)
Indigenous Health and Cultural Competency - Online modules	62	69.4% (43)	14.5% (9)	3.2% (2)	12.9% (8)
Leadership Online course	60	8.3% (5)	46.7% (28)	6.7% (4)	38.3% (23)
Observational Medicine module	58	1.7% (1)	25.9% (15)	10.3% (6)	62.1% (36)
Operating with Respect - Online modules	58	12.1% (7)	27.6% (16)	12.1% (7)	48.3% (28)
Rural, Regional, and Remote resources	60	6.7% (4)	25.0% (15)	16.7% (10)	51.7% (31)
Ultrasound course	61	41.0% (25)	32.8% (20)	9.8% (6)	16.4% (10)
Welcome to Working as a Medical Practitioner in Australia - Online program	61	3.3% (2)	14.8% (9)	32.8% (20)	49.2% (30)
Workplace-based Assessment - Online Training modules	62	29.0% (18)	38.7% (24)	6.5% (4)	25.8% (16)
Workplace-based Assessment - Orientation videos	62	29.0% (18)	33.9% (21)	9.7% (6)	27.4% (17)

n = number of respondents

Respondents were also asked to reflect on several ACEM workshops and events, whether they had attended the workshop or event, their intentions to attend in the future, or if they were unaware of the workshop or event (Table 6). The most attended events were the Annual Scientific Meeting, followed by Faculty Meetings, New Fellow Webinars and Workshops. On the other hand, the Exam Writing Workshop and Faculty Symposiums were among the less popular events among new FACEMs, with most indicating that they were not planning on attending these events.

Table 6: Attendance at ACEM workshops and events by new FACEMs

ACEM workshops and events	n	Have attended		Intend to attend		Do not plan to attend		Unaware of this event	
		n	%	n	%	n	%	n	%
Annual Scientific Meeting (ASM)	65	19	29.2%	37	56.9%	9	13.8%	0	0%
Winter Symposium	63	6	9.5%	31	49.2%	22	34.9%	4	6.3%
Exam Writing Workshop	63	2	3.2%	26	41.3%	32	50.8%	3	4.8%
Faculty Meetings	65	17	26.2%	22	33.8%	23	35.4%	3	4.6%
Faculty Symposiums	62	3	4.8%	25	40.3%	24	38.7%	10	16.1%
New Fellows Webinars	63	12	19.0%	31	49.2%	15	23.8%	5	7.9%
New Fellows Workshop/s	65	12	18.5%	31	47.7%	16	24.6%	6	9.2%
FACEM Assessor Workshop	62	0	0%	28	45.2%	19	30.6%	15	24.2%

n = number of respondents

To ensure that the ACEM myCPD portal is fit for purpose, new FACEMs were asked to rate their level of agreement on statements regarding the 2024 ACEM myCPD portal (Table 7). Respondents were less likely to agree that they found the CPD support resources, templates and guides helpful (61%), compared with the functionality and accessibility of the ACEM myCPD portal.

Table 7: New FACEM's level of agreement on statements relating to ACEM myCPD portal

My ACEM CPD website	Strongly Agree/ Agree % (n)	Neither agree nor disagree % (n)	Disagree/ Strongly Disagree % (n)	N/A % (n)
The ACEM myCPD portal is intuitive	71.2% (47)	13.6% (9)	10.6% (7)	4.5% (3)
I am satisfied with the functionality of the ACEM myCPD portal	81.8% (54)	1.5% (1)	12.1% (8)	4.5% (3)
I am satisfied with the accessibility of the ACEM myCPD portal	86.4% (57)	3.0% (2)	6.1% (4)	4.5% (3)
I find the CPD support resources, including templates and guides helpful	60.6% (40)	18.2% (12)	9.1% (6)	12.1% (8)

When asked about how they found out about ACEM-approved CPD activities, the highest proportion of respondents reported that they heard about CPD activities via the ACEM website (57%), through word of mouth (49%), followed by the ACEM myCPD portal (38%). Around a quarter (24%) found out the ACEM-approved CPD activities via the activity provider's advertising. A relatively smaller proportion knew the activities via hospital advertising or social media (9%, respectively).

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

The ACEM New Fellows Program aims to provide targeted support, guidance, professional development and resources for new EM specialists. To help inform the College's future planning, New Fellows were asked for their thoughts on areas they would like to know more about.

Figure 1 presents the areas nominated by new FACEMs that they would like to know more about, and which could be included in ACEM's New Fellows Program. The most cited areas were the 'ACEM CPD program' (54%), 'ED management' (49%) and 'Finding your niche as an EM specialist' (49%).
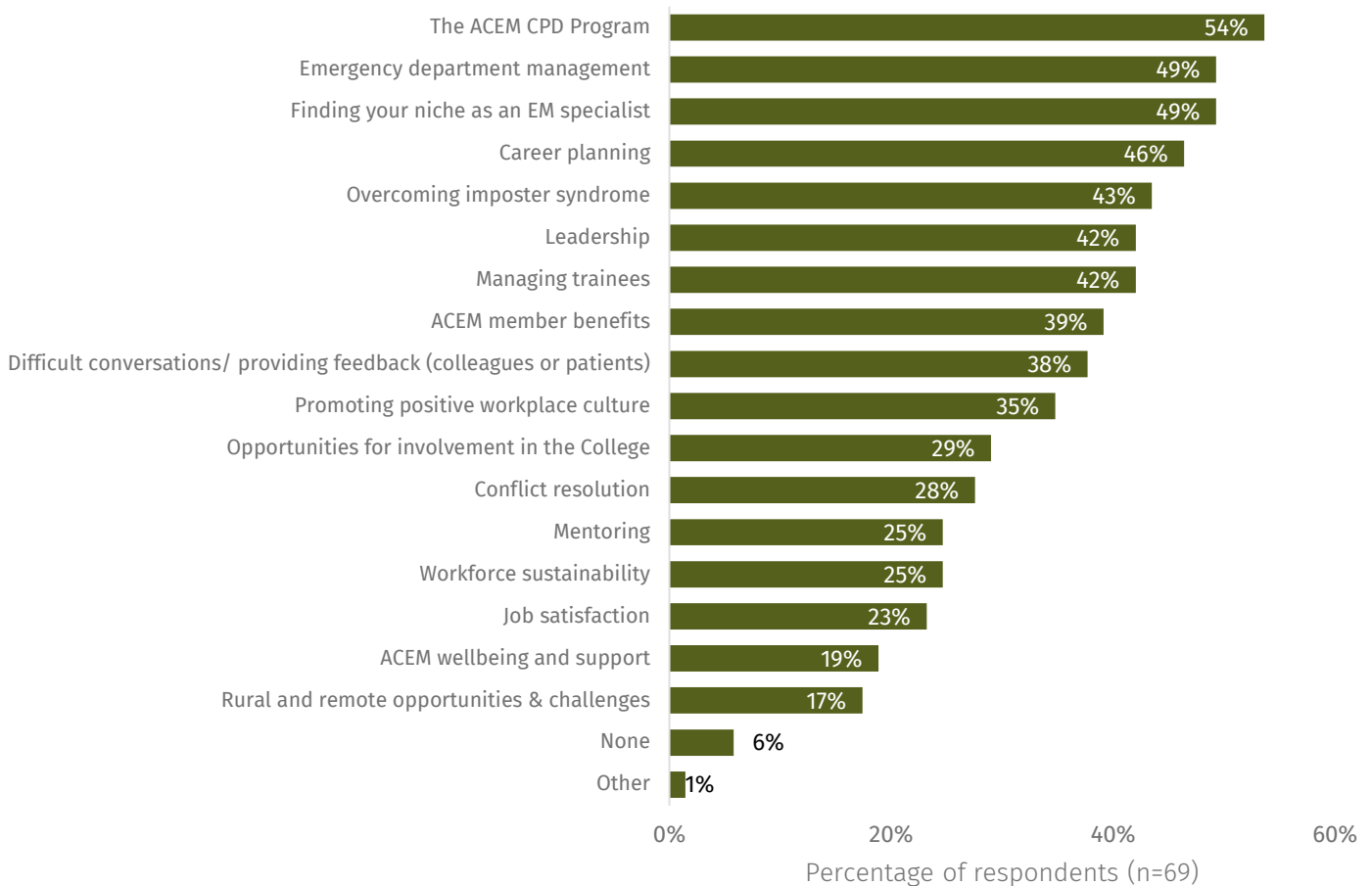

Figure 1: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area

Note: One respondent selected 'Other' topic – Interview preparation.

The College offers a range of channels to communicate relevant news and information to new FACEMs, and Table 8 shows the satisfaction level of new FACEMs with the respective communication platforms. New FACEMs were most satisfied with the welcome email, followed by the College Bulletin. In contrast, the least popular communication channels were social media and the new Fellows hub noticeboard, with the largest proportion reporting being unaware of them.

Table 8: New FACEM's level of satisfaction with communication platforms

ACEM communication platforms	Very satisfied/ Satisfied % (n)	Neutral % (n)	Dissatisfied/ Very dissatisfied % (n)	Unaware of this resource % (n)
Welcome email	60.0% (39)	26.2% (17)	0% (0)	14.8% (9)
New Fellows Orientation Guide	40.3% (27)	26.9% (18)	3.0% (2)	29.9% (20)
New Fellows Hub Noticeboard	20.9% (14)	40.3% (27)	4.5% (3)	34.3% (23)
Bulletin	56.1% (37)	34.8% (23)	1.5% (1)	7.6% (5)
Faculty Updates	43.9% (29)	40.9% (27)	3.0% (2)	12.1% (8)
Social Media	15.2% (10)	31.8% (21)	3.0% (2)	50.0% (33)

Data are reported as n (%)

In 2021, ACEM introduced the role of Regional New Fellows Champions, aiming to develop and promote ACEM initiatives that support new Fellows in their transition to being an EM specialist. The respondents were asked if they were made aware of the role of Regional New Fellows Champions in their region, with 73 responding. Just over half (52%, n= 38) stated that they were aware of this role, with 32 respondents (44%) indicating that they had not heard about this role. The remaining three respondents reported that the role had not been filled in their region.

The New Fellows webpage on the ACEM website provides an overview of resources, webinars, and information regarding the upcoming events and opportunities for new FACEMs. Less than two-thirds (64%, n=47) of the 73 respondents reported being aware of the ACEM's New Fellows webpage.

ACEM offers several initiatives to support the wellbeing of New FACEMs, with the utilisation of these resources shown in Table 9. Only a small proportion of respondents reported having utilised the resources, and a larger proportion reported being unaware of the individual resources, suggesting more promotion of these wellbeing initiatives is required.

Table 9: Utilisation of ACEM's initiated wellbeing resources by new FACEMs

College Resources	n	Have or currently utilising % (n)	Intend to utilise % (n)	Do not intend to utilise % (n)	Unaware of this resource % (n)
ACEM Assist	67	3.0% (2)	10.4% (7)	28.4% (19)	58.2% (39)
ACEM Wellness Week	68	13.2% (9)	32.4% (22)	29.4% (20)	25.0% (17)
Peer-reviewed resources	68	16.2% (11)	27.9% (19)	8.8% (6)	47.1% (32)
Workforce-Wellbeing Network (Introduced 2023)	68	1.5% (1)	14.7% (10)	7.4% (5)	76.5% (52)

n = number of respondents

4.7 Preparedness for EM Practice

To help inform the planning of the FACEM Training Program, feedback from new FACEMs was sought regarding their level of preparedness for independent practice as an EM specialist after completing the training program. Excluding those (n= 5) who underwent the SIMG pathway, 68 (87%) of 78 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, a slight decrease compared with the 2023 survey finding (94%). Eight neither agreed nor disagreed, while two others disagreed that they were well-prepared for independent practice. The main reasons provided by those (n= 7) who did not agree that they felt well-prepared mostly focused on limited training and preparation on developing their non-clinical skills, either for junior staff supervision, leadership, or other senior managerial tasks.

New FACEMs (n= 58) further commented on specific components of the FACEM Training Program that best prepared them for independent practice. Over half of the feedback (n= 32) highlighted the importance and high standard of the Fellowship exam, which had best prepared them to be a competent EM specialist. Other respondents (n= 13) commented that the excellent clinical supervision and exposure being the highlight of the training program. Others (n= 10) also mentioned that the requirements of critical care and non-ED or special skills components were helpful to them. Nine respondents highlighted the benefits of shift report requirements while four others mentioned that being in charge during night shifts was beneficial in preparing them for independent practice.

Thirty-nine respondents provided feedback on additional training and resources that could have been provided by ACEM to better support their preparation for independent practice. Most feedback (n=17) focused on more training in developing their non-clinical skills (e.g., staff and ED management, junior staff supervision, career development, non-clinical portfolio establishment, communication, and conflict management). Seven respondents recommended increased opportunities for special skills and critical care rotations. Six New FACEMs expressed a need for greater support during their transition process to new FACEMs. Other feedback included more resources for clinical procedures (n= 4), clearer guidance on CPD requirements (n= 4), and additional exam preparation resources (n= 4).

The topic areas new FACEMs would like ACEM to provide more support are shown in Figure 2. New FACEMs were asked to select five topics they were most interested in, with the three most popular topic areas nominated being paediatric (69%), ultrasound (42%) and trauma (42%).
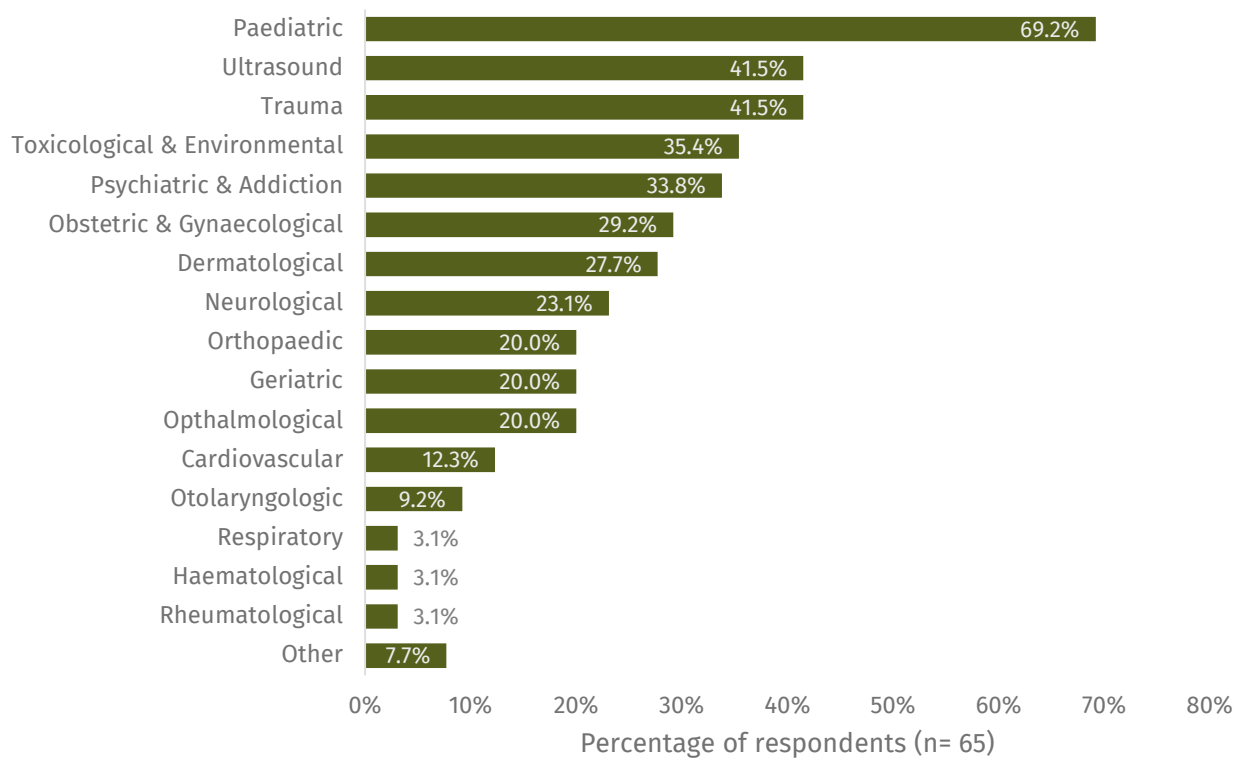
Figure 2: Topic areas new FACEMs would like ACEM to provide more support or resources.

Note: Other suggested topic areas included administration/management, wound management, and cultural values resources. No respondents selected gastrointestinal, renal & urogenital, endocrinological, immunological or oncological from the list of topic areas.

4.8 Workplace Support and Challenges

The survey also sought feedback from new FACEMs on useful resources, programs or support services their workplace provided and/or could have provided but did not. The themes of the respondent's comments are provided in Table 10.

Feedback regarding useful support their workplace provided focused on peer support from other FACEMs (n= 13) and education sessions and teaching for exam preparation (n= 11). However, it is noteworthy that 13 respondents stated that their workplace did not provide helpful resources or programs to assist them in transitioning to an EM specialist. Formal or informal mentoring (n= 8) and orientation to the department (n= 5) were more frequently raised as support their workplaces should have provided but did not.

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

Key themes	Frequency
Workplace provided (n= 45)	
No support or resources provided	13
Peer support from other FACEMs	13
Teaching and education sessions	11
Earlier transition to Fellow roles and rostering (at late training stage)	7
Regular debriefing sessions, and case discussions	5
Support in administration and non-clinical roles	3
Career advice	2
Shadow/buddy shifts with senior FACEMs	2
Workplace could have provided (n= 28)	
Formal or informal mentoring	8
No additional support required	6
Introductory period, orientation to department	5
Assistance with establishing non-clinical portfolios and leadership opportunities	5
Career advice and interview preparation	3
Help in understanding CPD requirements	3

The trajectory of challenges experienced by new FACEMs through their first week, first month, and then 3-6 months post Fellowship is provided in Table 11. Adjusting to a new workplace and workplace policies was a key challenge for new FACEMs in the first week post-Fellowship, as was managing staff and the department. In the first month, adjusting to the increased responsibilities of being a senior decision-maker was the most common theme identified. In addition to the clinical challenges, non-clinical responsibilities such as managing staff and department flow and administrative requirements were frequently raised as a challenge in the first month through to 3-6 months post-Fellowship.

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

Timeline	Key Themes
First week (n= 48)	– Adjusting to new workplace and new policies (n= 11) – Imposter syndrome (n= 11) – Supervising junior staff, including managing former peers (n= 9) – Familiarising administrative and non-clinical work, learning new IT systems (n= 8) – Coping with increased responsibility (n= 8) – Undertaking the role and responsibility as senior decision maker (n= 6) – No specific challenges (n= 6) – Coping access block and managing patient flow (n= 4) – Finding employment opportunities (n= 2)
First month (n= 44)	– Adjusting to the increased responsibilities as senior decision maker (n= 18) – Managing department and non-clinical responsibilities (n= 8) – Navigating on-call shifts and difficult clinical decisions (n= 10) – Adjusting to new department and employment contract requirements (n= 6) – Coping with access block and managing patient flow (n= 5) – Supervising junior staff (n= 5) – Imposter syndrome (n= 3) – Juggling work and personal life, including fatigue management (n= 3) – No specific challenges (n= 3) – Finding a mentor (n= 1)
First 3-6 months (n= 43)	– Managing department and inter-department relationships (n= 11) – Non-clinical portfolios and leadership responsibilities (n= 9) – Supervising junior staff (n= 8) – Adjusting to the responsibility of being a senior decision maker (n= 4) – Imposter syndrome (n= 4) – Managing work-life balance, including fatigue management (n= 5) – Coping with access block and managing patient flow (n= 3) – Looking for a permanent consultant role (n= 3) – Being recognised as a consultant by former peers and present colleagues (n= 2) – Navigating CPD requirements (n= 2) – No specific challenges (n= 2)

5. Conclusion

This report presents the key findings from the 2024 New FACEMs Early Career Survey. Over two-thirds of new FACEMs (68%) secured an EM specialist position at the time of attaining Fellowship, and this increased to 85% at 6- to 12-months post-Fellowship. Workforce patterns remain consistent with previous years, including a high proportion of new FACEMs working at multiple workplaces with part-time employment and working in additional clinical areas beyond emergency medicine.

Nearly half of the respondents reported working in RRR areas, either only in RRR areas or both metropolitan and RRR locations. Likewise, almost half also intended to work outside of metropolitan areas within the next five years. Similar to previous years, enjoying rural lifestyle and greater job availability/ security were the two main drivers for new FACEMs choosing to work in RRR areas.

The 2024 survey findings continue to inform the areas requiring further development and promotion with respect to mentoring support, CPD and education resources, and College support specifically designed for the early career new FACEMs. The ACEM CPD Program was the most rated area that new FACEMs wanted to know more about, and consistently, most feedback focused on more assistance and guidance that can be provided to assist new FACEMs to navigate the CPD requirements.

Importantly, 87% of new Fellows responded that they felt well prepared for independent practice as an EM specialist at the completion of the FACEM Training Program. Establishing a non-clinical portfolio, including department and staff management, was frequently highlighted as the key challenge they faced during their transition from their first week to their first 3-6 months post-Fellowship. This is consistent with the feedback to have increased training in developing their non-clinical and leadership skills as part of the FACEM Training Program.

Overall, the survey findings underscore the importance of continued efforts to enhance early career support, and strengthen support in key areas such as CPD, mentoring, and non-clinical training as part of the FACEM Training Program. Ongoing monitoring of the workforce trends among new FACEMs is essential to inform the emergency medicine workforce planning and advocacy efforts.

6. Acknowledgements

The Australasian College for Emergency Medicine (ACEM) would like to thank the Membership and Culture, CPD, Education Strategy and Development Units for input into the survey tool development.

7. Suggested Citation

Australasian College for Emergency Medicine (2025), New FACEMs Early Career 2024 Survey, ACEM Report, Melbourne.

8. Contact for Further Information

Jolene Lim

Manager, Research

Research Unit, Department of Policy, Research and Partnerships

Australasian College for Emergency Medicine (ACEM)

34 Jeffcott Street, West Melbourne VIC 3003, Australia

Telephone +61 3 9320 0444