Australasian College for Emergency Medicine
Department of Policy, Research and Advocacy

ACEM Membership Engagement Survey

Report of Findings

November 2018

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1. Executive Summary

Background

This report presents the findings from the voluntary ACEM Membership Engagement Survey conducted in 2018. The survey captured data relating to members' satisfaction with their membership with ACEM, as well as their satisfaction with various aspects of the College's work in meeting their service, communication, advocacy and support needs. Importantly, the survey engaged ACEM's members to inform the development of the College's strategic plan.

Key Findings

- A total of 390 members responded, a response rate of 14.5%, consisting of 382 Fellows (15%), six EM Certificants and Diplomates (5%), and two Educational Affiliates (7%).
- 73% of FACEMs were very satisfied or satisfied with their ACEM membership, 20% were neither satisfied nor dissatisfied, whilst 8% reported dissatisfaction.
- A higher percentage of FACEMs were satisfied with the use of the FACEM post-nominal (76%), enrolment in the CPD program (70%) and access to educational/professional development resources (59%), compared with other member benefits such as the member wellbeing resources (20%) and Member Advantage program (12%).
- Around three quarters of FACEMs were in agreeance that the content of ACEM communications is relevant to them (76%), the amount of communication is appropriate (74%) and that the weekly ACEM Bulletin provides them with relevant information (72%).
- 62% of FACEMs agreed that ACEM should comment on issues of social justice, and a slightly smaller percentage were in agreeance that ACEM advocates on issues affecting them (56%) and adequately supports them in their role (53%).
- 18% of FACEMs were not at all aware of the Council of Advocacy, Practice & Partnerships, compared with the Council of Education (7%), ACEM Board (4%) and Committees (3%).
- 58% of FACEMs agreed that they understood how to get involved in ACEM's governance structures, compared with only 31% who agreed that ACEM's governance structures are transparent and accountable to members.
- Three of six EM Certificants/Diplomates were satisfied with their ACEM membership and staff support, with all six reporting that they expected as part of their membership to use the Certificant/Diplomate post-nominal and to access educational/professional development resources.
- Three or more Certificants/Diplomates were in agreeance with all statements relating to ACEM communication, except only one agreed that the Faculty updates provided them with relevant information.
- Three Certificants/Diplomates agreed that ACEM advocates on issues affecting them and that they have adequate opportunities to contribute to the direction of ACEM's advocacy activities.

2. Purpose and scope of report

The purpose of this report is to present the findings from the ACEM Membership Engagement Survey conducted from February to March 2018. The aim of the survey was to examine in detail how our members engage with ACEM, and if ACEM is meeting their service, communication, advocacy and support needs. Results from the survey have also informed the development of ACEM's 2018 Strategic and Business Plans.

3. Methodology

The survey was available online to members only through ACEM's website and was developed using JotForm (Inc). The survey questions were developed with input from relevant staff members, the ACEM Board and the Council of Advocacy, Practice and Partnerships (CAPP).

The voluntary survey was distributed to all active members (i.e. FACEMs, Certificants, Diplomates, and Educational Affiliates) on 8 February 2018 via an email from ACEM President Dr Simon Judkins and closed on the 23 March. The survey was the main news piece in the Bulletin on 9 February and again on 16 March, and was included as a news piece weekly until the survey closed. The survey was also included as a news item in the fortnightly Faculty updates. To encourage participation, one final reminder email from Dr Simon Judkins was distributed to all active members on 20 March before the survey closed.

Respondent anonymity and confidentiality was maintained, with responses de-identified and data presented in the aggregate as a percentage of total responses, or by member status. The qualitative data derived from the free-text comment boxes were analysed and summarised into major themes.

4. Results

4.1 Survey Response

A total of 2697 surveys were distributed to the three cohorts of active members, namely FACEMs (n=2554), Emergency Medicine (EM) Certificants and Diplomates (n=115) and Educational Affiliates (n=28). A total of 390 members responded to the survey, a response rate of 14.5%, consisting of 382 Fellows (15%), six EM Certificants and Diplomates (5%), and two Educational Affiliates (7%).

Given the small number of respondents from the cohorts of EM Certificants/Diplomates and Educational Affiliates, survey responses from the three cohorts will not be compared but presented separately.

4.2 FACEMs

Demographic Information of Respondents

The age breakdown of FACEM respondents is presented in Table 1. Over three quarters of active FACEMs were in the age groups of 45-54 (42%) and 35-44 (35%).

Table 1. The age distribution of FACEM respondents (n= 382).

Age	Percentage
<35	6.8%
35-44	35.1%
45-54	42.4%
55+	14.7%
Prefer not to answer	1.0%

The breakdown of FACEM respondents by location is provided in Table 2. Nearly 85% of respondents reported they were primarily located in Australia, with 13% in New Zealand and 2% overseas.

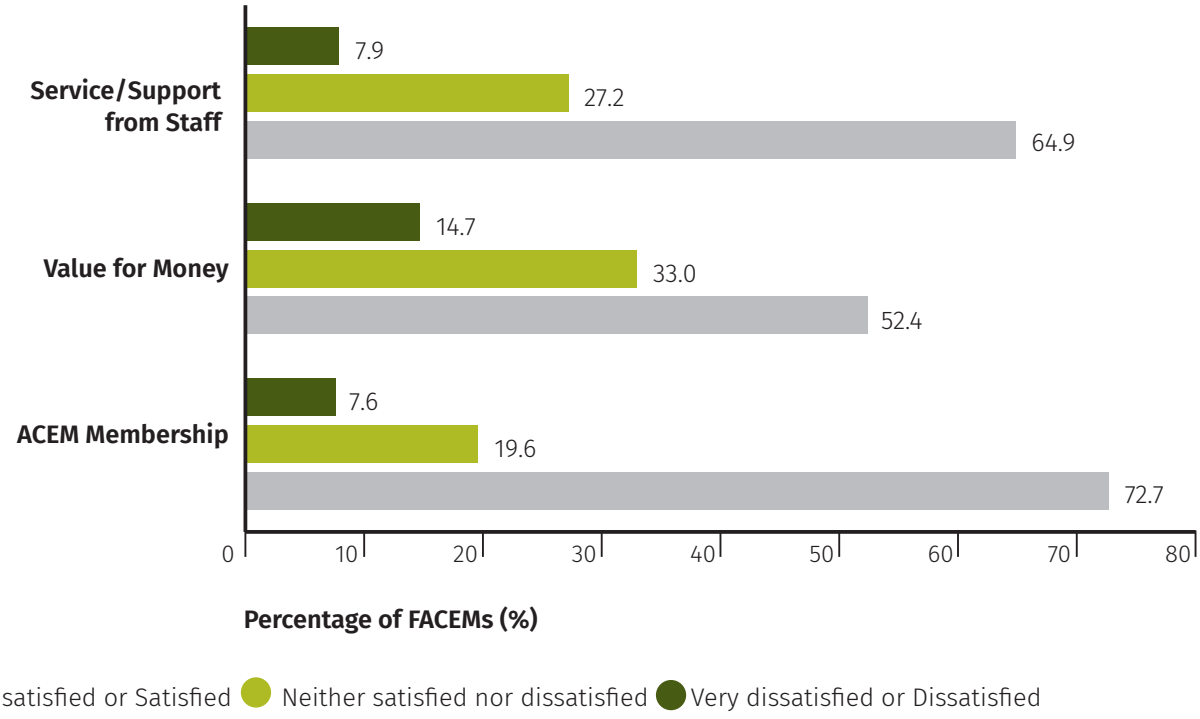
Table 2. The breakdown of FACEM respondent's location, by region (n= 382).

Country	Number	Percentage
Australia	**324**	**84.8**
ACT	7	1.8
NSW	70	18.3
NT	8	2.1
QLD	78	20.4
SA	21	5.5
TAS	14	3.7
VIC	88	23.0
WA	38	9.9
New Zealand	**49**	**12.8**
Overseas	**9**	**2.4**
Total	**382**	**100%**

Membership

Respondents were asked about their level of satisfaction with their membership with ACEM. A total of 278 (73%) of 382 Fellows were very satisfied or satisfied with their ACEM membership, 75 (20%) were neither satisfied nor dissatisfied, whilst 29 (8%) respondents were very dissatisfied or dissatisfied. Respondents who were dissatisfied or very dissatisfied were given the opportunity to explain the reason(s) for their dissatisfaction. Key reasons for dissatisfaction included feeling disengaged with the College where members' opinions were not heard (n=6); increased bureaucracy (n=6); lack of educational and practical clinical resources (n=4); disagreement with College policy or position on specific social issues (n=4); diminution of professional respect for a FACEM (n=3); and rising membership fees with limited benefits (n=3). Figure 1 shows the satisfaction level of FACEMs with their ACEM membership, value for money of membership and service/support they receive from ACEM staff.

Figure 1. Level of satisfaction of FACEMs with respect to their membership with ACEM, N=382



FACEMs were asked to select the type(s) of member benefits that they expect from their membership of the College (Table 3). The member benefit FACEMs most expected as part of their membership was enrolment in the ACEM Specialist CPD program (86%) whilst the least expected member benefit was the Member Advantage program (18%).

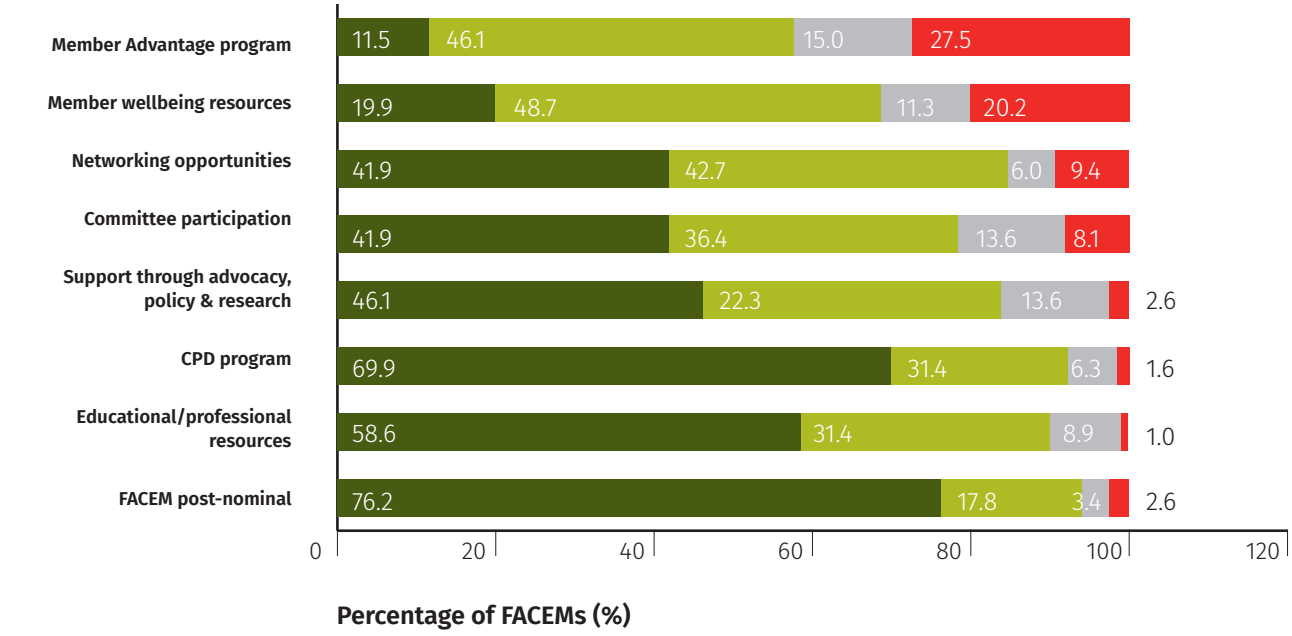
Table 3. Expectations of FACEMs from their membership of the College, ranked in terms of most expected to least expected member benefit (n= 382).

Member benefit	No. of respondents	%
Enrolment in the ACEM Specialist CPD program	327	86%
Access to educational/ professional development resources	320	84%
Use of the FACEM post-nominal	317	83%
Ability to contribute to the next generation of emergency medicine specialists	297	78%
Member support through advocacy, policy and research initiatives	288	75%
Guidance on standards relating to clinical management	276	72%
Ability to influence change through committee participation	229	60%
Networking opportunities through participation in Special Interest Groups, Faculty membership and/ or online discussion forums	204	53%
Attendance and voting rights at the Annual General Meeting	167	44%
Access to wellbeing resources	125	33%
Member Advantage program	70	18%
Total no. of respondents	**382**	**100%**

Note: Respondents were able to select as many options that applied

The Fellows were further asked about their level of satisfaction with each of the member benefits provided by the College (Figure 2). The majority of FACEMs were very satisfied or satisfied with the use of the FACEM post-nominal which is recognised, valued and respected (76%), enrolment in the ACEM specialist CPD program (70%) and access to educational/professional development resources (59%). In contrast, a significantly smaller percentage of FACEMs were satisfied with the Member Advantage program (11.5%) and wellbeing resources (19.9%), with 28% and 20% of FACEMs respectively reporting that they were not applicable to them.

Figure 2. Level of satisfaction of FACEMs with ACEM's Member Benefits, N=382



Only 15% (n=58) of 382 responding Fellows reported that they used the Member Advantage program whilst the majority of them (72%) reported not using the program, and 13% were unaware of it.

Fellows were asked if they would like to see the College deliver more educational or professional development-type courses or resources, with 219 (57%) of them reporting they would like to see this. Those who reported that they would like more courses or resources from the College were given the opportunity to outline what educational or professional development-type courses or resources they would like the College to provide. A total of 140 respondents provided a wide variety of suggestions (Table 4).

Table 4. Themes and representative comments on further educational and professional development type courses and resources ACEM could provide

Theme	• Representative comments
Leadership and management *Tailored to consultant level*	• As a fairly new DEM I would like to see more management training resources as there are for DEMTs • Managerial skills i.e. policy writing, business cases etc. • Leadership courses / transition to specialist for new FACEM • There is a lack of non-technical resources/courses available e.g. leadership, change management, providing feedback
Special skills training *Mostly on ultrasound training, others include toxicology, disaster, pre-hospital medicine, trauma, etc.*	• College needs to be more involved in settings standards/ education for point-of-care ultrasound • More structured courses in areas such as toxicology, airway management, central access, ultrasound could have college focus • Particularly in relation to subspecialty emergency areas such as ultrasound, toxicology, disaster, pre-hospital medicine, paediatrics, acute/emergency orthopaedics, acute ENT etc.
Clinical care and practical courses *Procedural skill maintenance, various EM-related clinical topics*	• I believe the most useful is high risk procedures that are vital but not performed regularly for maintenance of skills • Practical skills refresher courses (e.g. difficult airways, eye and ear-related courses) • New or recent dramatic developments in clinical topics applicable to EM
Online learning and resources	• Podcasts, online courses to help with self-directed learning component of CPD • Specific clinical on-line courses aimed at experienced FACEMs should be readily available and could serve a dual use as part of the advanced trainee program. • Webinars with recent updates in clinics and administrative topics
Suggestions for CPD	• Continue to support and develop ACEM • Direct incorporation of ACEM activities into CPD • Improve the linkage of existing e-learning packages with the CPD platform
Trainee supervision and mentoring course	• More educational resources in training FACEMs on feedback techniques as well as calibration of assessment standards across different hospital sites • Courses for teaching and supervising trainees • More education and training resources for WBA assessors
Access to ACEM policies and guidelines	• ED education packages for endorsed guidelines and standards • Specific clinical pathways endorsed by the College • Increased breadth of policy statements + guidelines for the Australasian setting, particularly in risk management/ adverse outcomes/ complaints/ AHPRA
Cater for rural regionally-based members	• Tailored courses aimed at skills that are otherwise hard to keep up with post fellowship. These courses are still held at major centres which is a disadvantage to rural members. • The ACME course is too Melbourne centric. It needs buy in from smaller similar centres • Procedural skill maintenance courses in WA to avoid having to travel interstate as difficult with family responsibilities

Wellness and wellbeing	• Wellbeing related topics – with actual workshopped solutions which can be applied to Australian EDs • Need more forums for older physicians for wellbeing, to prevent stress and burnout
Resource and support for research	• I am particularly interested in the college providing educational resources for research to build capacity in research across the emergency medicine field • More short courses aimed at rapid development of expertise e.g. research tools, quality initiatives
Cultural and safety issues	• Diversity training for members e.g. LGBTI training regarding both management/ cultural safety for staff and patients • I went to a college sponsored patient safety and quality course and it thought this was a solid thing for ACEM to be involved • Professional Maori health resources for self-education & teaching (excellent resource by ACEM for Indigenous Australians)
Better access/subsidies for courses and resources	• Discounted subscription rates to notable EM related podcasts or online FOAM and other up to date resources / relevant texts • Subsidised courses for trainees that are mandatory such as APLS/EMST/USS training • Providing free or affordable access to ACEM nominated websites
Communication and website	• Widen the special interest groups with individual newsletters which summarises the front-line issues and present trending research and new drugs/ resources • Make what resources are available more accessible by revamping the education website which is a nightmare to navigate • Better advertisement of educational opportunities would be helpful
More face-to-face workshops	• Face-to-face workshops would be valuable as discussion between colleagues enhances understanding and job satisfaction considerably – we are facing similar challenges and it is powerful to discuss with others from different places. Best solutions often come from others • I really think some workshops that look at unconscious biases, discrimination and racism are needed. You cannot do this online
Exam/curriculum related educational resources	• Structured, centralised primary and fellowship prep courses • ACEM should consider providing and or collating education resources that relate to the examinations and curriculum that ACEM sets
Other *International network, advocacy training, consultant level resources, etc.*	• Advocacy training. Public messaging • More consultant level resources, at the moment the resources seem to be aimed at trainees rather than higher level • Rolling curriculum like Scientific American Emergency Medicine does with comprehensive update and review of the entire body of EM on a regular basis for CME

There were 219 (57%) Fellows who reported that they were aware of the function of ACEM's Faculties, whereas 63 Fellows were not aware and 100 Fellows reported they were unsure of the function of ACEM's Faculties. Of those who reported that they were aware of ACEM's Faculties, 43 (20%) reported that they attend Faculty meetings always or very often, 117 (53%) reported that they attend sometimes or rarely and 59 (27%) reported that they never attend meetings.

Fellows were also surveyed with regards to if they had attended any College events in the past three years. Of the 382 respondents, 308 (81%) reported they had attended at least one College event. Most of them reported attending the Annual Scientific Meeting (ASM) (n=237, 77%), followed by their Faculty Scientific Meeting (n=109, 35%), and Winter Symposium (n=104, 34%). Twenty-one (7%) respondents reported that they had attended other College events including the Autumn Symposium, ACEM rural and regional leadership programme, Equity for Māori Hui, launch of the Reconciliation Action Plan, the Leadership Day, and WBA panel meetings. There were 74 respondents (19%) who reported that they had not attended any College events in the past three years.

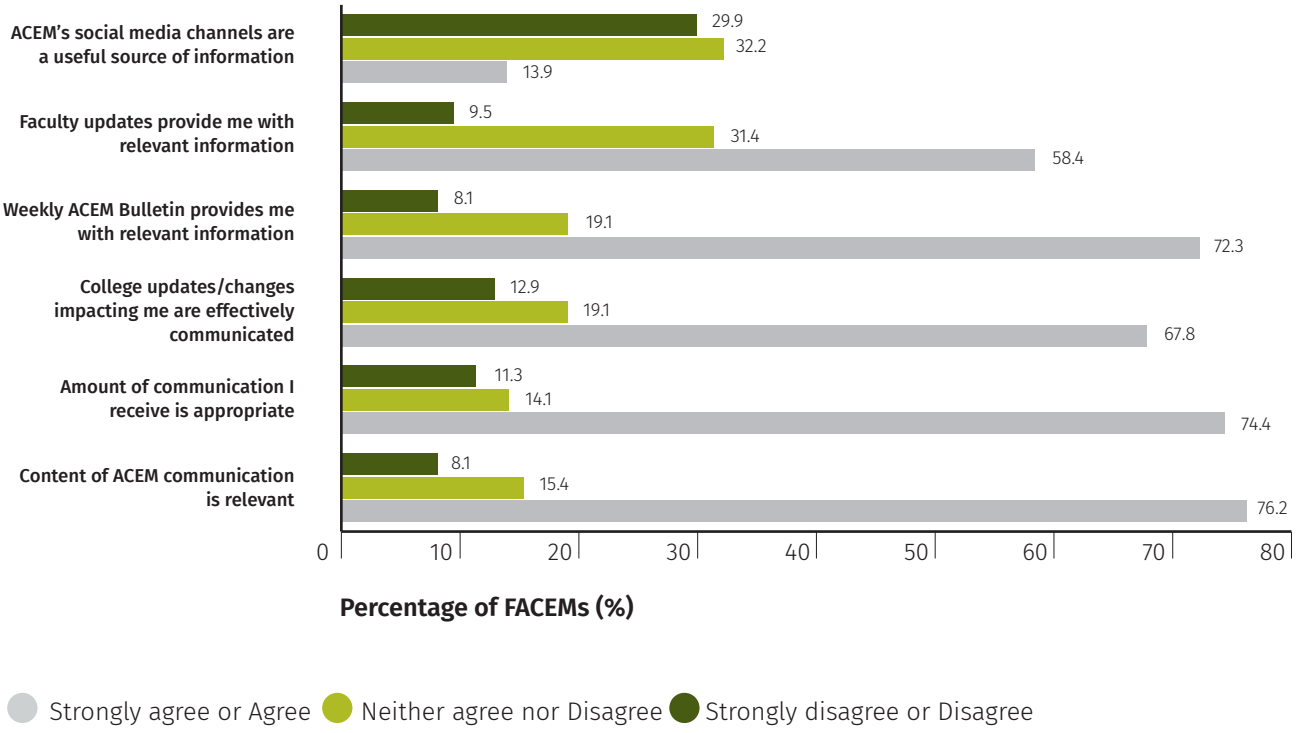
Additionally, Fellows were invited to provide suggestions on how ACEM events can be improved, with 75 responding. Most suggestions centred around the ASM such as a fee reduction, variability of topics/speakers, travel support, more educational streams, more clinically relevant topics, and specific facility/support for those with children. Other suggestions for improvement to ACEM's events included organising more interstate networking meetings, regional or state-based events, and joint events with other specialist colleges.

Fellows were subsequently asked if they were aware of the College's policy on sponsorship and exhibition stands at College events. Only 76 (20%) were aware of this, 58 (15%) were unsure whilst the remainder 248 (65%) of the respondents reported they were not aware of the policy. Of those who reported that they were aware of the policy, about three quarters (74%, n=56) of them strongly agreed or agreed that the policy is appropriate and 17 (22%) neither agreed nor disagreed. For the three respondents who disagreed that the policy is appropriate, their reasons given were that the policy was overly restrictive, sponsorship was not an issue for the majority of FACEMs who work in public EDs, and that it was contradictory to apply it to sponsorship from the pharmaceutical industry but not other industries.

Communication

With respect to communication from ACEM, FACEMs were asked to rate their level of agreement with several statements (Figure 3). Overall, about three quarters of FACEMs strongly agreed or agreed that the content of ACEM communications is relevant to them (76%), the amount of communication they receive from ACEM is appropriate for their requirements (74%) and that the weekly ACEM Bulletin provides them with relevant information (72%). A slightly smaller proportion were in agreeance that College updates/changes impacting them are effectively communicated (68%) and that Faculty updates provide them with relevant information (58%). Only 14% of FACEMs agreed that ACEM's social media channels (Facebook, Twitter) are a useful source of information about the work of ACEM and its members.

Figure 3. Level of agreement of FACEMs with statements relating to ACEM communciation, N=382



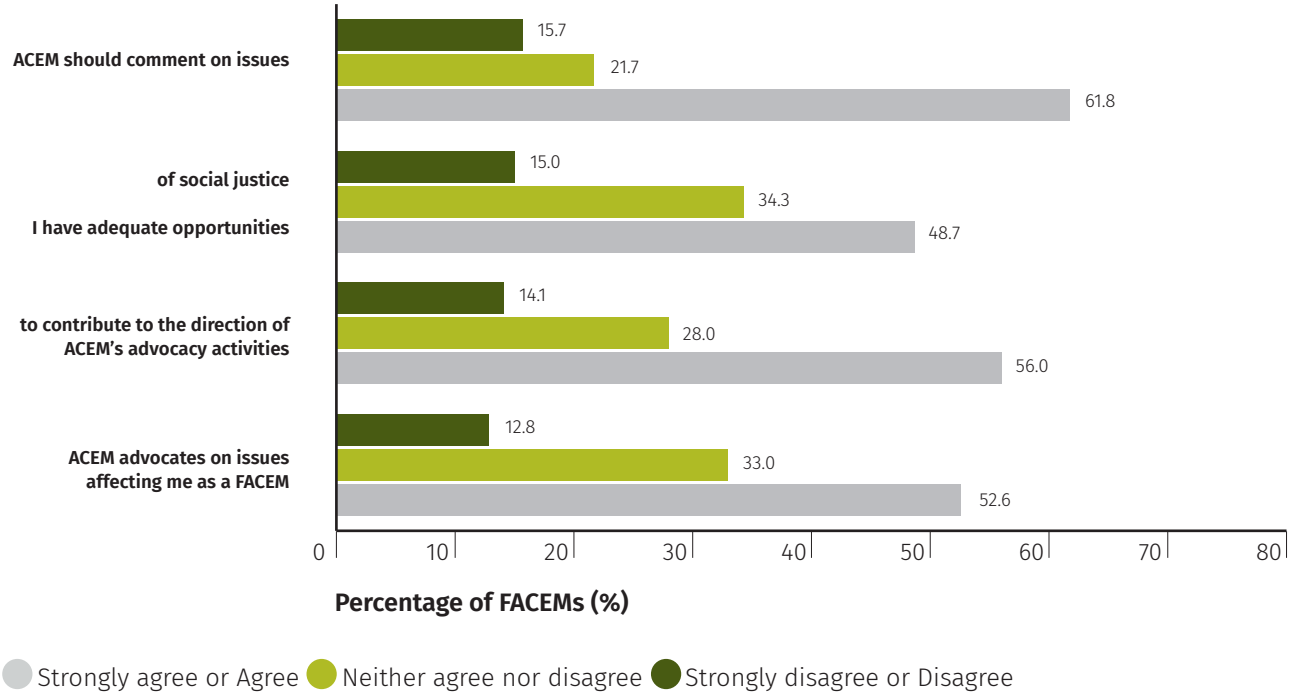
Note: Not applicable responses for all statements were <1%, except for the statement relating to ACEM's social media channels, which was at 24%

Eighty-three respondents provided suggestions on how ACEM can improve its communication with members. Key suggestions included fewer bulk/irrelevant emails; improve the website to be more user-friendly; direct mail for important updates/changes; better use of social media; a platform to facilitate wider networking; earlier notice of ACEM events; more targeted newsletter; and improve the relevancy of Faculty updates.

Advocacy and Support

The level of agreement with several statements relating to College advocacy is shown in Figure 4. More than half of the responding FACEMs strongly agreed or agreed with the statements that ACEM should comment on issues of social justice (62%), that ACEM advocates on issues affecting them in their role as a FACEM (56%) and that ACEM adequately supports them in their role as a FACEM (53%). Just under half (49%) of them were in agreeance with the statement that they had adequate opportunities to contribute to the direction of ACEM's advocacy activities.

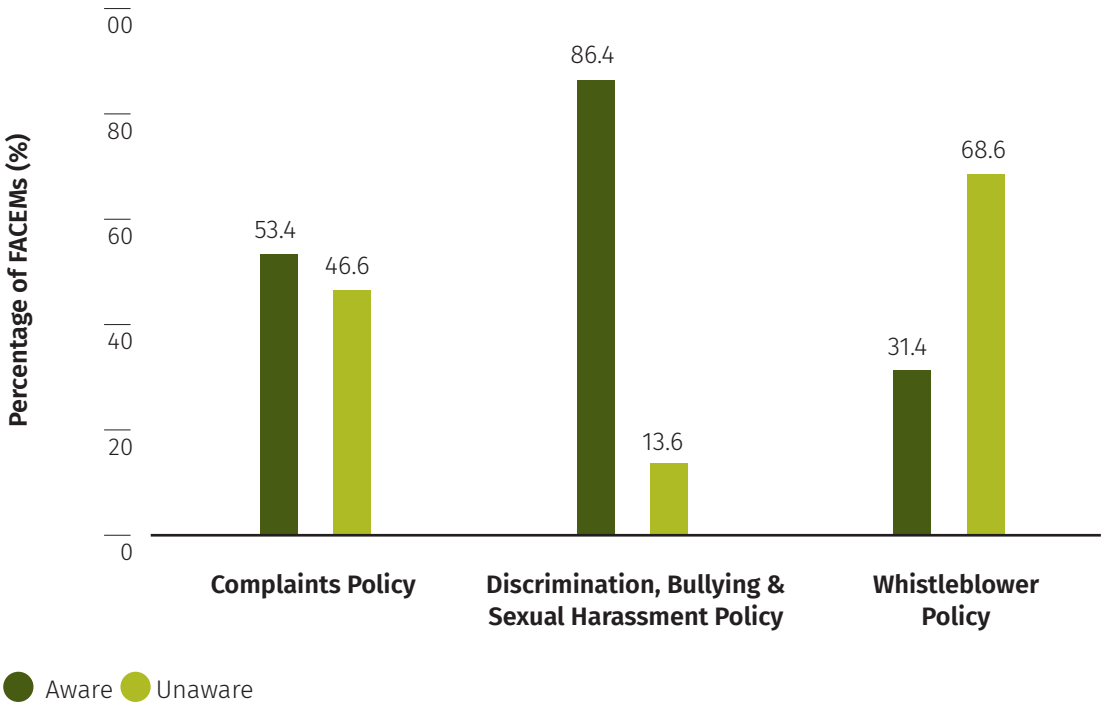
Figure 4. Level of agreement of FACEMs with statements relating to College advocacy and support, N=382



Note: A small number of respondents reported "Don't know" for all statements (1-2%)

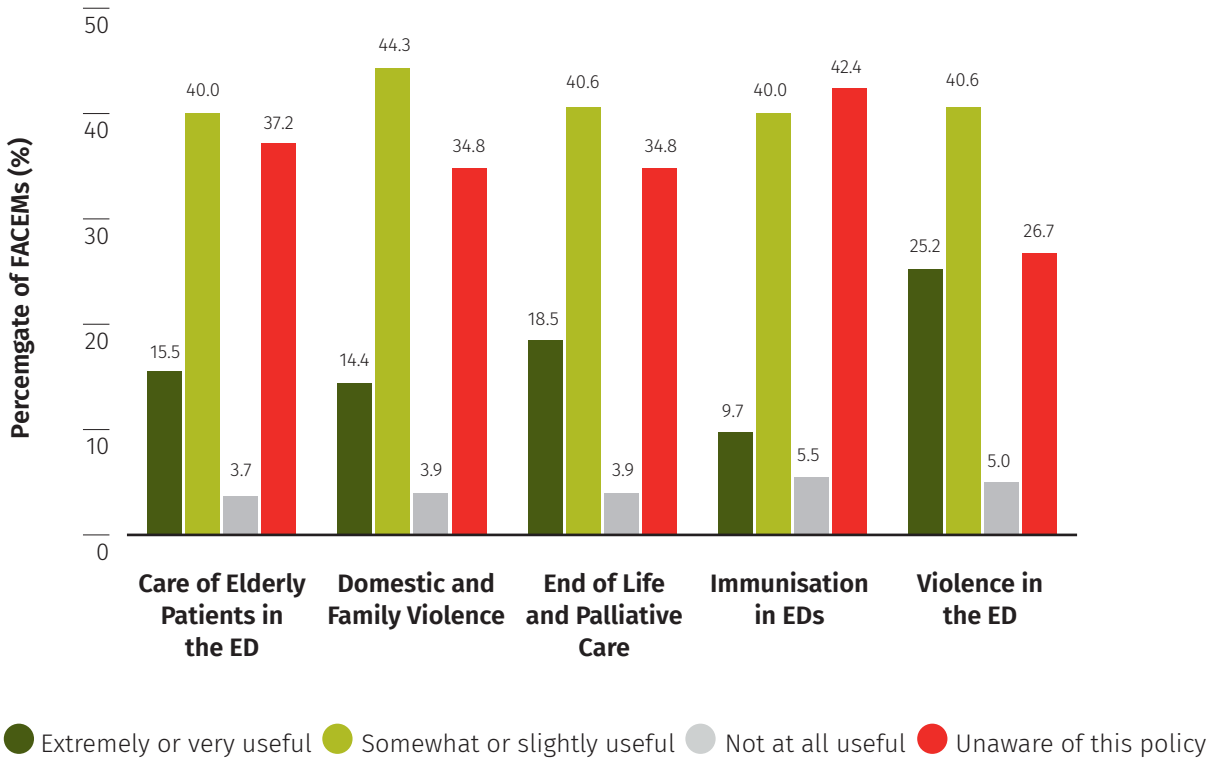
Fellows were asked if they were aware of several organisational policies (Figure 5). The majority (86%) of them were aware of the Discrimination, Bullying & Sexual Harassment (DBSH) Policy, whilst a significantly smaller proportion (31%) of them were aware of the Whistleblower Policy.

Figure 5. Level of awareness of FACEMs with respect to ACEM's organisational policies, N=382



FACEMs were also asked in the survey if they found a range of ACEM policies relating to clinical practice and public health useful. Their responses are shown in Figure 6. Comparable proportions (40%–44%) of FACEMs reported that they found the policies to be somewhat or slightly useful to them, with a slightly higher proportion (25%) of them finding the Violence in the ED policy to be extremely or very useful to them compared with other policies. It is important to note that quite a significant proportion of FACEMs (27%–42%) reported that they were unaware of these policies.

Figure 6. Perceived usefulness by FACEMs of a number of ACEM clinical practice and public health policies, N=382



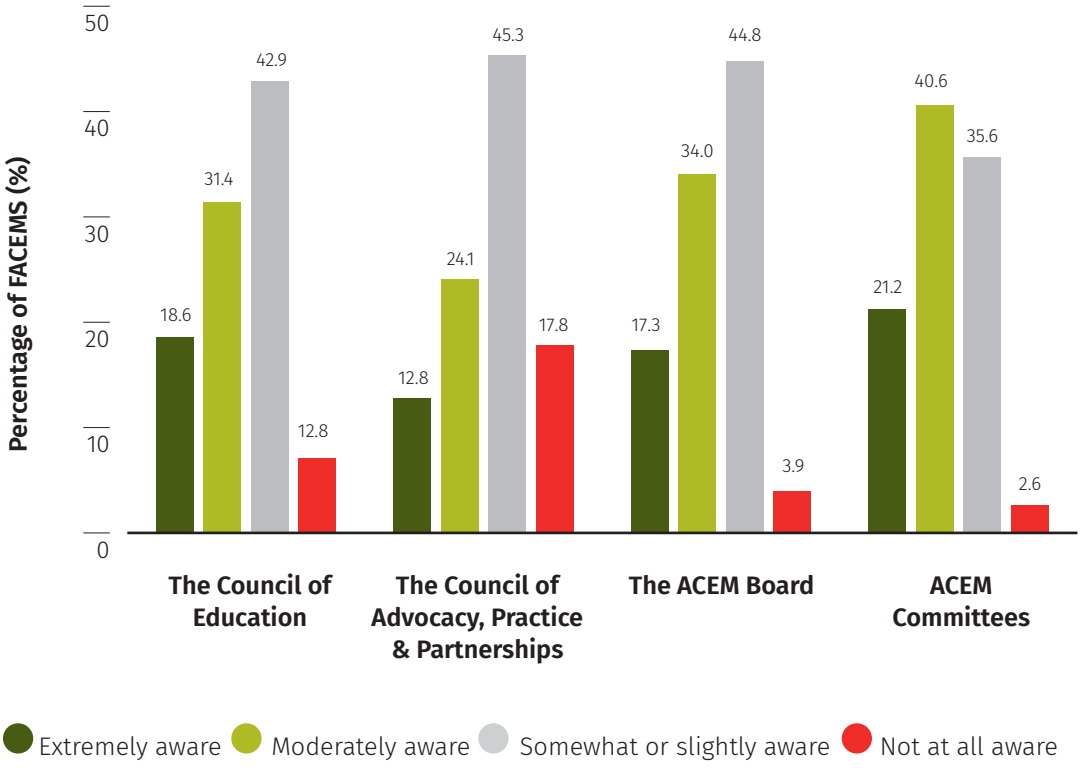
There were 57 respondents who provided further comments relating to College advocacy and/or support. Some of these comments reflected opposing views of the College's stance on social justice issues, with some supporting ACEM taking a lead on matters of social justice, especially issues of inequality and human rights impacting on health. Others thought that the College should not make public statements on social justice issues without a clear member vote, and/ or that ACEM should stick to core business.

Other comments relating to College advocacy and support included suggestions to improve some existing policies, improve awareness/accessibility to College policies, increase advocacy for the role of a FACEM, have more regional and jurisdictional consideration in advocacy, and to focus on workforce and public health issues.

College Governance

FACEMs' level of awareness with respect to ACEM's governance structures is shown in Figure 7. Generally, most of the respondents reported that they were somewhat or slightly aware of all of the College governance structures, with FACEMs more likely to be aware of ACEM Committees compared with the other governance structures. A higher proportion of FACEMs reported that they were not at all aware of the Council of Advocacy, Practice & Partnerships (18%), compared with the Council of Education (7%), ACEM Board (4%) and Committees (3%).

Figure 7. Level of awareness of FACEMs with respect to ACEM's governance structures, N=382



Overall, 58% of FACEMs strongly agreed or agreed that they understood how to get involved in ACEM's governance structures (Table 5). However, less than half of the respondents were in agreeance that ACEM's governance structures are accessible to all members (41%), including for women (45%), new FACEMs (40%), Aboriginal, Torres Strait Islander and Māori people (35%), or people from other diverse cultural and linguistic backgrounds (36%). In comparison, a higher proportion of FACEMs strongly disagreed or disagreed that ACEM's governance structures are transparent and accountable to members (23%), and that they had adequate opportunities in providing input into ACEM's strategic direction (25%).

Table 5. Level of agreement to statements relating to College governance structures (committees, working groups, special interest groups etc.) (N= 382).

College governance structures	Agree or strongly agree (%)	Neither agree nor disagree (%)	Disagree or strongly disagree (%)	Don't know (%)
I understand how to get involved in ACEM's governance structures	**58.1**	23.3	14.7	3.9
ACEM's governance structures are accessible to all members	**40.6**	31.2	20.9	7.3
ACEM's governance structures are transparent and accountable to members	31.4	**39.3**	22.5	6.8
I have adequate opportunities in providing input into ACEM's strategic direction	33.5	**38.0**	25.1	3.4
ACEM's governance structures are accessible to women	**45.3**	29.6	7.8	17.3
ACEM's governance structures are accessible to new FACEMs	**39.5**	31.2	11.5	17.8
ACEM's governance structures are accessible to Aboriginal, Torres Strait Islander and Māori people	**34.5**	31.2	2.9	31.4
ACEM's governance structures are accessible to people from other diverse cultural and linguistic backgrounds	**36.4**	31.2	4.7	27.7

Respondents were given the opportunity to comment on College governance, with 60 providing a response. Most comments were focused on suggestions to increase transparency in governance and decision-making processes. Other comments related to improving diversity (new Fellows, women etc.) of member involvement, decentralisation of governance structures including to rural/ regional areas, and to reduce the perceived bureaucracy of College governance.

Input to Inform ACEM's Strategic Plan

The College is in the process of finalising its next strategic plan and sought input from its members toward its development. Input from Fellows was sought to identify key areas the College should focus on over the next three years with respect to Training and Education, Member Support, Policy and Advocacy, Research, and College Management and Operations. For the individual areas, key themes and representative comments are presented in the following tables (Tables 6-10). In addition, FACEMs were also asked to outline (if any) areas that ACEM could improve on (Table 11) and areas that ACEM has performed well in (Table 12).

Please note that where applicable, comments from the individual respondents were coded across more than one theme. Comments such as 'unsure', 'nil', 'no comment', 'no suggestion' etc. were excluded.

Training and Education

Table 6. Themes and representative comments for key areas the College should focus on with respect to Training and Education.

Theme (context of comments)	Representative comments (N=403)
Examination (n=70) *Less drastic changes, fairness, lack of feedback to trainees, more consistency and transparency*	• Many changes have occurred since the new exam format was introduced including multiple revisions of processes that unwittingly created unfairness. • I would like to see trainees who fail an exam twice be given a nominated examiner mentor in that state who can provide support / guidance • Improve transparency of fellowship exam marking process so we know how to coach our advanced trainees in translating their everyday practice into sound exam answers (lack of example marked questions/past papers is an issue)
Improvement of assessment process (n=37) *Reducing burden of assessment (particularly ITAs and WBAs)*	• Less cumbersome ITA forms with a less clunky scoring system • Training for all FACEM WBA assessors. There is huge variability in the ability of assessors to complete meaningful assessments via WBAs
Post-Fellowship needs (n=33) *More support for new trainees, DEMs and DEMTs*	• Training of DEMTs and DEMs to better understand assessments and imbibe coaching with assessments, rather than standalone items • Management and Leadership training for new fellows • Refresher courses across the gamut of ED practice with the inclusion of social professional networking would be very valuable
Encourage speciality training (n=33) *More than 80% of comments were about Ultrasound*	• Training in ultrasound built into the FACEM training scheme • We are big enough now to support subspecialisation – Critical Care, Acute Geriatrics and palliative care, Education & training, HR/Admin, and the training processes should support that
High standard of FACEM qualification (n=32) *Maintenance of standard, training well-rounded FACEMs*	• Ensuring that the finished product of a FACEM is prepared to enter the specialist workforce, and then continue to develop with appropriate on-going support • Producing FACEMs ready to be consultants. At present we are producing good doctors who are unprepared for the consultant role
Trainee selection (n=32) *Ensure trainee quality, meet workforce requirements*	• Restricting trainee numbers to match predicted specialist workforce requirements • Tighter regulations and restrictions into selection into training programme, to place higher value on our training programme, so that it is respected and considered a worthy programme to other specialties
Mandating rural and regional trainee placement (n=28)	• Strongly look at compulsory regional/rural rotations – only medical college without this in place • Initiate 6 months mandatory rural rotation in either provisional or advanced training. Majority of FACEM jobs are now rurally based, but the new FACEMs taking up these jobs have never worked rurally before and are unprepared

Training structure and educational resources (n=24)	• Provide direct education material for trainees, treat them transparently and fairly • Developing a coaching approach to training and development i.e. supportive, goal-focussed development is key to the DEMT role
Important areas for education (n=22) *e.g. DBSH, communication skills, medico legal teaching, cultural competency, etc.*	• Education of trainees and Fellows needs to be broadened and input from that outside COE must be put in place for specific issues where expertise lies outside the COE • Keep it real. Training should teach us how to do our job well and cover the situations we routinely manage and a few that we would be expected to manage
CPD (n=18) *More online modules, compulsory workshops*	• Introduction of select mandatory courses to be completed in a given time frame • Provision of easily accessible, up to date online CPD programmes
Clearer guidelines and information (n= 14) *Both training and assessment*	• Providing resources to trainees and DEMTs, simplifying "milestone dates" and training time • Clear communication to trainees and educators about formative and summative assessment requirements
Trainee welfare (n=12) *Burnout, female workforce, trainees in difficulty etc.*	• Managing stress and rest, promotion of wellbeing, awareness of sustainable working patterns • I think that women who have children during training or those who become sick and need to interrupt training should not have this time count as interruption of training
Non-specialist training (n=9) *e.g. expanding EM diploma/ certificate, EMET*	• Recruitment and retention, with an emphasis on non-specialist positions in an attempt to fill the ever-increasing middle tier of clinician
Continue current effort (n=8)	• Continue current direction – assessment and support throughout the training process is so much better than when I went through
Other (n=31) *Workforce planning, private ED coverage, partnership with other colleges, etc.*	• Continue current directions but ensure we do not oversupply the market as trainees should have access to employment once finished training • Provision of training in private EDs as these are likely to expand across Australia. College needs to encourage this growth esp. with Medicare rebates etc. • Need to engage other colleges more so that they know what we do and who we are about – to build respect and collaboration

Member Support

Table 7. Themes and representative comments for key areas the College should focus on with respect to Member Support.

Theme (context of comments)	Representative comments (N=263)
Member wellbeing and wellness support (n=50) *Burnout, promotion of healthy and safe workplace, etc.*	• Perhaps to look at supports towards recovery from burnout; rather than just its prevention and recognition • Ongoing promotion of wellness and ensuring workplace compliance with safe rostering practices (for trainees and fellows)
More support for FACEMs (n=33) *Particularly new Fellows and retiring FACEM*	• Seems the college is focused as a training college not ongoing focus on FACEMs • ACEM needs to provide support and advice on what newly qualified FACEMS should be doing to address the ever increasing FACEM job shortage • Developing plans for supporting an ageing FACEM workforce
Areas for advocacy support (n=29) *DBSH issues, diversity, professional respect, appropriate wage*	• Focus on better outcomes for members (remuneration, professional respect), especially when it comes to violence in the workplace and bullying from non-ACEM members (e.g. nursing staff, doctors from other specialities) • DBSH policies. Gender equity for female trainees and FACEMs
Better communication with members (26) *Website, email correspondence*	• Improve website – very user-unfriendly and often difficult to find what I am looking for • Make members more aware of what support is available to them, as well as how to access it • Ease of access to committee remit(s) and decisions made which effect members and/or trainees
Improvement of CPD (n=18) *Apps, resources, training opportunities*	• Skills workshops as mini-events could also be fun if resources allowed. • Improved online learning to assist in meeting CPD needs • Please can we have an easy to use, intuitive App that records CPD into our ACEM record
Proactive engagement with local employers (n=17) *Issues such as clinical support time, DEMT role, healthy workplace*	• Better engagement with local employers regarding FACEM clinical support time, also training places/numbers • I think we need to find a way to support members that are struggling with their hospital boards/managers etc that is about these workforce/division of work issues
Regional faculties and local representatives (16) *Resource limited/rural setting (currently Melbourne centric)*	• Ensure widespread representation on committees – not just those in Melbourne. • Need more proactive in supporting FACEMs in rural centres • A series of lectures from Senior FACEMs to be held at state level, perhaps supported by the state faculties

Local network and peer support (n=9)	• Interstate DEMT Network meetings • Fund more activities that encourage college members to get to know each other locally • Peer support for members facing complaints / other difficulties.
Member benefits (n=9)	• Explaining the member advantage program • ACEM sponsored life insurance scheme • More perks through member advantage • The college should improve access to CMEs and online library facilities i.e. online journals to its members
Clinical best practice resources (n=8)	• Dissemination of important education and clinical changes / evidence • Guidelines for clinical management • Expand capacity to be a clinical resource
Mentor program (n=4)	• Find a way to support the new FACEMs and possibly having a mentoring system pairing with much more senior consultants. It will have mutual benefit
Continue current support (n=22)	• Continue ongoing support
Other (n=22) *EM remuneration, transparency, etc.*	• Advocating for decent remuneration to be attached to Medicare item numbers relevant to emergency physicians and pushing for Emergency medical care to be remunerated by private health insurance funds • Grants, fellowships, scholarships to progress emergency medicine skills for FACEMs to take internationally and for international trainees/specialists to come to Aus/NZ for additional training • More transparency in selecting committee members

Policy and advocacy

Table 8. Themes and representative comments for key areas the College should focus on with respect to Policy and Advocacy.

Theme (context of comments)	Representative comments (N=303)
Workforce planning and distribution (n=39) *Rural training, ED staffing modelling*	• Workforce is the #1 issue … maldistribution / oversupply issues; middle grade workforce • Advocacy for appropriate ED staffing including realistic modelling based on annual census • Advocate to get more equitable spread of trainees to nontertiary EDs • RRR EM has been the poor cousin to metro EM for too long now, and we need to see big action in this area
Hospital Overcrowding and access block issues (n=36) *Intensify current efforts and provide solid solutions, clinical pathways of referral*	• Adopting the 6 hrs rule (as in NZ) rather than 4 hrs • Need to create meaningful non-time-based quality indicators. • Clearer referral pathways and fewer delays/administrative hurdles for transfer/ referral for patients from peripheral sites to tertiary institutions; bed block • Needs better advocacy for solutions to access block
Political or social justice issues (n=29) *Mixed opinions*	Support (17) • Equality. It is important for the College to take strong, leadership positions in addressing the social issues that are relevant to emergency medicine Against (12) • ACEM should not be meddling into politics esp. on social changes. The core work should on building & supporting the emergency medicine workforce scene
Recognition and respect for EM as a speciality (n=24) *Advocate for FACEM role, beyond public EDs, develop speciality interests*	• Ensure governments and other medical colleges recognise the importance and the value of FACEMs in the public sector • Advocate more for point of care ultrasound and develop a robust accreditation pathway • Advocate for FACEM roles beyond public EDs
Workplace health and safety (n=22) *Wellbeing, safe rostering, career sustainability*	• Methods to maintain a workforce to ensure 7 day/week specialist cover and be balanced with maintenance of sustainable work practices and increased recognition of the ability to work shifts in high intensity areas for the life of a FACEM • More needs to be done in terms of advocating, at political levels, for a safe workplace
More accessible and opportunities for members to influence (n=20) *Regular updates, better use of media, avenues for members to influence policy*	• Frequent reminders on ACEM bulletin about new or updated ACEM policy • Advocacy efforts often go largely unnoticed by policy makers and the public. Better use of media is needed to cut through more on important issues. • Active engagement and advocacy in health, health systems and social policy, and providing avenues for members/fellows to influence policy

Discrimination, Bullying and Sexual Harassment (n=18) *More gender equality, ongoing visibility and investigation*	• Advocating for more women in leadership positions, especially Directors • Continue advocacy for nonbiased or discriminatory (racial, gender, culture or creed) standards of assessment of trainees with synonymous transparency at all levels
Liaise with governments at national and jurisdictional level (n=17)	• ACEM can be more directive and assertive in its interactions with jurisdictions • CAPP is the sole jurisdictionally elected council of the College and is very important to bring issues from individual states, territories and New Zealand to a shared table at ACEM • Strengthening the role of the college in influencing national health policy
Clinical practice and public health areas *Alcohol and drugrelated harm (n=16)* *Indigenous health (n=7)* *Refugees and asylum seekers (n=7)* *Climate change (n=7)* *Domestic violence & injury prevention (n=7)* *Mental health (n=5)* *Care for aged people (n=5)*	• Develop formal guideline for departments in addressing drug and alcohol use • Continue placing pertinent health issues such as substance abuse, violence and obesity in the public and political eye • Continue work to increase Māori / Pacific Islander / Torres Strait Islander / Aboriginal doctors • Perhaps we need stronger structures and mechanisms to respond to areas of great public interest (such as refugees, or indigenous justice, etc) that crop up, so that we can make a rapid, coherent and powerful statement contributing to the debate and outcome on any issue • Stronger and louder advocacy in the realms of environmental health and climate change • Advocacy on child abuse and neglect, Injury prevention needs a voice • More about mental health: community resources (or lack of), how to best manage in ED, consideration for care for the carers/ family/ friends impacted • More care for the geriatric patient (what is appropriate referral to ED vs palliation/symptom control, discharge planning to facilitate time discharge when acute care has been completed
Clinical practice guidelines (n=9)	• Provide clinical guidelines similar to American College of Emergency Physicians (ACEP) • The College should be more active in rejecting didactic guidelines that are not supported by the evidence
Continue current efforts (n=17)	• I think the current direction is good
Other (n=18) *Appropriate use of EDs, newer model to replace triage, private practice funding equal to other specialists, etc.*	• Advocate for appropriate use of the ED. Maybe ACEM needs to do media (with government) to remind people alternate ways to access non-urgent health care • Need to look at newer models to replace triage – it is a ball and chain around our necks • I would like to see more advocacy for private practice funding at an equal level to all other specialists

Research

Table 9. Themes and representative comments for key areas the College should focus on with respect to Research.

Theme (context of comments)	Representative comments (N=192)
Increase support and engagement from ACEM (45)	More funding and advocacy (19) • Policy support for ED research +/ research networks; commission research in important areas of interest; advocacy with universities and governments or large research funders on the importance of support for EM research • More research opportunities and funds allocated and easily accessible At higher priority of College strategy (13) • Needs lots of work and support here – as it is not well embedded into the college strategy – at least not linked in to the local FACEM/trainee level (in terms of support, engagement and enabling), and also not well linked in to other college activities or committee work More training and guidance (13) • Leadership from ACEM members already researching and mentoring through FACEMs keen to embark
Proposed areas of research (44)	• Widely range from EM workforce to clinical practice and public health issues e.g. workforce projection, ED epidemiology, health inequality, IT in EM, patients' experience/satisfaction, patient flow/bed block, Indigenous health issues, chemical restraint use, mental health, geriatric EM, etc.
Facilitate research collaboration (21) *Interstate, international and multicentre collaboration*	• We have a great cohort of patients – millions every year – and our research strategy should facilitate greater multisite projects much like ANZICS • Develop networked research capacity at state and national level • International collaboration with near neighbours
Support at the institutional level (12)	• Develop support and education tools for new FACEMs interested in research but with limited experience and local support • In anywhere other than most tertiary centres, research is haphazard. Recommendation on % clinical support time would assist departments
Research regulation (11) *Review FACEM Training Program research requirement*	• Supporting research in a realistic manner – unfortunately the new 4:10 regulations have led to a decline trainee led research • Somehow reinvigorate research. This has lost its importance once college has accepted courses for 4.10. That has to change. There is enough time for the trainees to do meaningful research
Importance of quality research in EM (10)	• Encourage meaningful / actionable research, in non-tertiary as well as tertiary departments • Research and implementation science are the major means for us improving the care we deliver to our patients
Stronger focus on clinical research and clinical trials (9)	• Very good to see the increase in research opportunities through the clinical trials network, epidemiology network, etc. • Clinical trials networks to ensure small and non accredited EDs can be involved. A lot of EM happens in small sites

Centralised registry/ national database (8)	• Have centralized register of all ED research occurring in Australia and New Zealand • National Emergency Medicine Dataset that reflects all aspects: outcomes; process; and admin • Big data is possibly the most relevant area of research for the future practice of emergency medicine due to its huge potential for improving care
More support for regional and smaller EDs (6)	• Providing support for smaller hospitals to undertake research • Support research in rural and remote locations
Continue current efforts (8)	• Continue to promote research in the ED
Not necessary (8)	• I don't think this is a College role; Leave it to academic groups.
Other (10) *More research updates, more proactive, etc.*	• A weekly or monthly digest of practice changing research would be good to email out • Bring in clinical audit as part of trainee assessment • An Australasian research group like ANZICS, finding ways to get philanthropic money

College Management and Operations

Table 10. Themes and representative comments for key areas the College should focus on with respect to College Management and Operations.

Theme (context of comments)	Representative comments (N=170)
More transparency and accessibility to staff (26) *College processes, college staff and governance structures*	• Increased transparency of decision making • More transparency to members about management structure and processes • It would be great to see an organisational chart with names (and possibly pictures) of all College staff and what their respective roles are.
More opportunity for member involvement (19) *Especially new members and younger FACEMs*	• Biannual update on functioning of various committees and more opportunities for new fellows to get involved • Provide further opportunities for new members to be involved and influence policy
Bureaucratic (19) *Delayed response/process at times*	• Minimise bureaucracy. Focus on streamlining and simplifying core functions of the college i.e. training and maintaining standards of FACEMs and training centres • Good structures but overly officious and slow at responses at times
Committees (13) *Clearer outline of processes, 'spill' process*	• Clearer outline of reporting lines for committees. Improved support for communication between committees to work together on projects • Probably a bit more clarity around 'spill' etc. I was a member of a couple of working group, next thing I wasn't. Didn't feel as if things were communicated well
More regional approach (12) *More focus on state/ jurisdiction level*	• College appears to have ballooned administratively and seems quite Melbourne-centric. Decentralise. Continue good work on rural health • More access to events outside capital cities
Communication and website (12)	• Improved ACEM website and trainee portal • Newsletters too long, too many words. Needs to be succinct and hyperlinked to important areas
Internal changes/ loss of corporate knowledge (7)	• Minimise staff turnover to maximise corporate memory • There has been a large and rapid change in college staff/ management. A period of consolidation would be useful before further expansion
More women involvement (7)	• Enabling women (and other cohort with inherent barriers) to access ACEM leadership positions e.g. on the Board
Review fees (7) *Membership, exam and ASM fees*	• Increases in annual fees hit trainees hard – need to be sensitive to this and perhaps greater transparency around cost/benefit implications of decisions made

CPD and educational resources (7)	• Acknowledge centres of excellence if best use guidelines available and disseminate to smaller centres to provide standardization / best evidence medicine. • Review online CPD again – system is has becomes unnecessarily complicated to submit data and encourages minimum reporting thereby losing educational benefits
Continue current management (20)	• Currently good level of management and operations
Other (21) *Remuneration for college admin related work, greater clarity with college expenses, etc*	• Paying the FACEMs who get involved would improve the engagement and value of this work. Non-clinical work is important and must be remunerated to attract the best and diversity • Strong financial stewardship; support for training and advocacy endeavours; leadership and vision • There is an increasing distance between ACEM and the clinical floor. This needs to be managed

Areas for improvement

Table 11. Themes and representative comments for areas that ACEM could improve on.

Theme	Representative comments (N=101)
Member support (25) *General support and wellbeing, Website/IT/ communication, CPD, etc.*	• Improve IT systems and website – still clunky and not very user friendly • It would be nice to have a forum or mailing list that members could use to communicate with others about items of mutual interest. • Better peer support/pastoral care for burnt out Fellows, or Fellows experiencing difficulties; new Fellow support • CPD collection and transparency; revise the CPD requirements to simplify then. A FACEM in a teaching program should not have to document so much – it is obvious he/she is keeping up by teaching.
College governance (19) *Corporate experience of Fellows, equality of member involvement*	• Find a different way to increase the engagement of more (and new) fellows in college activities, rather than the recently imposed approach that disregards corporate knowledge. • Finding a balance between proactively appointing people with diverse backgrounds to positions on ACEM committees etc, while still maintaining appropriately high standards in these roles • The multicultural representation of ACEM membership need to be reflected more in the college leadership. • Ensuring members are aware of governance structure and how to get involved and access ACEM resources.
Policy and advocacy (17) *Advocacy on core EM issues, safe workplace, more media and government presence*	• It could refrain from using ACEM as a platform for the personal/political opinion of a proportion of its members • Media and government presence. We have a place the community that is not well capitalised on • Continue to advocate for the safety of (all) staff who work in EDs • Much stronger workplace advocacy for us as doctors, rather than all advocating for patients/flow through department/access block issues.
Training and education (16) *WBA, Fellowship exams, educational and professional development resources*	• Navigating WBAs, simplifying process • Continue to improve the fellowship exam so it becomes a more reliable assessment tool for future FACEMS • Exams preparation materials should include more visual online courses and materials, aims to let members be more familiar with exam structure
Rural regional expansion (7) *Support rural workforce, rural EM quality*	• Support for rural EDs and staff particularly in education and for DEMTs • Improving ED access and quality in rural and regional areas • Professional development opportunities for those few of us who make the commitment to go rural
New Zealand consideration (3)	• Represent NZ better (shame about not changing the name)
Other (14)	• I would suggest that ACEM look at other ED systems and training programmes internationally and take what is best from them to incorporate in the Australian system. • Continue working towards mutual recognition with overseas colleges • Support of part-time work force, to prevent exploitation

Areas that ACEM has performed well

Table 12. Themes and representative comments for areas that ACEM has performed well in.

Theme	Representative comments (N=136)
Policy and advocacy (n=40) *Active role in DBSH, Reconciliation Action Plan, alcohol harm, mental health, public health advocacy at national level; committee work*	• Great to see the ownership of DBSH issues. Perhaps this needs to extend to other areas. • Lots of great work has happened over recent years. I'm particularly thinking about the Reconciliation Plan, the serious attempt to address sexual harassment and bullying, and the few notable steps to comment on matters of social justice and social interest; refugees in offshore detention, marriage equality, family violence, social harms of alcohol etc. • Public health advocacy on a national level • Excellent work moving forward with Committee in Prehospital and Retrieval Medicine towards sub specialisation
College management and support to members (n=38) *College events well-organised, member wellbeing, CPD, supportive college staff*	• Mostly well-run conferences, with minimal industry influence. • Increasing awareness of the importance of holistic wellbeing. • New CPD; New college admission process; Current leadership • Very engaged and responsive staff at the college – always extremely helpful.
Training and education (n=27) *Great support for training, high standard exam, exams flow smoothly, useful educational modules, development of EMET, trainee selection, etc.*	• ACEM supported me well through my training which was appreciated. • Changes to trainee done well, feel exams are better tailored in getting high standard FACEMs. Feels WBAs are making a difference. • Exams that flow smoothly and don't break! Great to be able to sit exams x2 yearly • ACEM has progressed its selection and assessment process for trainees with the new curriculum and exam structure with good results.
Communication (n=13)	• I believe that ACEM performs with integrity. This is evident in its communication with members and its transparency. • It also does very well in soliciting comment and feedback with almost every issue.
Other (n=13)	• Transparency regarding recent examination discrimination complaints and the DBSH process recently undertaken • Strong support of the specialty in national and international discussions • It's great to see the president visiting NZ and meeting with our minister and a lot more involvement by the college in NZ over the last few years. • Managed to stay float with all the changes and AMC inspection.
All aspects (n=5)	• Overall excellent

4.3 Certificants/Diplomates and Educational Affiliates

Only six out of 115 Emergency Medicine Certificants and Diplomates (EMC/EMD, 5%), and two of 28 Educational Affiliates (7%) responded to the Membership Engagement Survey.

Membership

Three of six EMC/EMD were satisfied with their ACEM membership and service/support from staff, however none of them were satisfied with the value for money of their membership. Whilst only one of two responding Educational Affiliates was satisfied with their ACEM membership and value for money of membership, however both respondents were very satisfied with the service/support they received from ACEM staff.

All six EMC/EMD reported that they expected to use the Certificant/ Diplomate post-nominal and access to educational/professional development resources as part of their membership with the College. The Educational Affiliate who reported being dissatisfied with their ACEM membership reported that they only expected access to wellbeing resources whereas another Educational Affiliate expected all available benefits provided by ACEM.

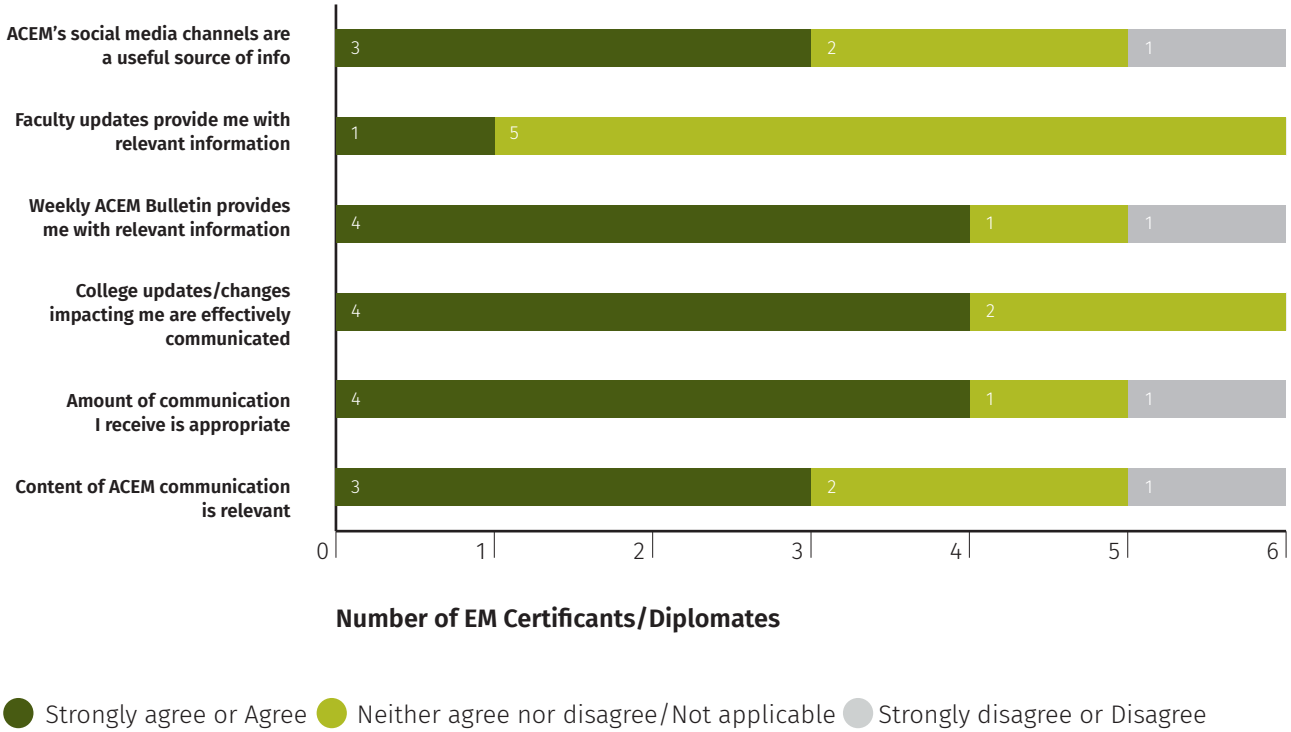
When asked if they use the Member Advantage Program, all of the EMC/EMD reported that they did not use the program or were unaware of it. One Educational Affiliate reported that they used the program, with the other unaware of it.

Respondents were asked if they would like to see the College deliver more educational or professional development type courses or resources, with five of six EMC/EMD reporting they would like to see this. Two outlined the types of courses/resources they would like the College to provide, which included a leadership course, clinical supervision and annual rural GP type update with involvement of rural GPs and FACEMs.

Communication

With respect to communication from ACEM, the EMC/EMD rated their level of agreement with several relevant statements (Figure 8). Only one agreed that the faculty updates provided them with relevant information. In comparison, the two responding Educational Affiliates were generally in agreeance with all statements relating to ACEM communications.

Figure 8. Level of agreement of EM Certificants/Diplomates with the statements relating to ACEM communciation, N=6



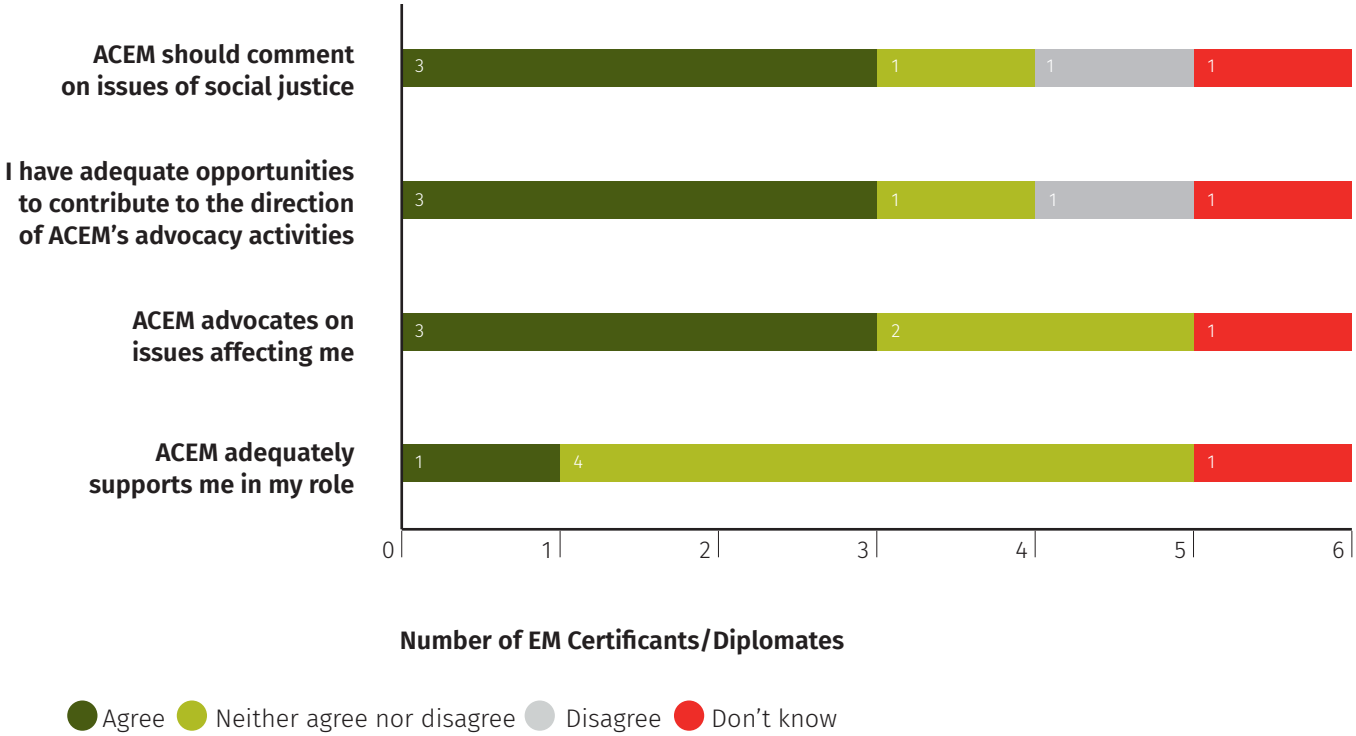
Only one EMC/EMD reported having attended ACEM events in the last three years, including the ASM and Faculty Scientific Meeting. One Educational Affiliate reported that they had attended the ASM and Faculty Scientific Meeting, with the other reporting that they had attended other events such as the Wellbeing Day and Trainee Conference.

When asked if they were aware of the College's policy on sponsorship and exhibition standards at College events, all six EMC/EMD reported they were either unsure or not aware of the policy. One Educational Affiliate strongly disagreed with the policy whilst the other was unaware of this.

Advocacy and Support

The level of agreement among the six EMC/EMD with the following statements relating to College advocacy is shown in Figure 9. Three or less were in agreeance with the statements. One of the two Educational Affiliates strongly disagreed that ACEM should comment on issues of social justice, and also disagreed that they had adequate opportunities to contribute to the direction of ACEMs' advocacy activities.

Figure 9. Level of agreement of EM Certificants/Diplomates with statements relating to College advocacy and support, N=6



When asked if they were aware of several organisational policies, only two EMC/EMD were aware of the DBSH Policy and one was aware of the Whistleblower Policy. Similarly, one Educational Affiliate was aware of the DBSH and Complaints Policies, but neither were aware of the Whistleblower Policy.

Respondents were asked if they found a range of clinical practice and public health policies (i.e. Care of Elderly Patients in the ED, Domestic and Family Violence, End of Life and Palliative Care, Immunisation in EDs and Violence in the ED) useful for them. Four EMC/EMD reported that they were unaware of all of these policies whilst the other two found all of the policies useful. Similarly, one Educational Affiliate was unaware of the Immunisation and Violence in ED policies, whereas another found all policies to be useful.

Input to Inform ACEM's Strategic Plan

Inputs were sought from Certificants/Diplomates and Educational Affiliates to inform the College's next strategic plan (Table 13).

Table 13. Comments from Certificants/Diplomates and Educational Affiliates on key areas the College should focus on.

Areas	EM Certificants/Diplomates	Educational Affiliates
Training and Education	• Need to further liberalize non-specialist pathways, barriers are unrealistic and prevent further training by non FACEMS which paradoxically detracts from the otherwise excellent direction of the College in improving quality of emergency care • Non-specialist training programs • EMC EMD updates and CME • Online resources for a continuous medical education of all members	• Drowning and water related trauma
Member Support	• Wellness • Not making the CPD requirement for Certificants unnecessarily cumbersome • Appreciate being able to combine MCNZ (Medical Council of New Zealand) in practice programme with MOPS (Maintenance of Professional Standards)- instead of having to duplicate the whole thing in two different forums. • Sufficient	• Wellbeing programs
Policy and Advocacy	• Drug and alcohol • Advocate for proper resourcing of emergency care in all settings • Sufficient	• Common medicolegal issues
Research	• Efficiency in emergency medicine • Climate change and changing patterns of pathology; Disaster management. • Sufficient	• Paediatric emergencies
College Management and Operations	• Trainee representation • Sufficient	• Members involvement

Note: Comments such as 'unsure', 'N/A' or 'nil' were excluded.

5. Acknowledgements

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- The ACEM Board
- The Council of Advocacy, Practice & Partnerships

6. Suggested citation

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7. Contact for further information

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