



Australasian College for Emergency Medicine

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2022 New FACEMs Early Career Survey

Report

February 2023



Key Findings

The New FACEMs Early Career Survey is distributed biannually to new Fellows of the Australasian College for Emergency Medicine (FACEM). A total of 151 new FACEMs participated in the 2022 survey, providing feedback on their current and future career plans, resources and support ACEM could provide, and the challenges faced as a new FACEM.

95% felt well prepared for independent practice as an emergency medicine specialist at the completion of the FACEM Training Program.

Key Challenges

Overcoming imposter syndrome and gaining respect from peers were primary challenges for new FACEMs in the first week and first month post-Fellowship.



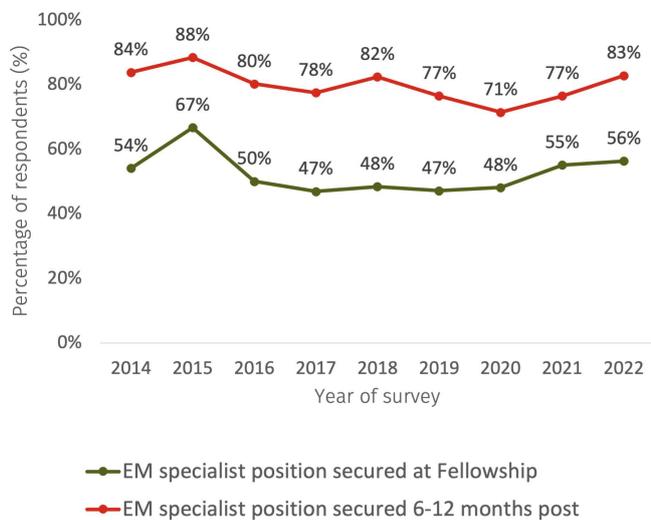
Key challenges in first 3 – 6 months post-Fellowship included:

- Managing intra- and inter-department relationships
- Dealing with access block and managing workload/ stress
- Finding permanent employment and job security

Career and Employment Profile

The likelihood of securing an emergency medicine specialist position continued to increase in the 2022 survey.

- 100%** Worked in emergency medicine practice
- 53%** Worked in metropolitan EDs only
- 42%** Worked in one workplace only
- 31%** Held a full-time position at their primary workplace



Source: Australasian College for Emergency Medicine (2023), New FACEMs Early Career 2022 Survey Report, Melbourne

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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 151 (53%) of 287 new FACEMs participated in the 2022 survey.

Summary of 2022 New FACEMs Early Career Survey Findings

Current Career and Employment Profile

- Over half (56%) of respondents had secured an emergency medicine (EM) specialist position at the time of attaining Fellowship, which increased to 83% at the time of the survey.
- All respondents reported working in EM, with 43% also working in another area of clinical or professional practice(s).
- 58% reported working at more than one workplace, ranging from two to five workplaces.
- Less than one-third (31%) were working in a full-time position at their primary workplace, with 58% reporting working in a part-time position, and the remainder (10%) in casual, sessional or locum positions.
- 53% reported working in a metropolitan area only, 20% worked only in a rural/regional/remote (RRR) area, and 27% worked at both metropolitan and RRR locations.

Future Career Plans

- All but three respondents reported wanting to work in EM in five years' time. Medical education (37%) and retrieval and pre-hospital medicine (29%) were the two most reported areas of practice outside of EM that respondents wanted to be working in.
- Just over half (52%) indicated that they preferred to work in a metropolitan area only in five years' time, whilst lesser proportions reported wanting to work in both metropolitan and RRR areas (30%), or only in RRR areas (18%).

Mentoring and ACEM Continuing Professional Development (CPD) Resources

- 56% reported having been involved in a mentoring program, either as a mentor (50%), as a mentee (20%), or as both a mentor and a mentee (14%).
- Nearly two-thirds (64%) had not used ACEM's mentoring resources, with half of them reporting that they were not aware of the resources.
- Only 41% reported being aware of ACEM's Mentor Connect program.
- Nearly all (97%) of respondents had commenced the ACEM CPD Program, but a smaller proportion (79%) agreed that they understood the ACEM CPD program requirements.
- 83% were satisfied with the accessibility of the My ACEM CPD portal but were less likely to agree that the website was intuitive (62%) or they were satisfied with the functionality of the website.

Areas for Support from ACEM and Workplaces

- The most popular topics selected by respondents for inclusion in the New Fellows Program were "Managing trainees" (54%) and "Emergency Department Management" (54%), followed by "Career Planning" (45%) and "Leadership" (44%).
- 74% were aware of ACEM's New Fellows Webpage, and of those who had used the webpage, 52% were satisfied with it.
- Informal support from senior staff and Fellow education sessions were the main support types provided by workplaces that respondents deemed useful, whereas mentoring/ leadership resources and support in managing the department were deemed as potential useful resources that workplaces could have provided to new FACEMs, but in some cases did not.

Preparedness for EM Practice and Challenges Experienced

- 95% agreed that they felt well-prepared for independent practice as an EM specialist after completion of the FACEM Training Program.
- Additional training in non-clinical skills was most frequently nominated as being inadequately covered in the FACEM Training Program. On the contrary, preparation for Fellowship exams and Workplace-based assessments were components of the training program they felt best prepared them for independent EM practice.

- Overcoming imposter syndrome, managing intra- and inter-departmental relationships, managing workload and access block, and finding permanent employment were consistently raised as key challenges faced by new FACEMs from the first week, first month through to the first 3-6 months post Fellowship.

2. Purpose and Scope of Report

The New FACEMs Early Career Survey is a biannual survey distributed to new Fellows of the Australasian College for Emergency Medicine (FACEMs) six to 12 months following attainment of the ACEM Fellowship. Initiated in 2014, the survey aims to enhance ACEM's understanding of current and future career plans of new FACEMs, mentoring and professional development, resources and support that the College should provide, and challenges experienced as a new FACEM. This report provides the findings of the survey conducted in 2022 and presents longitudinal trend data between 2014 and 2022.

3. Methodology

Two survey iterations in 2022 were administered, one in March to FACEMs elected between 1 March 2021 and 31 August 2021, and another in September to FACEMs elected between 1 September 2021 and 28 February 2022. The new FACEMs were contacted by email and invited to participate in the online survey hosted in QuestionPro®. Participation was voluntary, and the survey completion was considered implied consent. Two reminder emails were distributed to the new FACEMs who had not responded, encouraging them to participate.

Personal information was collected as part of the survey to match respondents to the demographic and training information within ACEM's member database; however, participant's identity and confidentiality were fully protected. All personal information provided was excluded from data analysis and reporting, with data reported only in the aggregate.

4. Results

4.1 Demographic Information

Of the 287 new FACEMs in 2022, 42% (n= 120) were female and their average age was 36.9 years at attainment of Fellowship. Twenty-five (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 7.2 years to gain their Fellowship.

A total of 151 from the pool of 287 new FACEMs responded to the 2022 survey, a response rate of 53% (range between 48%-64% from 2014-2021). The demographics of the respondents were comparable with that of the whole cohort of 2022 new FACEMs, with 44% female, an average age of 36.6 years at Fellowship and taking an average of 7.3 years to complete the FACEM Training Program.

4.2 Current Career and Employment Profile

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

Over half (n= 85/151, 56%) of the respondents reported having an EM specialist position secured at the time of attaining Fellowship, while 38 (25%) did not have a specialist position secured. Twenty-eight (19%) respondents were working in either locum, sessional or casual positions. Thirteen new FACEMs provided reasons for not having an EM specialist position secured at the time of attaining

Fellowship; six reported they were still seeking employment, while another six reported completing training or finishing existing contracts. The remaining new FACEM did not intend to work at the time.

The number of new FACEMs who reported working in a specialist position increased to 125 (83%) at between six to twelve months post-Fellowship. Eighteen (12%) new FACEMs reported working in locum or casual positions. Two (1%) new FACEMs were completing additional training (including paediatric emergency medicine, pre-hospital and intensive care). Three (2%) new FACEMs were on parental leave, whereas three (2%) others were in a registrar role.

Of the fourteen new FACEMs who provided a reason why they were working in a locum/ casual position, two were still undergoing dual training and two others planned to work overseas soon. Six commented on the lack of permanent EM specialist job opportunities in their preferred location or hospital, while four others chose to work in a locum/ casual position due to higher pay rate and greater flexibility.

Figure 1 shows the proportion of new FACEMs who had an EM specialist position secured at Fellowship and 6-12 months post-Fellowship, between 2014 and 2022. On average, over the nine years, just over half (53%) of the new FACEMs reported having an EM specialist position secured at Fellowship. The percentage increased to an average of 80% at 6-12 months post-Fellowship. The percentage of new FACEMs who had attained an EM specialist position at Fellowship and 6-12 months post-Fellowship continued to increase to a new peak in 2022 since 2020.

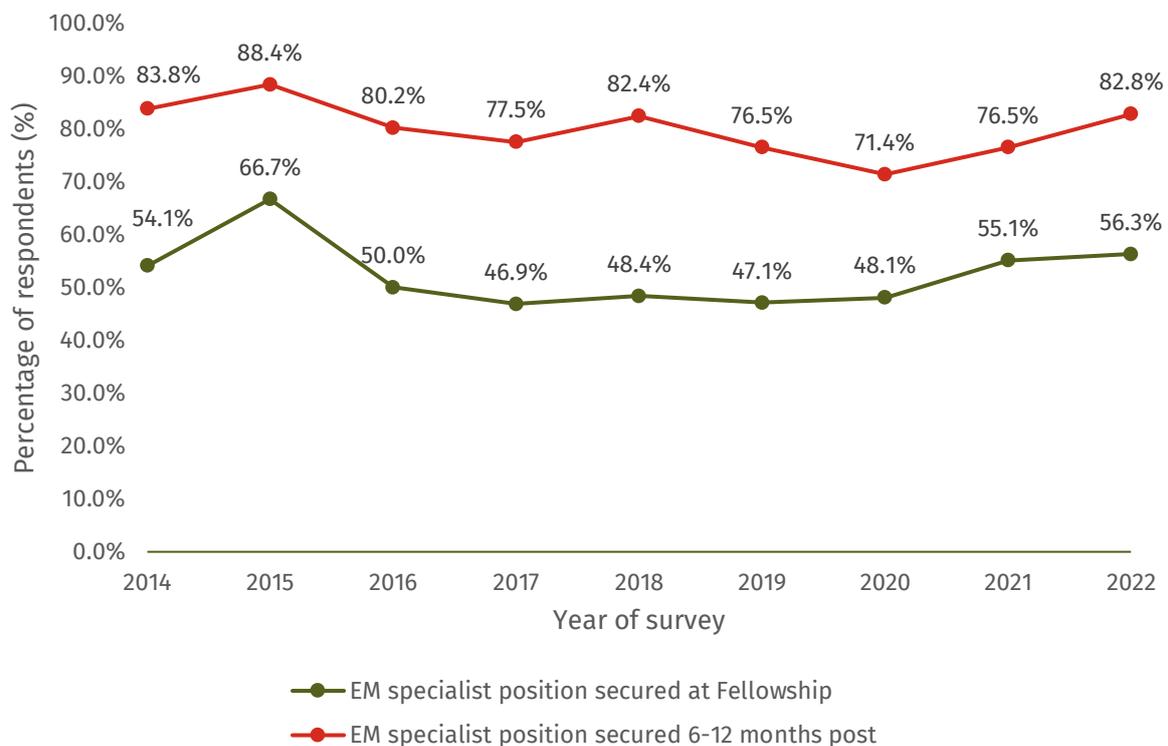


Figure 1: Percentage of new FACEMs with an emergency medicine specialist position secured at Fellowship and 6-12 months post-Fellowship, for 2014-2022

New FACEMs were asked if they had undertaken any work below the level of an EM specialist since attaining their Fellowship (excluding finishing off an existing contract/dual training requirement), with 30 reporting so. All but two specified the reason(s) for this. Ten (36%) continued working in EM at the level of a registrar, whilst five others (18%) reported working as a Fellow. Another ten (36%) worked as a registrar in retrieval medicine, and three others (11%) also reported working in other areas of professional practice (e.g., academia, clinical toxicology, intensive care).

A total of 127 respondents selected the area(s) of clinical or professional practice they were working in, with all reporting working in EM (Table 1). Of these, 55 (43%) reported also working in another clinical or professional area, with fourteen (11%) working in two or more areas of practice other than EM.

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	127	100%
Retrieval and Pre-hospital Medicine	19	15.0%
Medical Education	15	11.8%
Paediatric Emergency Medicine	12	9.4%
Rural and Regional Medicine	7	5.5%
Academia	3	2.4%
Telemedicine/ telehealth	3	2.4%
Research	3	2.4%
Geriatric Emergency Medicine	2	1.6%
Toxicology	2	1.6%
Anaesthetics	1	0.8%
Clinical Informatics	1	0.8%
Event Medicine	1	0.8%
Forensic Medicine	1	0.8%
Mental Health or Drug and Alcohol Services	1	0.8%
Public Health	1	0.8%
Trauma	1	0.8%
Total no. of respondents	127	

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

None selected Intensive/Critical Care, Indigenous Health, Palliative Care, and Acute Medical Assessment (or similar) from the list of clinical/ professional practice

Of the 133 new FACEMs who provided their current workplace details, 83% (n= 110) were working in Australia, and 14% (n= 18) were working in Aotearoa New Zealand. Five other new FACEMs reported working overseas without providing further workplace details. In Australia, 31% (n= 34) were working in New South Wales, 25% (n= 28) in Victoria and 25% (n= 27) in Queensland for their primary workplace. A further 19% (n= 21) of respondents reported working in other Australian states or territories. Among respondents in Aotearoa New Zealand, six reported working in the Northern Region, another six in the Central Region, three in the Midlands Region, and two others in the Southern Region for their primary place of employment.

This distribution of respondents was somewhat comparable to the primary workplace distribution of the active FACEM population, with the majority of FACEMs working in New South Wales (27%), Queensland (25%), and Victoria (24%), and a further 12% in Aotearoa.¹

¹ Australasian College for Emergency Medicine. (2022). FACEM & FACEM Trainee Demographic and Workforce 2021 Report. ACEM Report: Melbourne.

Thirty-eight (30%) new FACEMs reported holding a full-time position at their primary workplace, and over half reported working in part-time roles (n=74, 59%). A further thirteen (10%) were working in locum, sessional or casual positions as their primary workplace.

From 2015 onwards, more than half of the new FACEMs each year reported working part-time or in casual or locum positions as their primary workplace (Figure 2). The proportion of new FACEMs who reported working full-time at their primary workplace significantly decreased in 2022, with less than one-third (31%) reporting full-time employment. On average, over the 9 years between 2014 and 2022, only 43% of new FACEMs reported working in a full-time position at their primary workplace.

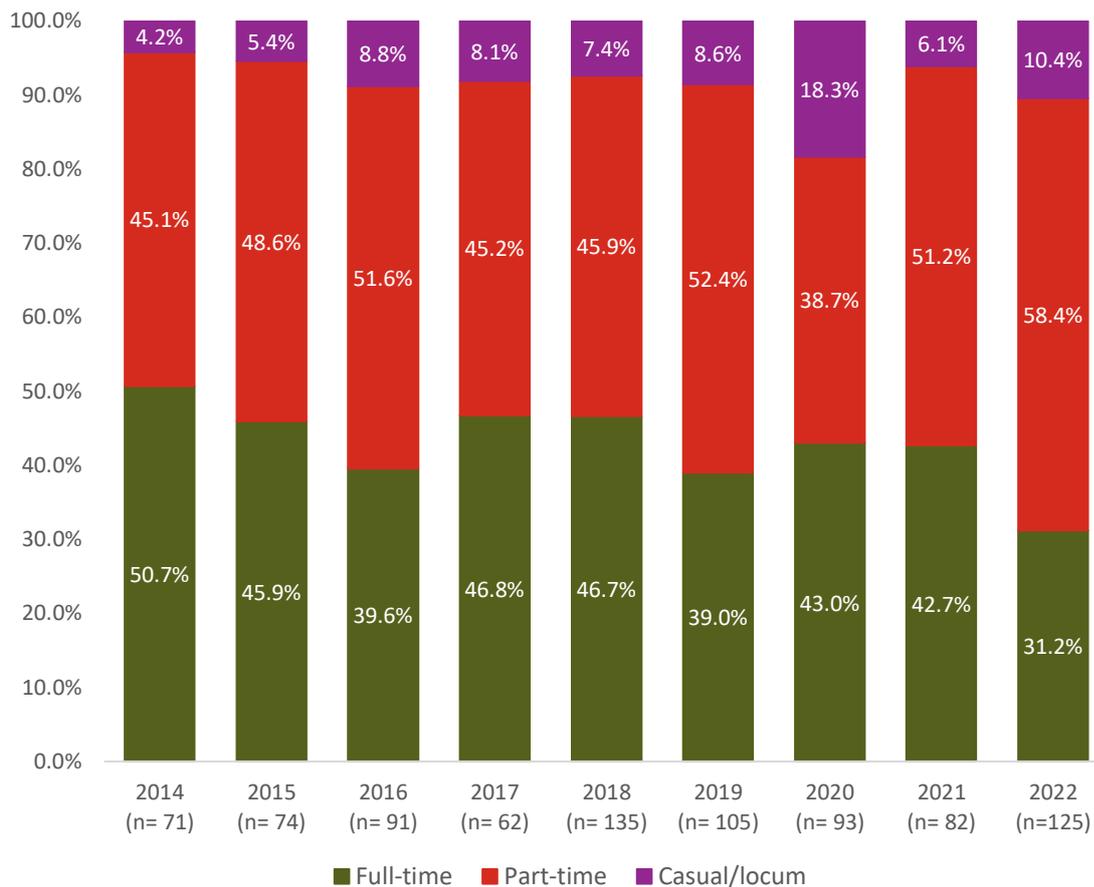


Figure 2: Type of employment new FACEMs reported working in at their primary workplace for the years 2014-2022

Under half (42%, n= 52) of the 2022 respondents worked at one workplace only, with the remainder working across multiple workplaces (58%, n= 73). Of the 73 respondents working at more than one workplace, 59% were working at two workplaces, 23% at three workplaces, 15% at four workplaces, and two new FACEMs reported working at five workplaces.

For those who worked at more than one workplace, 69 respondents provided a reason(s) for working at multiple workplaces. Nearly three-quarters (74%, n= 51) reported that it was by choice, mainly because of the opportunity to have a wider variety of clinical exposure or to work across different locations and specialties such as retrieval or paediatric medicine. A quarter of respondents (n= 17) indicated that they did not work at multiple workplaces by choice but needed to do this to make up the equivalent of full-time hours, given a lack of permanent or full-time positions at their primary workplace. Two respondents worked at multiple workplaces due to the arrangement across networked hospitals.

For those who provided details of their working hours at all workplaces (n=120), less than half (47%, n=56) of respondents were working the equivalent of full-time hours, 48% (n= 57) were working part-

time hours (i.e., less than 38 hours per week), and 6% (n= 7) were working locum/ casual hours only. All but two respondents who reported working part-time hours also worked at other workplace(s) in casual or locum positions.

At the time of completing the survey, respondents reported working on average 36.2 hours per week (n= 118, range 16 – 77 hours) across all workplaces, excluding after-hours and on-call work and those working in casual, sessional, or locum positions only.

Table 2 presents the average working hours per week by workplace, and the percentage of respondents who worked in excess of their contracted hours. A significant proportion of respondents reported working in excess of their contracted hours (Table 2).

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	125	13	28.6	38.9%
Second workplace	73	37	16.0	31.4%
Third workplace	30	24	7.6	16.7%

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

The remoteness location of new FACEMs' current workplace was assessed, with 53% (n= 66/125) working in a metropolitan area only, 20% (n= 25/125) in a RRR area only, whilst 27% (n= 34/125) were working in both metropolitan and RRR areas. A decreasing trend has been seen in the proportion of new FACEMs reporting working in a metropolitan area only, from 76% in the 2014 cohort of new FACEMs to 46% in the 2019 cohort (Figure 3); however, the proportion increased slightly in the following years to 53% in the 2022 cohort. Despite a smaller proportion of the 2022 cohort reporting working in only RRR areas, new FACEMs were significantly more likely to report working in both metropolitan and RRR locations.

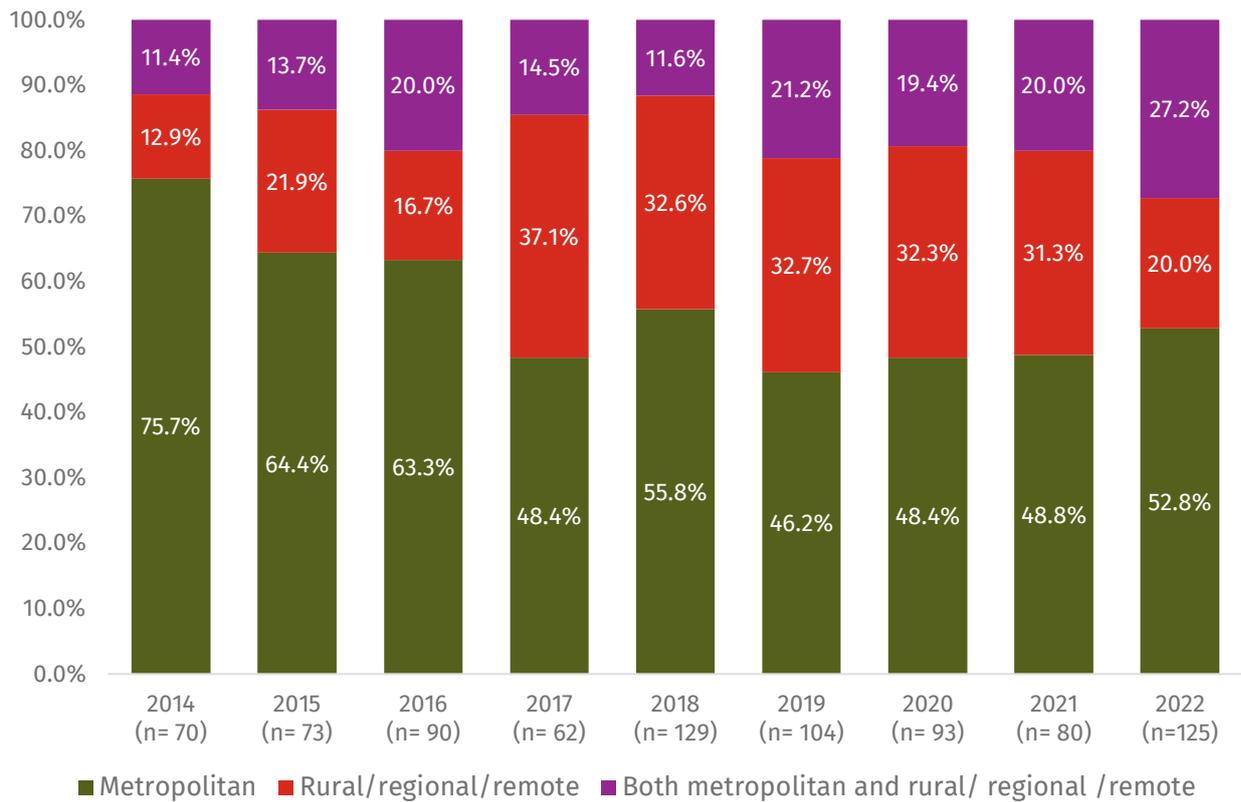


Figure 3: Remoteness of workplace location new FACEMs reported working in, for the years 2014-2022.

New FACEMs were encouraged to provide the reason(s) why they chose to work at their current location, with 107 providing a response. The most common themes identified for working in a RRR area included enjoying the rural lifestyle, better work-life balance, and more job opportunities. In contrast, the common themes associated with working in metropolitan areas were pre-existing family commitments and an established family/ social lifestyle, which were also related to the convenience of being in a metropolitan location. For new FACEMs working in a mix of metropolitan and RRR areas, the main themes identified included the ability to obtain enough hours of employment and to gain rural/regional work experience while continuing to reside in a metropolitan location (Table 3).

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

Reasons influencing the choice of new FACEMs to work in their current location	
Regional/ rural/ remote (RRR) location only (n=28)	
Enjoy a rural lifestyle/place for family (n= 23)	<ul style="list-style-type: none"> – Better work life balance, quality of life – Family commitments or better for family – More affordable housing
Job availability and opportunity (n= 15)	<ul style="list-style-type: none"> – Jobs in metropolitan areas were unavailable and positions were not full-time – A permanent position was available [in RRR hospital]
Clinical variety or exposure and leadership development (n= 12)	<ul style="list-style-type: none"> – Able to supervise, teach and see patients as a FACEM – A wider range of clinical exposure and case mix – Smaller hospitals with more hands-on work
Interest in rural medicine (n= 8)	<ul style="list-style-type: none"> – I enjoy rural medicine – Equity in health delivery
Rural background or training experience (n= 6)	<ul style="list-style-type: none"> – I was a trainee here and wanted to return as a FACEM – Trained there and settled in the area, working relationships with existing staff – I don't want to move as my family has already settled here since we came to Australia
Metropolitan location only (n=56)	
Family commitments (n= 36)	<ul style="list-style-type: none"> – I grew up in this city and have family here – Extended family commitments. Established life with family – My children go to school here. My partner works here
Enjoy city lifestyle and convenient location (n= 19)	<ul style="list-style-type: none"> – Proximity to home. Work-life balance – Lifestyle and secure employment – Not willing to travel longer to regional hospitals
Better exposure and career advancement in tertiary hospitals (n= 12)	<ul style="list-style-type: none"> – There are research opportunities in my current hospital – Within existing personal and professional networks – Supportive management and further career opportunities
Both metro and RRR locations (n= 23)	
Employment opportunities (n= 12)	<ul style="list-style-type: none"> – Financial reasons. The ability to get enough hours – I enjoy working in a metropolitan area but could secure permanent work in a regional area
Balancing family and personal preferences (n= 10)	<ul style="list-style-type: none"> – My family lives and works in a metropolitan area, but I enjoy the variety of working in both areas – Offered flexible working arrangement to enable fly-in-fly-out- close proximity to home [in metro], well paid
Living in a metropolitan area but enjoying rural/ regional work experience (n= 9)	<ul style="list-style-type: none"> – I live in a metropolitan area, but there are very good non-clinical opportunities in regional areas – I live in a metropolitan area but work regionally to keep my trauma and paediatric skills up to date

Of the 124 respondents, the majority of new FACEMs (93%, n= 115) reported working in their preferred area of clinical practice, while smaller proportions indicated working in their preferred region (i.e., state, territory, or country), (74%, n= 92) or preferred remoteness location (72%, n= 89). Four respondents indicated that they were not working in their preferred clinical practice, region, or remoteness location.

4.3 Future Career Plans

New FACEMs were asked about their future career plans (in five years' time) concerning area(s) of clinical or professional practice, region, and remoteness location. Nearly all respondents (98%, n= 144) reported they hoped to work in EM in five years (Table 4). Similar to the 2021 survey findings, retrieval medicine and medical education were the two most common areas of clinical or professional practice outside of EM that new FACEMs wanted to be working in, in the future. Of note, 17 (12%) respondents indicated they would like to be working in the area of research in 5 years, increasing from 5 respondents in the 2021 cohort. Likewise, increases were also seen in the area of medical education (29% in the 2021 survey) and paediatric EM (up from 5% to 17%).

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	144	98.0%
Medical Education	55	37.4%
Retrieval/ Pre-hospital Medicine	42	28.6%
Paediatric Emergency Medicine	25	17.0%
Research	17	11.6%
Rural and Remote Medicine	11	7.5%
Academia	8	5.4%
Toxicology	8	5.4%
Intensive Care/ Critical Care	7	4.8%
Public Health	5	3.4%
Geriatric Emergency Medicine	4	2.7%
Mental Health or Drug and Alcohol Services	3	2.0%
Indigenous Health	2	1.4%
Palliative Care	2	1.4%
Acute Medical Assessment (or similar)	2	1.4%
Other areas of practice		
ED administration and leadership	3	2.0%
Clinical informatics	2	1.4%
Disaster and event medicine	2	1.4%
Expedition medicine	1	0.7%
General Practice	1	0.7%
Medicolegal	1	0.7%
Pastoral Care	1	0.7%
Telehealth	1	0.7%
Trauma	1	0.7%
Ultrasound	1	0.7%
Urgent Care	1	0.7%
Total no. of respondents	147	

*Respondents may select more than one area of clinical or professional practice. One respondent indicated they intended to retire in five years and did not select any clinical or professional practice

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 30% and 28% of respondents, respectively. This was followed by Victoria (22%) and Aotearoa (13%). It is noteworthy that up to 14% of respondents also reported wanting to be working overseas in five years' time, compared with 6% in the 2021 survey (Table 5).

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

Preferred region	No. of respondents*	%
Australia	124	83.8%
<i>Queensland</i>	44	29.7%
<i>New South Wales</i>	42	28.4%
<i>Victoria</i>	33	22.3%
<i>Western Australia</i>	19	12.8%
<i>Tasmania</i>	8	5.6%
<i>South Australia</i>	4	2.8%
<i>Northern Territory</i>	4	2.8%
<i>Australian Capital Territory</i>	4	2.8%
Aotearoa New Zealand	19	12.8%
<i>Southern Region</i>	9	6.1%
<i>Northern Region</i>	7	4.7%
<i>Central Region</i>	7	4.7%
<i>Midlands Region</i>	3	2.0%
Overseas	20	13.5%
Total no. of respondents	148	

**Respondents may select more than one preferred region*

When asked which location with respect to remoteness they would prefer to be working within five years' time, slightly over half (52%, n= 76) of the respondents indicated that their preference was to work in a metropolitan area only. The remaining respondents reported that their preferred future workplace location was either both metropolitan and RRR areas (30%), or in RRR areas only (18%).

4.4 Mentoring

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

Just over half of responding new FACEMs (56%, n= 74/133) reported having been involved in a mentoring program since attaining their Fellowship, either as a mentor (50%, n= 66), as a mentee (20%, n=26), or both as a mentor and a mentee (14%, n= 18). Of those who reported having been involved as a mentor (n= 66), only six reported having the same mentee they had during the FACEM Training Program, with the remainder reporting having a new mentee. Likewise, only six of those who reported being a mentee (n= 26) reported having the same mentor they had when they were in the FACEM Training Program, with 20 others reporting having a new mentor since attaining Fellowship.

The remaining 44% (n= 59/133) reported that they had not been involved in a mentoring program since obtaining Fellowship, with the majority (86%, n= 51) indicating they would like to be involved in one. Of these, equal proportions (75%, n=38) reported wanting to be involved as a mentor or mentee, respectively. Only five indicated they would like to be a Mentoring Program Coordinator.

Of the 74 respondents who reported having been involved in a mentoring program, less than half (36%, n= 47) had used ACEM's mentoring resources. Table 6 presents the satisfaction levels of new FACEMs for: The Mentoring Course modules, Mentoring Network forum (online space to discuss mentoring ideas and issues), and other resources on the Mentoring Network Resources page (e.g., tools, templates, handbook, FACEM support contacts).

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

ACEM mentoring resources	Very satisfied/ Satisfied % (n)	Neutral % (n)	Dissatisfied/ Very dissatisfied % (n)	Unaware of this resource % (n)	N/A % (n)
Mentoring course modules	67.4% (31)	17.4% (8)	2.2% (1)	0% (0)	13.0% (6)
Mentoring network forum	23.9% (11)	23.9% (11)	4.4% (2)	17.4% (9)	30.4% (15)
Other resources	50.0% (23)	26.1% (12)	2.2% (1)	6.5% (3)	15.2% (7)

Irrespective of whether respondents had or had not been involved in a mentoring program since attaining Fellowship, nearly two-thirds (64%, n= 85) of the respondents had not used ACEM's mentoring resources. Of those, half (n= 42) reported that they were not aware of the resources.

In 2021 ACEM established a mentoring program, known as Mentor Connect to offer members and trainees the opportunity for mentoring outside their place of employment. New FACEMs were asked if they were aware of the Mentor Connect program, with 53 (41%) of 129 respondents reporting that they were aware of this. Comparable proportions of respondents indicated that they would be interested in becoming either a mentor (42%, n=54) or a mentee (40%, n=52) via Mentor Connect.

4.5 Continuing Professional Development and ACEM Resources

This section provides the findings relating to the new FACEMs' current and future continuing professional development (CPD) plans, understanding of CPD requirements, perception of the My ACEM CPD portal, and intention to utilise various ACEM resources as part of their CPD. Nearly all (97%; n= 126/130) of the respondents had commenced the ACEM CPD Program, with one new FACEM reporting that they would be commencing the CPD program in the next intake. The others who reported that they had not commenced (n=3) were either on parental leave or in the process of sorting out their CPD documentation.

When asked how they would rate their agreement level on the statement 'I understand ACEM CPD program requirements', 97 (79%) of 123 respondents agreed with this. Ten (8%) neither agreed nor disagreed, whereas 16 (13%) disagreed or strongly disagreed that they understood the ACEM CPD program requirements. The main reasons provided by respondents (n=18) who did not agree with the statement were either they found the information confusing/ overly complicated or that it was challenging for them to determine the category for each of their CPD activities.

New FACEMs were asked to rate their level of agreement on their ability to meet various categories of CPD requirements (Table 7). Respondents were generally more likely to agree that they could meet the CPD educational requirements (98%) and procedural skills (93%), compared with reviewing performance (78%) or measuring outcomes requirements (60%).

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

I am able to meet the CPD requirements for	Strongly Agree/ Agree % (n)	Neither agree nor disagree % (n)	Disagree/ Strongly Disagree % (n)	N/A - have not commenced this requirement % (n)
Educational requirements	97.6% (120)	0.8% (1)	0% (0)	1.6% (2)
Reviewing Performance requirements	78.0% (96)	13.0% (16)	8.1% (10)	0.8% (1)
Measuring Outcomes requirements	59.8% (73)	21.3% (26)	16.4% (20)	2.5% (3)
Procedural Skills	92.7% (113)	4.9% (6)	0.8% (1)	1.6% (2)
Professional Development Plan	88.4% (107)	6.6% (8)	1.6% (2)	3.3% (4)

New FACEMs were asked if they wished to comment on how ACEM can better support them to meet their CPD requirements, with 27 providing feedback. Thirteen respondents requested more straightforward instructions/explanations or more examples of how to complete their CPD requirements, and six asked for flexibility in deadlines for completing CPD requirements. Three expressed concerns about the difficulty in meeting specific requirements and proposed improvement on requirements relating to 'measuring outcomes' and 'reviewing performance'. Other comments (n=5) focused on support from peers at their local network or provision of online educational modules.

New FACEMs were asked to rank each of ACEM's educational resources available for CPD with respect to whether they were utilising or had utilised the resource(s) and their intentions to utilise the resource(s) in the future (Table 8). Resources including Assessing Cultural Competence modules (99%), Fellowship Exam resources (82%), Indigenous Health & Cultural Competency Online modules (81%), and resources relating to Workplace-Based Assessments (WBAs; 77%) 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 Leadership - online course (51%) and ultrasound course (55%) for their CPD. The least popular educational resource included the Welcome to Working as a Medical Practitioner in Australia – Online program and the EM Certificate/ Diploma resources.

Table 8: Utilisation of ACEM's educational resources available for CPD, by new FACEMs

CPD resources	n	Have or currently utilising % (n)	Intend to utilise % (n)	Do not intend to utilise % (n)	Unaware of this resource % (n)
ACEM Core Values module	101	27.7% (28)	28.7% (29)	6.9% (7)	36.6% (37)
Assessing Cultural Competency modules	104	69.2% (72)	29.8% (31)	1.0% (1)	0% (0)
Best of Web EM	102	24.5% (25)	38.2% (39)	5.9% (6)	31.4% (32)
Clinical Supervision Online modules	98	26.5% (26)	38.8% (38)	4.1% (4)	30.6% (30)
Critical Care Airway Management modules	100	13.0% (13)	47.0% (47)	7.0% (7)	33.0% (33)
EM Certificate and Diploma Resources (EMC, EMD and EMAD)	99	9.1% (9)	19.2% (19)	44.4% (44)	27.3% (27)
EMET Grand Rounds webinars	98	2.0% (2)	19.4% (19)	14.3% (14)	64.3% (63)
Fellowship Examination Resources	102	72.5% (74)	9.8% (10)	8.8% (9)	8.8% (9)
Primary Examination Resources	100	43.0% (43)	11.0% (11)	28.0% (28)	46.0% (46)
General Emergency Medicine Resources	99	30.3% (30)	23.2% (23)	7.1% (7)	39.4% (39)
Indigenous Health and Cultural Competency - Podcasts	97	13.4% (13)	28.9% (28)	6.2% (6)	51.5% (50)
Indigenous Health and Cultural Competency - Online modules	97	48.5% (47)	32.0% (31)	3.1% (3)	16.5% (16)
Leadership Online course	96	8.3% (8)	51.0% (49)	4.2% (4)	36.5% (35)
Observational Medicine module	95	5.3% (5)	26.3% (25)	7.4% (7)	61.1% (58)
Operating with Respect - Online modules	94	6.4% (6)	28.7% (27)	6.4% (6)	58.5% (55)
Rural, Regional, and Remote resources	95	4.2% (4)	26.3% (25)	13.7% (13)	55.8% (53)
Ultrasound course	95	17.9% (17)	54.7% (52)	5.3% (5)	22.1% (21)
Welcome to Working as a Medical Practitioner in Australia - Online program	94	4.3% (4)	9.6% (9)	42.6% (40)	43.6% (41)
Wellbeing Network	94	7.5% (7)	35.1% (33)	20.2% (19)	37.2% (35)
Workplace-based Assessment - Online Training modules	94	43.6% (41)	34.0% (32)	3.2% (3)	19.1% (18)
Workplace-based Assessment - Orientation videos	94	45.7% (43)	32.0% (31)	4.3% (4)	17.0% (16)

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

The new FACEMs who had utilised CPD resources were further asked to rate their level of satisfaction with each of the resources, with Table 9 displaying the percentage who were satisfied with each resource. There were reasonably high proportions (ranged 65% - 87%) of respondents who indicated that they were satisfied with each of the CPD resources.

Table 9: Number and percentage of new FACEMs that were satisfied with CPD resources

CPD resources*	Number satisfied with resource	% who were satisfied
ACEM Core Values module	22	78.6%
Assessing Cultural Competency modules	57	79.6%
Best of Web EM	19	76.0%
Clinical Supervision Online modules	19	73.1%
Critical Care Airway Management modules	15	73.3%
Fellowship Examination Resources	53	71.6%
Primary Examination Resources	28	65.1%
General Emergency Medicine Resources	23	76.7%
Indigenous Health and Cultural Competency - Podcasts	10	66.6%
Indigenous Health and Cultural Competency - Online modules	41	87.2%
Ultrasound course	12	77.3%
Workplace-based Assessment - Online Training modules	32	78.0%
Workplace-based Assessment - Orientation videos	34	79.1%

*Excludes CPD resources used by less than ten new FACEMs

New FACEMs were asked to reflect on several ACEM workshops and events with respect to whether they had attended the workshop or event, their intentions to attend in the future, or if they were unaware of the workshop or event (Table 10). The most attended events were the New Fellows Webinars, followed by the Annual Scientific Meeting (ASM). Over two-thirds of the new FACEMs intended to attend the ASM and Winter Symposium in the future. On the other hand, the Exam Writing Workshop and EMCD Supervisor Workshop were among the least popular events among new FACEMs, with most indicating that they were not planning on attending these workshops.

Table 10: Attendance at ACEM workshops and events by new FACEMs.

ACEM workshops and events	n	Have attended		Intend to attend		Do not intend to attend		Unaware or this event	
		n	%	n	%	n	%	n	%
Annual Scientific Meeting (ASM)	112	17	15.2%	76	67.9%	17	15.2%	2	1.8%
Winter Symposium	115	11	9.6%	80	69.6%	19	16.5%	5	4.3%
EMCD Supervisor Workshop	111	11	9.9%	24	21.6%	29	26.1%	47	42.3%
Exam Writing Workshop	113	3	2.7%	43	38.1%	43	38.1%	24	21.2%
Faculty Meetings	112	19	17.0%	41	36.6%	36	32.1%	16	14.3%
Faculty Symposiums	111	8	7.2%	46	41.4%	33	29.7%	24	21.6%
New Fellows Webinars	116	39	33.6%	41	35.3%	26	22.4%	10	8.6%

n = number of respondents

To ensure that the ACEM CPD website is fit for purpose, new FACEMs were asked to rate their level of agreement on statements regarding My ACEM CPD portal (Table 11). New FACEMs were less likely to agree that the My ACEM CPD portal was intuitive to use (62%), compared with the functionality of the website (71%). Over three-quarters (83%) of new FACEMs agreed or strongly agreed that they were satisfied with the accessibility of the My ACEM CPD portal, whereas just over half (52%) agreed or strongly agreed that they found the CPD support resources helpful (e.g., CPD audit record, peer review record template, structured conversation template).

Table 11: New FACEM's (n=120) level of agreement on statements relating to My ACEM CPD Portal

My ACEM CPD website	Strongly Agree / Agree % (n)	Neither agree nor disagree % (n)	Disagree / Strongly Disagree % (n)	N/A % (n)
The My ACEM CPD portal is intuitive	61.7% (74)	25.0% (30)	13.4% (16)	-
I am satisfied with the functionality of the My ACEM CPD portal	70.6% (84)	21.8% (26)	7.5% (9)	-
I am satisfied with the accessibility of the My ACEM CPD portal	83.3% (100)	12.5% (15)	4.2% (5)	-
I find the CPD support resources, including templates and guides helpful	51.6% (62)	25.8% (31)	12.5% (15)	10.0% (12)

New FACEMs were also asked how they found out about ACEM-approved CPD activities, with 110 from this cohort providing a response (Figure 6). The highest proportion of new FACEMs reported that they heard about CPD activities via word of mouth (69%), with activity provider advertising being the next reported mechanism (55%). A relatively smaller proportion found out about the activities via social media (17.3%) and hospital advertising (14.5%). Eight of the nine respondents who selected 'Other' stated they had not utilised or were not aware of the ACEM-approved CPD activities, with one reporting that they discovered CPD activities via the ACEM website.

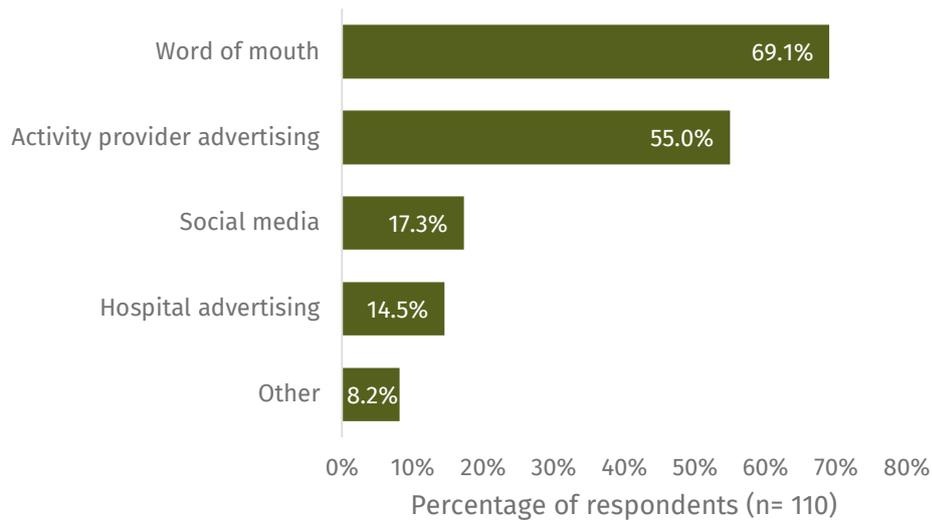


Figure 4: The ways new FACEMs found out about ACEM-approved CPD activities

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

This section contains topic preferences nominated by new FACEMs to inform ACEM’s New Fellows Program; their perceptions of various ACEM resources to support new FACEMs including the New Fellows webpage, welcome email and new FACEMs orientation guide, and Regional New Fellows Champions; and their suggestions for other resources, programs, or support services ACEM could provide to assist them in their new role as an EM specialist.

Figure 5 presents the areas nominated by new FACEMs that they would like to know more about and which could be included in ACEM’s New Fellows Program.



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

Note: Four respondents suggested other topics - networking opportunities, managing stress, pathway to becoming department director, and Continuing Medical Education (CME) funding.

The ACEM New Fellows webpage on the ACEM website provides an overview of resources, webinars, and information regarding upcoming events and opportunities for new EM specialists that could contribute to the successful transition from FACEM training to Fellowship. Almost three-quarters of respondents (74%, n= 98/132) reported being aware of the ACEM’s New Fellows webpage. Of those, all responded to the follow-up question regarding their satisfaction with the New Fellows webpage. Just over half (52%, n= 51) reported that they were satisfied or very satisfied, with the remainder being neutral (48%, n=47).

All new FACEMs received a welcome email which included a digital New Fellows Orientation Guide and respondents were asked about their satisfaction with the information provided in these, with 132 responding to this question. Less than half of the respondents (45%, n= 59) reported being satisfied with the information contained in the welcome email, whilst nearly one-quarter (24%, n=32) indicated a neutral opinion. Another 30% (n= 39) stated that they had not utilised the welcome guide. Two respondents (2%) indicated they were dissatisfied with the Welcome Guide, and four reported not receiving the welcome email.

New FACEMs were also asked if there were any additional resources, programs, or support services ACEM could have provided, but didn’t, to assist them in their new role as an EM specialist. Three respondents suggested College support with respect to workplace relations and medical indemnity, while two respondents commented that assistance with curriculum vitae writing and interview skills

would be beneficial. Another two new FACEMs recommended establishing new FACEMs networking or mentorship through the College.

In 2021, ACEM introduced the role of Regional New Fellows Champions, with the aim of developing and promoting ACEM initiatives that support new Fellows in their transition to FACEM. Roles are currently only filled in the Australian Capital Territory, New South Wales, South Australia, Victoria, Queensland, and Western Australia. When asked if they were aware of the Regional New Fellows Champion in their area, just over a third (37%) of 134 respondents reported they were aware of this role. A larger proportion (53%) were unaware of their Regional New Fellows Champion, while the remainder (10%) reported that the role had not been filled in their region.

4.7 Preparedness for EM Practice

To help ensure that the FACEM Training Program is fit for purpose, feedback from new FACEMs was sought regarding their level of preparedness for independent practice as an EM specialist after completing the training program. Excluding those (n= 10) who underwent the SIMG pathway, 126 (95%) of 133 responding new FACEMs strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist, increasing from 91% in the 2021 survey. Four neither agreed nor disagreed, whilst three disagreed that they were well-prepared for independent practice after becoming an EM specialist, with the reasons provided varied from the lack of training in non-clinical areas, limited procedural skills, to the inadequacy of educational modules (n= 3). Two commented on the limitation of training assessments, while two others felt unprepared due to the greater responsibility associated with the role.

Sixty-three respondents provided further feedback about additional training and resources that could be added to the FACEM Training Program to further prepare them for independent practice as an EM specialist. Most feedback focused on more training relating to non-clinical skills (e.g., staff and ED management, career advice, mentoring, communication, and conflict management; n= 35). Other suggestions included increasing opportunities in different fields of medicine, such as pre-hospital retrieval, critical care, and intensive care unit rotations (n= 11). New FACEMs also recommended more procedural skills training, such as paediatric airways and managing minor injuries (n= 9). Several respondents also suggested having compulsory rural placements as part of their training (n= 3). The new FACEMs also supported the introduction of a Fellow/transitional year (n= 3), with the remaining feedback being in providing more practice resources for exam preparation (n= 2).

New FACEMs who completed the FACEM Training Program (excluding those who went through the SIMG pathway) were asked to outline specific components of the training program they felt best prepared them for independent practice as an EM specialist, with ninety-three responding. Over half of the feedback provided (n= 48) related to preparation for Fellowship examinations (especially OSCE) and Workplace-based Assessments being beneficial. Other respondents (n= 29) found the clinical and leadership skills gained during training shifts practical, e.g., managing the flow of patients, having supervised in-charge shifts, and exposure to night shifts. Respondents also stated that the mentorship associated with their training placement helped develop them for independent practice (n= 8). Feedback particularly on medical components of the FACEM Training Program was also deemed to be useful (n= 5), as were rural placements (n= 3). The remaining feedback varied from the use of the ACEM website to job market preparation.

The topic areas new FACEMs would like the College to provide more support and resources for are shown in Figure 6. The most popular topic areas requested were ultrasound (54.6%), paediatric (53.4%), and toxicological and environmental medicine (43.2%). In contrast, renal & urogenital medicine and gastrointestinal medicine were the least selected areas (1.2%, respectively).

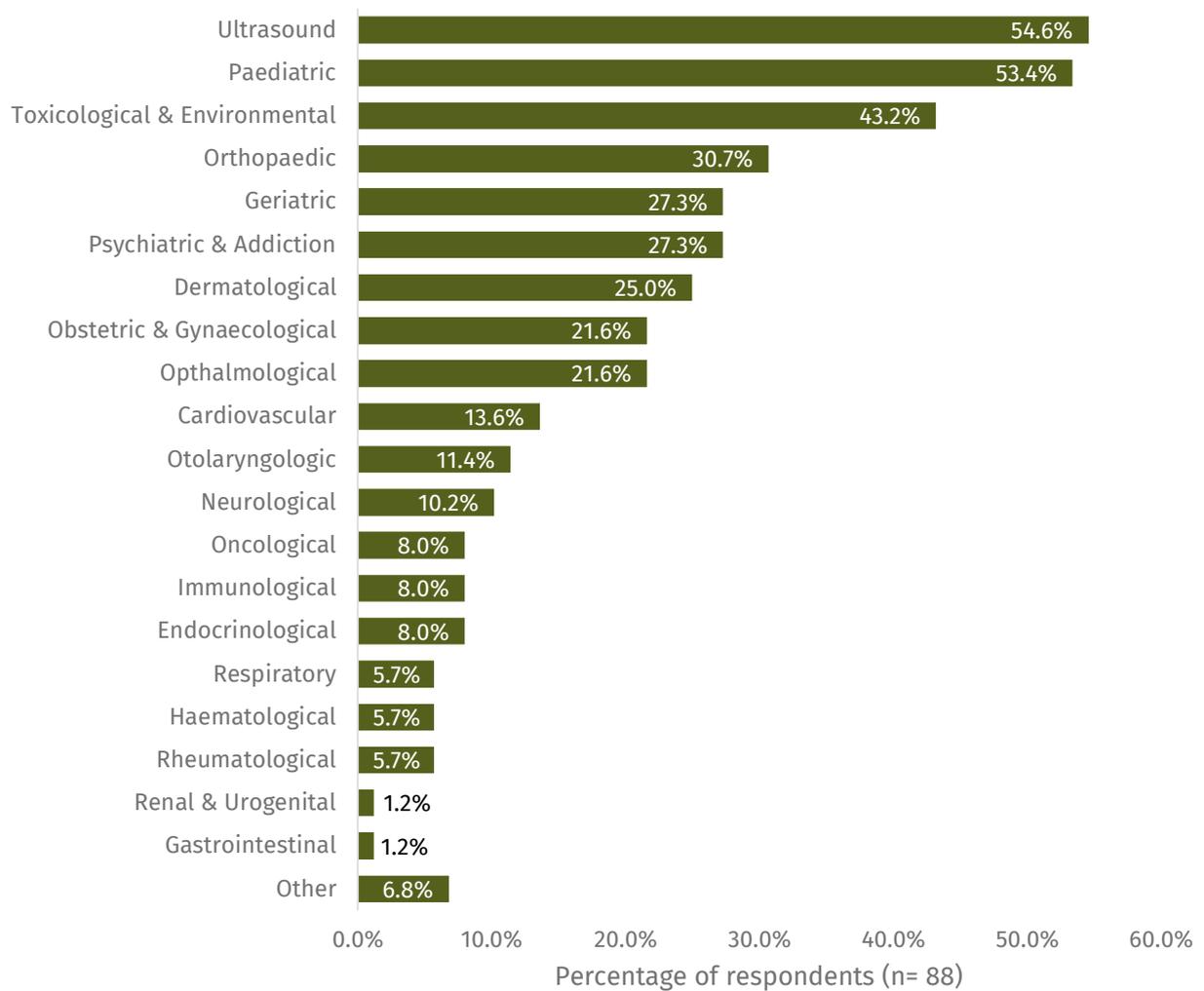


Figure 6: Topic areas new FACEMs would like ACEM to provide more support or resources.

Note: Other suggested areas included infectious diseases and disaster management, trauma or critical care, injury management, and telemedicine.

4.8 Workplace Support and Challenges

The survey also sought feedback from new FACEMs on useful resources, programs or support services their workplace provided and/or could have provided but did not. The themes of respondent's comments are provided in Table 11. Feedback relating to resources and support services within the respondent's workplaces was largely about informal senior staff support and mentoring (n= 25) and education sessions for Fellows (n= 25). Quite a number of new FACEMs (n= 27) stated that their workplace did not provide helpful resources to assist them in transitioning to an EM specialist. On the other hand, resources relating to mentoring and leadership (n= 17) were most frequently suggested by respondents for support their workplace could have provided but didn't. Training or information on non-clinical and administration requirements (n= 15) while working as an EM consultant were also frequently raised as support their workplace should have provided but did not.

Table 12: Useful resources, programs or support services respondent's workplaces provided or could have provided but did not, to assist with the transition to becoming an EM specialist

Key themes	Frequency
Workplace provided (n= 82)	
No resources or programs offered	25
Informal support from senior staff and mentoring	25
Fellow education sessions (interview skills, managing trainees, transition tips, department management, online modules, managing challenging in-patient relationships)	25
Opportunity to step into consultant-level roles or supervise junior staff	5
Regular FACEM meetings or discussion groups	3
Assistance in developing clinical and non-clinical portfolios	2
Financial support	1
Workplace could have provided (n= 42)	
Mentoring, leadership and supervision of junior staff	17
Management of department and administration requirements	15
Comprehensive new FACEM orientation, including key expectations and logistics	6
CPD and opportunities for education/research	4
Preparing for consultant job interviews	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 12. Overcoming imposter syndrome was a key challenge for new FACEMs in the first-week post-Fellowship, a similar concept was expressed through transitioning to the responsibilities of a consultant and gaining confidence/ self-belief. Those reporting imposter syndrome continued from one month through to 3-6 months, although was expressed by fewer new FACEMs over time.

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

Table 13: Themes of challenges experienced in the first week, first month and 3-6 months post Fellowship

Timeline	Key Themes
First week (n= 87)	<ul style="list-style-type: none"> – Overcoming imposter syndrome (n= 21) – Gaining respect from peers during transition to consultant role (n= 20) – Managing department, patient flow, and non-clinical responsibilities (n= 17) – Adjusting to the new workplace, orientation issues (n= 17) – Managing and supervising junior staff (n= 7) – Coping with clinical work and new guidelines/ processes (n= 7) – Gaining confidence and self-belief (n= 6) – Dealing with access block issues (n= 4) – Finding permanent employment (n= 3) – Managing suspected COVID-19 patients (n= 1) – No challenges (n= 3)
First month (n= 81)	<ul style="list-style-type: none"> – Leading the department and managing intra- and inter-department relationships (n= 22) – Managing and supervising junior staff (n= 19) – Learning new systems, guidelines, and processes (n= 9) – Overcoming imposter syndrome, confidence issues (n= 8) – Finding permanent employment and job insecurity (n= 8) – Developing clinical and non-clinical portfolios (n= 7) – Managing dynamics of a new position in the same workplace (n= 6) – Managing workload (n= 4) – Managing access block (n= 4) – Prioritising tasks and non-clinical responsibilities (n= 2) – Orientation to the new workplace (n= 2) – Managing impacts of COVID-19 (e.g., staffing, containment) (n= 2) – Fulfilling CPD requirements (n= 1) – No challenges (n= 3)
First 3-6 months (n= 82)	<ul style="list-style-type: none"> – Managing department and intra- and inter-department relationships (n= 19) – Dealing with access block and ambulance ramping (n= 11) – Fulfilling CPD requirements (n= 10) – Managing workload, stress, and work-life balance (n= 9) – Finding permanent employment and job insecurity (n= 9) – Developing clinical and non-clinical portfolios (n= 7) – Managing dynamics of a new position in the same workplace (n= 7) – Managing challenging procedural and clinical work (n= 7) – Overcoming imposter syndrome (n= 6) – Managing and supervising junior staff (n= 6) – Managing impacts of COVID-19 (n= 3) – Settling in (n= 5)

5. Conclusion

New FACEMs responding to the 2022 Early Career Survey were more likely to report having secured an EM specialist position at the attainment of Fellowship (56%) compared to previous years (ranging from 47% - 55% between 2016 and 2021). Similarly, at six to 12 months post-Fellowship, the proportion of new FACEMs who reported securing an EM specialist position reached a new peak (83%) since the 2015 survey cohort (highest percentage at 88%). Despite the positive trends, the ability to obtain permanent employment, particularly full-time employment, was highlighted by new FACEMs as a key challenge during their first three to six months post Fellowship.

Consistent with the findings from previous years, the proportion of respondents in full-time employment remained low (31%), with more than half reporting working part-time (58%) in their primary workplace. The proportion who reported working in locum or casual positions increased from 6% (in the 2021 survey) to 10%. Associated with this, new FACEMs reporting working at more than one workplace remained high, with 58% of respondents recording working at two or more locations, up from 55% in the 2021 survey. One of the main reasons for new FACEMs working at multiple workplaces was to increase their total working hours.

New FACEMs in 2022 recorded the lowest proportion working in a RRR location only (20%) since the 2015 survey; however, the proportion of new FACEMs working in both metropolitan and RRR locations increased significantly to 27%. The main reasons for working across both locations were more employment opportunities in RRR areas, or the enjoyment of working in RRR EDs while preferring to reside in metropolitan areas where family were located.

All respondents, except for three, reported still wanting to work in EM in five years' time. Similar to the previous surveys, medical education and pre-hospital/ retrieval medicine were the two areas outside of EM practice that new FACEMs wished to be working in the future. Slightly over half of respondents (52%) planned to work in metropolitan areas in five years' time. Interestingly, the 2022 survey cohort saw an increase in those nominating research (12%) as a future area of professional practice they would like to be working in, compared with 5% in the 2021 survey. Likewise, there were also obvious increases in the intention to work in the area of medical education (from 29% in the 2021 survey to 37%) and paediatric EM (up from 5% to 17%). An increase was also observed in those reporting wanting to be working overseas in five years (14%), increasing from 6% in the previous survey iteration.

More than half (56%) of new FACEMs recorded being involved in a mentoring program, with the majority (86%) of those who had not been involved indicating their interest to be involved. However, more than two-thirds of respondents had not used the College's mentoring resources, with half reporting being unaware of the resources. This highlights areas that warrant promotion among new FACEMs.

Almost all (97%) of new FACEMs reported that they had begun the ACEM CPD program; however, just over three-quarters agreed that they understood the ACEM CPD program requirements. Reviewing performance and measuring outcomes were two requirements new FACEMs were more likely to report being unable to meet. While over three-quarters of new FACEMs were satisfied with the accessibility of the My ACEM CPD portal, just over half reported they found the CPD resources on the website helpful, or that the website was intuitive to use.

Nearly all respondents (95%) strongly agreed or agreed that they felt well-prepared for independent practice as an EM specialist after the FACEM Training Program, an increase from 91% in the 2021 survey. Training in non-clinical skills such as managing trainees and ED management were the most nominated areas that new FACEMs wanted to know more about, which was consistent with the key challenges raised by new FACEMs during their transition from their first week, through to their first 3-6 months post-Fellowship, along with overcoming impostor syndrome. Notably, dealing with access block issues was also a key challenge highlighted through the transition period with increasing frequency.

This report presents the key findings from the 2022 New FACEMs Early Career Survey and highlights longitudinal trends and changes since 2014. This surveillance will continue to inform the College's work, including workforce planning and identifying areas to better support new FACEMs.

6. Acknowledgements

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7. Suggested Citation

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8. Contact for Further Information

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