



Australasian College
for Emergency Medicine

2025 New FACEMs Early Career Survey

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Contents

Contents.....	1
1. Executive Summary	2
2. Purpose and Scope of Report	3
3. Methodology.....	3
4. Results	3
4.1 Demographic Information	3
4.2 Current Career and Employment Profile	3
4.3 Future Career Plans	7
4.4 Preparedness for EM Practice	8
4.5 Workplace Support and Challenges.....	9
5. Conclusion	11
6. Suggested Citation.....	11
7. Contact for Further Information.....	11

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 96 (36%) of 268 new FACEMs participated in the 2025 survey.

Summary of 2025 New FACEMs Early Career Survey Findings

Current Career and Employment Profile

- Over half (51%) of respondents had secured an emergency medicine (EM) specialist position at the time of attaining Fellowship, which increased to 77% at the time of the survey.
- All but two respondents responded working in EM, with 51% also working in another area of clinical or professional practice(s).
- 79% reported working at more than one workplace, ranging from two to five workplaces.
- One-fifth (20%) of new FACEMs worked full-time at their primary workplace.
- Slightly less than half (44%) of respondents reported working only in a metropolitan area, 27% worked only in a regional, rural and remote (RRR) area, 28% worked at both metropolitan and RRR locations.

Future Career Plans

- All but two respondents (98%) reported wanting to work in EM in five years' time.
- 45% indicated that they preferred to work in a metropolitan area only in five years, while smaller proportions reported wanting to work in both metropolitan and RRR locations (38%), or only in RRR areas (17%).

Preparedness for EM Practice and Challenges Experienced

- 91% agreed they felt well-prepared for independent practice as an EM specialist after completing the FACEM Training Program, while 100% of those undergoing SIMG pathway felt well-prepared.
- Structured exam preparation and hands-on clinical experience supported by the FACEM Training Program were most valued by respondents as key contributors to readiness for independent practice.
- While peer support, education, and mentoring were valued during the transition to independent practice, many respondents identified a lack of structured mentoring and transition support in the workplace.
- Developing confidence and skills in non-clinical portfolios, leadership responsibilities, department management, and adjusting to new responsibilities and increased workload were consistently highlighted as the key challenges faced by new FACEMs during their first week, first month through to the first 3-6 months after obtaining 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, and resources and support that the College should provide, and challenges experienced as a new FACEM.

3. Methodology

Two survey iterations were administered in 2025, one in March to FACEMs elected between 1 March 2024 and 31 August 2024, and another in September to FACEMs elected between 1 September 2024 and 28 February 2025. The eligible new FACEMs were invited via email to participate in the online survey hosted in QuestionPro®. Three reminder emails were distributed to the new FACEMs who had not responded, encouraging them to participate.

Participation was voluntary, and the survey completion was considered implied consent. All personal information provided was excluded from data analysis and reporting, with data reported only in the aggregate to ensure the confidentiality of survey respondents.

4. Results

4.1 Demographic Information

Of the 268 new FACEMs eligible for the 2025 survey, 46% (n= 123) were female and their average age was 37.5 years at attainment of Fellowship. Twenty-four (9%) new FACEMs obtained their Fellowship via the Specialist International Medical Graduate (SIMG) pathway. New FACEMs who completed the FACEM Training Program took an average of 7.3 years to gain their Fellowship.

A total of 96 (36%) from the pool of 268 new FACEMs responded to the survey. Of the survey respondents, 50% were female, with an average age of 37.5 years at Fellowship, and taking an average of 7.3 years to complete the FACEM Training Program.

4.2 Current Career and Employment Profile

Just over half (n= 49/96, 51%) of the respondents reported having an emergency medicine (EM) specialist position secured when attaining their Fellowship, while 32 (33%) did not have a specialist position secured. Fourteen (15%) respondents reported working in either locum, sessional, or casual positions, while the remaining new FACEM was employed on a 12-month contract working in pre-hospital and retrieval medicine.

Thirty-two new FACEMs provided reasons for not securing an EM specialist position at the time of attaining Fellowship. Of these, 21 reported completing training or finishing existing contracts, eight were still seeking employment, and one wanted to take a break from full-time employment. Two other respondents reported working in a registrar position in another speciality (e.g. retrieval, toxicology).

The number of new FACEMs who reported working in a permanent EM specialist position increased to 74 (77%) between six- and twelve-months post-Fellowship. Seventeen (18%) new FACEMs reported working in non-permanent roles, including locum, casual, sessional, or a visiting medical officer (VMO) position. Two respondents were not currently working due to being on leave, while one respondent each was still seeking employment, completing paediatric emergency medicine (PEM) training, and working as a retrieval registrar.

Thirty-four (35%) new FACEMs reported having undertaken employment below the level of an EM specialist at some stage after attaining their Fellowship. Of 31 who provided further details regarding

the nature of their employment, 13 reported working as a registrar in pre-hospital and retrieval medicine, 11 finished up their existing contract as a registrar, seven were working in other areas of clinical practices (e.g., urgent care, intensive care, anaesthetics, general practice, toxicology).

Ninety respondents selected the area(s) of clinical or professional practice they were working in, with all but two (98%, n= 88) reporting working in EM (Table 1). Of these, 45 (51%) reported practicing in at least one additional clinical or professional area alongside their EM role. Nearly a quarter of respondents reported working in retrieval and pre-hospital medicine.

Table 1: Areas of clinical or professional practice in which new FACEMs worked in at the time of the survey (i.e., six to 12 months post Fellowship)

Area of clinical or professional practice*	No. of respondents	%
Emergency Medicine	88	97.8%
Retrieval and Pre-hospital Medicine	22	24.4%
Paediatric Emergency Medicine	10	11.1%
Medical Education	8	8.9%
Rural and Regional Medicine	8	8.9%
Geriatric Emergency Medicine	4	4.4%
Research and Academia	4	4.4%
Telehealth/Virtual Medicine	4	4.4%
Disaster and Trauma Medicine	3	3.3%
General Practice/Minor Injury Illness Clinic	3	3.3%
Critical Care	2	2.2%
Indigenous Health	2	2.2%
Forensic Medicine	1	1.1%
Public Health	1	1.1%
Sports Medicine	1	1.1%
Toxicology	1	1.1%
Total no. of respondents	90[^]	

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

[^]Six respondents did not provide feedback on their area of clinical practice – on parental leave, no current employment, or were completing dual training.

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

Of the 90 new FACEMs who provided their current workplace details, 91% (n= 82) reported working in Australia, and 9% (n= 8) worked in Aotearoa New Zealand. Of those working in Australia, seven respondents indicated that they were working in more than one jurisdiction; 32% (n= 26) in Queensland, 32% (n= 26) in New South Wales, 28% (n= 23) in Victoria, and a further 18 respondents reported working in other Australian states or territories.

One-fifth (20%, n= 18) of respondents reported securing a full-time permanent position at their primary workplace, and almost two-thirds (64%, n= 58) reported working in part-time roles (i.e., less than 38 hours per week). A further 14 (16%) worked as a locum, or in a sessional or casual position at their primary workplace.

Just over one-fifth (21%, n= 19) of the respondents worked exclusively at one workplace, with the remainder working across multiple workplaces (79%, n= 70). Of those who worked at multiple workplaces and provided workplace details (n= 65), 57% worked at two workplaces, 29% at three, 12% at four, and 2% at five workplaces.

Sixty new FACEMs provided feedback on reasons why they worked across multiple workplaces. The majority (78%, n= 47) indicated that it was by choice, primarily motivated by the opportunities to broaden their clinical exposure and gain additional experience. In contrast, thirteen respondents indicated that working at multiple workplaces was not by choice but was necessary for them to achieve their desired full-time equivalent (FTE).

Just under half of FACEMs (48%, n= 43) were working the equivalent of full-time hours across all workplaces. A further 40% (n= 36) were working part-time hours, while 11% (n= 10) were working exclusively locum, casual, or sessional roles. Fifteen respondents who reported working part-time hours at their primary workplace also worked at other workplace(s) in casual or locum positions.

Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours (ranging between 16% and 41%). Excluding after-hours and on-call work and those working only in casual, sessional, or locum positions, respondents reported working on average 35 hours per week (n= 83, range 9.5 – 80 hours) across all workplaces.

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

Workplace	No. of respondents	No. with locum/ sessional/casual position	Average hours per week*	% Working in excess of contracted hours
Primary workplace	89	13	26.7	40.9%
Second workplace	64	22	15.4	15.6%
Third workplace	28	14	8.6	25.0%

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

Almost all (n= 88) of respondents reported the remoteness of their workplaces, with 44% (n= 39) working in a metropolitan area only, 27% (n= 24) in a RRR area only, whilst 28% (n= 25) were working in both metropolitan and RRR areas.

Respondents were encouraged to provide the reason(s) why they chose to work at their current location, with 81 providing feedback. The most common themes identified for new FACEMs working in a RRR area included enjoying the rural lifestyle, better job availability, an interest in rural medicine, a rural background, and for broader case mix and clinical exposure. The main reasons for new FACEMs working only in metropolitan areas focused on pre-existing family responsibilities and being close to home. Reasons for new FACEMs working in both metropolitan and RRR locations were mainly due to the ability to obtain desired FTE and enjoying both metropolitan and rural/regional work (Table 3).

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

Reasons influencing the choice of new FACEMs to work in their current location	
RRR location only (n= 22)	
Enjoying the rural lifestyle (n= 8)	– Lifestyle factors - access to hiking, biking – It is where I live. Fantastic lifestyle. Great department with a fantastic cohort of FACEMs to work with – My family and I enjoy living regionally in Geelong
Job availability and security (n= 8)	– No available jobs in urban locations due to overtraining of FACEMs – No jobs in metropolitan areas – Workforce shortage
Interest in rural medicine and ED culture (n= 8)	– Interesting medicine, great lifestyle, slightly more relaxed vibe at work – Higher health needs of the [rural] population. Smaller workforce - get to know my team – To gain experience in rural/ remote medicine
Background in a rural area (i.e. training experience, growing up rurally) (n= 6)	– Medical rural bonded scholarship return of service obligation (RoSO) – I have worked at that job prior to becoming a FACEM – Spent my fellowship years here
Case-mix and clinical exposure (n= 3)	– Prefer rural/regional practice mix. – Range of presentations [in rural EDs]
Metropolitan location only (n= 37)	
Lifestyle and close to home (n= 23)	– I live in Sydney and all my community are here – Urban lifestyle – Close to where I live
Family responsibilities (n= 17)	– It's where we live. We have a house with a mortgage, my husband has his business here and the kids go to school/daycare here – Family located here and social supports as well
Case-mix and clinical exposure (n= 6)	– Nice place to live. Busy. Plenty of pathology – Broad case mix. High level acuity
Both metro and RRR locations (n= 22)	
Ability to work desired hours (n= 14)	– Job availability/ lack of permanent emergency department senior medial officer (SMO) positions available in metropolitan areas – Limited FACEM positions in metropolitan areas, especially for new FACEMs
Broadened clinical exposure (n= 10)	– Variety in care and differences in positions – Job satisfaction at regional area and type of medicine
Family reasons (n= 5)	– Family lives in metropolitan area. I also work locum shifts in rural locations
Meeting training requirements (n= 2)	– Bonded medical requirement

Of the 90 respondents, nearly all respondents (93%, n= 84) reported working in their preferred area of clinical practice, while smaller proportions indicated working in their preferred region (i.e., state, territory, or country) (69%, n= 62) or preferred remoteness location (66%, n= 59). One respondent indicated that they were not working in either their preferred clinical practice, region, or remoteness location.

4.3 Future Career Plans

Nearly all respondents (96%, n= 92) reported they hoped to continue working in EM in five years (Table 4). Like the previous survey findings, retrieval/ pre-hospital medicine and medical education were the two most common areas of clinical or professional practice outside of EM that new FACEMs wanted to be working in in the future.

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

Future areas of clinical or professional practice	No. of respondents*	%
Emergency Medicine	92	95.8%
Retrieval/ Pre-hospital Medicine	34	35.4%
Medical Education	33	34.4%
Paediatric Emergency Medicine	15	15.6%
Rural and Remote Medicine	12	12.5%
Research and academia	8	8.3%
Toxicology	6	6.3%
Critical Care	4	4.2%
Public Health	4	4.2%
Geriatric Emergency Medicine	3	3.1%
Palliative Care	2	2.1%
Acute Medical Assessment (or similar)	1	1.0%
Indigenous Health	1	1.0%
Other areas of practice		
Administration	4	4.2%
Disaster and Trauma Medicine	4	4.2%
Sports Medicine	2	2.1%
Telehealth/Virtual Medicine	2	2.1%
Clinical Ethics	1	1.0%
Forensic Medicine	1	1.0%
General Practice	1	1.0%
Medical leadership and advocacy	1	1.0%
Ultrasound	1	1.0%
Total no. of respondents	96	

**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 one-third of respondents, respectively. This was followed by Victoria (26%) and Aotearoa (16%). Fourteen per cent of respondents also reported wanting to be working overseas in five years' time.

New FACEMs were also asked which workplace location, with respect to remoteness, they would prefer to be working within five years. Less than half (44%, n= 42) of the respondents indicated that their preference was to work exclusively in a metropolitan area. Over one-third (38%) of the respondents reported that their preferred future workplace location was both metropolitan and RRR locations, while a smaller proportion (17%) preferred to work in RRR areas only in the future.

4.4 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 respondents (n= 5) who underwent the SIMG pathway, 83 (91%) of 91 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, an increase compared with the 2024 survey finding (87%). Two neither agreed nor disagreed, three others disagreed that they were well-prepared for independent practice, and three did not respond. The main reasons provided by those (n= 5) who did not agree that they felt well-prepared mostly focused on limited training and preparation on developing their non-clinical skills, either for junior staff supervision, leadership, or other senior managerial tasks. All (n= 5) respondents who achieved Fellowship through SIMG pathway agreed that they felt prepared for independent practice as an EM specialist.

Respondents (n= 59) further commented on specific components of the FACEM Training Program that best prepared them for independent practice. Over half of the feedback (n= 34) highlighted the importance of exam preparation throughout their training, and a similar proportion (n= 32) commented that clinical experience during training, such as supervising junior doctors, working independently and conducting shift reports, was important. Other respondents (n= 14) commented that the components of training program that facilitated rotations for special skills, e.g., retrieval, critical care, and to work at different hospitals were helpful. Others (n= 7) also mentioned that strong supervision and support from FACEMs helped to prepare them for independent practice.

Forty-one respondents provided feedback on additional training and resources that could have been provided by ACEM to better support their preparation for independent practice. Most feedback (n= 18) focused on improving the structure of the training program and providing more support for trainees. A similar number (n= 16) suggested providing more resources and support to assist their transition from trainee to new FACEM. Eleven respondents commented on needing more training in developing their non-clinical skills (e.g., staff and ED management, junior staff supervision, career development, administration). Seven respondents specifically mentioned that training support, resources, and experience were inequitable between metropolitan and RRR hospitals.

4.5 Workplace Support and Challenges

The survey also sought feedback from new FACEMs on useful resources, programs or support services their workplace provided, or could have provided but did not. The themes of the respondent's comments are provided in Table 5.

Feedback regarding useful support their workplace provided focused on informal peer support from other FACEMs (n= 16), teaching and education sessions (n= 13), and formal mentoring or buddy system with on-call or on-shift FACEMs (n= 12). Notably, eight respondents stated that their workplace provided no helpful resources or programs to assist them in transitioning to an EM specialist. Consistent with this, formal or informal mentoring (n= 8), and structured orientation to the department or transition-to-FACEM support (n= 7) were areas of support most frequently identified as lacking but needed.

Table 5: 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
Support provided by workplace (n= 40)	
Informal peer support from other FACEMs	16
Teaching and education sessions	13
Formal mentoring and buddy system with on-call/on-shift FACEMs	12
No support or resources provided	8
Career advice	2
Additional support workplace could have provided (n= 28)	
Formal or informal mentoring	8
Structured orientation and transition-to-FACEM support	7
No additional support required	6
Exam preparation sessions and support	3
Support establishing non-clinical portfolios and leadership opportunities	3
Financial advice and career support	3
Wellbeing support	2

The trajectory of challenges experienced by new FACEMs through their first week, first month, and then 3-6 months post Fellowship is provided in Table 6.

Adjusting to a new role and having limited or no orientations were identified as key challenges for new FACEMs in the first week post-Fellowship. In the first month, imposter syndrome and managing non-clinical challenges emerged as the most commonly reported themes. Managing non-clinical portfolios and leadership responsibilities was frequently raised as the key challenge in the 3-6 months post-Fellowship.

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

Timeline	Key Themes
First week (n= 52)	– Transitioning to new role (n= 15) – Lacking or limited orientation (n= 13) – Overcoming imposter syndrome (n= 9) – Learning new protocols and processes (n= 6) – Coping with stress and anxiety (n= 6) – Supervising junior staff (n= 4) – Coping with increased workload (n= 3) – Balancing clinical and non-clinical work (n= 2)
First month (n= 55)	– Overcoming imposter syndrome (n= 12) – Managing non-clinical responsibilities (n= 12) – Balancing clinical workload with supervising junior staff (n= 8) – Managing mental health and wellbeing (e.g. stress, anxiety, burnout) (n= 7) – Navigating new workplace systems (e.g. IT issues, billing) (n= 7) – Coping with increased workload (n= 5) – Managing clinical decision-making (n= 4) – Transitioning from registrar to consultant role (n= 3) – Managing workplace conflict and politics (n= 2)
First 3-6 months (n= 54)	– Juggling non-clinical portfolios and leadership responsibilities (n= 16) – Managing clinical decision-making (n= 9) – Overcoming imposter syndrome (n= 9) – Managing department and inter-department relationships (n= 8) – Navigating future employment concerns (n= 7) – Coping with increased workload (n= 6) – Supervising junior staff (n= 6) – Navigating CPD requirements (n= 5) – Adjusting to new workplace and role (n= 5) – Managing personal stress or concerns (n= 4)

5. Conclusion

This report presents the key findings from the 2025 New FACEMs Early Career Survey. Only half of new FACEMs secured an EM specialist position at the time of attaining Fellowship, continuing the downward trend from 63% in 2024 and 68% in 2023. Employment profiles of new FACEMs remained broadly consistent with previous survey iterations, characterised by a high proportion of new FACEMs working across multiple workplaces, undertaking part-time employment, and practicing in clinical areas beyond emergency medicine.

Over half (56%) of the respondents reported working in regional, rural, and remote (RRR) areas, either exclusively or both metropolitan and RRR locations. This has considerably increased from 45% in 2024 and 36% in 2023. A similar proportion of respondents indicated an intention to work outside of metropolitan areas within the next five years. Similar to previous years, enjoying rural lifestyle, greater employment opportunities, an interest in rural medicine, and a rural background were the consistently primary drivers for new FACEMs choosing to work in RRR areas.

Most new Fellows (91%) reported feeling well prepared for independent practice as an EM specialist at the completion of the FACEM Training Program, up from 87% in the 2024 survey. FACEMs highlighted support from the College for exam preparation and development of non-clinical skills as critical factors which best prepared them to be a competent EM specialist. However, respondents also highlighted opportunities for both ACEM and their workplaces to strengthen support and resources for trainees transitioning into Fellowship.

The transition to Fellowship is characterised by evolving challenges. In the early stages, new FACEMs most reported difficulties adjusting to their new role and navigating limited orientation processes. While imposter syndrome and increased workload remained persistent challenges throughout the transition period, by three to six months post-Fellowship the focus had shifted towards managing non-clinical portfolios, leadership responsibilities, and departmental management responsibilities. These findings suggest that the transition to independent specialist practice involves a series of cumulative and changing demands rather than a single adjustment period.

Overall, the survey findings point to a workforce in transition on multiple fronts: fewer new FACEMs are securing specialist emergency medicine positions immediately post-Fellowship, more are expressing an interest in working outside metropolitan areas, and the challenges they face evolve from clinical role adjustment to non-clinical leadership responsibilities within months of Fellowship. This highlights the importance of continued efforts to support FACEMs in their transition from the FACEM Training Program and to strengthen support in key areas such as non-clinical skills and leadership development. Ongoing monitoring of workforce trends among new FACEMs remains essential to inform emergency medicine workforce planning and the College's advocacy efforts.

6. Suggested Citation

Australasian College for Emergency Medicine (2026), New FACEMs Early Career 2025 Survey, ACEM Report, Melbourne.

7. Contact for Further Information

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