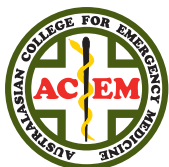




Australasian College
for Emergency Medicine

2020 New FACEMs Early Career Survey

Report



New FACEMs Early Career Survey

Key findings

This survey is distributed biannually to new Fellows six to 12 months post-Fellowship. In 2020, 106 new FACEMs participated in the survey, providing feedback on their current and future career plans, the areas they needed support and their challenges as a new FACEM. Trends in the survey data from 2014 to 2020 are also presented.

89% felt well prepared for independent practice as an emergency medicine specialist.

Key challenges

- first 3 to 6 months post-Fellowship
- Managing non-clinical workload
 - Seeking a permanent specialist position

Workplace choices

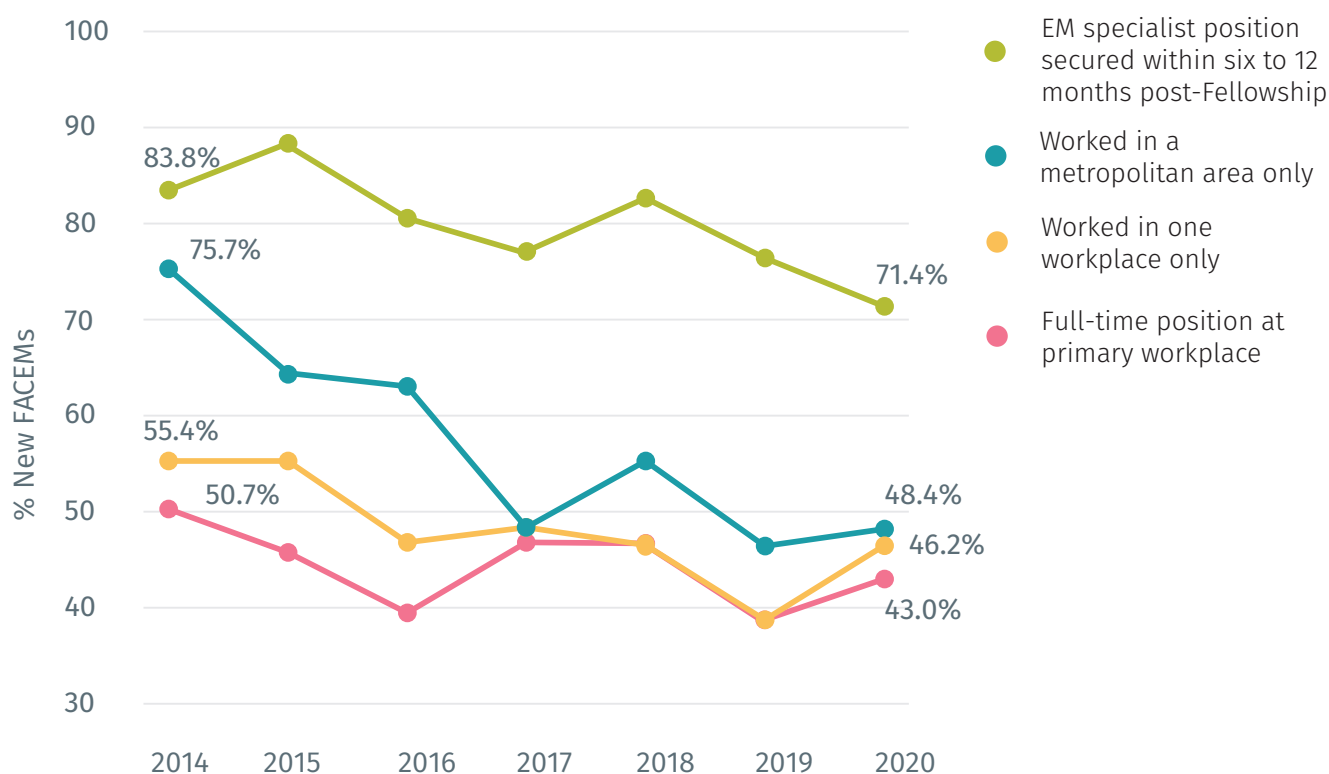
The number of new FACEMs working in **regional, rural and remote** locations is increasing.



Key reasons

- Job opportunities
- Rural lifestyle
- Breadth of exposure / skill development

Decreasing trends for early career new FACEMs 2014 - 2020



Contents

1.	Executive Summary.....	2
2.	Purpose and Scope of Report	2
3.	Methodology.....	3
4.	Results.....	3
4.1	Demographic Information.....	3
4.2	Current Career.....	3
4.3	Future Career Plans.....	8
4.4	Mentoring.....	9
4.5	Continuing Professional Development and ACEM Resources	10
4.6	College Support- New Fellows Program and Resources to Support New Fellows.....	12
4.7	Preparedness for Practice.....	14
4.8	Workplace Support and Challenges.....	14
5.	Conclusion.....	16
6.	Acknowledgements	17
7.	Suggested Citation	17
8.	Contact for Further Information.....	17

List of Figures

FIGURE 1: PERCENTAGE OF NEW FELLOWS WITH AN EM SPECIALIST POSITION SECURED AT FELLOWSHIP AND 6-12 MONTHS POST-FELLOWSHIP, FOR THE YEARS 2014-2020.....	4
FIGURE 2: TYPE OF EMPLOYMENT NEW FACEMs REPORTED WORKING IN AT THEIR PRIMARY WORKPLACE	6
FIGURE 3: WORKPLACE REMOTENESS LOCATION (METROPOLITAN, REGIONAL/RURAL/REMOTE, OR BOTH) NEW FACEMs REPORTED WORKING IN	7
FIGURE 4: NEW FELLOWS PROGRAM - AREAS NEW FELLOWS WOULD LIKE TO KNOW MORE ABOUT, RANKED FROM THE MOST SELECTED TO THE LEAST SELECTED AREA.....	13

List of Tables

TABLE 1: AREAS OF CLINICAL OR PROFESSIONAL PRACTICE NEW FACEMs WERE WORKING IN AT THE TIME OF THE SURVEY	5
TABLE 2: AVERAGE HOURS WORKED PER WEEK AND WHETHER RESPONDENTS WERE WORKING IN EXCESS OF CONTRACTED HOURS, BY WORKPLACE.....	6
TABLE 3: THEMES AND REPRESENTATIVE COMMENTS OF THE REASONS NEW FACEMs CHOSE TO WORK IN A REGIONAL/RURAL/REMOTE LOCATION.....	7
TABLE 4: AREA(S) OF CLINICAL OR PROFESSIONAL PRACTICE NEW FACEMs HOPED TO BE WORKING IN, IN FIVE YEARS' TIME.....	8
TABLE 5: REGIONS NEW FACEMs WOULD PREFER TO BE WORKING IN, IN FIVE YEARS' TIME	9
TABLE 6: NEW FACEM's (N=23) SATISFACTION LEVELS WITH ACEM'S MENTORING RESOURCES	10
TABLE 7: PERCEIVED BENEFITS TO UNDERTAKING OR INTENDING TO UNDERTAKE ACEM SPECIALIST CPD PROGRAM	10
TABLE 8: UTILISATION OF ACEM'S EDUCATIONAL RESOURCES AVAILABLE FOR CPD, BY NEW FACEMs.....	11
TABLE 9: ATTENDANCE AT ACEM WORKSHOPS AND EVENTS, BY NEW FACEMs.....	12
TABLE 10: USEFUL RESOURCES, PROGRAMS OR SUPPORT SERVICES RESPONDENT'S WORKPLACES PROVIDED OR SHOULD HAVE PROVIDED BUT DIDN'T, TO ASSIST WITH THE TRANSITION TO BECOMING AN EM SPECIALIST	14
TABLE 11: THEMES OF CHALLENGES EXPERIENCED IN THE FIRST WEEK, FIRST MONTH AND 3-6 MONTHS POST FELLOWSHIP	15

1. Executive Summary

The New FACEMs Early Career Survey is distributed biannually to new Fellows 6-12 months post Fellowship. Participation is voluntary, and 106 (50%) of 214 new FACEMs participated in the 2020 surveys.

Summary of 2020 New FACEMs Early Career Survey Findings

Current Career

- Only 48% of respondents had an emergency medicine (EM) specialist position secured at the time of attaining Fellowship, which increased to 71% at the time of the survey.
- All respondents reported working in EM, with 28% also working in another area of clinical or professional practice.
- New FACEMs reported working at between one and five workplaces, with 54% working at more than one workplace.
- Less than half (43%) were working the equivalent of full-time hours at their primary workplace, with 39% reporting working part-time hours, and 18% working casual hours only.
- A significant decrease in the proportion of new Fellows who have reported working in a metropolitan area only has been seen over the last six years (from 76% in the 2014 cohort of new FACEMs to 48% in the 2020 cohort), with more recent cohorts being more likely to work in a regional/rural/remote area.

Future Career Plans

- All but two respondents reported wanting to work in EM in five years' time. Medical education (38%) and retrieval/ pre-hospital medicine (23%) were more commonly reported areas of practice outside of EM that respondents wanted to be working in.
- 44% of respondents indicated that they preferred to work in a metropolitan area only in five years' time, whilst more comparable proportions reported wanting to work in either regional/rural/remote areas only (26%), or both metropolitan and regional areas (31%).

Mentoring and ACEM Continuing Professional Development (CPD) Resources

- 56% of respondents reported having been involved in a mentoring program, either as a mentor (25%), as a mentee (14%) or as both a mentor and a mentee (17%).
- Two-thirds (67%) had not used ACEM's mentoring resources, with 52% of them reporting that they were not aware of the resources.
- The majority (92%) of respondents had commenced the ACEM Specialist CPD Program, and the most selected reasons for undertaking the program were to extend their specialist EM knowledge (81%) and skills (72%).
- Resources for Workplace-based Assessments and Cultural Competency modules were among the most popular CPD resources.

Areas for Support from ACEM and Workplaces

- The most popular topics selected by respondents for inclusion in the New Fellows Program were "Finding your niche as an EM Specialist" (64%), "Managing trainees" (56%), and "Leadership" (55%).
- Less than half (49%) of respondents were aware of ACEM's New Fellows Network, with less than a quarter (23%) satisfied with the network.
- Mentoring and/ or a senior support network, regular feedback meetings, career/ portfolio development, and non-clinical skills training were among the key areas of support respondents deemed useful to be provided by workplaces.

Preparedness for Practice and Challenges Experienced

- 89% of 100 respondents agreed that they felt well-prepared for independent practice as an EM specialist at the completion of the FACEM Training Program.
- Training in non-clinical skills was among the most frequently nominated area that respondents reported as being inadequately covered in the FACEM Training Program.
- Managing non-clinical workloads and seeking a permanent specialist position were consistently reported as key challenges faced by new Fellows within 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 following attainment of the ACEM Fellowship. Commencing in 2014, these voluntary surveys are administered to enhance ACEM's understanding of current and future career plans of new FACEMs, resources and support that the College should provide, and challenges experienced as a new FACEM.

This report provides the findings from the two iterations of the survey conducted in 2020, as well as presenting longitudinal data from 2014 through to 2020.

3. Methodology

The new FACEMs were contacted by email and invited to participate in the online survey hosted in QuestionPro. Two surveys were distributed in 2020, one in March to Fellows elected between 1 March 2019 and 31 August 2019, and another in September to Fellows elected between 1 September 2019 and 28 February 2020. Participation was voluntary, and completion of the survey was considered as implied consent. Two follow-up emails were distributed to the new FACEMs who had not responded, encouraging them to participate.

Personal information was collected as part of the survey in order to match respondents to the demographic and training information within ACEM's member database, however participant's confidentiality was fully protected. All personal information provided was excluded from data analysis and reporting, with data being reported only in the aggregate.

4. Results

4.1 Demographic Information

Of the 214 new FACEMs who graduated in 2020, 47% (n=100) were female and the average age was 37.2 years on attainment of Fellowship. The new FACEMs took an average of 7.5 years to gain their Fellowship and spent 5.7 years in advanced training. Eighteen (8%) new FACEMs obtained their Fellowship via the Specialist International Medical Graduate (SIMG) pathway.

A total of 106 from the pool of 214 new FACEMs responded to the 2020 survey, a response rate of 50% (range between 48%-64% from 2014-2019). The demographics of the respondents were representative of the 2020 new FACEM cohort, with 48% being female and the mean age at attainment of Fellowship was 37.4 years.

4.2 Current Career

This section contains the findings on the current career profile of the responding new FACEMs, including whether they had an emergency medicine (EM) specialist position secured at the time of obtaining Fellowship and at the time of the survey; area(s) of clinical or professional practice and location they were working in at the time of completing the survey; employment type; contracted hours worked; and current career preferences.

Less than half (n=51/106, 48%) of the respondents had an EM specialist position secured at the time of attaining their Fellowship; 24 (23%) did not have a specialist position secured, while 29 respondents (27%) were working as either a locum, or in a casual/ sessional position. Two other new FACEMs reported still working as senior registrars.

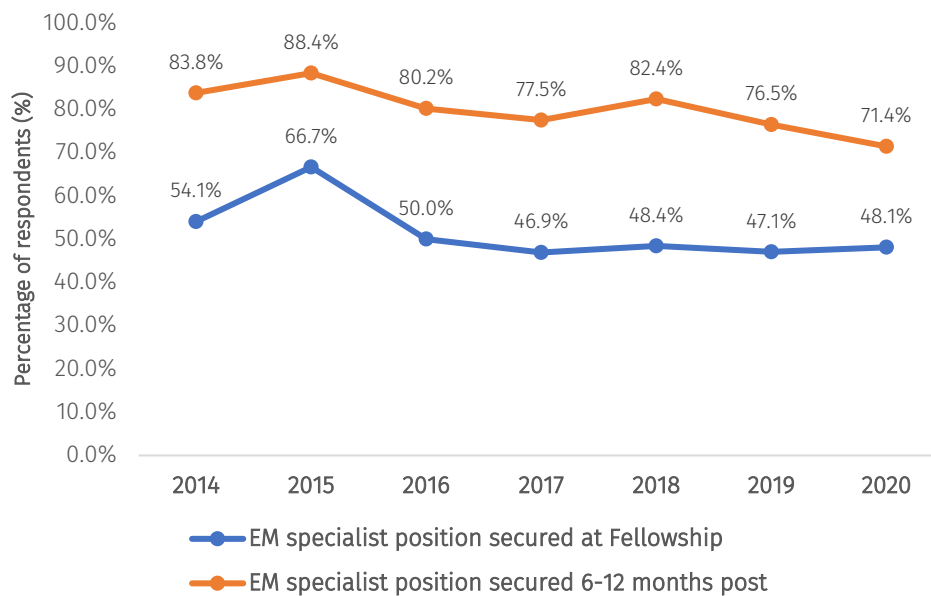
Of those who provided reasons for not having an EM specialist position secured at the time of gaining their Fellowship (n=23), 12 (43%) reported that they were still seeking employment,

whilst 10 (35%) reported that they were still completing training or finishing a rotation. Two other new FACEMs reported other reasons for not having an EM specialist position at the time of gaining their Fellowship.

The number of new FACEMs who reported working in a specialist position increased to 71% (n=75) at six to 12 months post-Fellowship. Twenty (19%) new FACEMs reported working as a locum or visiting medical officer, whereas 10 (10%) respondents reported not working as an EM specialist. Of the latter, five new FACEMs were currently on parental leave, whilst two were working in another area of clinical practice (rural health and prehospital retrieval medicine, respectively). One intended to obtain specialist registration overseas, whereas two others did not intend to work at the time.

Figure 1 shows the proportion of new FACEMs who had an EM specialist position secured at Fellowship and 6-12 months post-Fellowship, between 2014 and 2020. On average over the 7-year period, just over half (52%) of the new FACEMs reported having an EM specialist position secured at Fellowship, and the percentage increased to 80% on average at 6-12 months post-Fellowship. However, a decreasing trend was observed over time in the proportion of new FACEMs having secured an EM specialist position, suggesting that it is increasingly challenging for the more recent cohorts of new FACEMs to obtain employment in a specialist position.

Figure 1: Percentage of new Fellows with an EM specialist position secured at Fellowship and 6-12 months post-Fellowship, for the years 2014-2020



New FACEMs were asked if they had undertaken any work that was below the level of an EM specialist since attaining their Fellowship, with nearly one third (31%, n=33) reporting having done so. All but one specified the reason(s) for this, with the majority (n=26) reporting working as registrars either completing existing work contracts, finishing dual specialist training, or working in other areas outside of EM (e.g. paediatric, retrieval medicine). Five respondents commented that there were no specialist positions available, and two other respondents reported working in locum registrar positions.

A total of 94 respondents selected the area(s) of clinical or professional practice they were working in at the time of the survey, with all of them reporting working in EM. Of these, 26 (28%) reported also working in another clinical or professional area, with four of them working in two or more areas other than EM. Similar to the 2019 survey findings, Retrieval/ Pre-hospital Medicine was the most common area outside of EM that new FACEMs reported

working in (n=16/26, 62%). The areas of clinical or professional practice new FACEMs reported working in at the time of the survey are provided in Table 1.

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

Area of clinical or professional practice	No. of respondents	%
Emergency Medicine	94	100.0%
Retrieval/ Pre-hospital Medicine	16	17.0%
Toxicology	4	4.3%
Medical Education	3	3.2%
Geriatric Emergency Medicine	3	3.2%
Intensive Care/Critical Care	2	2.1%
Research/ Academia	1	1.1%
Trauma	1	1.1%
Other Medicine	2	2.1%
Total no. of respondents	94	

Note: Respondents may select more than one area of clinical or professional practice

Of the 93 new FACEMs who provided their current workplace details, 28% (n=26) were working in New South Wales, 24% (n=22) in Queensland and 14% (n=13) in Victoria for their primary workplace. A further 14% (n=13) of respondents reported working in New Zealand and one was working overseas. This distribution is somewhat comparable to the distribution of the FACEM population, where the majority of FACEMs lived in New South Wales (23%), Victoria (22%) and Queensland (21%), with a further 11% living in New Zealand¹, although there was a smaller percentage of the new FACEM cohort working in Victoria.

Under half (46%, n=43) of the respondents worked at one workplace only, with the remainder working across multiple workplaces (54%, n=50). Of the 50 respondents working at more than one workplace, 60% were working at two workplaces, 30% at three workplaces, 8% at four workplaces, and one new FACEM reported working at five workplaces. For those who worked at multiple workplaces, three-quarters (n=37/50) reported that it was by choice, with the main reasons being the opportunity to have a broader variety of clinical exposures and learning environments. Importantly, one quarter of respondents (n=13/50) indicated that they did not work at multiple workplaces by choice but needed to do this to make up the equivalent of full-time hours, given the lack of permanent and/or full-time positions at their primary workplace.

At the time of completing the survey, new FACEMs reported working on average 39.2 hours per week (range 19 – 84 hours) across all workplaces, excluding after hours and on-call work and those working in casual positions only. Less than half (43%, n=40/93) of the responding new FACEMs were working the equivalent of full-time hours at one workplace, 39% (n=36) were working part-time hours (i.e. less than 38 hours per week), and 18% (n=17) were working casual hours only. Thirteen respondents who reported working part-time hours also worked casually at another workplace(s).

From 2015 onwards, more than half of the new Fellows each year reported working in part time or casual/ locum positions at their primary workplace (Figure 2). On average, only 45% of new Fellows reported working in a full-time position at their primary workplace, and this was consistently seen over the 7-year period. Interestingly, in 2020 the largest percentage of new Fellows reported working in a casual/ locum position at their primary workplace at 18%, which was significantly higher than in previous years.

¹ Australasian College for Emergency Medicine. (2020). FACEM & FACEM Trainee Demographic and Workforce 2019 Report. ACEM Report: Melbourne.

Figure 2: Type of employment new FACEMs reported working in at their primary workplace

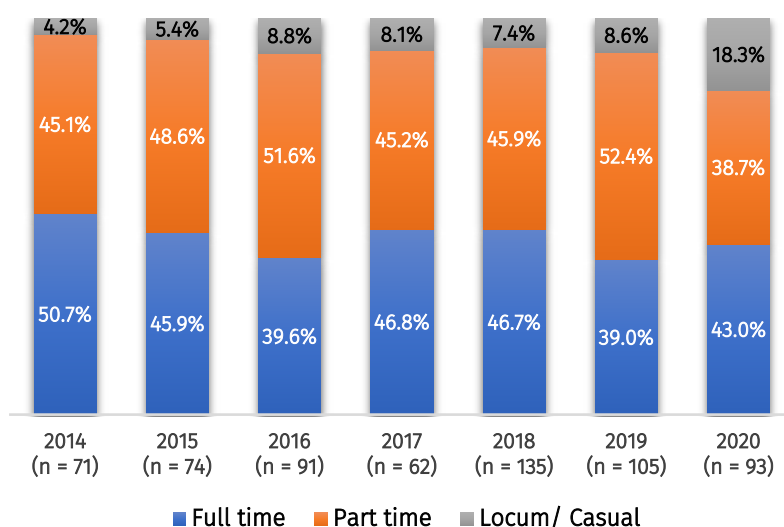


Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours.

Table 2: Average hours worked per week and whether respondents were working in excess of contracted hours, by workplace

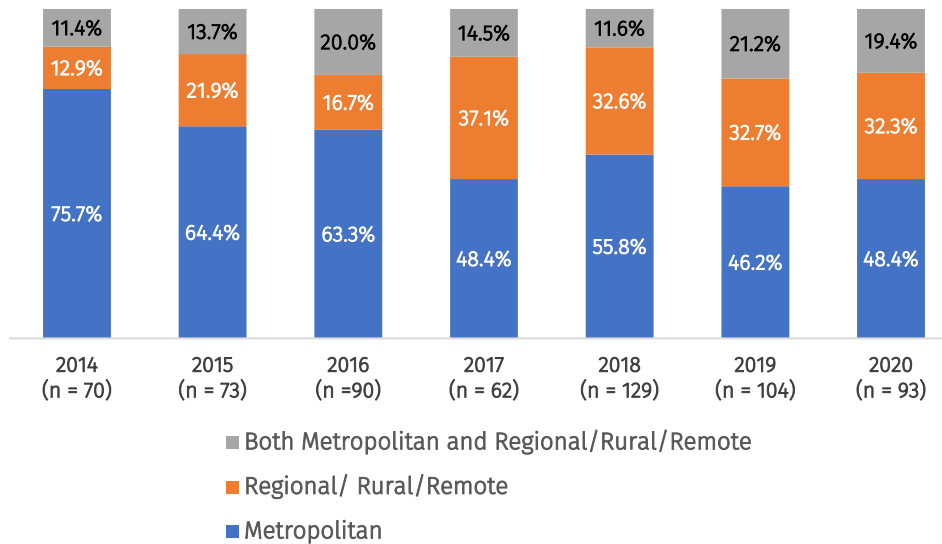
Workplace	No. of respondents	No. with locum/ sessional/ casual position	Average HPW*	% Working in excess of contracted hours
Primary workplace	93	16	33.2	31.1%
Second workplace	50	24	15.5	18.0%
Third workplace	20	14	8.3	10.0%

*Hours per week and this excludes locum/ sessional/ casual positions and those with zero hours contracts

When respondents were asked if they would like to change their current hours of work, over three-quarters (77%, n=72/93) reported being happy with their current hours, 14% (n=13/93) wanted to increase their hours, whilst 9% (8/93) wanted to decrease their hours of work.

The remoteness location of new FACEMs' current workplace was assessed, with 48% (n=45/93) working in a metropolitan area only, 32% (n=30/93) in a regional/rural/remote area only, whilst 19% (n=18/93) were working in both metropolitan and regional/rural/remote areas. A significant decrease has been seen in the proportion of new Fellows reporting working in a metropolitan area only, from 76% in the 2014 cohort of new FACEMs to 48% in the 2020 cohort (Figure 3), with more recent cohorts more likely to work in a regional/rural/remote area.

Figure 3: Workplace remoteness location (metropolitan, regional/rural/remote, or both) new FACEMs reported working in



New Fellows who worked outside metropolitan areas (n=48) were encouraged to provide the reason(s) why they chose to work in a regional/rural/remote location, with 41 providing a response. Job availability and opportunity was the most common theme identified, followed by rural lifestyle and breadth of exposure/ skill development (Table 3).

Table 3: Themes and representative comments of the reasons new FACEMs chose to work in a regional/rural/remote location

Reasons for choosing to work in a regional/ rural/ remote location	
Job availability and opportunity (n=16)	<ul style="list-style-type: none"> – Can obtain as many shifts as needed financially to round out the city job – Initially not by choice, only jobs I could get – More career opportunities; better pay – More well-paid locum opportunities
Enjoying rural lifestyle (n=14) <i>Work-life balance, less commuting, a place for family</i>	<ul style="list-style-type: none"> – Combined lifestyle choice and employment availability – Lifestyle - close to family and mix of beach/ mountain activity without the traffic
Breadth of exposure & skill development (n=10)	<ul style="list-style-type: none"> – Interesting mix of different patients + challenge of management in a regional setting with a small peripheral hospital so a nice contrast from the city job – The mix I get though will keep me a grounded FACEM and maintain my skills
Work environment (n=8) <i>Friendlier colleagues, teamwork, flexible rostering</i>	<ul style="list-style-type: none"> – Small hospital, less pressure, team environment, flexible – Prefer smaller department - working in a smaller team and getting to know people better
Job satisfaction (n=7) <i>Greater responsibility and impact of work</i>	<ul style="list-style-type: none"> – Area of greatest need, lower number of FACEMs per population, broader use of skills than in metropolitan settings – Ability to make a greater impact to the department; job fulfillment
Interest in regional rural medicine (n=3)	<ul style="list-style-type: none"> – Obligation rural medical bonding – Interest in rural retrieval
Rural regional background (n=2)	<ul style="list-style-type: none"> – From here, most of my training here, most to offer here – Place where I grew up therefore family and friend support network available
Other (n=2) <i>Previous training placement, contract requirement</i>	<ul style="list-style-type: none"> – Part of [work district name] is to cover 3 sites – Worked there previously during training

Of the 94 new Fellows who were working at the time of the survey, the majority (94%, n=88) reported working in their preferred clinical area. Smaller proportions indicated working in their preferred region (65%, n=61) and remoteness location (66%, n=62). One respondent indicated that they were not working in their preferred clinical area, region, or remoteness location.

4.3 Future Career Plans

New FACEMs were asked about their future career plans (in five years' time) with respect to area(s) of clinical/ professional practice, region, and remoteness location. All but two of the 106 respondents reported wanting to work in EM in five years' time. Similar to the 2019 survey findings, medical education (38%), retrieval/ pre-hospital medicine (23%), and research/ academia (12%) were among the three most commonly reported areas of clinical practice outside of EM that new FACEMs hoped to be working in the future. Table 4 shows a full list of respondents' preferences for the different areas of clinical practice they hoped to be working in, in five years' time.

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

Future area of clinical or professional practice	No. of respondents	%
Emergency Medicine	104	98.1%
Medical Education	40	37.7%
Retrieval/ Pre-Hospital Medicine	24	22.6%
Research/Academia	13	12.3%
Toxicology	11	10.4%
Geriatric Emergency Medicine	6	5.7%
Intensive/ Critical Care	5	4.7%
Palliative Care	5	4.7%
Other Medicine	4	3.8%
Acute Medical Assessment	2	1.9%
Other	7	6.6%
Medical administration and management	1	0.9%
Telehealth	1	0.9%
Wellbeing/ emotional intelligence	1	0.9%
Clinical forensic medicine	1	0.9%
Rural health	1	0.9%
Public health	1	0.9%
International EM development	1	0.9%
Total no. of respondents	106	

Note: Respondents may select more than one area of clinical or professional practice

When asked in which region(s) the new FACEMs would prefer to be working in, in five years' time, New South Wales and Queensland were among the most preferred regions, nominated by 28% of respondents, respectively. This was followed by Victoria (19%) and New Zealand (18%), with 9% of respondents reporting wanting to be working overseas in five years' time (Table 5).

Table 5: Regions new FACEMs would prefer to be working in, in five years' time

Preferred region	No. of respondents	%
Australia		
New South Wales	30	28.3%
Queensland	30	28.3%
Victoria	20	18.9%
Western Australia	12	11.3%
Northern Territory	9	8.5%
Tasmania	4	3.8%
South Australia	3	2.8%
Australian Capital Territory	1	0.9%
New Zealand	19	17.9%
Overseas	10	9.4%
Total no. of respondents	106	

Note: Respondents may select more than one preferred region

When asked in which location with respect to remoteness they would prefer to be working within in five years' time, less than half (n=46/105, 44%) of the respondents indicated that their preference was to work in a metropolitan area only. A comparable proportion of respondents reported that their preferred future workplace location was either both metropolitan and regional/rural/remote areas (31%, n=32/105), or regional/rural/remote areas only (26%, n=27/105).

4.4 Mentoring

This section shows the responses to the questions relating to mentoring and includes whether the new FACEMs had been involved in a mentoring program since attaining Fellowship and their satisfaction level with respect to ACEM's mentoring resources.

Fifty-six per cent (59/106) of responding new FACEMs reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor (25%, n=26), as a mentee (14%, n=15) or both as a mentor and a mentee (17%, n=18). Of those who reported having been involved as a mentor (n=44), only three reported having the same mentee they had during the FACEM training program, with the remainder reporting having a new mentee. Whilst for those who reported being a mentee (n=33), two-thirds reported having a new mentor since attaining Fellowship, with one-third reporting having the same mentor they had when they were in the FACEM training program.

The remaining 44% (n=47/106) reported that they had not been involved in a mentoring program since obtaining Fellowship, with less than three-quarters (72%, n=34) of them reporting they would like to be involved in one, and thirteen (28%) indicating that they did not want to be involved in a mentoring program. Of those who indicated interest in being involved in a mentoring program, a larger proportion reported wanting to be involved as a mentor (91%) than as a mentee (65%), with only one indicating they would like to be a Mentoring Program Coordinator.

Of the 59 respondents who reported having been involved in a mentoring program, less than half (41%, n=24/59) had used ACEM's mentoring resources. Table 6 presents the satisfaction levels of new FACEM's for: ACEM's mentoring resources overall, the Mentoring Course modules, Mentoring Network forum (online space to discuss mentoring ideas and issues) and other resources on the Mentoring Network Resources page (e.g. tools, templates, handbook, FACEM support contacts). Overall, the majority (91%) were satisfied or very satisfied with the resources, with 9% remaining neutral.

Table 6: New FACEM's (n=23) satisfaction levels with ACEM's mentoring resources

ACEM mentoring resources	Unsatisfied	Neutral	Satisfied	Very satisfied	Unaware	NA
Overall	0%	9%	83%	9%	0%	0%
Mentoring Course modules	0%	13%	61%	9%	4%	13%
Mentoring Network Forum	0%	13%	57%	9%	4%	17%
Other resources on the Mentoring Network Resources page	0%	17%	61%	13%	4%	4%

N= Number of respondents

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, two-thirds (67%, n=61) of the 91 respondents had not used ACEM's mentoring resources. Of those, 32 (52%) reported that they were not aware of the resources.

Sixteen new FACEMs provided further feedback on their mentoring experiences or the mentoring available to them at their workplace. Half of the comments reflected the preference for and utilisation of informal mentoring arrangements. Four commented that they were unaware of any formal mentoring offered at their workplace, whilst another four commented on suggestions to improve the mentoring network, resources and processes associated with arranging formal mentoring.

4.5 Continuing Professional Development and ACEM Resources

This section provides the findings relating to the new FACEMs' current and future continuing professional development (CPD) plans, their reasons for undertaking/ intending to undertake ACEM's CPD Program, and their intention to utilise various ACEM resources as part of their CPD.

The majority (92%; n=97/106) of the respondents had commenced the ACEM Specialist CPD Program, with seven new FACEMs reporting that they would be commencing CPD in the next intake and two others reporting being exempt from undertaking the program while they were on parental leave.

The main reasons for undertaking or intending to undertake the ACEM Specialist CPD Program (Table 7) were to extend their specialist EM knowledge and skills (72% and 81% respectively).

Table 7: Perceived benefits to undertaking or intending to undertake the ACEM Specialist CPD Program

Reasons for undertaking ACEM Specialist CPD Program	No. of respondents*	%
To extend my specialist EM knowledge	83	80.6%
To extend my specialist EM skills	74	71.8%
It is easier than documenting CPD myself	52	50.5%
To keep a personal record of all my professional development activities	50	48.5%
ACEM activities are recorded on my behalf	48	46.6%
The online CPD system is easy to use	41	39.8%
Accredited CPD activities are recorded on my behalf	39	37.9%
To plan my professional development activities	31	30.1%
The program meets my CPD needs	27	26.2%
It is included as a member benefit and is part of my annual registration fee	21	20.4%
There is no other suitable EM related Specialist CPD Program	17	16.5%
Total no. of respondents	103	

Note: Respondents may select more than one reason for undertaking ACEM Specialist CPD Program

**Responses of the seven new FACEM who had not yet commenced CPD were combined with the responses of those who have commenced ACEM CPD*

New FACEMs were asked to rank each of ACEM's educational resources available for CPD, with respect to whether they were utilising/ had utilised the resource(s) and their intentions to utilise the resource(s) in the future (Table 8). Resources including Assessing Cultural Competence modules, Indigenous Health & Cultural Competency Online modules and resources relating to Workplace-Based Assessments (WBAs) were among the most popular educational resources that respondents had utilised or were intending to utilise for their CPD. In addition, more than half of the new FACEMs reported that they intended to utilise the Critical Care Airway Management modules and Leadership - Online Course for their CPD. The least popular educational resources included the Operating with Respect - Online modules, Wellbeing Network, the Welcome to Working as a Medical Practitioner in Australia - Online program, and the Mentoring Discussion Forum, with the latter two presumably having less relevance to most of the new Fellows.

Table 8: Utilisation of ACEM's educational resources available for CPD, by new FACEMs

CPD resources	N	Have/ currently utilising		Intend to utilise		Don't intend to utilise		Unaware of this resource	
		No.	%	No.	%	No.	%	No.	%
Assessing Cultural Competence modules	102	82	80.4%	17	16.7%	1	1.0%	2	2.0%
Best of Web EM	100	23	23.0%	43	43.0%	12	12.0%	22	22.0%
ACEM Core Values module	99	14	14.1%	40	40.4%	15	15.2%	30	30.3%
Clinical Supervision Online modules	101	21	20.8%	47	46.5%	6	5.9%	27	26.7%
Critical Care Airway Management modules	100	12	12.0%	53	53.0%	8	8.0%	27	27.0%
General Emergency Medicine Resources	99	16	16.2%	42	42.4%	12	12.1%	29	29.3%
Indigenous Health & Cultural Competency - Podcasts	101	19	18.8%	37	36.6%	16	15.8%	29	28.7%
Indigenous Health & Cultural Competency - Online modules	100	55	55.0%	33	33.0%	4	4.0%	8	8.0%
Leadership - Online Course	101	7	6.9%	53	52.5%	8	7.9%	33	32.7%
Mentoring Course - Online modules	100	17	17.0%	49	49.0%	12	12.0%	22	22.0%
Mentoring Network Resources for mentors and mentees	100	14	14.0%	47	47.0%	12	12.0%	27	27.0%
Mentoring Discussion Forum	100	9	9.0%	23	23.0%	34	34.0%	34	34.0%
Operating with Respect – Online module	98	7	7.1%	35	35.7%	15	15.3%	41	41.8%
Welcome to Working as a Medical Practitioner in Australia – Online program	100	4	4.0%	13	13.0%	40	40.0%	43	43.0%
Wellbeing Network	98	4	4.1%	37	37.8%	27	27.6%	30	30.6%
Workplace-Based Assessment- Online Training modules	101	43	42.6%	40	39.6%	7	6.9%	11	10.9%
Workplace-Based Assessment- Orientation videos	101	38	37.6%	35	34.7%	9	8.9%	19	18.8%

N= Number of respondents

The respondents were asked to provide any comments they had with respect to the ACEM Specialist CPD Program, with 16 providing a response. Mixed feedback was provided with four new FACEMs commenting that they were satisfied with the existing CPD program, whereas eight others found the CPD program confusing, requiring more guidance or simplified processes. Two new FACEMs commented that they found it challenging to fulfill the CPD requirements and two others suggested more options for online resources.

New FACEMs were asked to rank several ACEM workshops and events, with respect to whether they had attended the workshop/ event, their intentions to attend in the future or if they were unaware of the workshop/ event (Table 9). Not surprisingly, the most attended ACEM event among new FACEMs was the Annual Scientific Meeting (ASM) with 31% having attended, followed by the New Fellows Workshop (17% had attended). At least half of the new FACEMs intended to attend the Winter Symposium, ASM and WBA Assessor Workshop in the future. On the other hand, the DMT Workshop and EMC/D Supervisor Workshop were among the least popular events among new Fellows, with most indicating that they were not planning on attending these workshops. This is not surprising as these roles are only open to FACEMs who have been a minimum of three years post-Fellowship.

Table 9: Attendance at ACEM workshops and events, by new FACEMs

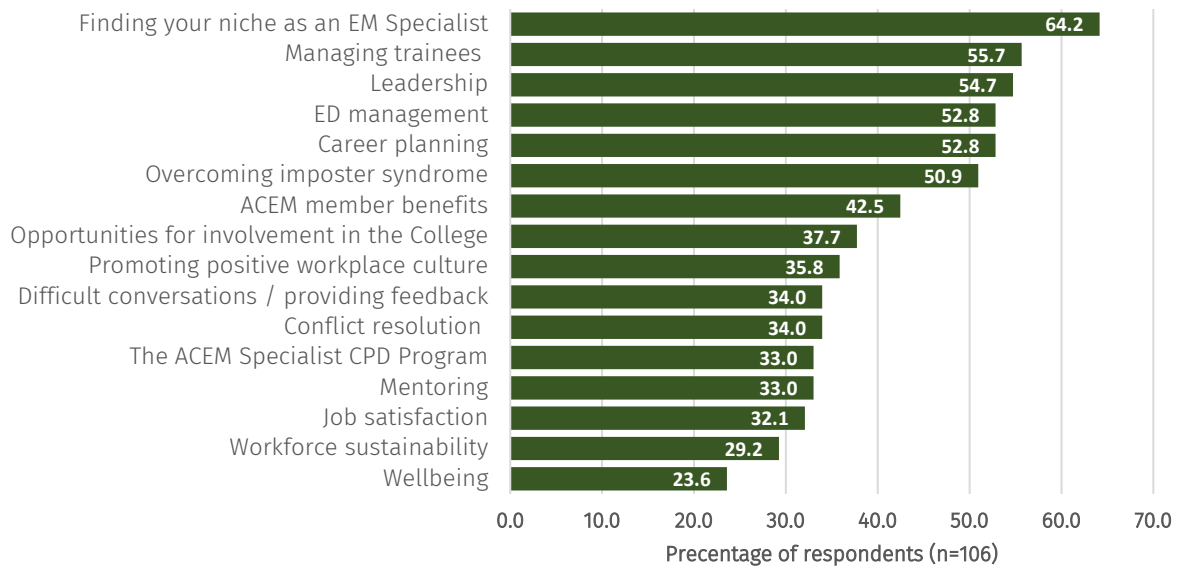
ACEM workshops and events	N	Have attended		Intend to attend		Don't intend to attend		Unaware of this event	
		No.	%	No.	%	No.	%	No.	%
Annual Scientific Meeting (ASM)	106	33	31.1%	63	59.4%	10	9.4%	0	0%
New Fellows Workshop	106	18	17.0%	40	37.7%	28	26.4%	20	18.9%
Faculty Meetings	103	13	12.6%	50	48.5%	33	32.0%	7	6.8%
Winter Symposium	103	11	10.7%	77	74.8%	13	12.6%	2	1.9%
WBA Assessor Workshop	104	7	6.7%	57	54.8%	29	27.9%	11	10.6%
EMC/D Supervisor Workshop	104	7	6.7%	29	27.9%	48	46.2%	20	19.2%
Exam Writing Workshop	104	4	3.8%	48	46.2%	43	41.3%	9	8.7%
Faculty Symposiums	103	3	2.9%	49	47.6%	38	36.9%	13	12.6%
DMT Workshop	105	1	1.0%	36	34.3%	58	55.2%	10	9.5%

N= Number of respondents

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

This section contains topic preferences nominated by new FACEMs to inform ACEM's New Fellows Program; their perceptions of various ACEM resources to support new Fellows including the New Fellows Network, Welcome Pack and New Fellows Faculty event; and their suggestions for other resources, programs or support services ACEM could provide to assist them in their new role as an EM specialist. Figure 4 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 in the near future.

Figure 4: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area



Note: Five respondents indicated 'None' (i.e. did not select any areas of interest)

The ACEM New Fellows Network is an online platform which aims to provide resources, networking opportunities with other new FACEMs, and information regarding upcoming events and opportunities for new EM specialists. It is important to note that just under half (49%, n=52) of the responding new FACEMs reported being aware of ACEM's New Fellows Network. Of those, 40 responded to the follow up question regarding their satisfaction with the network, with less than a quarter (23%, n=9) reporting that they were satisfied or very satisfied, 53% (n=21) were neutral, and one reported not being satisfied with the network. A further 9 (23%) reported that they had not utilised the New Fellows Network.

The new FACEMs were also asked about their satisfaction with the information provided in the New Fellows Welcome Pack, with 105 responding to this question. Just over one third (34%) reported being satisfied with the information contained in the Welcome Pack, with a comparable proportion (35%) being neutral. A further six respondents (6%) indicated that they were unsatisfied with the Welcome Pack, with the key reasons provided being that they did not find the information helpful or practically useful to them (n=4), and that they needed more information about the CPD program and ACEM's workshops/ events (n=2). It is also noteworthy that one quarter of the respondents reported that they had not utilised the Welcome Pack. When they were asked if there was anything else they would like to see included in the Welcome Pack, 14 respondents provided feedback. Six of them claimed that they did not receive the Welcome Pack, and eight others suggested more information regarding CPD, job seeking/ interview tips, workers' rights, and resources to support management and leadership skills.

At election, new FACEMs automatically become members of their regional Faculty, and as such the new FACEMs were surveyed regarding their interest in attending a new Fellows Faculty event in their region. The majority (78%, n=82) of the 105 responding new FACEMs reported that they would be interested, whilst the remaining 23 indicated that they were not interested in attending a new Fellows Faculty event in their region.

In addition, new FACEMs were asked to outline any additional resources, programs or support services at attainment of their Fellowship that ACEM could have provided but didn't, to assist them in their new role as an EM specialist. Recommendations were provided by 11 new FACEMs, which ranged widely from support with mentorship arrangements (1), support for job

interviews and career planning (2), more frequent and accessible new Fellows workshops or networks (4), and more information about the key expectations of a new FACEM (4).

4.7 Preparedness for Practice

To help ensure that the FACEM Training Program is fit for purpose, feedback from new FACEMs was sought regarding their level of preparedness for independent practice as an EM specialist at the completion of the FACEM Training Program. Excluding those (n=6) who underwent the SIMG pathway, 89 (89%) of 100 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, whilst nine neither agreed nor disagreed. Two new FACEMs disagreed that they were well-prepared for independent practice after becoming an EM specialist, with one commenting that they had received no feedback on their performance as a new FACEM, and the other commenting that they were burnt out following completion of FACEM Training, which ACEM had not prepared them for.

Fifteen respondents provided further feedback about additional training and resources that ACEM should have provided during FACEM training but didn't. The majority (n=11) of feedback focused on more training relating to non-clinical skills (e.g. staff and ED management, leadership and communication). Other suggestions included more procedural workshops (n=2) and resources related to job seeking (n=2).

4.8 Workplace Support and Challenges

The survey also garnered responses from new FACEMs on useful resources, programs or support services their workplace provided and/ or should have provided but didn't. Themes of respondent's comments are provided in Table 10. Feedback relating to resources and support services within the respondent's workplaces were largely related to mentoring and support from senior staff, including regular feedback meetings about their performance. Consistently, mentoring and senior support networks were among key suggestions by other respondents on support their workplace should have provided but didn't. Training or information on career/ portfolio development and non-clinical skills were also frequently raised as resources, programs or support services their workplace should have provided but didn't.

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

Key themes	Frequency
The workplace provided (n=24)	
Mentoring and senior staff support	10
Regular feedback meetings	2
Online resources	2
New Fellows workshops	2
Non-clinical skills training	1
Supportive rostering	1
Handbook written by previous new FACEM	1
No resources or programs offered	5
The workplace should have provided but didn't (n=18)	
Career/ portfolio development training	5
Mentoring and senior support network	5
Non-clinical skills training	3
Orientation/ new FACEM program	3
Support to overcome imposter syndrome	1
Information on the employee assistance program	1

The trajectory of challenges experienced by new FACEMs through their first week, first month, then 3-6 months post Fellowship are provided in Table 11, from the most frequently mentioned challenge to the least frequent. Managing non-clinical workload and seeking a permanent specialist position were key challenges consistently reported within the first week, first month, and 3-6 months post-Fellowship.

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

First week	<ul style="list-style-type: none"> - Coping with new managerial role (e.g. administrative paperwork, ED flow, staff) (n=12) - Imposter syndrome (n=10) - Adapting to new workplace (n=9) - Adjusting to being a leader/final decision maker (n=8) - Finding an EM specialist job (n=3) - Limited or no orientation (n=2) - Other (e.g. completing paperwork for new job, recognition from staff from same workplace) (n=2)
First month	<ul style="list-style-type: none"> - Managing workload and new level of authority (n=7) - Managing department (flow, conflicts, rostering, etc.) (n=7) - Building a non-clinical portfolio (n=6) - Adjusting to new workplace (system, people, culture) (n=5) - Supervising junior staff/ trainees (n=4) - Gaining trust and respect as a consultant (n=4) - Ongoing imposter syndrome (n=3) - Finding a permanent specialist position (n=3) - Other (involvement in policy and advocacy, pressure due to COVID-19 pandemic) (n=3)
First 3-6 months	<ul style="list-style-type: none"> - Establishing a niche and portfolio in department (n=10) - Managing conflicts and junior staff (n=9) - Balancing clinical and non-clinical workload (n=7) - Ongoing struggle for permanent specialist position (n=6) - Managing work-life balance (n=4) - Preparedness for a pandemic (n=2) - Settling in (n=2) - Other (adapting after parental leave, involvement in elderly patient care plan) (n=2)

5. Conclusion

Since the New FACEMs Early Career Survey was initiated in 2014, there has been a shift in the workforce profile of new FACEMs, with more recent new FACEMs being less likely to have secured an EM specialist position. The proportion of new FACEMs who reported having secured a specialist position at attainment of Fellowship (48% in 2020 vs. 54% in 2014) or six to 12 months post Fellowship (71% in 2020 vs. 84% in 2014) decreased in more recent years. The proportion of new FACEMs working part-time or in casual positions in their primary workplace remained significantly high over the previous 6 years, with only 43% of new FACEMs in the 2020 cohort working the equivalent of full-time hours in their primary workplace and as high as 18% working in a locum/ casual position as their primary role. This will be monitored in future cohorts to see if it is an outlier or a reflection of the reduced number of full-time and part time positions available for new FACEMs.

Compared with new FACEMs in earlier cohorts, those in 2020 were more likely to be working outside of a metropolitan area and across multiple workplaces. Indeed, job availability was the key theme identified for the reasons new FACEMs chose to work in a regional/ rural/ remote location. Enjoying the rural lifestyle, breadth of exposure, friendlier work environment and greater job satisfaction were other attractions highlighted by those who reported working in a regional/rural/remote location.

All but two respondents in the 2020 survey cohort reported wanting to work in EM in five years' time. Medical education and retrieval/ pre-hospital medicine were the two most commonly reported areas of practice outside of EM that respondents wanted to be working in. Less than half (44%) of the respondents indicated that they wanted to be working in a metropolitan area only in five years' time.

Fifty-six percent of the respondents reported having been involved in a mentoring program, with the majority being involved as a mentor. With respect to CPD, the majority (92%) of respondents had commenced the ACEM Specialist CPD Program. Key areas of support respondents perceived useful to be provided by workplaces included mentoring and senior staff support, career/ portfolio development assistance, and non-clinical skills training.

Training in non-clinical skills was consistently among the most frequently nominated area that respondents felt was inadequately covered in the FACEM Training Program. Connected to this, the new FACEMs wanted to know more about managing trainees, leadership and ED management through the New Fellows Program.

When surveyed about their preparedness for independent practice as an EM specialist, 89% of respondents felt well-prepared at the completion of the FACEM Training Program. Coping with non-clinical workloads and seeking a permanent specialist position were key challenges experienced by new FACEMs through their first week, first month, and 3-6 months post-Fellowship.

This report has examined the 2020 survey findings and highlighted the key changes and trends since 2014. This surveillance will continue into the future to inform the College's work, including informing workforce planning and identifying areas for support for new FACEMs.

6. Acknowledgements

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

7. Suggested Citation

Australasian College for Emergency Medicine (2020), Early Career Survey ACEM Report, Melbourne.

8. Contact for further information

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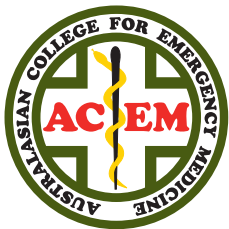
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