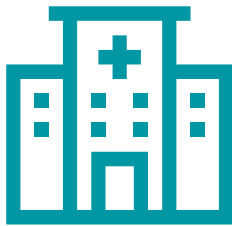




New FACEMs Early Career Survey Factsheet

The **New FACEM Early Career Survey** is distributed biannually to new Fellows. A total of 119 new FACEMs participated in the 2019 survey, providing feedback on their current and future career plans, College resources and support, and their experience as a new FACEM.



FACEM Training Program

89% Felt well-prepared for independent practice as an emergency medicine specialist at the completion of the FACEM Training Program

Training in non-clinical skills was the most frequently nominated area that respondents felt inadequately covered and should be included in the New Fellows program

Workplace

61% Working at two or more workplaces

48% Working part-time hours at their primary workplace

15% Working casual hours at their primary workplace

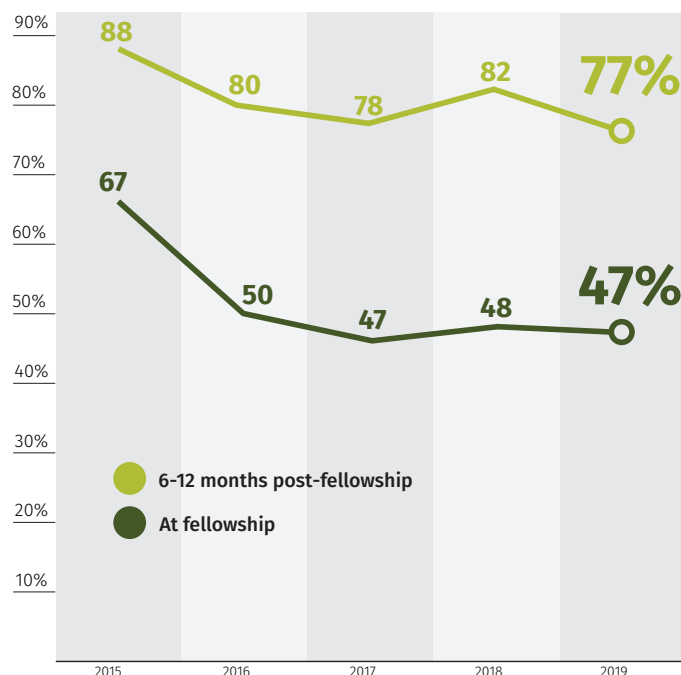
46% Working only in a metropolitan location

↑% New FACEMs working in regional/rural/remote locations

Career

Seeking a permanent emergency medicine specialist position and **managing work-life balance** were key challenges faced by new FACEMs within the first 3-6 months post-fellowship

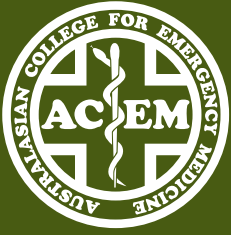
New FACEMs are now less likely to secure an emergency medicine specialist position at fellowship or 6-12 months post-fellowship.



Percentage of New Fellows with emergency medicine specialist positions at fellowship and 6-12 months post-fellowship

Source:

Australasian College for Emergency Medicine (2019), Early Career Survey ACEM Report, Melbourne.



Australasian College
for Emergency Medicine

2019 New FACEMs Early Career Survey

Report

February 2020
acem.org.au

Contents

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.....	4
4.3 Future Career Plans.....	7
4.4 Mentoring.....	8
4.5 Continuing Professional Development and ACEM Resources.....	9
4.6 College Support- New Fellows Program and Resources to Support New Fellows.....	11
4.7 Preparedness for Practice.....	13
4.8 Workplace Support and Challenges.....	13
5. Conclusion.....	15
6. Acknowledgements.....	15
7. Suggested Citation.....	15
8. Contact for further information.....	15

List of Figures

Figure 1: Reasons given for not having an EM specialist position secured at the time of gaining Fellowship.....	4
Figure 2: Reasons new Fellows chose to work in a regional/rural/remote location (n=53).....	7
Figure 3: New Fellows Program - areas new Fellows would like to know more about.....	12

List of Tables

Table 1: Areas of clinical or professional practice new FACEMs were working in at the time of the survey.....	5
Table 2: Average hours worked per week and whether respondents were working in excess of contracted hours, by workplace.....	6
Table 3: Area(s) of clinical or professional practice new FACEMs hoped to be working in, in five years' time.....	7
Table 4: Regions new FACEMs would prefer to be working in, in five years' time.....	8
Table 5: New FACEM's satisfaction levels with ACEM's mentoring resources.....	9
Table 6: Perceived benefits to undertaking or intending to undertake ACEM Specialist CPD Program.....	9
Table 7: Utilisation of ACEM's educational resources available for CPD, by new FACEMs.....	10
Table 8: Attendance of ACEM's workshops and events, by new FACEMs.....	11
Table 9: Useful resources, programs or support services respondent's workplaces provided or should have provided but didn't, to assist the transition to becoming an EM specialist.....	13
Table 10: Themes of challenges experienced in the first week, first month and 3-6 months.....	14

1. Executive Summary

The New FACEMs Early Career Survey is distributed biannually to new Fellows 6-12 post Fellowship. Participation is voluntary, and a total of 119 new FACEMs participated in the 2019 survey, a response rate of 58%.

Summary of 2019 New FACEMs Early Career Survey Findings

Current Career

- Only 47% of respondents had an emergency medicine (EM) specialist position secured at the time of attaining Fellowship, which increased to 77% at the time of the survey.
- All except one respondent reported working in EM, with 35% also working in another area of clinical or professional practice.
- New FACEMs reported working at between one and four workplaces, with 61% working at more than one workplace.
- Just over one third (37%) were working the equivalent of full-time hours, with a higher proportion (48%) working part-time hours, and 15% working casual hours only.
- New FACEMs who reported working in a metropolitan area only decreased from 56% for the 2018 cohort to 46% for the 2019 cohort, whilst those reporting working in both metropolitan and regional areas increased from 12% to 21% during the same period.

Future Career Plans

- All 119 respondents reported wanting to work in EM in five years' time. Medical education (35%) and retrieval/ pre-hospital medicine (28%) were more commonly reported areas of practice outside of EM that respondents wanted to be working in.
- 43% of respondents indicated that they preferred to work in a metropolitan area only in five years' time, whilst a comparable proportion reported wanting to work in either regional/rural/remote areas only (28%), or both metropolitan and regional areas (29%).

Mentoring and ACEM Continuing Professional Development (CPD) Resources

- 55% of respondents reported having been involved in a mentoring program, either as a mentor (31%), as a mentee (9%) or as both a mentor and a mentee (15%).
- Over half of respondents (55%) had not used ACEM's mentoring resources, with 43% of them reporting that they were not aware of the resources.
- Nearly all (99%) of the respondents had commenced the ACEM Specialist CPD Program.
- Resources for Workplace-based Assessments and the Assessing Cultural Competence modules were among the most popular CPD resources.

Areas for Support from ACEM and Workplaces

- The most popular topics selected by respondents for inclusion in the New Fellows Program were "ED management" (60%), "Managing trainees" (56%), and "Leadership" (54%).
- Two thirds (66%) of respondents were aware of the ACEM's New Fellows Network, with just over a quarter (29%) satisfied with the network.
- Mentoring/ support from senior staff/colleagues, career development assistance, workplace orientation, and non-clinical skills training were among the key areas of support respondents deemed useful to be provided by workplaces.

Preparedness for Practice and Challenges Experienced

- 89% of 111 respondents were in agreement that they felt well-prepared for independent practice as an EM specialist at the completion of the FACEM Training Program.
- Training in non-clinical skills was among the most frequently nominated area that respondents reported as being inadequately covered in the FACEM Training Program.
- Managing work-life balance and seeking a permanent EM specialist position were consistently reported as key challenges faced by new Fellows within the first 3-6 months post Fellowship.

2. Purpose and Scope of Report

The New FACEMs Early Career Survey is administered biannually to new Fellows of the Australasian College for Emergency Medicine (FACEMs) six to 12 months following attainment of the ACEM Fellowship. Commencing in 2014, these voluntary surveys are undertaken to enhance ACEM's understanding of current and future career plans among new FACEMs, resources and support that the College should provide, and general experiences as a new FACEM. This report provides the findings from the tenth and eleventh iterations of the survey conducted in 2019. These include analysis of current and future career plans; experiences with mentoring; current and ongoing continuing professional development (CPD) goals; preferences for resources or support provided by the College or workplace; and challenges faced as new FACEMs.

3. Methodology

Two surveys were distributed to new FACEMs in 2019, one in March to Fellows elected between the 1st March and the 31st August 2018, and another in September to Fellows elected between the 1st September 2018 and the 28th February 2019. 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.

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

4. Results

4.1 Demographic Information

A response rate of 58% was achieved with 119 of 204 new FACEMs responding to the 2019 survey, compared with the response rates which ranged between 48%-64% from 2014-2018. Of the 204 new FACEMs, 41% (n=83) were female and the average age was 36.7 years on attainment of Fellowship. On average, the new FACEMs took 7.1 years to gain their Fellowship and spent 5.3 years in advanced training. Nine new FACEMs obtained their Fellowship via the Specialist International Medical Graduate (SIMG) pathway.

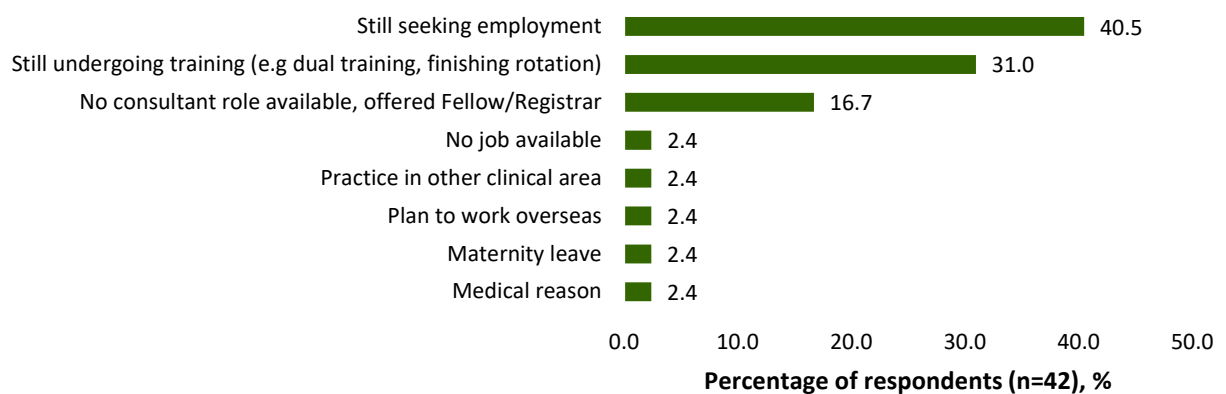
4.2 Current Career

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

Less than half (56/119, 47%) of the respondents had an EM specialist position secured at the time of attaining Fellowship; 43 (36%) did not have a specialist position secured, while 19 respondents (16%) were working as either a locum, or in a casual/ sessional position. One other new FACEM reported securing a job overseas.

Of those who provided reasons for not having an EM specialist position secured at the time of gaining their Fellowship (n=42), 41% reported that they were still seeking employment, whilst 31% reported that they were still completing training or finishing a rotation. The remaining 29% nominated a different reason, with more than half stating that no consultant/ specialist role was available and/ or they were offered a lesser Fellow or Senior registrar position (see Table 1).

Figure 1: Reasons given for not having an EM specialist position secured at the time of gaining Fellowship



Compared to the findings at the time of gaining their Fellowship, the number of new FACEMs working in a specialist position increased to 77% (n=91) six to 12 months post-Fellowship. Eighteen (15%) new FACEMs reported working as a locum or visiting medical officer, while 10 (8%) reported not working as an EM specialist. For these 10 respondents, the reasons for not having secured a specialist position were that some were still seeking employment due to no jobs being available (n=2), three were currently on maternity leave, and five were still completing the requirements of another specialist training program.

New FACEMs were asked if they had undertaken any work that was below the level of an EM specialist since attaining their Fellowship, with more than one third (35%, n=41) reporting having done so. Of those (n=35) who specified the reason(s) for this, the majority (n=28) were working as registrars either completing existing work commitments or completing dual specialist training. Five respondents reported working in part time/ locum registrar positions, with two other respondents commenting that there were no consultant positions available.

A total of 105 respondents selected the area(s) of clinical or professional practice they were working in at the time of the survey, with all but one (working in Intensive Care only) of them reporting working in EM (Table 2). Of those who were working in EM, 36 (35%) reported also working in another clinical or professional area, with four of them working in two or more areas other than EM. Retrieval/ Pre-hospital Medicine was the most common area outside of EM that new FACEMs reported working in (n=17, 47%). The areas of clinical or professional practice new FACEMs reported working in at the time of the survey are provided in Table 1.

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

Area of clinical or professional practice	No. of respondents	%
Emergency Medicine	104	99.0%
Retrieval/ Pre-hospital Medicine	17	16.2%
Medical Education	7	6.7%
Research/ Academia	4	3.8%
Intensive Care/Critical Care	2	1.9%
Trauma	2	1.9%
Geriatric Emergency Medicine	1	1.0%
Telehealth	1	1.0%
Clinical Forensic Medicine	1	1.0%
Health Simulation	1	1.0%
General Practitioner	1	1.0%
Other Medicine	1	1.0%
Total no. of respondents	105	

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

Of the 105 new FACEMs who provided their current workplace details, the majority (n= 69, 66%) were working in New South Wales (n=27, 26%), Queensland (n=25, 24%) and Victoria (n=17, 16%) for their primary workplace. Nine (9%) respondents reported working in New Zealand and one was working overseas. This distribution is somewhat comparable to the distribution of the FACEM population, with the majority of FACEMs living in New South Wales (23%), Victoria (22%) and Queensland (21%), with a further 11% living in New Zealand¹. Only 41 (39%) respondents worked at one workplace; for the 64 respondents working at more than one workplace, 63% were working at two workplaces, 28% at three workplaces, with 9% of respondents working at four workplaces.

Of those who responded to the question, 'are you working at this many workplaces through choice', 73% (46/63) reported that it was through choice, whilst 27% (17/63) reported that it was not through choice. For those working at multiple workplaces by choice, a large number commented that the decision was driven by the opportunity that this provides in having a broader variety of clinical exposure and associated variety in application of procedural skills. Interestingly, those who indicated that they did not work at more than one workplace through choice were mostly doing so to make up to the equivalent of full-time hours. For these respondents, predominant comments were that full time and/or permanent positions were unavailable at their preferred workplace location.

¹ Australasian College for Emergency Medicine. (2019). FACEM & FACEM Trainee Demographic and Workforce 2018 Report. ACEM Report: Melbourne.

At the time of completing the survey, new FACEMs were working on average 37.1 hours per week (range 10 – 90 hours) across all workplaces, excluding after hours or on-call work and those working in casual positions only. Just over one third (37%, 39/105) of the responding new FACEMs were working the equivalent of full-time hours at one workplace, 48% (n=50) were working part-time hours (i.e. less than 38 hours per week), and 15% (n=16) were working casual hours only. Eighteen respondents who reported working part-time hours also worked casually at another workplace(s). Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours.

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

Workplace	No. of respondents	No. with locum/ sessional/ casual position	Average HPW*	% Working in excess of contracted hours
Primary workplace	105	16	32.1	41.0%
Second workplace	64	34	15.4	17.2%
Third workplace	23	15	9.7	8.7%

**Excludes locum/ sessional/ casual positions and those with zero-hour contracts*

When respondents were asked if they would like to change their current hours of work, three-quarters (74%, 78/105) were happy with their current work hours, 15% (16/105) wanted to decrease their work hours, whilst 11% (11/105) wanted to increase their hours of work.

Of the 105 new Fellows who were working at the time of survey, the majority (90%, n=95) reported working in their preferred clinical area. However, a smaller proportion indicated working in their preferred region (76%, n=80) and remoteness location (79%, n=83). Two respondents indicated that they were not working in their preferred clinical area, region, or workplace location.

The remoteness location of new FACEMs' current workplace was assessed, with 46% (48/104) working in a metropolitan area only, 33% (34/104) in a regional/rural/remote area only, whilst 21% (22/104) were working in both metropolitan and regional/rural/remote areas. The proportion of new FACEMs working in a metropolitan area decreased from 56% in the 2018 cohort of new FACEMs to 46% in the 2019 cohort. While those who worked in a regional/rural/remote area only remained at 33%, there was a higher proportion of new FACEMs working in both metropolitan and regional/rural/remote areas in the 2019 cohort of new Fellows (21%), compared with the 2018 cohort (12%).

New Fellows who worked outside metropolitan areas (n=56) were encouraged to provide the reason(s) they chose to work in a regional/rural/remote location, with 53 providing a response. The responses reflected both work and non-work related reasons, with the key themes including better lifestyle, job availability and breadth of exposure/ skill development when working in a regional/rural/remote location (Figure 2).

Figure 2: Reasons new Fellows chose to work in a regional/rural/remote location (n=53)



4.3 Future Career Plans

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

All 119 respondents reported wanting to work in EM in five years' time. Medical education (35%), retrieval/ pre-hospital medicine (28%), and research/ academia (12%) were among the most commonly reported areas of clinical practice outside of EM that new FACEMs hoped to be working in the future. Refer to Table 3 for a full list of respondents' preferences for the different areas of clinical practice they hoped to be working in, in five years' time.

Table 3: Area(s) of clinical or professional practice new FACEMs hoped to be working in, in five years' time

Future area of clinical or professional practice	No. of respondents	%
Emergency Medicine	119	100%
Medical Education	41	34.5%
Retrieval/ Pre-Hospital Medicine	33	27.7%
Research/Academia	14	11.8%
Toxicology	9	7.6%
Geriatric Emergency Medicine	6	5.0%
Intensive/ Critical Care	4	3.4%
Palliative Care	4	3.4%
Other Medicine	1	0.8%
Other	22	18.5%
Medical administration and management	5	4.2%
Telemedicine and telehealth	3	2.5%
Wellbeing/ mind-body medicine	2	1.7%
Ultrasound	2	1.7%
General practice	2	1.7%
Disaster medicine	2	1.7%
Clinical forensic medicine	2	1.7%
Trauma	2	1.7%
Public health	1	0.8%
Simulation	1	0.8%
Total no. of respondents	119	

When asked in which region(s) the new FACEMs would prefer to be working in, in five years' time, New South Wales and Queensland were among the most preferred regions, nominated by 28% of respondents, respectively. This was followed by Victoria (19%) and New Zealand (13%), with 9% of

respondents reporting wanting to be working overseas in five years' time. Table 4 presents the breakdown of preferred regions new FACEMs would like to be working in, in the near future.

Table 4: Regions new FACEMs would prefer to be working in, in five years' time

Preferred region	No. of respondents	%
Australia		
New South Wales	33	27.7%
Queensland	33	27.7%
Victoria	23	19.3%
Western Australia	11	9.2%
South Australia	9	7.6%
Australian Capital Territory	6	5.0%
Tasmania	5	4.2%
Northern Territory	4	3.4%
New Zealand	16	13.4%
Overseas	11	9.2%
Total no. of respondents	119	

Note: Respondents may select more than one preferred region

When asked in which location – with respect to remoteness – they would prefer to be working within in five years' time, 43% (51/119) of respondents indicated their preference was to work in a metropolitan area only. A comparable proportion of respondents reported that their preferred future workplace location was either both metropolitan and regional/rural/remote areas (29%, 35/119), or regional/rural/remote areas only (28%, 33/119).

4.4 Mentoring

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

Fifty-five per cent (65/118) of responding new FACEMs reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor (31%, n=36), as a mentee (9%, n=11) or both a mentor and a mentee (15%, n=18). Of those who reported having been involved as a mentor (n=54), only two reported having the same mentee as they had during the FACEM training program, but others reported having a new mentee. Whilst for those who reported being a mentee, a slightly higher proportion of them reported having a new mentor (52%) since attaining Fellowship, than having the same mentor (48%) they had when they were in the FACEM training program.

The remaining 45% (53/118) reported that they had not been involved in a mentoring program since attaining Fellowship, with 46 reporting they would like to be involved in one. Of those who indicated interest in being involved in a mentoring program, a larger proportion reported wanting to be involved as a mentor (83%) than as a mentee (74%), with five (11%) indicating they would like to be a Mentoring Program Coordinator. Seven new FACEMs indicated that they did not want to be involved in a mentoring program.

Of the 65 respondents who reported having been involved in a mentoring program, just over half (57%, 37/65) had used ACEM's mentoring resources. Table 5 presents the satisfaction levels of new FACEM's for: ACEM's mentoring resources overall, the mentoring framework (incl. online modules), the mentoring network (online space to discuss mentoring ideas and issues) and other mentoring resources (e.g. tools, templates, handbook). Overall, the majority (71%) were satisfied or very satisfied with the resources, with 29% remaining neutral.

Table 5: New FACEM's satisfaction levels with ACEM's mentoring resources

ACEM mentoring resources	N	Unsatisfied	Neutral	Satisfied	Very satisfied	Unaware	NA
Overall	34	0%	29%	50%	21%	0%	0%
Mentoring Framework	37	0%	27%	57%	14%	0%	3%
Online Mentoring Course	37	5%	22%	38%	11%	8%	16%
Mentoring Network (online space to discuss mentoring ideas and issues)	36	3%	31%	25%	3%	22%	17%
Other resources (e.g. tools, templates, handbook)	36	0%	28%	50%	11%	0%	11%

N= Number of respondents

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, over half (55%, n=60) of 110 respondents had not used ACEM's mentoring resources. Of those, 26 (43%) reported that they were not aware of the resources.

Fourteen new FACEMs provided further feedback on their mentoring experiences or the mentoring available to them at their workplace. Comments predominantly reflected the value of the mentoring program for new Fellows, especially during the initial transition phase (n=6), or that they did not have a formal mentor but sought support from senior staff at their workplace instead (n=5). Other comments (n=3) focused on suggestions to better facilitate the mentoring program and improve the online mentoring modules.

4.5 Continuing Professional Development and ACEM Resources

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

Almost all (99%; 116/117) of the responding new FACEMs had commenced the ACEM Specialist CPD Program, except one who reported that they would be commencing CPD in the next intake. The reasons selected for undertaking or intending to undertake the ACEM Specialist CPD Program are presented in Table 6.

Table 6: Perceived benefits to undertaking or intending to undertake ACEM Specialist CPD Program

Reasons for undertaking ACEM Specialist CPD Program	No. of respondents*	%
To extend my specialist EM knowledge	92	78.6%
To extend my specialist EM skills	76	65.0%
To keep a personal record of all my professional development activity	75	64.1%
ACEM activities are recorded on my behalf	67	57.3%
Accredited CPD activities are recorded on my behalf	66	56.4%
It is easier than documenting CPD myself	57	48.7%
The online CPD system is easy to use	56	47.9%
To plan my professional development activities	46	39.3%
The program meets my CPD needs	38	32.5%
It is included as a member benefit	36	30.8%
There is no other suitable EM related Specialist CPD Program	25	21.4%
Total no. of respondents	117	

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

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

New FACEMs were asked to rank each of ACEM’s educational resources available for CPD, with respect to whether they were utilising/ had utilised the resource and their intentions to utilise the resource in the future (Table 7). Resources for Workplace-Based Assessments (WBAs) and the Assessing Cultural Competence modules were among the most popular educational resources that respondents had utilised or were intending to utilise for their CPD. In addition, more than half of the new FACEMs reported that they intended to utilise the Critical Care Airway Management modules, Leadership - Online Course, Mentoring Online modules and Clinical Supervision Online modules for their CPD. It is important to note that the least popular educational resources included the Operating with Respect - Online modules, the Welcome to Working as a Medical Practitioner in Australia - Online program, and the Mentoring Discussion Forum, with the latter two presumably having less relevance to most of the new Fellows.

Table 7: Utilisation of ACEM’s educational resources available for CPD, by new FACEMs

CPD resources	N	Have/ currently utilising		Intend to utilise	
		No.	%	No.	%
Assessing Cultural Competence modules	113	79	69.9%	28	24.8%
Best of Web EM	110	33	30.0%	44	40.0%
Clinical Supervision Online modules	113	26	23.0%	57	50.4%
Critical Care Airway Management modules	111	12	10.8%	65	58.6%
General Emergency Medicine Resources	109	31	28.4%	42	38.5%
Indigenous Health & Cultural Competency - Podcasts	111	14	12.6%	39	35.1%
Indigenous Health & Cultural Competency - Online modules	109	51	46.8%	36	33.0%
Leadership - Online Course	109	7	6.4%	58	53.2%
Mentoring Course - Online modules	109	26	23.9%	57	52.3%
Mentoring Network Resources for mentors and mentees	110	17	15.5%	52	47.3%
Mentoring Discussion Forum	110	5	4.5%	37	33.6%
Operating with Respect – Online module	109	11	10.1%	36	33.0%
Welcome to Working as a Medical Practitioner in Australia – Online program	110	3	2.7%	21	19.1%
Wellbeing Network	108	8	7.4%	41	38.0%
Workplace-Based Assessment- Online Training modules	108	40	37.0%	52	48.1%
Workplace-Based Assessment- Orientation videos	110	43	39.1%	50	45.5%

N= Number of respondents

Note: Number (%) for ‘Do not intend to utilise’ and ‘Unaware of this resource’ are not included here, therefore the total percentage does not add up to 100%.

Similarly, new FACEMs were asked to rank numerous ACEM workshops and events, with respect to whether they have attended the workshop/ event, their intentions to attend in the future or if they were unaware of the workshop/ event (Table 8). Not surprisingly, the most attended ACEM event among new FACEMs was the Annual Scientific Meeting (ASM) with 39% having attended, followed by the New Fellows Workshop (25% had attended). At least half of the new FACEMs intended to attend the Winter Symposium, ASM, WBA Assessor Workshop and Faculty Symposiums in the future. On the other hand, the DEMENT Workshop and EMC/D Supervisor Workshop were among the least popular events among new Fellows, with most indicating that they were not planning on attending these.

Table 8: Attendance of ACEM's workshops and events, by new FACEMs

ACEM workshops and events	N	Have attended		Intend to attend		Don't intend to attend		Unaware of this event	
		No.	%	No.	%	No.	%	No.	%
Annual Scientific Meeting (ASM)	112	44	39.3%	65	58.0%	3	2.7%	0	0%
New Fellows Workshop	110	27	24.5%	53	48.2%	26	23.6%	4	3.6%
Winter Symposium	112	18	16.1%	82	73.2%	12	10.7%	0	0%
WBA Assessor Workshop	110	8	7.3%	60	54.5%	35	31.8%	7	6.4%
DEMT Workshop	111	0	0%	42	37.8%	65	58.6%	4	3.6%
EMC/D Supervisor Workshop	112	11	9.8%	36	32.1%	48	42.9%	17	15.2%
Exam Writing Workshop	111	8	7.2%	49	44.1%	45	40.5%	9	8.1%
Faculty Meetings	111	18	16.2%	54	48.6%	33	29.7%	6	5.4%
Faculty Symposiums	110	5	4.5%	59	53.6%	32	29.1%	14	12.7%

N= Number of respondents

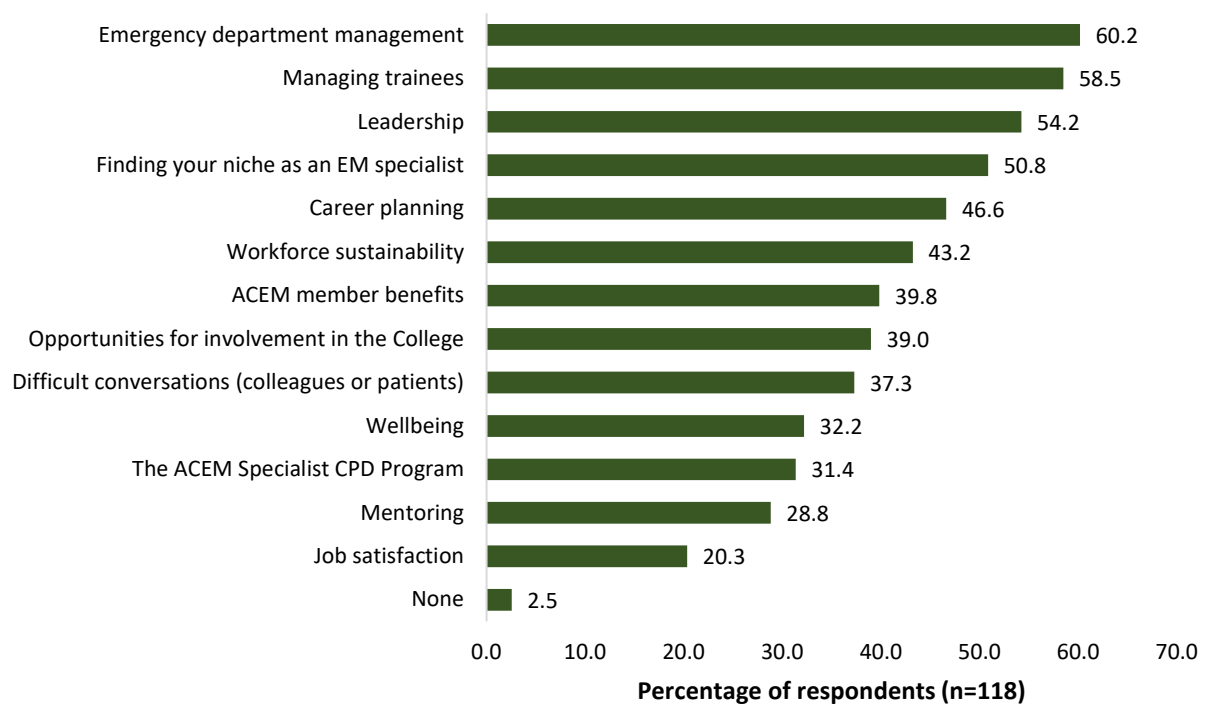
The respondents were asked to provide any comments they had with respect to the ACEM Specialist CPD Program, with 11 providing a response. Most of the comments from respondents (n=7) reflected their need for more guidance on developing CPD plans/ goals and on how best to navigate the CPD online system. Other comments (n=4) were about suggestions to improve specific ACEM CPD resources.

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

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

Figure 3 presents the areas nominated by new FACEMs that they would like to know more about, and which could be included in ACEM's New Fellows Program.

Figure 3: New Fellows Program - areas new Fellows would like to know more about, ranked from the most selected to the least selected area



The ACEM New Fellows Network is an online resource which aims to provide resources, networking opportunities with other new FACEMs, and information regarding upcoming events and opportunities for new EM specialists. Two thirds (66%, n=78) of responding new FACEMs reported that they were aware of ACEM’s New Fellows Network, with 62 responding to the follow up question regarding their satisfaction with this resource; over a quarter (29%, n=18) reported that they were satisfied or very satisfied with this resource, 40% (n=25) were neutral, and one reported not being satisfied with the resource. Importantly, a further 18 (29%) reported that they had not utilised the New Fellows Network.

The new FACEMs were also asked about their satisfaction with the information provided in the New Fellows Welcome Pack, with 112 responding to this question. Over one third (36%) reported being satisfied with the information contained in the Welcome Pack, but a larger proportion (46%) reported being neutral. A further five respondents (4%) indicated that they were unsatisfied with the Welcome Pack, with the key reasons provided being that the information in the pack was limited and they did not find the information helpful or practically useful to them.

At election, new FACEMs automatically become members of their regional Faculty, and as such the new FACEMs were surveyed regarding their interest in attending a new Fellows Faculty event in their region. The majority (81%, n=91) of the 112 responding new FACEMs reported that they would be interested, whilst the remaining 21 indicated that they were not interested in attending a new Fellows Faculty event in their region.

In addition, new FACEMs were asked to outline any additional resources, programs or support services at attainment of their Fellowship that ACEM should have provided but didn’t, to assist them in their new role as an EM specialist. Recommendations were provided by 15 new FACEMs, which ranged widely from timely issuance of completion certificate (1), leadership skills training (1), more guidance in career planning (2), more frequent new Fellows workshops (3), more information regarding CPD (3), and further information on how to get involved in ACEM events or in using the new Fellows platform (4).

4.7 Preparedness for Practice

To help monitor the relevance of the FACEM Training Program and ensure it is fit for purpose, feedback from new FACEMs was sought regarding their level of preparedness for independent practice as an EM specialist at the completion of the FACEM Training Program. Excluding those who underwent the SIMG pathway, 99 (89%) of 111 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, whilst six (5%) neither agreed nor disagreed. Importantly, six others disagreed that they were well-prepared for independent practice as an EM specialist at the end of the training program. Five of these respondents provided their reasons for disagreeing, which included the lack of formal training or opportunities in leadership and non-clinical skills (e.g. communication, medical advocacy) during the FACEM Training Program, not having sufficient training in a non-metropolitan setting, or that they required more training relating to attaining a job (e.g. assistance with job applications and job interviews).

Twenty-two respondents provided further feedback about additional training and resources that ACEM should have provided during FACEM training but didn't. More than half of the feedback focused on greater training in non-clinical skills (e.g. ED management and administrative, leadership, communication) during the FACEM Training Program. Other suggestions included mandating certain training (advanced airway course, rural placements, anaesthetic term) (n=3), introducing 'apprentice consultant' role to late phase advanced trainees (n=3), and providing job seeking and application resources (n=2).

4.8 Workplace Support and Challenges

The survey also garnered responses from new FACEMs on useful resources, programs or support services their workplace provided and/ or should have provided but didn't. Themes of respondent's comments along with representative comments are provided in Table 9. Comments relating to resources and support services within the respondent's workplaces were largely related to mentoring and support from senior staff/ colleagues, career development assistance and workplace orientation. Importantly, the resources and support services that some respondent's commented were useful and available at their workplaces, were also consistent with the suggestions by other respondents on what resources or support their workplace should have provided but didn't.

Table 9: Useful resources, programs or support services respondent's workplaces provided or should have provided but didn't, to assist the transition to becoming an EM specialist

Key themes	Frequency
The workplace provided (n=32)	
No resources or programs offered	11
Mentoring and senior staff support	10
Peer support	4
Career planning and development support	4
Orientation	3
New Fellows meetings	3
New Fellows courses and workshops	3
Guidelines and best care bundles	2
The workplace should have provided but didn't (n=19)	
Non-clinical skills/ career development training	7
Mentoring and senior support	6
Orientation	5
Peer support	2
Online resources	1

The trajectory of challenges experienced by new FACEMs through their first week, first month, then 3-6 months post Fellowship are provided in Table 10, from the most frequently mentioned challenge to the least frequent. Challenges such as gaining respect and recognition as a consultant, imposter syndrome and seeking a permanent specialist position were consistently reported for the first week, first month, and through to 3-6 months post-Fellowship. Whereas managing work-life balance and establishing a departmental portfolio were increasingly mentioned as challenges faced within the first 3-6 months post Fellowship.

Table 10: Themes of challenges experienced in the first week, first month and 3-6 months

First week	<ul style="list-style-type: none"> - Transition to consultant role in same workplace (recognition and respect from staff) (n=8) - Adjusting to new workplace (n=8) - Adjusting to new managerial role (ED flow, staff, departmental issues) (n=7) - Adjusting to be a leader/final decision maker (n=6) - Adjusting to increased responsibility (6) - Imposter syndrome (n=5) - Undermined by senior consultants/in-patient teams/visiting medical officers (n=4) - Finding an EM specialist job (n=3) - Overcoming lack of confidence (2) - Other (e.g. on-call, contract negotiation) (n=2)
First month	<ul style="list-style-type: none"> - Gaining respect and recognition as a consultant (n=11) - Building a non-clinical portfolio (n=11) - Adjusting to managing department (n=6) - Ongoing imposter syndrome (n=5) - Overcoming lack of confidence (n=3) - Managing and supervising junior staff (n=3) - Managing increased workload (n=3) - Fitting in and establishing team-environment (n=3) - Managing on-call independently (n=2) - Other (seeking job, contract negotiation) (n=2)
First 3-6 months	<ul style="list-style-type: none"> - Managing work-life balance/ learning to say 'no' (n=13) - Establishing a niche and portfolio in department (n=11) - Struggling for permanent specialist position (n=9) - Managing and supervising junior staff (n=9) - Balancing clinical and non-clinical workload (n=8) - Gaining respect and recognition from in-patient teams and senior staff (n=6) - Managing departmental conflicts/politics (n=4) - Settling in (n=4) - Ongoing imposter syndrome (n=3) - Other (seeking different job, working in resource-limited setting) (n=2)

Final comments and feedback for ACEM were focused largely on highlighting the need for ACEM to provide support and advocate for EM workforce sustainability and ensure better job security for FACEMs (n=10), as well as assistance with transition to EM specialist (n=3).

5. Conclusion

Since the New FACEMs Early Career Survey was introduced in 2014, there has been a shift in the workforce profile of new FACEMs, with new FACEMs now less likely to have secured an EM specialist position. The proportion of new FACEMs who reported having secured a specialist position at attainment of Fellowship (47% vs. 54% in 2014) or six to 12 months post Fellowship (77% vs. 84% in 2014) decreased over time. Compared with new FACEMs in earlier cohorts, those in 2019 were more likely to be working outside of a metropolitan area, across multiple workplaces, and working in another area of clinical/ professional practice in addition to EM. The proportion of new FACEMs working part-time or in casual positions in their primary workplace remained significantly high over the previous 5 years, with only 37% of new FACEMs in the 2019 cohort working the equivalent of full-time hours in their primary workplace.

All respondents in this survey reported wanting to work in EM in five years' time. Medical education and retrieval/ pre-hospital medicine were the two most common reported areas of practice outside of EM that respondents wanted to be working in. Almost half of the respondents indicated that they wanted to be working in a metropolitan area only in five years' time.

Fifty-five percent of the respondents reported having been involved in a mentoring program, with the majority being involved as a mentor. With respect to CPD, nearly all the respondents had commenced the ACEM Specialist CPD Program. Key areas of support respondents deemed useful to be provided by workplaces included mentoring from senior staff, career development assistance, workplace orientation, and non-clinical skills training. Managing work-life balance, establishing a departmental portfolio and seeking a permanent EM specialist position were frequently reported as key challenges faced within their first 3-6 months post Fellowship.

Training in non-clinical skills was consistently among the most frequently nominated area that respondents felt were inadequately covered in the FACEM Training Program. Connected to this, the new FACEMs wanted to know more about 'ED management', 'Managing trainees' and 'Leadership' through the New Fellows Program. Nevertheless, when surveyed about their preparedness for EM independent EM practice as an EM specialist, 89% of respondents felt well-prepared at the completion of the FACEM Training Program.

6. Acknowledgements

The Australasian College for Emergency Medicine (ACEM) would like to thank the Membership & Wellbeing, CPD and Education Development units for assistance with the development of the survey tool.

7. Suggested Citation

Australasian College for Emergency Medicine (2019), Early Career Survey ACEM Report, Melbourne.

8. Contact for further information

Ms Katie Moore

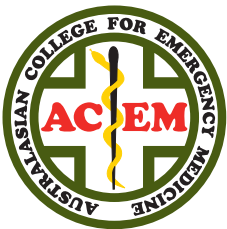
Research Manager

ACEM Research Unit, Department of Policy and Strategy Partnerships

Australasian College for Emergency Medicine (ACEM)

34 Jeffcott Street, West Melbourne VIC 3003, Australia

Telephone +61 3 9320 0444



Australasian College for Emergency Medicine

34 Jeffcott Street
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au