Australasian College for Emergency Medicine
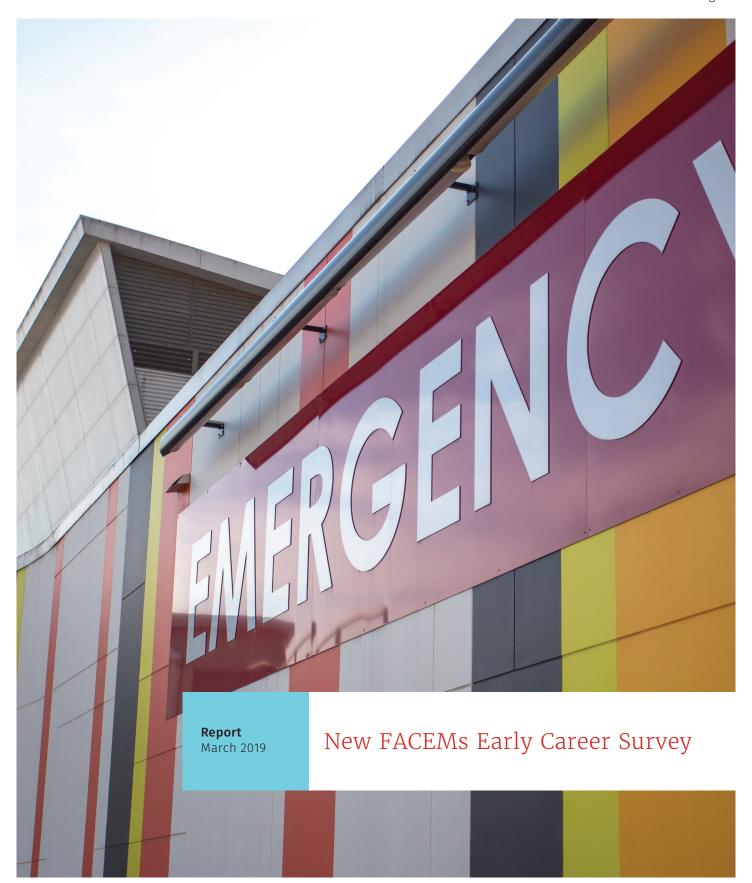
Report
March 2019

New FACEMs Early Career Survey

Executive summary

Background

This report presents the findings from the Australasian College for Emergency Medicine's (ACEM) New FACEMs Early Career Survey 2018, which is distributed biannually to new Fellows 6 to 12 months post-Fellowship. Participation is voluntary; a total of 159 new FACEMs participated in the 2018 surveys, a response rate of 64%.

Summary of Findings

Current Career

- Only 73 of 159 respondents (46%) had an emergency medicine (EM) specialist position secured at the time of attaining Fellowship, which increased to 83% (n=132) at the time of the survey.

- All of the 141 respondents who reported working in an area of clinical or professional practice were working in EM, with 36 (26%) also working in another area.

- New FACEMs reported working at between one and four workplaces, with 46% (61/132) working at one workplace only.

- 46% (62/135) were also working the equivalent of full-time hours, 47% (63/135) were working part-time hours, and ten respondents were working casual hours only.

- The number of respondents reporting working in a metropolitan area only increased from 48% for the 2017 cohort to 56% for the 2018 cohort, whilst those reporting working in a regional area only decreased from 37% to 33% during the same period.

Future Career Plans

- Nearly all of the respondents (n=149, 97%) reported wanting to work in EM in five years' time. Respondents also commonly reported wanting to work in medical education (44%), retrieval/pre-hospital medicine (22%) and research/academia (13%) in five years' time

- 36% (55/151) of respondents indicated that their preference was to be working in a metropolitan area only in five years' time, whilst a larger proportion (44%, 66/151) opted for both metropolitan and regional areas, and 20% (30/151) nominated a regional area only.

Mentoring

- More than half (61%; 92/152) of respondents reported having been involved in a mentoring program, either as a mentor (34%; 51/152), a mentee (16%; 24/152) or as both mentor and mentee (11%, 17/152).

- 26% (40/152) were not aware of ACEM's mentoring resources, whilst 59% of those who have been involved in a mentoring program had not used the ACEM mentoring resources.

Continuing Professional Development

- Almost all (95%; 143/151) of the respondents had commenced the ACEM Specialist Continuing Professional Development (CPD) program with the remainder reporting they would commence it soon.

- *Resources for Workplace-based Assessments and the Best of Web EM resources were the most popular CPD activities among new Felllows.*

Areas for Support

- The most popular topics selected by respondents for inclusion in the New Fellows Program were "Finding your niche as an EM specialist" (66%), "ED management" (59%) and "Managing trainees" (56%).

- Two thirds (66%, n=96) of respondents were aware of the ACEM New Fellows Network, with just over a quarter (27%, n=26) reporting being satisfied with the network.

- Assistance in job seeking and career planning were among the most commonly nominated areas of additional support respondents indicated that ACEM should provide to new Fellows.

Contents

1. List of tables

1.   Purpose and scope

The New FACEMs Early Career Survey is administered biannually to new FACEMs six to 12 months following attainment of ACEM Fellowship. This report provides the findings from the eighth and ninth iterations of the survey conducted in 2018 and includes analysis of new FACEMs' current and future career plans; experiences with mentoring; current and ongoing CPD goals; areas for support; and challenges faced as new FACEMs.

2.   Methodology

Two surveys were distributed to new FACEMs in 2018, one in March to Fellows elected between the 1 March 2017 and the 31 August 2017, and another in September for Fellows elected between the 1 September 2017 and the 28 February 2018. The new FACEMs were contacted by email and invited to participate in the online survey. Two follow-up emails were distributed to FACEMs who had not responded, encouraging them to participate.

Participation was voluntary, and completion of the survey was considered implied consent. Personal information was collected as part of the survey in order to match respondents to the demographic and trainee data the College holds on them, but all information provided was treated confidentially. All personal information provided was excluded from data analysis and reporting, with data reported only in the aggregate.

3.   Results

3.1   Demographic Information

A sample of 159 new FACEMS responded to the survey from a pool of 248, a response rate of 64%. Of the total 248 new Fellows, 42% (n=103) were female and the average age was 37.5 years on attainment of Fellowship. New FACEMs took an average of 7.5 years to gain their Fellowship and spent 5.7 years on average in advanced training, which was consistent with new Fellows in previous iterations of the Early Career Survey.

3.2   Current Career

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

Fewer than half (73/159, 46%) of respondents had an EM specialist position secured at the time of attaining Fellowship; 38% (60/159) did not have a specialist position secured; and 15% (24/159) were working as locums or visiting medical officers (VMOs). Two new Fellows reported securing a job overseas.

Of those (n=60) who provided reasons for not having a specialist position secured at the time of gaining their Fellowship, 43% were still seeking employment, 32% were completing training or finishing a rotation, and 25% nominated another reason (Table 1).

Table 1. Reasons for not having a specialist position at the time of gaining Fellowship

Reason	Respondents	%
Still seeking employment	26	43.3
Completing training / rotation	19	31.7
Other	15	25.0
Did not intend to work at this time	3	5.0
Maternity leave	3	5.0
Wanted to wait until passing the exam	3	5.0
Undertook a special skills terms	3	5.0
Finishing existing work committments	1	1.7
Plan to travel or work overseas	1	1.7
Total no. of respondents	**60**	**100**

New FACEMs were asked if they had undertaken any work that was below the level of an EM specialist since attaining their Fellowship; a third (34%, n=54) reported having done so. These new Fellows commonly reported that they were working as registrars, either completing existing work commitments, or completing dual specialist training. However, some reported working in locum positions that were below consultant level, while others commented on a jobs freeze or that there were no permanent FACEM positions available (n=8).

The number of new FACEMs who reported working in a specialist position at the time of completing the survey increased to 83% (n=132). At the time of the survey, 9% (n=14) of new FACEMs reported working as a locum or VMO while another 8% (n=13) reported not working as an EM specialist. For these respondents, the primary reasons for not having secured a specialist position were that they were still seeking employment (n=3), did not intend to work at that time (n=3) or were still completing the requirements of another specialist training program (n=5).

A total of 141 respondents selected the area(s) of clinical or professional practice they were working in at the time of the survey, with all of them reporting working in EM (Table 2). Of those who reported working in EM, 36 (26%) of them were also working in another clinical or professional area, with six of them working in two or more areas other than EM. The areas of clinical or professional practice new FACEMs reported working in at the time of the survey are provided in Table 2.

Table 2. Areas of clinical or professional practice working in at time of the survey

Area of clinical or professional practice	Respondents	%
Emergency Medicine	141	100%
Retrieval / Pre-hospital Medicine	17	12.1%
Medical Education	9	6.4%
Research / Academia	4	2.8%
Toxicology	3	2.1%
Intensive/Critical Care	3	2.1%
Telemedicine	2	1.4%
Acute Medical Assessment	1	0.7%
Geriatric Emergency Medicine	1	0.7%
Other Medicine	1	0.7%
Diving and Hyperbaric Medicine	1	0.7%
Rural Medicine	1	0.7%
Total no. of respondents	**141**	

The number of new FACEMs who reported working in a specialist position at the time of completing the survey increased to 83 per cent from 46 per cent at the time of attaining Fellowship

A total of 132 new FACEMs provided their current workplace details, with the majority of those reporting working in New South Wales (n=35, 27%), Queensland (n=31, 23%) and Victoria (n=29, 22%) for their primary workplace. Twelve (8%) of the respondents were working in New Zealand and two were working overseas. New FACEMs reported working at between one and four workplaces, with less than half (46%, 61/132) working at only one workplace. Of the 71 new Fellows who were working at more than one workplace, around two-thirds (68%) were working at two workplaces, 25% were working at three workplaces, and five respondents reported working at four workplaces.

Of those (n=79) who responded to the question, 'are you working at this many workplaces through choice', 72% (57/79) reported that it was through choice, whilst 28% (22/79) reported that it was not through choice. Those who reported working at their specified number of workplaces through choice commented that this was mainly driven by the opportunity to have a broader experience and variety of exposure. Those who indicated that they did not work at their specified number of workplaces through choice predominantly commented that this was largely due to not being able to secure a full-time or permanent position.

New FACEMs were working on average 39.7 hours per week (ranging from 10 to 80 hours) across all workplaces, excluding after hours or on-call work and those working in casual positions only. However fewer than half (46%, 62/135) of the responding new FACEMs were working the equivalent of full-time hours at one workplace, 47% (63/135) were working part-time hours (i.e. less than 38 hours per week) and ten FACEMs were working casual hours only. Fifteen respondents who reported working part-time also worked casually at another workplace(s). Table 3 presents the average working hours per week of respondents by workplace, and the percentage of respondents who worked in excess of their contracted hours.

Table 3. Average hours worked and whether working excess hours, by workplace

Workplace	Respondents	No. with casual position	Average hours per week	% working in excess of contracted hours
Primary workplace	135	7	33.6	45.9%
Secondary workplace	70	23	14.5	17.1%
Tertiary workplace	23	13	7.2	13.6%

*Excludes casual/locum positions/zero hour contract

When respondents were asked if they would like to change their current hours of work, the majority (72%, 96/133) were happy with their current work hours, 18% (24/133) wanted to decrease their work hours, whilst 10% (13/133) wanted to increase their work hours.

The remoteness of new FACEMs' workplace location(s) was assessed; 56% (72/129) were working in a metropolitan area only, 33% (42/129) in a regional area only, and 12% (15/129) were working in both metropolitan and regional areas. The proportion of new FACEMs working in a metropolitan area only increased from 48% in the 2017 cohort of new FACEMs to 56% in the 2018 cohort, whilst those working in a regional area only decreased slightly from 37% to 33% during the same period.

Of the 146 new Fellows who were working at the time of survey, the majority (87%, n=127) reported working in their preferred clinical area. Two-thirds (67%; n=98) indicated working in their preferred region, whilst 58% (n=84) reported they were working in their preferred remoteness location.

3.3 Future Career Plans

New FACEMs were asked about their future career plans (in five years' time) with respect to area(s) of clinical/ professional practice, region and remoteness location.

Nearly all of the respondents (n=149, 97%) reported wanting to work in EM in five years' time. Medical education (44%), retrieval/ pre-hospital medicine (22%) and research/academia (13%) were among the most commonly reported areas of clinical practice outside of EM that new FACEMs hoped to be working in in the future.

A full list of respondents' preferences for the different areas of clinical practice they hoped to be working in in five years' time is presented in Table 4.

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

Future area of clinical or professional practice	Respondents	%
Emergency Medicine	149	97.4%
Medical Education	67	43.8%
Retrieval/Pre-Hospital Medicine	34	22.2%
Research/Academia	20	13.1%
Toxicology	12	7.8%
Intensive/Critical Care	8	5.2%
Acute Medical Assessment	3	2.0%
Geriatric Emergency Medicine	3	2.0%
Other Medicine	3	2.0%
Palliative Care	1	0.7%
Other	17	11.1%
Ultrasound	5	3.3%
International Emergency Medicine	3	2.0%
Diving and Hyperbaric Medicine	3	2.0%
General Practice	1	0.7%
Disaster Medicine	1	0.7%
Wilderness Medicine	1	0.7%
Telehealth	1	0.7%
Management Role / Role Outside Medicine	2	1.3%
Total no. of respondents	153	

When asked in which region(s) the new FACEMs would prefer to be working in, in five years' time, New South Wales was the most preferred region, nominated by 32% of respondents. This was closely followed by Queensland (31%) and Victoria (22%). It is worth noting that 17% of respondents reported wanting to be working overseas in five years' time. Table 5 presents the breakdown of regions new FACEMs would prefer to be working in in the near future.

Table 5. Preferred regions to be working in in 5 years' time

Preferred region	Respondents	%
Australia	130	85.0%
New South Wales	49	32.0%
Queensland	47	30.7%
Victoria	34	22.2%
Western Australia	16	10.5%
South Australia	11	7.2%
Northern Territory	11	7.2%
Tasmania	10	6.5%
Australian Capital Territory	5	3.3%
New Zealand	21	13.7%
Overseas	26	17.0%
Total no. of respondents	153	

When asked in which location – with respect to remoteness – they would prefer to be working in in five years' time, 36% (55/151) of respondents indicated their preference was to work in a metropolitan area only. A larger proportion (44%, 66/151) of respondents reported their preferred future workplace locations as both metropolitan and regional areas, while 20% (30/151) nominated a regional area only as their preferred workplace location.

New FACEMs reported working at between one and four workplaces, with less than half (61/132) working at only one workplace.

3.4 Mentoring

This section provides the findings on the questions relating to mentoring, and includes whether new FACEMs had been involved in a mentoring program since attaining Fellowship and their satisfaction levels with respect to ACEM's mentoring resources.

Sixty-one per cent (92/152) of responding new FACEMs reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor (34%, n=51), as a mentee (16%, n=24) or both as a mentor and a mentee (11%, n=17). Those who reported being a mentee commonly reported having the same mentor they had when they were in the FACEM Training Program (75%), rather than having a new mentor since attaining Fellowship (25%). Similarly, for 12 of the 17 (71%) new FACEMs who reported being both a mentor and a mentee had the same mentor they had when they were in FACEM training, with five (29%) reporting having a new mentor since they obtained Fellowship.

A further 39% (60/152) reported that they had not been involved in a mentoring program since attaining Fellowship, with 30% (45/152) reporting they would like to be involved in one. Nine per cent (15/152) indicated that they did not want to be involved in a mentoring program. When asked about their awareness of ACEM mentoring resources 39 (65%) of them reported that they were aware of the resources. Of the 45 who indicated interest in being involved in a mentoring program, the majority (87%) reported wanting to be involved as a mentor, whilst slightly more than half (56%) indicated wanting to be involved as a mentee. Four (9%) new FACEMs indicated they would like to be a mentoring program coordinator.

Of the 92 respondents who reported having been involved in a mentoring program, less than half (41%, 38/92) had used the ACEM mentoring resources and 71% of them were satisfied or very satisfied with the resources overall (with nine new FACEMs being neutral and seven did not respond to this question).

Table 6 presents the satisfaction levels of new FACEMs with ACEM's mentoring resources overall, the mentoring framework (including online modules), other resources (e.g. tools, templates, handbook), FACEM support, and the mentoring network (online space to discuss mentoring ideas and issues).

Table 6. Satisfaction levels with ACEM's mentoring resources

Resource	Respondents	Unsatisfied	Neutral	Satisfied	Very satisfied	Unaware of resource	N/A
Overall	31	0%	29%	68%	3%	0%	0%
Mentoring Framework	38	3%	21%	55%	11%	3%	8%
Online course	38	0%	24%	50%	8%	5%	13%
Other resources	36	0%	20%	53%	8%	11%	8%
FACEM support	37	3%	35%	35%	14%	5%	8%
Mentoring Network Discussion Forum	37	3%	32%	27%	11%	16%	11%

Importantly, 59% (54/92) of respondents had not used ACEM's mentoring resources, whilst 26% (40/152) were not aware of the resources, irrespective of whether they had or had not been involved in a mentoring program since attaining Fellowship.

Thirty-three new Fellows provided further feedback on their mentoring experiences or the mentoring available to them at their workplace. Eleven comments were about the mentoring program being largely informal at their workplace, with the comments also reflecting that there was good mentoring support provided by DEMTs or senior consultants. Six new Fellows commented that formal mentoring would be valuable for a new Fellow, whilst another three mentioned that a formal mentoring program should not be forced into the medical culture. Five new FACEMs stated they were given opportunities to develop a mentoring program in their workplaces, whereas five others commented that there were limited opportunities for or uptake of mentoring at their workplace. Other comments (n=3) focused on suggestions to provide more support for rural based new Fellows; more work/exam-based mentoring meetings; and the challenges faced as a mentor.

61 per cent of responding new FACEMs reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor, as a mentee, or both as a mentor and a mentee.

3.5 Continuing Professional Development

This section contains the findings relating to the new FACEMs' current and future CPD plans. Almost all (95%; 143/151) of the responding FACEMs had commenced the ACEM Specialist CPD program, with the remainder (n=8, 5%) reporting they will commence the program soon.

The reasons selected for undertaking or intending to undertake the ACEM Specialist CPD program provided by new FACEMs are presented in Table 7.

Table 7. Perceived benefits of undertaking ACEM's Specialist CPD Program

Benefits to undertaking CPD	Respondents*	%
To extend my EM knowledge	123	81.5%
To extend my EM skills	114	75.5%
It is easier than documenting CPD myself	74	49.0%
The online CPD system is easy to use	66	43.7%
The program meets my CPD needs	45	29.8%
There is no other suitable EM-related Specialist CPD program	31	20.5%
It is included as a member benefit	26	17.2%
Total no. of respondents	151	

*Responses by the new FACEMs who had not yet commenced CPD were combined with the responses of those who have commenced ACEM CPD.

New FACEMs were asked to rank each of ACEM's resources for CPD activities, with respect to whether they were utilising the resource, their intentions to utilise the resource in the future or if they were unaware of the resource. Response rates are presented in Table 8. Resources for Workplace-based Assessments and the Best of Web EM resources were the most popular CPD activities undertaken or intending to be undertaken by new FACEMs. It is important to note that more than half of the responding FACEMs reported that they were unaware of the First Shift in the ED resource, Quality Standards handbook or Wellbeing Discussion Forum (launched in March 2018).

Table 8. Use of ACEM resources for CPD

ACEM CPD activities	Respondents	Have used or Currently using		Intend to use		Don't intend to use		Unaware of resource	
		No.	%	No.	%	No.	%	No.	%
Advanced and Complex Medical Emergency Course	139	6	4.3%	78	56.1%	16	11.5%	39	28.1%
Assessing Cultural Competence modules	140	17	12.1%	62	44.3%	31	22.1%	30	21.4%
Best of Web EM	136	47	34.6%	47	34.6%	17	12.5%	25	18.4%
Clinical Teaching Course – EMC/D	138	15	10.9%	53	38.4%	23	16.7%	47	34.1%
Critical Care Airway Management modules	141	12	8.5%	78	55.3%	13	9.2%	38	27.0%
First Shift in the ED	136	4	2.9%	17	12.5%	29	21.3%	86	63.2%
Indigenous Health & Cultural Competency – podcasts	139	4	2.9%	50	36.0%	22	15.8%	63	45.3%
Indigenous Health and Cultural Competency – modules	138	16	11.6%	53	38.4%	17	12.3%	52	37.7%
Leadership – online course	140	12	8.6%	66	47.1%	2	1.4%	60	42.9%
Mentoring – online modules	139	20	14.4%	61	43.9%	17	12.2%	41	29.5%
Mentoring Network for mentors and mentees	140	20	14.3%	65	46.4%	13	9.3%	42	30.0%
Quality Standards Handbook	138	9	6.5%	37	26.8%	14	10.1%	78	56.5%
Wellbeing Discussion Forum	137	5	3.6%	33	24.1%	20	14.6%	79	57.7%
Workplace-based Assessment – modules	143	47	32.9%	68	47.6%	4	2.8%	24	16.8%
Workplace-based Assessment – orientation videos	143	47	32.9%	63	44.1%	7	4.9%	26	18.2%

The respondents were asked to provide any comments they had with respect to the ACEM Specialist CPD Program, with 25 providing a response. Most comments were about the difficulty in navigating or searching for information on the ACEM CPD website (n=7), the onerous nature of recording CPD evidence (n=5), or that they needed more guidance on CPD requirements and updates on upcoming CPD activities (n=5).

Five new Fellows commented that the ACEM Specialist CPD Program was useful and met their needs. Other comments (n=3) included suggestions to provide links to overseas EM College resources, a mobile app for CPD recording, and to include ultrasound as a mandatory skill for new Fellows.

3.6 College Support – New Fellows Program

This section contains topic preferences nominated by new FACEMs to inform ACEM's New Fellows Program; their perception on various new Fellows resources; recommendations for other resources, programs or support services ACEM could provide; resources, programs or support services their hospitals did provide; and the challenges experienced by new FACEMs as they enter the EM specialist workforce. Table 9 presents topic preferences – nominated by FACEMs – that they perceive would be beneficial to include in ACEM's New Fellows Program. Other potential topic suggestions are also provided.

Table 9. Topics of preference for New Fellows Program

Topic	Respondents	%
Finding your niche as an EM specialist	105	66.0%
ED management	93	58.5%
Managing trainees	89	56.0%
Leadership	75	47.2%
Career planning	74	46.5%
Wellbeing	62	39.0%
Job satisfaction	59	37.1%
ACEM Specialist CPD Program	58	36.5%
Opportunities for College involvement	56	35.2%
Workforce sustainability	48	30.2%
Mentoring	48	30.2%
Other	6	3.8%
Job seeking/application skills	3	1.9%
Mentoring network and discussion groups for new Fellows	2	1.3%
How to manage burnout	1	0.6%
Total no. of respondents	159	

The ACEM New Fellows Network is an online resource that aims to provide resources, networking with other new FACEMs and information regarding upcoming events and opportunities for new EM specialists. Two thirds (66%, n=96) of responding new FACEMs reported that they were aware of the ACEM New Fellows Network. Of those, just over a quarter (27%, n=26) were satisfied or very satisfied with this resource, whilst 29 (30%) were neutral and five (5%) reported not being satisfied with the resource. Importantly, a further 29 (30%) of those who were aware of the New Fellow Network reported that they had not used this resource.

From November 2017, all new FACEMs receive a New Fellows Welcome Pack via the post. Twenty five (35%) of 72 respondents in the second survey cohort of 2018 (when this question was first introduced) reported that they had received the pack, and found the information useful. Thirty eight (53%) respondents reported not finding the information of the pack useful and a further nine (13%) were unaware of this resource..

At election new Fellows automatically become members of their regional Faculty, and as such the new FACEMs in our survey cohort were surveyed regarding their interest in attending a new Fellows Faculty event in their region. The majority (84%, 124) of the 147 responding new Fellows reported that they would be interested, whilst the remaining 23 indicated that they were not interested in attending a new Fellows Faculty event in their region.

Two thirds of responding new FACEMs reported that they were aware of the ACEM New Fellows Network. Of those, just over a quarter were satisfied or very satisfied with this resource.

In addition, new FACEMs were asked to outline any resources, programs or support services that the College could have provided at attainment of Fellowship and those that were provided by their workplace to assist them in their new role as an EM specialist. Key themes of respondent's comments are provided in Table 10. Interestingly, several respondents commented on resources that ACEM had provided, including the New Fellows Workshop at the ASM and Welcome Pack.

Table 10. Resources ACEM could have provided and resources provided by new FACEMs' workplaces

Key themes	Frequency
ACEM could have provided:	
Assistance in job seeking/career planning	12
Orientation and assistance in transition to a specialist role	8
New Fellows meetings	4
New Fellows Welcome Pack	3
CPD support and information	3
Information on available resources	3
Other support (continuous support for new Fellows, Fellowship election process)	2
The workplace provided:	
No resource or program offered	15
Support from local FACEMs or senior colleagues	8
Mentoring support	4
Other resources (job application skills, new Fellows workshop)	2

The trajectory of challenges experienced by new FACEMs through their first week, first month and in three to six months post-Fellowship are provided from most to least frequent in Table 11, with representative comments. Final comments and feedback from 15 respondents highlighted the need for ACEM to advocate for EM workforce sustainability and for ACEM to further support the transition of new Fellows from trainees to EM specialists.

Table 11. Challenges experienced in the first week, month and three to six months

First week	
Theme	Representative comment
Adjusting to new managerial role (ED flow, staff, hospital executive)	• Dealing with management/executive problems – escalating access block etc. Had no previous experience in how to do this. • Transitioning to running the floor and managing the department.
Adjusting to being final decision maker	• The final say/input on all patients, trusting your junior doctors, managing the entire department. • Just getting used to the fact that I was 'the boss' and being more certain and authoritative with my decisions.
Transition to senior role in same workplace (recognition and respect from staff)	• As a staff member moving from registrar to consultant in the same ED, some staff did not recognise me as being the consultant. Similar with other staff in the hospital. • Transition to being seen as a FACEM, having been a Registrar two minutes prior
Adjusting to new workplace	• New hospital, new role • Working in a new hospital (not the one where I've done most of my training), and feeling terribly out of place.
Lack of orientation	• No orientation as a consultant and the expectations
Impostor syndrome	• Felt unequal to the increased expectations and more ashamed when I made a mistake
Other (finding a job, return from maternity leave, burnout, etc.)	• Finding a job • Coming back to first FACEM post after maternity leave was bound to be challenging so multifactorial process settling in • Discovering my point-of-care ultrasound skils need to be vastly improved in a rural environment where there is absolutely no after-hours ultrasound accesible, not even for a ruptured ectopic

First month	
Theme	**Representative comment**
Adjusting to managing department	• Functioning in the full capacity as specialist and being able to consistently maintain oversight of the department without being bogged down by minutiae in patient management • Dealing with / steering clear of departmental politics
Gaining respect / recognition (other consultants and in-patient team)	• Getting respect from other consultants as they have known me as a registrar • Confrontation with inpatient teams
Adjusting to be a consultant / final decision-maker	• The mental shift from being supervised to supervising all the time; developing consultant mindset • Getting used to a much higher supervision burden in a department with less trainees and higher proportion of overseas-trained RMOs
Managing workload (not taking on too much)	• Balancing clinical and non-clinical time … learning not to take home work • Work–life balance – started locum work as well as regular work
Seeking more support and guidance	• Different systems of practice. Lack of sustained guidelines and pathways • Lack of support – initially sent to rural EDs from my base hospital as the only doctor • No guidance on what I was expected to do for non-clinical, how to write policies
Adjusting to non-clinical workload/portfolio	• Getting a non-clinical portfolio established • Transition into consultant work, particularly relating to non-clinical portfolio as I had very little exposure to this as a registrar
Overcoming lack of confidence	• How to talk to other consultants without being shy – how to stand up for myself and negotiate with other specialists without thinking there is a power imbalance – been a registrar for too long
Finding permanent position	• Finding a permanent staff specialist position
Coping with CPD requirement	• ACEM CPD – high expectation set by the College for a very new FACEM. I mean, how much CPD do you expect when I've been in teh job 5 minutes??! Very frustrating • Contemplating career direction and how I continue my educational needs and ongoing training
Other	• Blending FACEM and generalist workforce • Attending a very strained meeting between ED, ICU and medicine with an external advisor trying to seek solutions to barriers to excellent patient care

Three to six months	
Theme	**Representative comment**
Managing department and inter-department conflicts	• Dealing with issues that arise regarding interdepartmental politics and suboptimal behaviour by other consultants (ED or otherwise) • Ongoing challenge in managing the department at times. Particularly management of conflict between inpatient units and ED expectations
Managing workload (not taking on too much)	• Not taking on too much whilst still trying to find my niche in non-clinical • Balancing the demands of work hours / continuing education / shifts with family life
Managing/supervising junior staff	• New role as assessor/supervisor for junior staff rather than just supervising on the floor day to day • How to motivate a team, look after their needs
Struggle for permanent position	• Lack of job security. Ongoing locum contracts • Difficulty in attaining permanent work
Coping with non-clinical workload	• Starting to find the non-clinical load challenging with volumes of this work rapidly increasing
Ongoing impostor syndrome	• Striving to improve as a consultant. Being my own biggest critic in terms of my performance (a double-edged sword)
CPD time	• Struggling to fill CPD time to make a good departmental contribution
Other (settling in, interpersonal relationships etc.)	• Getting used to being 'the end of the road' but then utilising the additional resources I have available • Working with difficult personalities in the consultant/leadership group

Acknowledgements

Suggested citation

Contact

Ms Katie Moore
Research Manager
ACEM Research Unit
Department of Policy and Strategic Partnerships
Australasian College for Emergency Medicine
34 Jeffcott Street, West Melbourne VIC 3003, Australia
+61 3 9320 0444