



Australasian College for Emergency Medicine

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2023 New FACEMs Early Career Survey

Report

February 2024



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 119 new FACEMs participated in the 2023 survey, providing feedback on their current and future career plans, College resources and support, and experiences as new FACEMs.

94% 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:

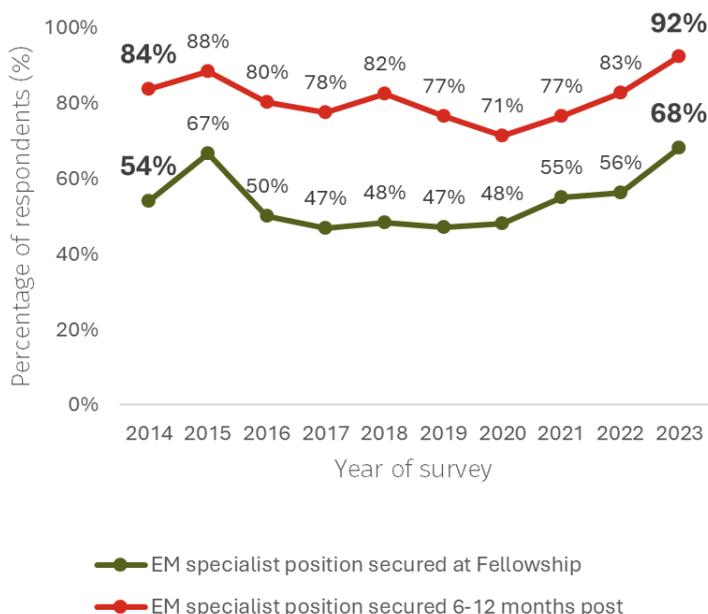


- Adjusting to increased responsibility as a senior decision-maker
- Developing non-clinical skills
- Dealing with access block and managing workload
- Seeking a permanent job position

Career and Employment Profile

The likelihood of securing an emergency medicine specialist position continued to increase to a new peak in the 2023 survey.

- 100%** Worked in emergency medicine practice
- 64%** Worked in metropolitan areas only
- 33%** Worked full-time at their primary workplace
- 61%** Worked at more than one workplace



Source: Australasian College for Emergency Medicine (2024), New FACEMs Early Career 2023 Survey Report, Melbourne

Contents

Contents	1
List of Figures.....	2
List of Tables	2
1. Executive Summary.....	3
2. Purpose and Scope of Report.....	4
3. Methodology	4
4. Results	4
4.1 Demographic Information	4
4.2 Current Career and Employment Profile	4
4.3 Future Career Plans	12
4.4 Mentoring	14
4.5 Continuing Professional Development and ACEM Resources	15
4.6 College Support – New Fellows Program and Resources to Support New Fellows	19
4.7 Preparedness for EM Practice.....	22
4.8 Workplace Support and Challenges.....	23
5. Conclusion	26
6. Acknowledgements.....	27
7. Suggested Citation	27
8. Contact for Further Information.....	27

List of Figures

Figure 1: Percentage of new FACEMs with an emergency medicine specialist position secured at Fellowship and 6-12 months post-Fellowship, for 2014-2023.....	5
Figure 2: Type of employment new FACEMs reported working in at their primary workplace for the years 2014-2023.....	7
Figure 3: Remoteness of workplace location new FACEMs reported working in, for the years 2014-2023.....	9
Figure 4: The ways new FACEMs found out about ACEM-approved CPD activities.....	18
Figure 5: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area.....	19
Figure 6: Preferred ways to receive news and initiatives relevant to new Fellows.....	20
Figure 7: New Fellows Program – Willingness to attend events for learning and networking.....	21
Figure 8: Topic areas new FACEMs would like ACEM to provide more support or resources.....	23

List of Tables

Table 1: Areas of clinical or professional practice in which new FACEMs worked in at the time of the survey.	6
Table 2: Average hours worked per week and percentage in excess of contracted hours, by workplace	8
Table 3: Themes and representative comments of the reasons new FACEMs chose to work at their current workplace location	10
Table 4: Area(s) of clinical or professional practice new FACEMs hoped to be working, in 5 years' time	12
Table 5: Regions new FACEMs would prefer to work in 5 years' time.....	13
Table 6: New FACEM's satisfaction levels with ACEM mentoring resources	14
Table 7: New FACEM's level of agreement to statements relating to CPD requirements.....	15
Table 8: Utilisation of ACEM's educational resources available for CPD, by new FACEMs	16
Table 9: Attendance at ACEM workshops and events by new FACEMs.....	17
Table 10: New FACEM's level of agreement on statements relating to My ACEM CPD Portal.....	17
Table 11: New FACEM's level of satisfaction with communication platforms	20
Table 12: Utilisation of ACEM's initiated wellbeing resources by new FACEMs.....	21
Table 13: 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.....	24
Table 14: Themes of challenges experienced in the first week, first month, and 3-6 months post Fellowship.....	25

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 119 (42%) of 282 new FACEMs participated in the 2023 survey.

Summary of 2023 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 92% at the time of the survey.
- All respondents reported working in EM, with 41% also working in another area of clinical or professional practice(s).
- 61% reported working at more than one workplace, ranging from two to five workplaces.
- One-third of new FACEMs worked full-time at their primary workplace, with 56% reporting working part-time and the remainder (11%) in casual, sessional, or locum positions.
- Almost two-thirds (64%) reported working in a metropolitan area only, 25% worked only in a rural/regional/remote (RRR) area, and 11% worked at both metropolitan and RRR locations.

Future Career Plans

- All but two respondents reported wanting to work in EM in five years' time. Medical education (36%) and retrieval and pre-hospital medicine (26%) were the two most reported areas of practice outside of EM that respondents wanted to be working in.
- Less than half (47%) indicated that they preferred to work in a metropolitan area only in five years' time, while lesser proportions reported wanting to work in both metropolitan and RRR areas (30%) or only in RRR areas (23%).

Mentoring and ACEM Continuing Professional Development (CPD) Resources

- 46% reported having been involved in a formal mentoring program, either as a mentor (42%), as a mentee (22%), or as both a mentor and a mentee (16%).
- 70% had not used ACEM's mentoring resources, with 43% reporting that they were not aware of the resources.
- 60% reported being aware of ACEM's Mentor Connect program, increasing from 41% in the 2022 survey.
- Nearly all (99%) respondents had commenced the ACEM CPD Program, but only 77% agreed they understood the ACEM CPD program requirements.
- 82% were satisfied with the accessibility of the My ACEM CPD portal but were less likely to agree that the website was intuitive (58%) or were satisfied with its functionality (67%).

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" (53%), "The ACEM CPD Program" (51%), "Managing trainees" (51%), and "Emergency department management" (49%).
- One-third were aware of the role of their Regional New Fellows Champion, who helps develop and promote ACEM initiatives that support the transition of new FACEMs.
- Mentoring or informal support from senior staff and Fellow education sessions were the main support provided by workplaces that respondents deemed useful, whereas induction and orientation to the department, as well as assistance with non-clinical skills, were considered as potentially helpful resources that workplaces could have provided to new FACEMs, but in some cases did not.

Preparedness for EM Practice and Challenges Experienced

- 94% agreed they felt well-prepared for independent practice as an EM specialist after completing the FACEM Training Program.
- Additional training in non-clinical skills was most frequently nominated as inadequately covered in the FACEM Training Program. On the contrary, useful resources for exam

preparations and Workplace-based Assessments were components of the training program they felt best prepared them for independent EM practice.

- Developing confidence and skills in non-clinical portfolios, managing intra- and inter-departmental relationships, dealing with access block, and finding permanent employment were consistently raised as key challenges faced by new FACEMs within the 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. This report provides the findings of the survey conducted in 2023 and presents longitudinal trend data for between 2014 and 2023.

3. Methodology

Two survey iterations in 2023 were administered, one in March to FACEMs elected between 1 March 2022 and 31 August 2022, and another in September to FACEMs elected between 1 September 2022 and 28 February 2023. The eligible new FACEMs were invited via email to participate in the online survey hosted in QuestionPro®. Two 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. Participant'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

A total of 119 from the pool of 282 new FACEMs responded to the 2023 survey, a response rate of 42% (ranging between 42% and 64% from 2014 - 2023). Of the 282 new FACEMs in 2023, 45% (n= 128) were female, and their average age was 36.6 years at attainment of Fellowship. Thirty-one (11%) 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 6.9 years to gain their Fellowship.

The demographics of the 119 survey respondents were comparable with that of the whole cohort of 2023 new FACEMs, with 42% female, an average age of 35.9 years at Fellowship, and taking an average of 6.7 years to complete the FACEM Training Program.

4.2 Current Career and Employment Profile

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

Over two-thirds (n= 81/119, 68%) of the respondents reported having an EM specialist position secured when attaining their Fellowship, while 17 (14%) did not have a specialist position secured. Twenty-one (18%) respondents reported working in either locum, sessional, or casual positions. Sixteen 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, while five were still seeking employment. Another two new FACEMs wanted to take a break from full-time employment.

The number of new FACEMs who reported working in an EM specialist position increased to 110 (92%) at between six to twelve months post-Fellowship. The remaining nine (8%) new FACEMs reported working in locum or casual positions. Of the eight new FACEMs who provided a reason for working in a locum/ casual position, three stated it was by choice, one was undergoing dual training, while four others commented there were no permanent EM specialist opportunities in their preferred location or hospital.

Figure 1 shows the proportion of new FACEMs with an EM specialist position secured at Fellowship and 6-12 months post-Fellowship, between 2014 and 2023. On average, over the ten years, just over half (54%) of the new FACEMs reported having an EM specialist position secured at Fellowship. The percentage increased to an average of 81% at 6-12 months post-Fellowship. The percentage of new FACEMs who had attained an EM specialist position at Fellowship and 6-12 months post-Fellowship continued to increase since 2020 and reached a new peak in 2023.

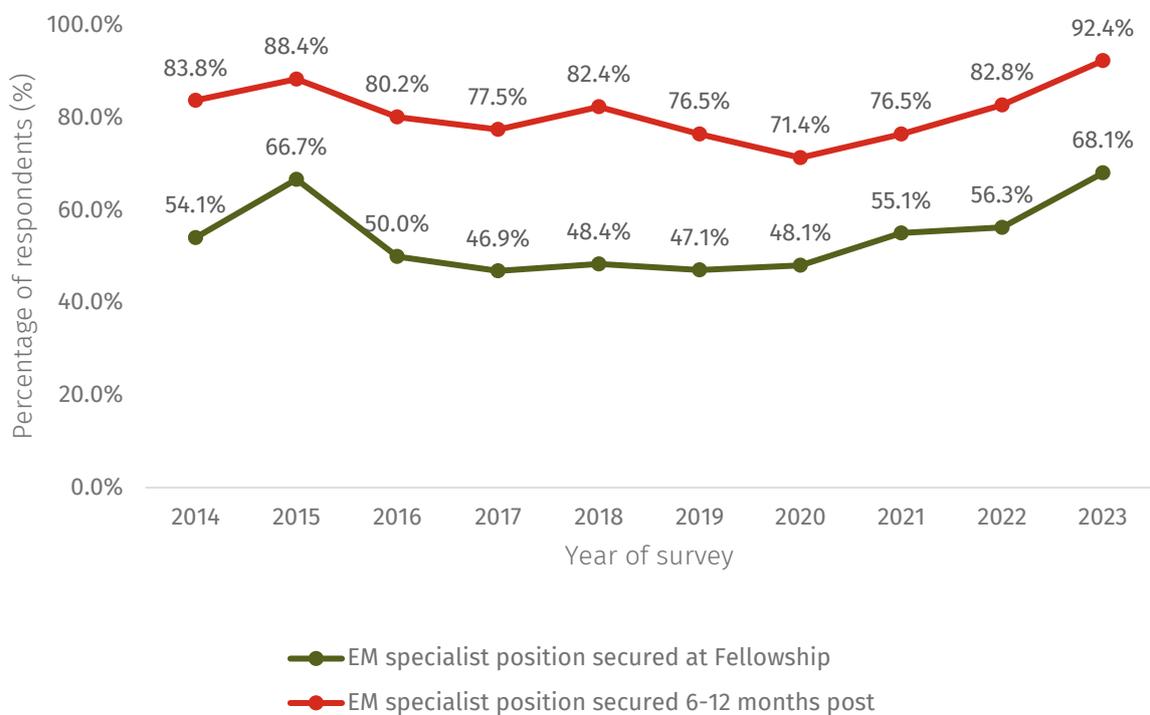


Figure 1: Percentage of new FACEMs with an emergency medicine specialist position secured at Fellowship and 6-12 months post-Fellowship, for 2014-2023

New FACEMs were asked if they had undertaken any work below the level of an EM specialist since attaining their Fellowship (excluding finishing off an existing contract/dual training requirement), with 27 (23%) reporting so. Of the 26 respondents who specified the reason(s) for this, thirteen (50%) worked in EM at the level of a senior registrar/locum career medical officer. Another half reported working as a registrar in areas other than EM, such as in pre-hospital and retrieval medicine (n=6), toxicology (n=3), intensive care (n=1), ultrasound (n=1), public health (n=1), and simulation (n=1).

All 119 respondents selected the area(s) of clinical or professional practice they were working in, with all reporting working in EM (Table 1). Of these, 49 (41%) reported also working in another clinical or professional area, with fourteen (12%) working in two or more areas other than EM.

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	119	100%
Retrieval and Pre-hospital Medicine	24	20.2%
Medical Education	11	9.2%
Paediatric Emergency Medicine	6	5.0%
Intensive Care/ Critical Care	3	2.5%
Rural and Regional Medicine	3	2.5%
Toxicology	3	2.5%
Academia	2	1.7%
Custodial Medicine	1	0.8%
Hyperbaric Medicine	1	0.8%
Indigenous Health	1	0.8%
Geriatric Emergency Medicine	1	0.8%
Oncology Urgent Care	1	0.8%
Palliative Care	1	0.8%
Research	1	0.8%
Telehealth	1	0.8%
Total no. of respondents	119	

**Respondents may select more than one area of clinical or professional practice.*

None selected Acute Medical Assessment (or similar), Mental Health, or Public Health from the list of clinical/ professional practice.

Of the 119 new FACEMs who provided their current workplace details, 84% (n= 100) reported working in Australia, and 16% (n= 19) worked in Aotearoa New Zealand. In Australia, 24% (n= 28) were working in New South Wales, 23% (n= 27) in Queensland, 22% (n= 26) in Victoria, and a further 29 respondents reported working in other Australian States or Territories. This distribution of respondents was comparable to the primary workplace distribution of the active FACEM population, with the majority of FACEMs working in New South Wales (24%), Victoria (22%) and Queensland (21%), with a further 12% in Aotearoa.¹

Among 19 respondents in Aotearoa New Zealand, 10 reported working in the Northern Region, six in the Midlands Region, another two in the Central Region, and one in the Southern Region as their primary place of employment.

¹ Australasian College for Emergency Medicine. (2023). FACEM & FACEM Trainee Demographic and Workforce 2022 Report. ACEM Report: Melbourne.

Only one-third (n= 39) of new FACEMs reported securing a full-time position at their primary workplace, and over half reported working in part-time roles (n= 66, 56%). A further thirteen (11%) worked as a locum, or in sessional or casual positions at their primary workplace.

From 2015 onwards, more than half of the new FACEMs each year reported working part-time or in a casual or locum position as their primary workplace (Figure 2), with the proportion growing to over two-thirds since 2022. The proportion of new FACEMs who reported working full-time at their primary workplace remained low in 2023, with one-third reporting full-time employment.

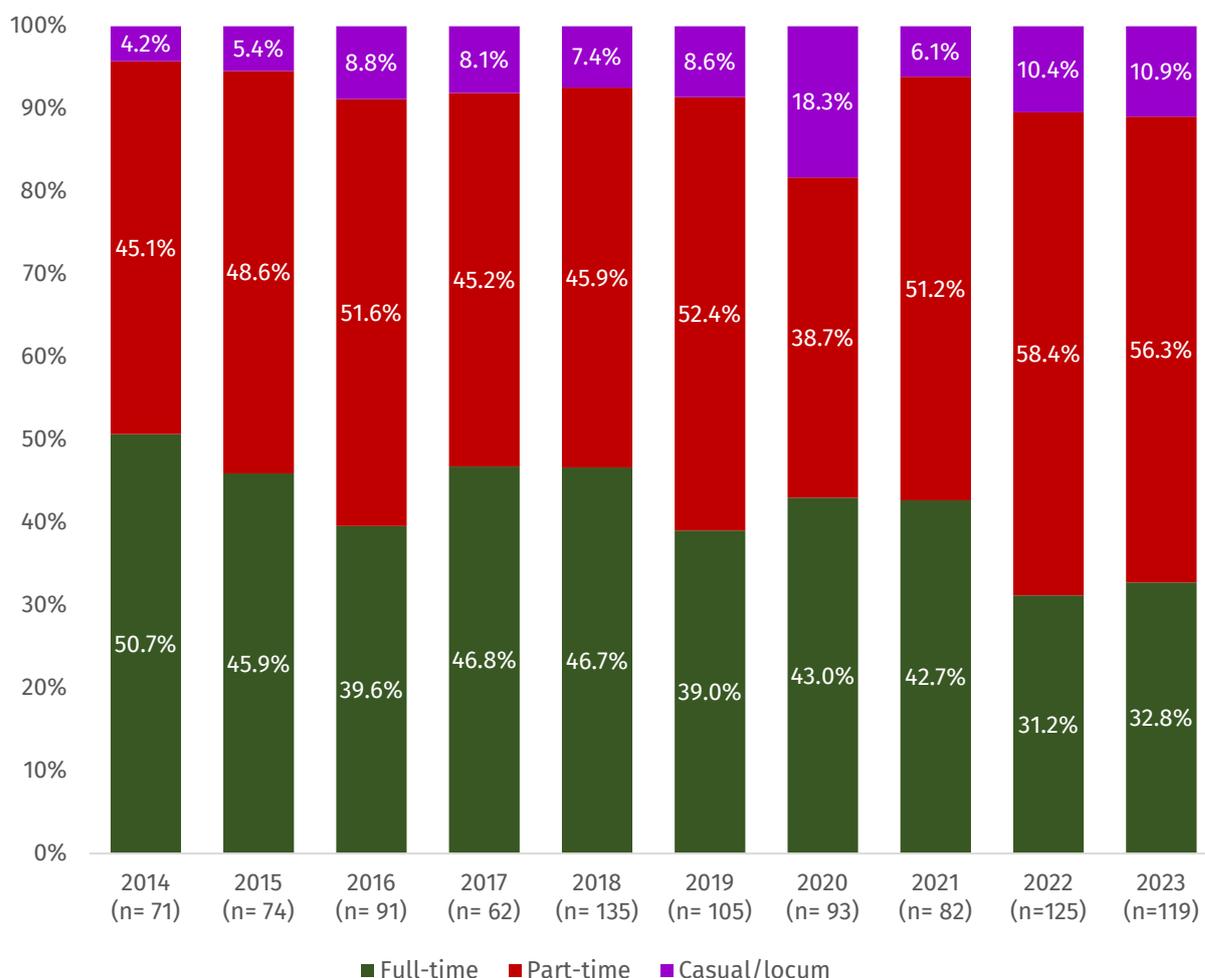


Figure 2: Type of employment new FACEMs reported working in at their primary workplace for the years 2014-2023

Over one-third (39%, n= 47) of the respondents in 2023 worked exclusively at one workplace, with the remainder working across multiple workplaces (61%, n= 72). Of the 72 respondents working at multiple workplaces, two-thirds were working at two workplaces, 24% at three workplaces, 8% at four workplaces, and another new FACEM reported working at five workplaces.

For those who reported working at multiple workplaces, 71 respondents provided a reason(s) for working at more than one workplace. The majority (76%, n= 54) reported that it was by choice, mainly because of the opportunity to have a wider variety of clinical exposure or to work across different locations and specialties. Eleven respondents (15%) 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 a lack of permanent or full-time positions at their primary workplace. Three respondents worked at multiple workplaces due to the arrangement across networked hospitals, while the remainder stated other reasons, such as wanting to work in both public and private sectors or opting for additional training in another clinical area.

For the respondents who provided details of their working hours across all workplaces (n= 119), just over half (53%, n= 63) were working the equivalent of full-time hours, 45% (n= 53) were working part-time hours (i.e., less than 38 hours per week), and 3% (n= 3) were working locum/ casual hours only. Seventeen 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. A relatively high proportion of respondents reported working in excess of their contracted hours. Excluding after-hours and on-call work and those working only in casual, sessional, or locum positions, respondents reported working on average 35.3 hours per week (n= 105, range 10 – 88 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	119	13	31.0	36.2%
Second workplace	72	32	16.9	37.8%
Third workplace	24	20	8.7	28.6%

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

The remoteness location of respondents' current workplace was assessed, with 64% (n= 75/118) working in a metropolitan area only, 25% (n= 30/118) in a regional/ rural/ remote (RRR) area only, whilst 11% (n= 13/118) were working in both metropolitan and RRR areas. An increasing trend in new FACEMs working in a metropolitan area only has been seen in recent years, from 46% in the 2019 cohort (Figure 3) to 53% in the 2022 cohort and 64% in the 2023 cohort.

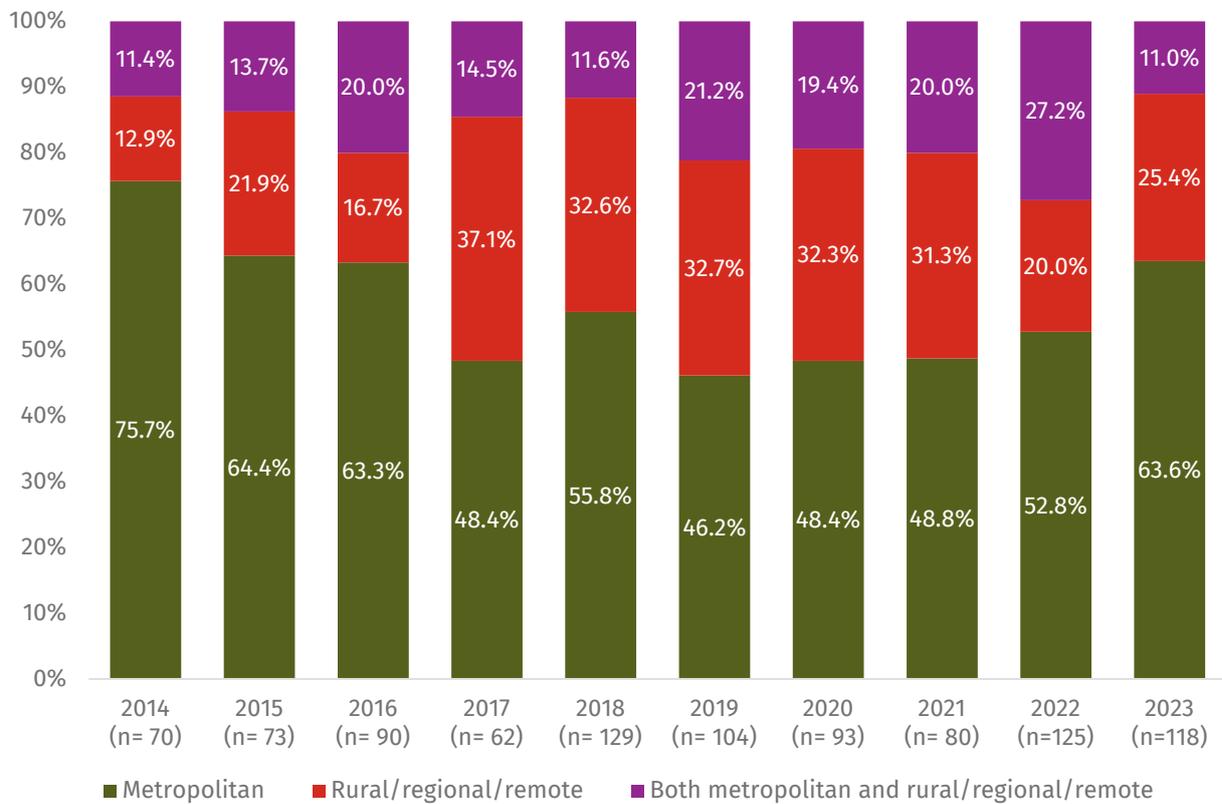


Figure 3: Remoteness of workplace location new FACEMs reported working in, for the years 2014-2023.

Respondents were encouraged to provide the reason(s) why they chose to work at their current location, with 98 responding. The most common themes identified for new FACEMs working in a RRR area included enjoying the rural lifestyle, pursuing an interest in rural medicine, and having a rural background. Unlike the previous survey's findings, job availability in the RRR was a less common theme in the 2023 survey. In contrast, consistent key themes were identified in the feedback from those working in metropolitan areas, which focused on pre-existing family commitments and an established family/ social lifestyle, which were also related to the convenience of being in a metropolitan location. For new FACEMs working in both metropolitan and RRR areas, the main themes identified included the ability to obtain enough hours of employment, fulfilling scholarship obligations and gaining regional/ rural work experience while continuing to reside in a metropolitan location (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	
Regional/ rural/ remote (RRR) location only (n=22)	
Enjoying the rural lifestyle (n= 11)	<ul style="list-style-type: none"> – Great place to work and live; better quality of life. – Children/family/ lifestyle. – Enjoy the lifestyle of living where I live (weather, coast, outdoor activities).
Interest in rural medicine (n= 10)	<ul style="list-style-type: none"> – Enjoyment of rural medicine. – Choice to combine retrieval and regional ED. – Opportunity to contribute to establishing systems in regional ED. – There is more time and capacity for other pursuits such as teaching, change management, leadership, and innovation regionally.
Background in a rural area (i.e., rural training experience, growing up rurally) (n= 6)	<ul style="list-style-type: none"> – Started my life here and will continue for the time being. – I completed the majority of my training regionally. – Previous trainee in this facility - familiar environment, close-knit consultant group, friendly staff. – I live here.
Enjoy rural ED culture and environment (n=5)	<ul style="list-style-type: none"> – Enjoy the ED culture there. Good executive and clinical relationships. – Smaller and more friendly department and hospital than when I've worked in metropolitan centres. – Small regional hospital, not too much interdepartmental politics. – More satisfying work environment.
Job availability and security (n= 4)	<ul style="list-style-type: none"> – Lack of availability of permanent specialist work in metro areas. – Unable to secure work in major city locations.
Casemix and clinical exposure (n= 4)	<ul style="list-style-type: none"> – I get more opportunities to manage critically unwell patients rurally and remotely. – I enjoy the casemix and workload in rural hospitals. – Interesting case mix, not the bed block of an overburdened tertiary centre.
Metropolitan location only (n=64)	
Family commitments (n= 37)	<ul style="list-style-type: none"> – My partner works in metropolitan area as well, have already bought a house in the area, and my kids are going to school there. – Established family/life here. School-age children. – Close location to home. Difficulty moving due to spousal work commitments.
Metropolitan lifestyle and proximity to home (n= 20)	<ul style="list-style-type: none"> – I choose to live in a metropolitan area and work close by. – Where I want to live. – Friends and family; easy access to amenities.
Clinical exposure and professional development (n= 18)	<ul style="list-style-type: none"> – Within existing personal and professional networks. – Trauma centre and high workload with mixed pathology - supportive specialties. – Tertiary hospital with high acuity, cultural diversity, good reputation and high wellbeing motivation. – Need for further specialisation.

Both metro and RRR locations (n= 12)

Employment opportunities and scholarship obligations (n= 7)	<ul style="list-style-type: none">– I have a Medical Rural Bonded Scholarship.– I work in a metropolitan centre to complete Paediatric EM training, but my primary workplace is a regional hospital where I have a permanent job as a staff specialist.– Maintaining skills in both metropolitan and rural hospitals.
Living in a metropolitan area but enjoying rural/regional work experience (n= 5)	<ul style="list-style-type: none">– Professional and personal reasons.– I work and live in a metropolitan area however work in a rural hospital for some variety.– Regional hospitals have a more interesting caseload, while metropolitan hospitals are more convenient to work at.
Other reasons (n= 2)	<ul style="list-style-type: none">– Influenced by training in a metropolitan location.– My home location allows me to work in both metropolitan and rural locations.

Of the 118 respondents, nearly all new FACEMs (96%, n= 113) reported working in their preferred area of clinical practice, while smaller proportions indicated working in their preferred region (i.e., State, Territory, or country) (81%, n= 96) or preferred remoteness location (77%, n= 91). Three respondents indicated that they were not working in either their preferred clinical practice, region, or remoteness location.

4.3 Future Career Plans

New FACEMs were asked about their future career plans in five years concerning area(s) of clinical or professional practice, region, and remoteness location. Nearly all respondents (98%, n= 116) reported they hoped to continue working in EM in five years (Table 4). Similar to the previous survey findings, retrieval 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. Of note, 10 (9%) respondents indicated they would like to be working in the area of toxicology in 5 years, increasing from 5% of respondents in the 2022 cohort.

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	116	98.3%
Medical Education	42	35.6%
Retrieval/ Pre-hospital Medicine	31	26.3%
Paediatric Emergency Medicine	13	11.0%
Toxicology	10	8.5%
Rural and Remote Medicine	7	5.9%
Academia	6	5.1%
Intensive Care/ Critical Care	6	5.1%
Geriatric Emergency Medicine	5	4.2%
Indigenous Health	5	4.2%
Research	4	3.4%
Acute Medical Assessment (or similar)	1	0.8%
Palliative Care	1	0.8%
Public Health	1	0.8%
Other areas of practice		
Telehealth	3	2.5%
Trauma	2	1.7%
Global Emergency Care	1	0.8%
Hyperbaric Medicine	1	0.8%
Oncology Urgent Care	1	0.8%
Simulation Training	1	0.8%
Ultrasound Medicine Education	1	0.8%
Total no. of respondents	118	

**Respondents may select more than one area of clinical or professional practice. No respondents chose 'Mental Health or Drug and Alcohol Services' 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 28% of respondents, respectively. This was followed by Victoria (20%) and Aotearoa (17%). Eleven percent of respondents also reported wanting to be working overseas in five years' time, comparable with 14% in the 2022 survey (Table 5).

Table 5: Regions new FACEMs would prefer to work in 5 years' time

Preferred region	No. of respondents*	%
Australia	99	83.9%
<i>Queensland</i>	33	28.0%
<i>New South Wales</i>	33	28.0%
<i>Victoria</i>	24	20.3%
<i>Western Australia</i>	18	15.3%
<i>South Australia</i>	9	7.6%
<i>Northern Territory</i>	9	7.6%
<i>Tasmania</i>	8	6.8%
<i>Australian Capital Territory</i>	1	0.8%
Aotearoa New Zealand	20	16.9%
<i>Northern Region</i>	9	7.6%
<i>Southern Region</i>	6	5.1%
<i>Midlands Region</i>	5	4.2%
<i>Central Region</i>	3	2.5%
Overseas	13	11.0%
Total no. of respondents	118	

*Respondents may select more than one preferred region

When asked which workplace location with respect to remoteness they would prefer to be working within five years, less than half (47%, n= 55) of the respondents indicated that their preference was to work in a metropolitan area only. Over half of the respondents reported that their preferred future workplace location was either both metropolitan and RRR areas (30%) or in RRR areas only (23%).

4.4 Mentoring

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

Under half of responding new FACEMs (46%, n= 49/106) reported having been involved in a formal mentoring program since attaining their Fellowship, either as a mentor (42%, n= 44), as a mentee (22%, n= 23), or both as a mentor and a mentee (16%, n= 17). Of those who reported being involved as a mentor (n= 44), only four reported having the same mentee they had during the FACEM Training Program, with the remainder reporting having a new mentee. Whereas half of those who reported being a mentee (n= 23) had the same mentor they had in the FACEM Training Program, while eleven others reported having a new mentor since attaining Fellowship.

The remaining 54% (n= 57/106) reported that they had not been involved in a mentoring program since obtaining Fellowship, with over two-thirds (68%, n= 39) indicating they would like to be involved in one. Of these, the majority (n=33) indicated wanting to be involved as a mentor, 23 showed interest in being a mentee, and only three indicated they would like to be a Mentoring Program Coordinator.

In 2021, ACEM established a mentoring program, known as Mentor Connect, to offer members and trainees the opportunity for mentoring outside their place of employment. New FACEMs were asked if they were aware of the Mentor Connect program, with 62 (60%) of 104 respondents reporting that they were aware of this. A slightly smaller proportion (55%, n=57) indicated they were interested in this mentoring program, with comparable proportions of respondents indicating they would be interested in becoming either a mentor (46%, n= 47) or a mentee (43%, n= 45) via Mentor Connect.

Of the 49 respondents who reported having been involved in a mentoring program, less than half (45%, n= 22) had used ACEM's mentoring resources. Table 6 presents the satisfaction levels of new FACEMs for: The Mentoring Course modules, Mentoring Network forum (online space to discuss mentoring ideas and issues), other resources on the Mentoring Network Resources page (e.g., tools, templates, handbook, FACEM support contacts), and Mentor Connect.

Table 6: New FACEM's satisfaction levels with ACEM mentoring resources

ACEM mentoring resources	Very satisfied / Satisfied % (n)	Neutral % (n)	Dissatisfied / Very dissatisfied % (n)	Unaware of this resource % (n)	N/A % (n)
Mentoring course modules	63.6% (14)	18.2% (4)	0% (0)	4.5% (1)	13.6% (3)
Mentoring network forum	31.8% (7)	22.7% (5)	0% (0)	13.6% (3)	31.8% (7)
Other resources	59.1% (13)	27.3% (6)	0% (0)	0% (0)	13.6% (3)
Mentor Connect (as mentee)	9.5% (2)	9.5% (2)	4.8% (1)	0% (0)	76.2% (16)
Mentor Connect (as mentor)	4.8% (1)	9.5% (2)	4.8% (1)	0% (0)	81.0% (17)

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, over two-thirds (70%, n= 72) of the respondents reported they had not used ACEM's mentoring resources, with up to 43% (n=31) of them reporting that they were unaware of the resources.

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, understanding of CPD requirements, perception of the My ACEM CPD portal, and intention to utilise various ACEM resources as part of their CPD. Nearly all (99%; n= 104/105) respondents had commenced the ACEM CPD Program, with one new FACEM reporting that they would be beginning the CPD program in the next intake.

When asked how they would rate their agreement level on the statement 'I understand ACEM CPD program requirements', 78 (77%) of 102 respondents agreed with this statement. Eleven (11%) neither agreed nor disagreed, whereas thirteen (13%) disagreed or strongly disagreed that they understood the ACEM CPD program requirements. The main reasons provided by respondents (n= 20) who did not agree with the statement were either that they found the information confusing/ overly complicated or that it was challenging to determine the category for each of their CPD activities.

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 (97%) and educational requirements (96%), compared with reviewing performance (87%) or measuring outcomes requirements (77%) (Table 7).

Table 7: New FACEM's level of agreement to statements relating to CPD requirements.

I am able to meet the CPD requirements for	Strongly Agree/ Agree % (n)	Neither agree nor disagree % (n)	Disagree/ Strongly Disagree % (n)	N/A - have not commenced this requirement % (n)
Educational requirements	96.0% (95)	2.0% (2)	2.0% (2)	0% (0)
Reviewing Performance requirements	86.9% (86)	7.1% (7)	5.1% (5)	1.0% (1)
Measuring Outcomes requirements	76.8% (76)	12.1% (12)	10.1% (10)	1.0% (1)
Procedural Skills	97.0% (96)	2.0% (2)	1.0% (1)	0% (0)
Professional Development Plan	90.9% (90)	9.1% (9)	0% (0)	0% (0)

When asked if they wished to comment on how ACEM can better support them in meeting their CPD requirements, 36 provided feedback. Sixteen respondents requested more straightforward instructions/explanations or more examples of how to complete their CPD requirements, while seven stated that it was challenging to complete the required CPD as a first-year, part-time/ casual, or newly returning to work new FACEM and requested more flexible deadlines. Four respondents expressed concerns about the difficulty in meeting specific requirements such as 'measuring outcomes' and 'reviewing performance', while two others requested more educational resources that contributed toward CPD points. Other suggestions (n= 5) focused on specific workshop subjects, such as anaesthesia or intensive care, and the provision of additional online modules.

New FACEMs were asked to rank each of ACEM's educational resources available for CPD (Table 8). Resources including Assessing Cultural Competence modules (83%), Indigenous Health & Cultural Competency Online modules (63%), ACEM Core Values (48%) and resources relating to Workplace-Based Assessments (WBAs; 45%) 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 (56%), Critical Care Airway Management (46%) and Ultrasound course (46%) for their CPD. The least popular educational

resource included the Welcome to Working as a Medical Practitioner in Australia – Online program, Observational Medicine module, and RRR resources.

Table 8: 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)
Assessing Cultural Competency modules	86	82.6% (71)	14.0% (12)	1.2% (1)	2.3% (2)
Indigenous Health and Cultural Competency - Online modules	80	62.5% (50)	23.8% (19)	2.5% (2)	11.3% (9)
ACEM Core Values module	84	47.6% (40)	20.2% (17)	10.7% (9)	21.4% (18)
Workplace-based Assessment - Online Training modules	80	45.0% (36)	38.8% (31)	3.8% (3)	12.5% (10)
Workplace-based Assessment - Orientation videos	80	40.0% (32)	38.8% (31)	6.3% (5)	15.0% (12)
Clinical Supervision Online modules	78	33.3% (26)	41.0% (32)	1.3% (1)	24.4% (19)
Ultrasound course	79	32.9% (26)	45.6% (36)	7.6% (6)	13.9% (11)
Indigenous Health and Cultural Competency - Podcasts	78	29.5% (23)	28.2% (22)	14.1% (11)	28.2% (22)
General Emergency Medicine Resources	79	27.8% (22)	38.0% (30)	7.6% (6)	26.6% (21)
Best of Web EM	79	21.5% (17)	38.0% (30)	10.1% (8)	30.4% (24)
Critical Care Airway Management modules	80	21.3% (17)	46.3% (37)	10.0% (8)	22.5% (18)
Operating with Respect - Online modules	76	14.5% (11)	35.5% (27)	7.9% (6)	42.1% (32)
Leadership Online course	79	12.7% (10)	55.7% (44)	2.5% (2)	29.1% (23)
Observational Medicine module	75	5.3% (4)	32.0% (24)	12.0% (9)	50.7% (38)
Welcome to Working as a Medical Practitioner in Australia - Online program	76	5.3% (4)	7.9% (6)	53.9% (41)	32.9% (25)
Rural, Regional, and Remote resources	77	2.6% (2)	29.9% (23)	26.0% (20)	41.6% (32)

n = number of respondents; Data are reported as n (%)

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 9). The most attended events were the New Fellows Webinars, followed by Faculty Meetings and New Fellow Workshop(s). Three-quarters (75%) of the new FACEMs intended to attend the Annual Scientific Meeting (ASM) and over two-thirds indicated their intention to attend the Winter Symposium (69%) in the future. 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 9: 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)	96	8	8.3%	72	75.0%	15	15.6%	1	1.0%
Winter Symposium	96	9	9.4%	66	68.8%	16	16.7%	5	5.2%
EMCD Supervisor Workshop	94	7	7.4%	30	31.9%	29	30.9%	28	29.8%
Exam Writing Workshop	93	3	3.2%	47	50.5%	32	34.4%	11	11.8%
Faculty Meetings	92	19	20.7%	38	41.3%	27	29.3%	8	8.7%
Faculty Symposiums	93	4	4.3%	42	45.2%	32	34.4%	15	16.1%
New Fellows Webinars	96	24	25.8%	50	53.8%	16	17.2%	6	6.5%
New Fellows Workshop/s	96	11	11.5%	59	61.5%	19	19.8%	7	7.3%

n = number of respondents

New FACEMs were asked to rate their level of agreement on statements regarding the My ACEM CPD portal, the previous version of the ACEM CPD website before the introduction of CPD Homes starting 2024 (Table 10). Respondents were less likely to agree that the My ACEM CPD portal was intuitive to use (58%), compared with the functionality of the website (67%). Over three-quarters (82%) of new FACEMs agreed or strongly agreed that they were satisfied with the accessibility of the My ACEM CPD portal; however a smaller proportion (59%) agreed or strongly agreed that they found the CPD support resources helpful (e.g., CPD audit record, peer review record template, structured conversation template).

Table 10: New FACEM's level of agreement on statements relating to My ACEM CPD Portal

My ACEM CPD website	Strongly Agree / Agree % (n)	Neither agree nor disagree % (n)	Disagree / Strongly Disagree % (n)	N/A % (n)
The My ACEM CPD portal is intuitive	57.7% (56)	24.7% (24)	17.5% (17)	-
I am satisfied with the functionality of the My ACEM CPD portal	67.0% (65)	19.6% (19)	13.4% (13)	-
I am satisfied with the accessibility of the My ACEM CPD portal	82.3% (79)	12.5% (12)	5.2% (5)	-
I find the CPD support resources, including templates and guides helpful	59.4% (57)	18.8% (18)	13.5% (13)	8.3% (8)

New FACEMs were also asked how they found out about ACEM-approved CPD activities, with 110 from this survey cohort responding (Figure 4). The highest proportion of new FACEMs reported that they heard about CPD activities via word of mouth (73%), with activity provider advertising being the next reported mechanism (53%). A relatively smaller proportion found out about the activities via hospital advertising (9%) or social media (7%). Four of the six respondents who selected 'Other'

stated they discovered CPD activities via the ACEM website, while another two stated they searched for CPD activities via their own initiatives.

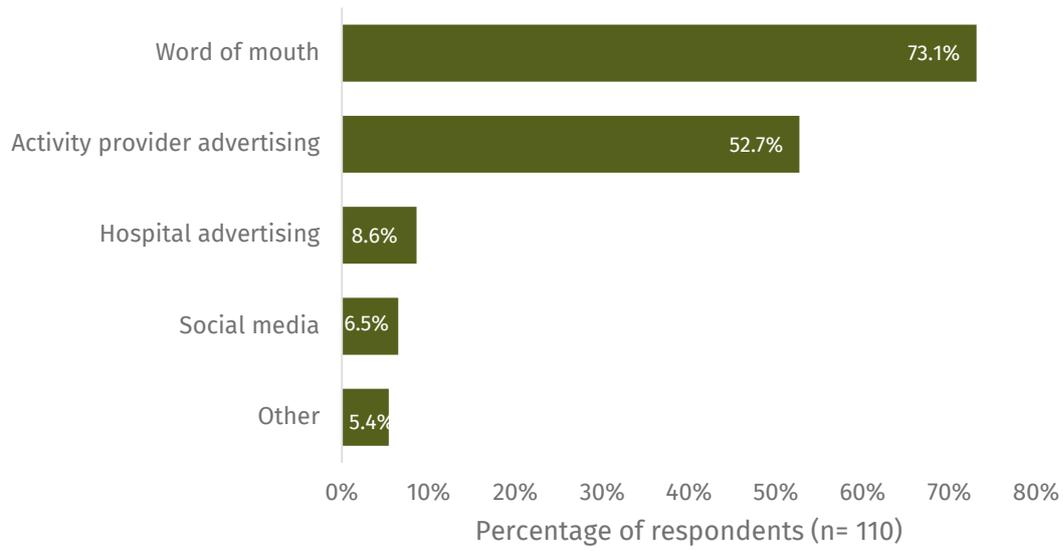


Figure 4: The ways new FACEMs found out about ACEM-approved CPD activities

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 FACEMs, including the New Fellows webpage, channels of communication, and Regional New Fellows Champions; 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 5 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.

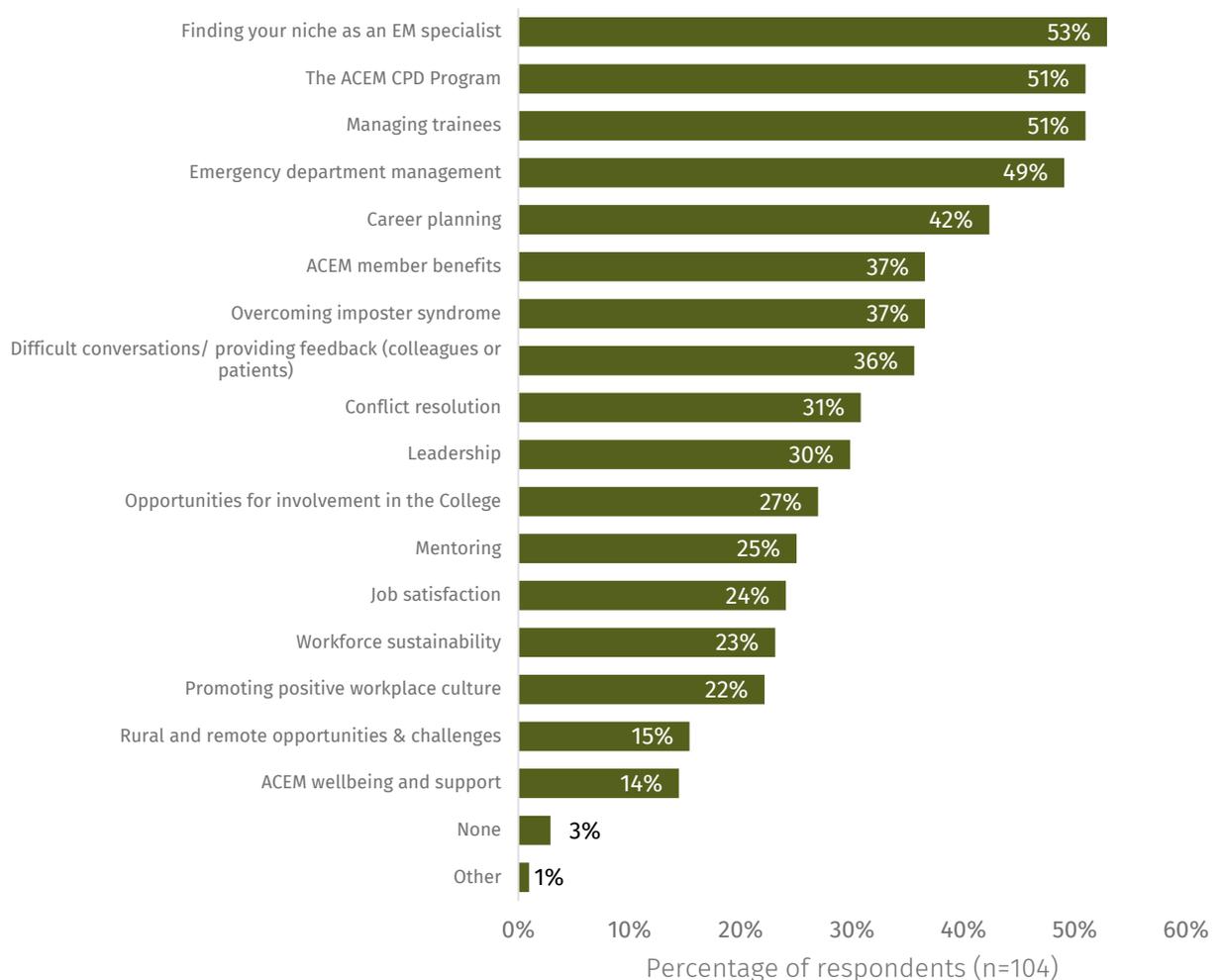


Figure 5: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area

Note: One respondent selected 'Other' topic - Ultrasound.

The ACEM New Fellows webpage on the ACEM website provides an overview of resources, webinars, and information regarding upcoming events and opportunities for new EM specialists that could contribute to the successful transition from FACEM training to Fellowship. Just over two-thirds of respondents (69%, n= 74/108) reported being aware of the ACEM’s New Fellows webpage. Of those, all responded to the follow-up question regarding their satisfaction with the New Fellows webpage. Less than half (47%, n= 35/74) reported being satisfied or very satisfied, with just under a third (32% n= 24/74) being neutral. Sixteen percent of respondents (n= 12/74) stated they had not utilised the webpage, while the remaining two indicated they were dissatisfied with it. The reasons for their

dissatisfaction were either the lack of content on the webpage, or they requested for clearer links to relevant resources (e.g., education calendars, CPD opportunities, and career vacancies).

The College has a range of channels to communicate relevant news and information to new FACEMs, and Table 11 shows the satisfaction levels of new FACEMs with the respective communication platforms. New FACEMs were most satisfied with the welcome email, followed by the new Fellows orientation guide. 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 11: 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	78.5% (73)	17.2% (16)	1.1% (1)	3.2% (3)
New Fellows Orientation Guide	62.1% (59)	18.9% (18)	2.1% (2)	16.8% (16)
New Fellows Hub Noticeboard	37.6% (35)	25.8% (24)	2.2% (2)	34.4% (32)
Bulletin	51.1% (48)	33.0% (31)	0% (0)	16.0% (15)
Faculty Updates	55.8% (53)	29.5% (28)	1.1% (1)	13.7% (13)
Social Media	23.2% (22)	33.7% (32)	2.1% (2)	41.1% (39)

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. When asked if they were aware of the Regional New Fellows Champions, 109 new FACEMs responded. One-third (33%, n= 36/109) reported that they were aware of this role, sixty-six (60%) indicated they were not aware, whilst the remaining seven (6%) stated the role had not been filled in their region.

New Fellows were also asked how they would prefer to receive news and initiatives relevant to them by rating their top three preferences, with direct emails (88%) being most nominated, followed by a regular New Fellows newsletter (41%) and the ACEM's Bulletin (26%) (Figure 6).

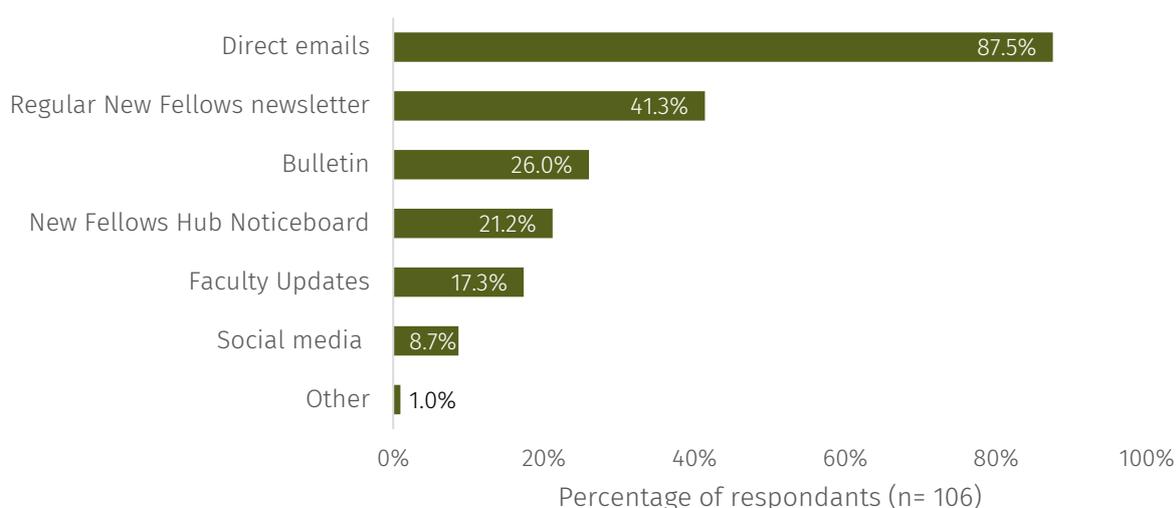


Figure 6: Preferred ways to receive news and initiatives relevant to new Fellows

As part of the New Fellows Program, the College regularly hosts events for learning and networking. New FACEMs were asked to indicate the format of events they intended to attend and if they were willing to pay a nominal fee for the respective type of events (Figure 7).

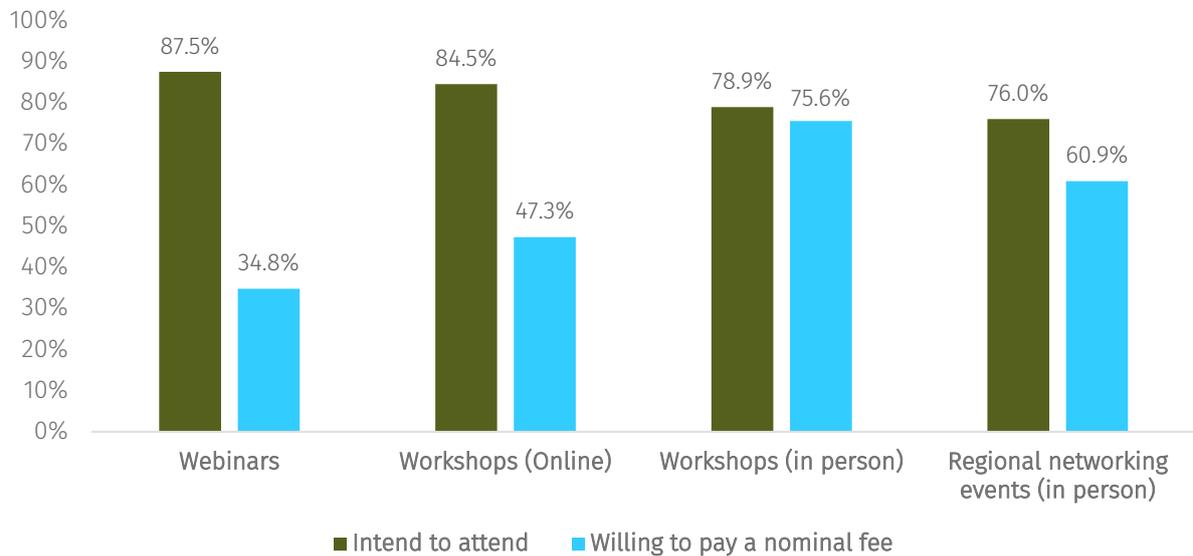


Figure 7: New Fellows Program – Willingness to attend events for learning and networking.

ACEM offers a number of initiatives to support the wellbeing of New FACEMs, with the utilisation of these resources among new FACEMs shown in Table 12. Considering these are relatively new initiatives, only a small proportion of new FACEMs reported having utilised the resources, and a larger proportion reported being unaware of the individual resources.

Table 12: 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	92	6.5% (6)	33.7% (31)	19.6% (18)	40.2% (37)
Wellbeing Webinar Series (Introduced 2023)	92	13.0% (12)	35.9% (33)	18.5% (17)	32.6% (30)
Peer-reviewed resources	93	7.5% (7)	33.3% (31)	10.8% (10)	48.4% (45)
Workforce-Wellbeing Network (Introduced 2023)	94	2.1% (2)	25.5% (24)	14.9% (14)	57.4% (54)

n = number of respondents; Data are reported as n (%)

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= 6) who underwent the SIMG pathway, 105 (94%) of 112 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, consistent with the 2022 survey finding (95%). Five neither agreed nor disagreed, while two others disagreed that they were well-prepared for independent practice after becoming an EM specialist. The main reasons provided by those (n=7) who did not agree that they felt well-prepared varied from insufficient procedural training, limited training on non-clinical aspects, lack of critical care exposure, to inability to manage the significant responsibility associated with the role.

Fifty-two respondents provided further feedback about additional training and resources that could be added to the FACEM Training Program to further prepare them for independent practice as an EM specialist. Most feedback focused on more training relating to non-clinical skills (e.g., staff and ED management, career advice, non-clinical portfolios, communication, and conflict management; n= 26). Other suggestions included increasing opportunities in different fields of medicine, such as pre-hospital retrieval, critical care, anaesthesia and intensive care unit rotations (n= 13). Five respondents also requested more leadership opportunities as part of their training (e.g. supervise junior staff and shadowing junior FACEMs for real-world experience). Other suggestions (n=8) included more resources for examinations and OSCEs, additional training on preparing shift reports, and the opportunity to be involved in clinical audits.

New FACEMs who completed the FACEM Training Program were asked to outline specific components of the training program they felt best prepared them for independent practice as an EM specialist, with eighty-eight responding. Over half of the feedback (n= 52) focused on the importance and usefulness of resources for examination preparation and Workplace-based Assessments. Other respondents (n= 23) found the clinical and leadership skills gained during training shifts practical, e.g., managing the flow of patients, having supervised in-charge shifts, preparing shift reports, and exposure to night shifts were highly beneficial. Thirteen respondents commented on excellent clinical exposure and training as part of the program. Others (n= 10) also commented that the practical skills gained during placements in other fields, such as retrieval and critical care medicine, helped prepare them for independent practice as an EM specialist.

The topic areas for which new FACEMs would like the College to provide more support and resources are shown in Figure 8. The top three most popular topic areas requested were similar to the 2022 survey findings, with ultrasound (52%), paediatric (51%), and toxicological and environmental medicine (43%) being the most popular. In contrast, renal and urogenital medicine and gastrointestinal medicine were the least selected areas of interest (0.9%, respectively).

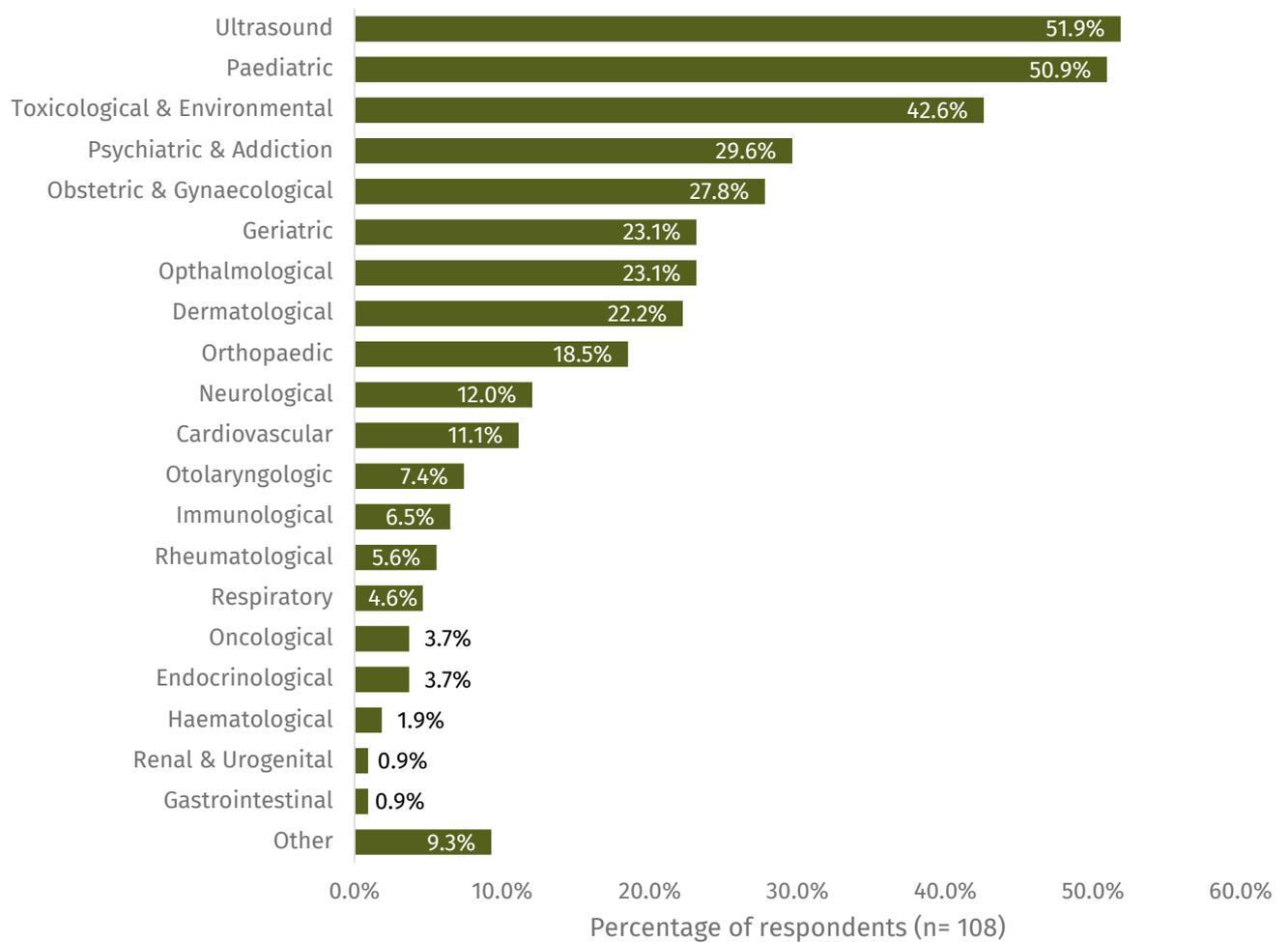


Figure 8: Topic areas new FACEMs would like ACEM to provide more support or resources.

Note: Other suggested topic areas included critical care, medicolegal, palliative medicine, radiology, pre-hospital and retrieval medicine, telehealth medicine, remote emergency medicine and trauma.

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 respondent’s comments are provided in Table 13. Feedback regarding useful support their workplace provided focused on mentoring or informal support from senior staff (n= 25) and education or teaching sessions tailored for new Fellows (n= 14). However, it is noteworthy that 20 respondents stated that their workplace did not provide helpful resources or programs to assist them in transitioning to an EM specialist. On the other hand, resources relating to induction or orientation to a new hospital (n= 13) were most frequently suggested by respondents for support their workplace could have provided but didn’t. Assistance with non-clinical and administration requirements (n= 11) while working as an EM consultant was also frequently raised as support their workplace should have provided but did not.

Table 13: 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= 68)	
Mentoring program or informal support from senior staff (including peer support and Employee Assistance Program)	25
No resources or programs offered	20
Education or teaching programs (e.g., exam preparation support group, new FACEM webinars and online resources)	14
Transition to the Fellowship Program in the final stage of training (night shifts in-charge, leadership opportunities, and clinical governance tasks)	5
Regular discussions and meetings with DEMENT and senior FACEMs	4
Supported first few shifts (e.g., on-call shifts with a backup, administrative support)	3
Orientation to hospital and emergency department	3
Workplace could have provided (n= 41)	
Induction or orientation to the hospital/emergency department	13
Assistance with non-clinical skills	11
Mentoring or formal discussions with senior FACEMs regarding progress	9
Career advice (preparation for job interviews, selection process, insurance indemnity)	4
No support required	4
Simulation training	1
Assistance with meeting CPD requirements	1

The trajectory of challenges experienced by new FACEMs through their first week, first month, and then 3-6 months post Fellowship are provided in Table 14. Adjusting to the responsibility of being an EM specialist was a key challenge for new FACEMs in the first-week post-Fellowship, and similarly, adjusting to a new department was frequently raised in the early transition period. Managing imposter syndrome continued from one month through to 3-6 months, although fewer new FACEMs expressed it over time.

In the first month and first 3-6 months, more commonly reported challenges focused on non-clinical work, including managing the intra- and inter-department relationships, staffing arrangements, junior staff supervision, and developing skills in non-clinical portfolios. Importantly, dealing with access block issues was a common theme identified through the first week, the first month through to 3-6 months, with increasing frequency. Similarly, seeking permanent employment was also consistently raised as a challenge during the first six months post-Fellowship.

Table 14: Themes of challenges experienced in the first week, first month, and 3-6 months post Fellowship

Timeline	Key Themes
First week (n= 67)	<ul style="list-style-type: none"> – Adjusting to new consultant role (increased responsibilities, senior decision maker, supervising friends and former peers) (n= 20) – Orientation and adjusting to new department (n= 15) – Imposter syndrome (n= 13) – Administrative challenges, learning new IT systems (n= 10) – Supervising and managing junior staff (n= 8) – Clinical work and busy shifts (n= 5) – Coping with access block and ambulance ramping (n= 3) – Career challenges, job insecurity, and seeking a permanent position (n= 2) – No challenges (n= 4)
First month (n= 65)	<ul style="list-style-type: none"> – Developing skills in non-clinical portfolios and responsibilities (n= 16) – Imposter syndrome, developing confidence (n= 15) – Managing and supervising junior staff and former peers (n= 11) – Learning new guidelines and processes at a new hospital/network (n= 9) – Coping with access block and managing patient flow (n= 8) – Fatigue and stress (managing multiple workplaces, demanding rostering) (n= 8) – Fulfilling CPD requirements (n= 1) – Finding permanent employment and seeking better job security (n= 1) – No challenges (n= 1)
First 3-6 months (n= 66)	<ul style="list-style-type: none"> – Managing department and inter-department relationships (n= 11) – Managing workload and work-life balance (n= 11) – Supervising junior staff (n= 11) – Finding permanent employment and seeking better job security (n= 9) – Coping with access block and ambulance ramping (n= 9) – Developing clinical and non-clinical portfolios (n= 8) – Managing imposter syndrome (n= 6) – Finding a niche, creating a leadership style (n= 5) – Fulfilling CPD requirements (n= 4) – Challenging clinical work (n= 3) – Learning new guidelines and processes (n= 3) – Dealing with lack of respect from senior FACEMs (n= 3) – No challenges (n= 3)

5. Conclusion

This report presents the key findings from the 2023 New FACEMs Early Career Survey and highlights longitudinal trends and changes since 2014. New FACEMs responding to the 2023 Early Career Survey were more likely to report having secured an EM specialist position after attaining their Fellowship, with up to 92% of respondents reporting securing this position at 6-12 months post-Fellowship. Despite this positive shift in employment trends, only one-third of new FACEMs reported having a full-time position at their primary workforce, with the remainder working part-time (56%) or locum/casual roles (11%). Nearly two-thirds of respondents reported working at multiple workplaces, mainly driven by the opportunity to have a wider variety of clinical exposure or to make up the equivalent of full-time employment hours.

The recent two survey iterations observed an increasing trend in new FACEMs working in only metropolitan areas. Almost two-thirds (64%) of respondents reported working in a metropolitan area only, a quarter in a regional/rural/remote (RRR) area only, and 11% in both metropolitan and RRR areas. In addition to enjoying the rural lifestyle, having a rural background and an interest in pursuing rural medicine were the main reasons for new FACEMs choosing to work in RRR areas. Slightly different from the previous survey findings, job availability was no longer identified as the most common theme for the reasons new FACEMs chose to work in the RRR area.

All new FACEMs reported currently working in EM and all but two reported planning to continue working in EM in the next five years. Over 40% reported also working in another clinical or professional area, with pre-hospital and retrieval medicine and medical education being the two most nominated areas. Notably, more than half of the respondents indicated their preference to work in an RRR location in five years' time.

Less than half (46%) of new FACEMs indicated having been involved in a formal mentoring program, further decreasing from 56% in the 2022 survey. ACEM established a Mentor Connect program to offer mentoring opportunities to members and trainees outside their workplace. Likewise, only half of the respondents indicated they were interested in participating. More than two-thirds of respondents had not used the College's mentoring resources, with almost half reporting being unaware of the resources. The feedback helps guide the promotional work on the mentoring resources and the Mentor Connect program to foster mentoring support among new FACEMs.

Almost all (99%) of new Fellows reported commencing the ACEM CPD program; however, just over three-quarters (77%) agreed they understood the ACEM CPD program requirements, consistent with the 2022 survey. 'Reviewing Performances' and 'Measuring Outcomes' were two requirements they found more challenging to meet. Less than two-thirds reported they found the CPD resources on the previous My ACEM CPD website helpful (59%), or that the website was intuitive to use (58%), with a larger proportion (82%) satisfied with the accessibility of the My ACEM CPD portal. The College has launched the new MyCPD Platform in 2024 and will continue to improve the functionality and accessibility of the new platform, alongside more frequent updates and additional features. This evolution is aligned with the two of the most nominated areas of interest for new FACEMs, which included 'finding their niche as an EM specialist' and 'the ACEM CPD Program'.

Consistent with the findings of the 2022 survey, nearly all respondents (94%) agreed that they felt well-prepared for independent practice as an EM specialist after the FACEM Training Program. More training in non-clinical skills, such as managing trainees and ED management, were frequently highlighted, consistent with the key challenges raised by new FACEMs during their transition from their first week to their first 3-6 months post-Fellowship. Additionally, managing access block issues and finding permanent employment remained key challenges faced during their transition from FACEM trainees to new FACEMs.

The New FACEMs Early Career Survey is an ongoing surveillance tool to inform various areas of the College's work to support new FACEMs, including workforce planning, mentoring support, CPD, and new Fellows program development.

6. Acknowledgements

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

7. Suggested Citation

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8. Contact for Further Information

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