



# Training Survey 2021

## Survey Development and Delivery Team

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Executive Summary by the EMTA Co-chairs

Hannah Baird and Lara Somerset

Contributions from the EMTA Committee (see section notes)

Adapted from Jon Bailey's and Paul Stewart's EMTA Surveys 2016-2020

To be considered in conjunction with the GMC Survey

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# EXECUTIVE SUMMARY

Being an emergency medicine trainee is a privilege but is not without challenges highlighted through our rep network, prior EMTA surveys and the exceptional levels of burnout reported in the GMC national trainee surveys.

Launching via REDcap on the 24th November the EMTA survey ran for 7 weeks. The response rate for the survey was 46.4% (878/1981). There was a range of respondents across the grades and across genders and across the four nations and all regions of England. During development RCEM's executives, committees and special interest groups, such as Training Standards, Sustainable Working Practices, Research and PoCUS were invited to submit and review the questions selected.

## Teaching and Training

**1 in 4 did not report their post meeting their training needs.**

- 67% of trainees report a proactive training culture with an average of 0.78 teaching sessions a week.
- Exposure to minor injuries is reported to be low throughout all grades.
- Where people struggle to access teaching this was most likely attributable to OOH working or service demands.

## Exams

49% of those surveyed had taken an exam within the last year (2021, pre-serious incident), exams are one of the more common interactions between RCEM and trainees.

- 77% of trainees reported trust in RCEM's exams
- 88% found the booking process ran smoothly
- Half of ACCS trainees reported however that they did not feel supported to take their exams – given this is an area with significant exam burden (3 exams over 3 years, as opposed to 2 over a potentially much longer period with more frequently occurring LTFT training/OOPEs etc) this warrants further discussion.

# EXECUTIVE SUMMARY

## Ultrasound

21% trainees report having access to US supervision during core working hours and of those reporting a lack of supervision 64% worked in a TU/DGH. For a key curriculum capability – this is a concerning statistic.

## Research

40% of trainees reported having been involved in research, although there was significant regional variation from 9% (wales) to 71% (neighbouring, Severn). There was also great variability in access to and engagement with journal clubs across the board.

## Incivility and Bullying

The survey also revealed some concerning statistics in this field. Although small improvements from previous years, we need a zero tolerance approach.

- 4% trainees felt ‘bullied’ and in the majority of cases (15/19) this was from someone with the ED.
- 22.7% of trainees felt ‘undermined’: 72% of them experienced this from someone within the department, 38% from outside it. Trainees doing their ACCS anaesthetics block reported higher levels of undermining (30.9%) compared to other placements.
- 34% of trainees felt that the way they had been treated by other staff had negatively impacted the care they can offer their patients.
- 37% reported they would fear impact on their career progression if they were to report unfair or undermining behaviour.
- 40% reported ‘incivility’ within the preceding 4 weeks

## Women in EM

47% respondents were women. Women are more likely to be LTFT (33% vs 22% men) and unsurprisingly this was more likely to be for caring responsibilities. There were many reported examples of training and work being harder for women. Men in our survey reported being able to attend more training opportunities, gaining more value from supervisors and less resistance to referrals. Women in EM also reported higher levels of burn out, incivility and undermining.

# OUR COMMITTMENTS

Our newly elected chair(s) Hannah Baird and Lara Somerset will hold this post until March 2024, lead the 30-person committee and represent trainees at RCEM council, Academy of Royal Colleges, HEE and the GMC. Outlined below are the priorities they will champion during their tenure.

As a committee and with as new co-chairs we are committed to using the survey data to drive our focus and strategy over the next year. Relating to the survey data specifically we aim to:

- 1.Champion what we have done well within EM but also where particular regions/ trusts do it well. We want to share good practice to help tackle some of the areas identified (e.g US training), to support and provide ideas for under-performing areas.  
.....
- 2.Further explore some of the data around EDI/WEMSIG/LTFT and look to understand identified gaps in experience and training. We are currently recruiting for a new EMTA EDI representative for the RCEM EDI committee.  
.....
- 3.Promote and champion a campaign around incivility, working in collaboration with the RespectedED campaign.  
.....
- 4.Continue to work closely with the exams team to identify issues and concerns early, and ensure good communication with trainees. We will also work with RCEM to push out news of positive changes within this department to raise awareness of the important quality improvement work being done for the benefit of trainees.  
.....
- 5.Support our colleagues in the devolved nations to seek equitable training opportunities. Recognising that some of this is contractual and not within RCEM’s remit. Of note we are currently without an EMTA representative for Northern Ireland and one of our first tasks is to recruit into this area and do some work to learn more about the experiences of these trainees.



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Sources  
EMTA Survey 2021  
  
Reported by Lara Sommerset, EMTA Secretary and Dale Kirkwood  
EMTA's Survey Lead

More reports

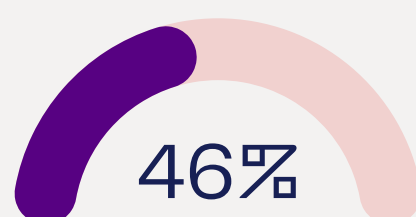


# DEMOGRAPHICS

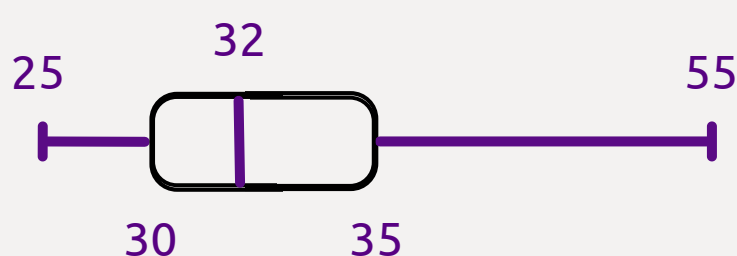
Overview of the respondents as compared to the official training numbers. Our sample is representative of the cohort. We will aim for >60% response rate in future surveys.

## 878 completed Surveys

There are 1,981 EM trainees currently. Our response rate was 46.4%. We conducted the survey over 7 weeks and promoted it through our conference, mailing list, Twitter, WhatsApp network and in-person.



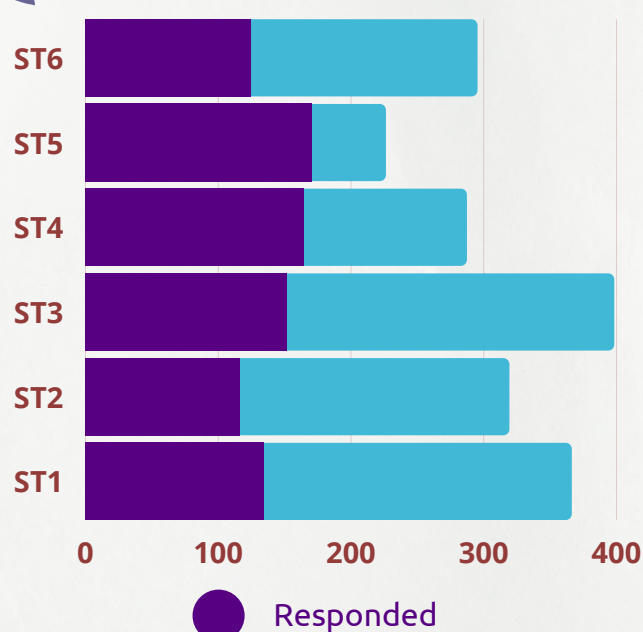
## Response Rate



## Age

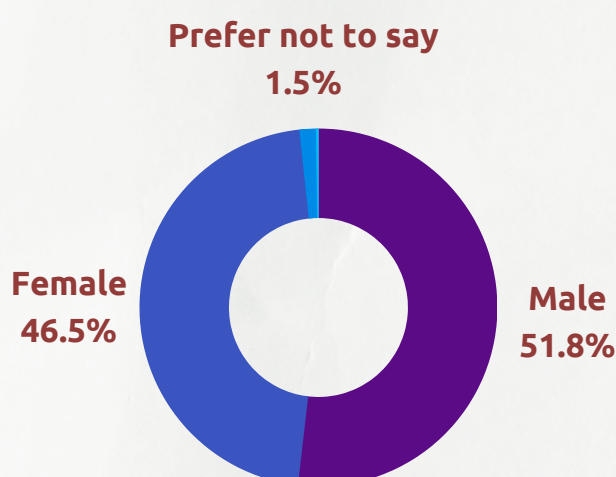
The sample is a fair representation of the age of people training in EM. Most are in their early thirties.

## Trainees by grade



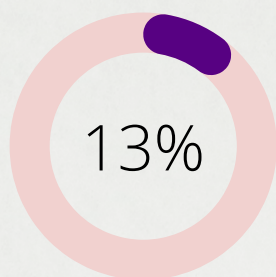
Engagement from all grades throughout the entire training programme - more so at HST.

## Gender

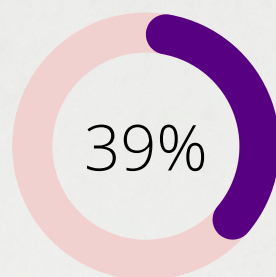


A proportional response from men and women. 1 person identified as non-binary and another as genderfluid

## Less than full time - ACCS



In ST1-2 only 8% of trainees are LTFT, this increases substantially to 22.5% by ST3.



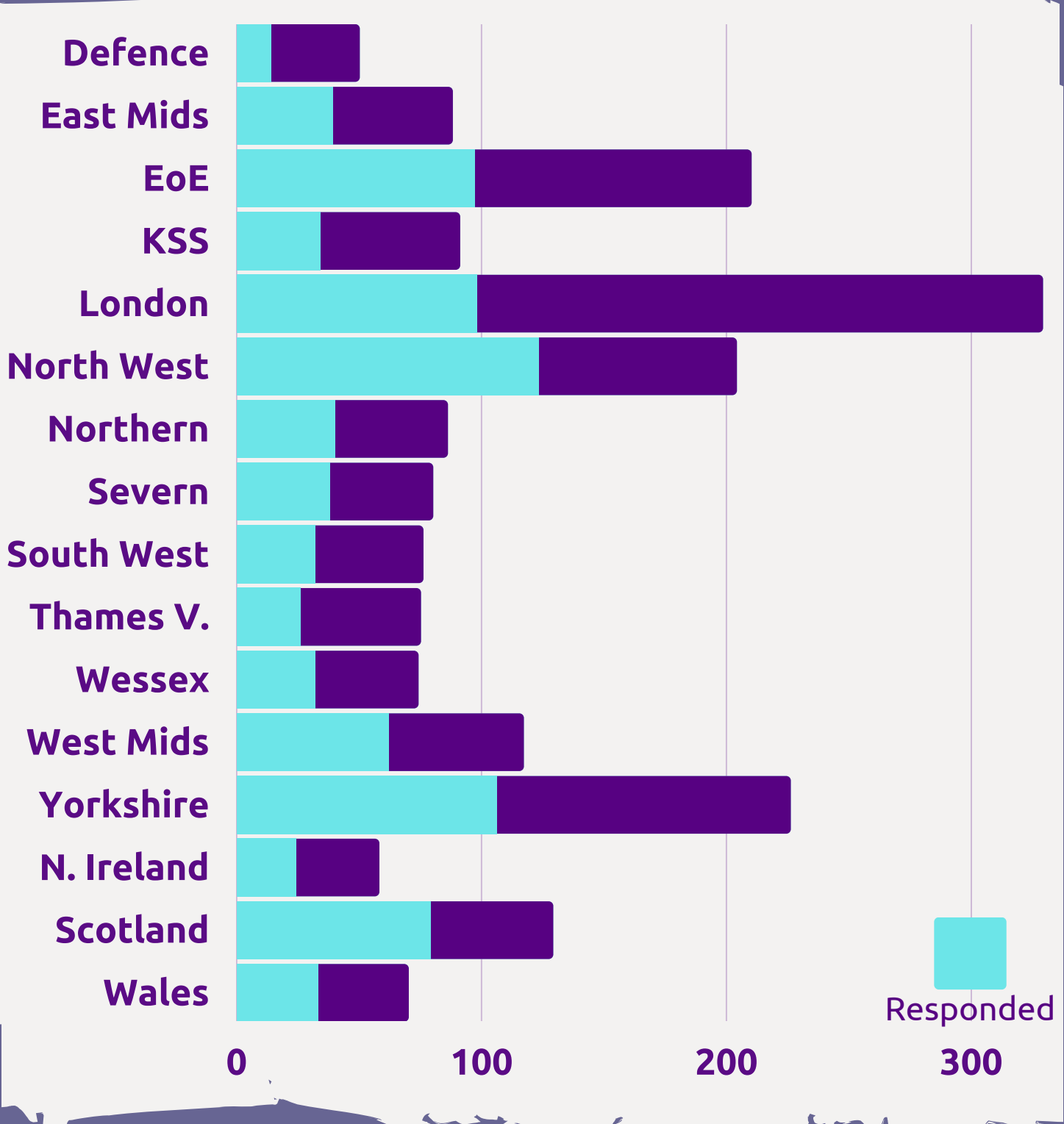
## Less than full time - ST4+

By HST LTFT training increases further to 39% of which half are for caring responsibilities.

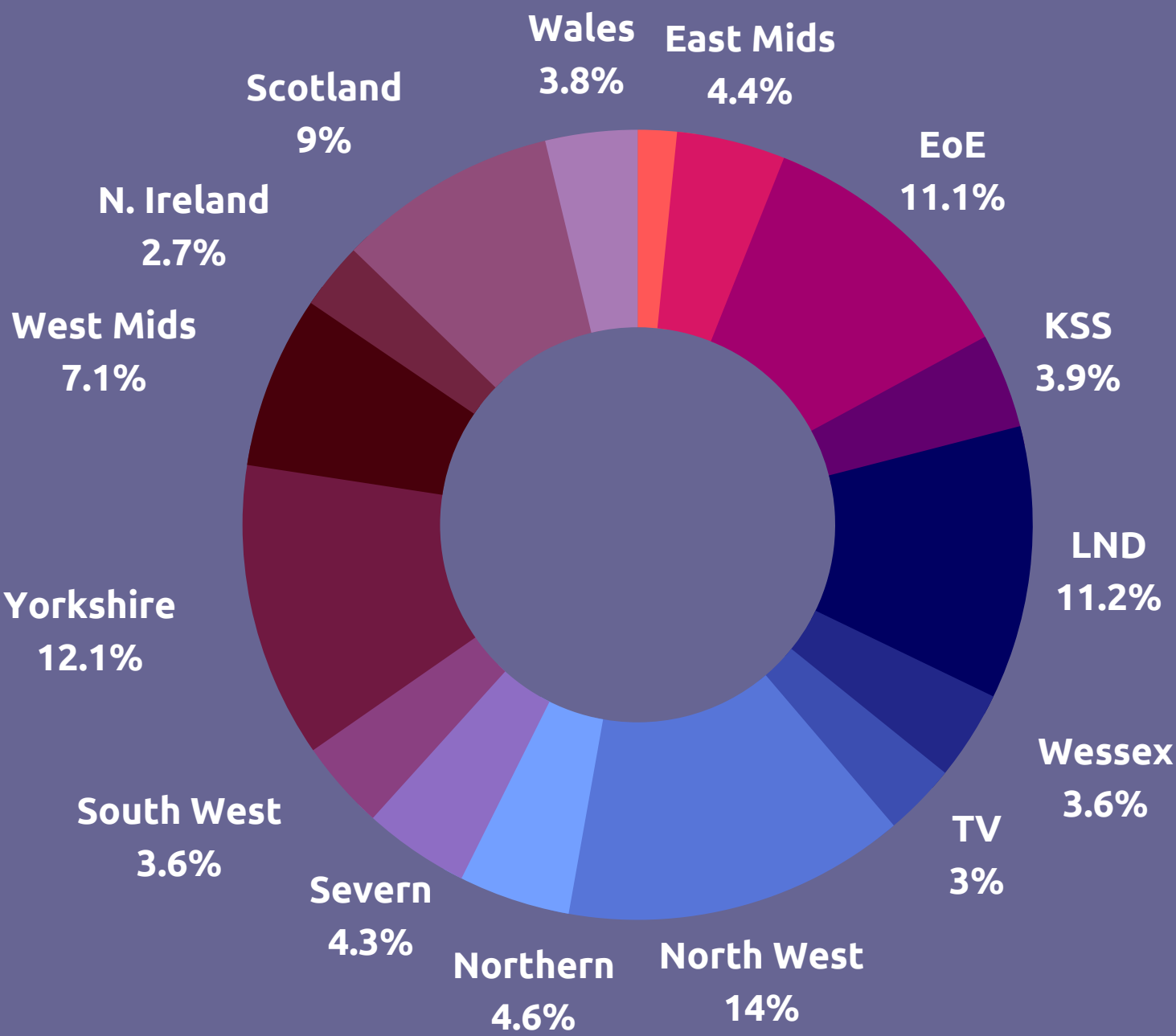


# REGIONAL SPREAD

Overview of the respondents as compared to the official training numbers. The regional response rate varied from 30-61%. We need to aim for more responses from the South West of the UK in future surveys



The proportion of the sample by region





# METHODS

This survey represents an evolution of the former EMTA surveys ran in 2016, 2017 and 2020. It accounts for the introduction of the RCEM Curriculum 2021,

## Survey Development

We conducted a review of the former EMTA survey question set and updated it to capture changes to the curriculum and feedback from trainees via mechanisms like "TelEMTA".

The GMC Survey (2019) 200 questions were reviewed to reduce duplication of data collection.

RCEM's executives, committees and special interest groups, such as Training Standards, Sustainable Working Practices, Research and PoCUS were invited to submit and review the questions selected.

## Six principles of survey design

To improve engagement with, and data quality of the survey we reviewed each individual question and the overall survey build against the below principles. These were provided during an ASME Research Methodology Webinar series titled "Lies, Damned Lies and Surveys: Designing Better Surveys for Education and Research" by Anthony R. Artino Jr.

1. The questions shape the response
2. A great deal of cognitive work is required to generate optimal answers to a survey
3. Respondents are generally unmotivated to take your survey
4. A survey is a conversation between you and your respondents
5. You must pre-test your survey
  - The EMTA committee piloted the survey
6. Good decisions cannot be made from bad surveys

## Data Collection

The survey was built within REDCap, a secure and trusted research-grade survey platform. REDCap can also facilitate longitudinal analysis of responses to the survey year-on-year.

Trainee region data was collected however hospital-level data was not due to limitations with our resourcing to provide such granular level reporting.

RCEM members coded as trainees were emailed on the 24th of November 2021 and then sent 5 reminders for the collection period.



The survey was promoted at the EMTA conference, via Social Media (Twitter, Facebook and WhatsApp groups), EMJ supplement and EMTA Newsletter.

Trainees were provided an information leaflet which can be found here:

[https://drive.google.com/file/d/15CG7SfDd4T51nKnMYng\\_5CTAtV3ksVYW/view?usp=sharing](https://drive.google.com/file/d/15CG7SfDd4T51nKnMYng_5CTAtV3ksVYW/view?usp=sharing)





# METHODS

This survey represents an evolution of the former EMTA surveys ran in 2016, 2017 and 2020. It accounts for the introduction of the RCEM Curriculum 2021,

## Data Analysis and reporting

The data is analysed unlinked to respondent email addresses to protect anonymity. Only the data relevant to each subsection's analysis was shared with EMTA or RCEM committee members. EMTA reps provided more in-depth analysis of the following subsections

1. Teaching and Training
2. Research and Journal Club
3. Ultrasound experience and exposure
4. Wales, Scotland and England comparisons
5. Wellbeing and incivility
6. Women in EM
7. EMTA
8. Global EM and PEM (reported internally to their committees)

The mean, medians, interquartile ranges, as well as proportions of positive, neutral and negative sentiment were calculated for each question where appropriate or possible for all respondents.

The data was also broken down to make comparisons between groups based on geography (4 nations), grade (ACCS, ST3, HST), training environment (ED, ward, theatres ITU, Paeds) and protected characteristics.

Trends overtime will be included as subsequent years of data are collected. As the first year with a significant update, we have focused on reporting the baseline as identified in 2021.

## Aims for 2022

Improve the proportion of responses from ACCS trainees and the southwest of England, pushing the response rate over 50%.

Include Northern Ireland and English regions in future comparators and analyses as well as expand the analysis of other groups to better understand equality, diversity and inclusion issues within EM training. We will also provide more detail on trainees' views around their exposure to, and confidence in paediatric EM.

Provide trust-level detail on a targeted selection of key questions. This may allow trainees, local training leads "TSTL" and TPDs to better understand the strengths and weaknesses of their training environments. The longer-term objective of this would be to help identify excellence and provide more sharing of best practices, as well as highlight, where support is needed to reduce training inequalities.



# RECOMMENDATIONS

## Teaching & Training

- 1 Agree locally the best way to deliver teaching. Trainers need to protect the quality and help coordinate it but trainees must also attend to make such efforts worth while.
- 2 Provide a variety of teaching offerings locally on different days so LTFT or those with fixed childcare needs are not excluded by lottery of the day the teaching falls upon
- 3 Ensure trainees get a mixed exposure to the full spectrum of emergency work to maintain and improve their emergency care skill set. Variety also helps to improve job satisfaction.

## Exams

- 1 Regional statutory educational bodies should encourage and support ACCS-EM TPDs to deliver exam support as part of, or in addition to, the existing regional teaching programme.
- 2 RCEM must improve communication and consistency of exam delivery. The current changes being undertaken will require ongoing scrutiny to restore trainee confidence.
- 3 RCEM Learning offer high-quality exam support. Continued focus on the MRCEM exams, including content writing sessions, which could be subsidised, can help develop this resource.

## Ultrasound

- 1 Departments should have active POCUS leads and encourage suitable clinicians to attend US courses to increase the availability of appropriate PoCUS supervision.
- 2 Trainers and departments to implement local initiatives to improve opportunities such as image review sessions, POCUS club, a "POCUS doctor", sonographer/radiologist shadowing.
- 3 RCEM to develop shared educational resources, lectures, equipment and contact details for ultrasound company representatives to assist POCUS Leads in training locally.

## Research

- 1 Departments should work with trainees to set up journal clubs and provide opportunities to attend those happening regionally or nationally if preferred - Such as TERN's
- 2 RCEM's Training Standards Committee needs to do more to address disparities in training opportunities between regions and departments.
- 3 Trainee inductions should include information on research opportunities, educational supervisors can facilitate using EDT for such activities, journal club and GCP certification



# RECOMMENDATIONS

## Scotland

- 1 The BMA and stakeholders need to push for contractual change to improve working conditions in line with those in other parts of the country. No more 1 in 2 weekends.
- 2 LTFT trainees should have their rotas adjusted in a balanced manner - with weekends, nights and anti-social shifts adjusted accordingly. Deviations should be agreed prior.
- 3 Increases in training numbers to help balance the service and training provision needs of the individual.
- 4 Improvements in local teaching and regional simulation offerings, paired with less antisocial rotas may improve the experience of teaching and trainee satisfaction.

## Wales

- 1 The inequity in shop floor teaching could be resolved by providing consultants with specific sessions dedicated to teaching trainees and completing their assessments.
- 2 The lack of access to free sleep facilities can be addressed by each hospital trust trainee representative liaising with their estates department locally.
- 3 The relative lack of support trainees experience when completing QI can be addressed by escalating this concern at STC meetings with HEIW representatives present.
- 4 The inequity in exposure to paediatrics is an ongoing problem for Wales. A new speciality tutor with PEM expertise has recently been appointed and their input may spur a change.

## Incivility

- 1 Alongside the RespectED campaign, continued reporting of unacceptable behaviour, paired with additional resource and senior leaders making this a priority to tackle is required.
- 2 We need to further explore why ACCS trainees in EM and Anaesthetic rotations report almost double the undermining behavior experience in medicine and ICU.

## Women in EM

- 1 Attempt to provide educational opportunities on a minimum of 2 fixed days per week, less than this can disadvantage trainees who have a set day off in their job plan (LTFT).
- 2 Local/regional teaching programmes should be recorded so that trainees can catch up if/when possible and use appropriate study leave/EDT allowances to do so.
- 3 Require an increased and sustained system wide response to incivility and bullying, especially of those from more marginalised groups.

# TEACHING & TRAINING

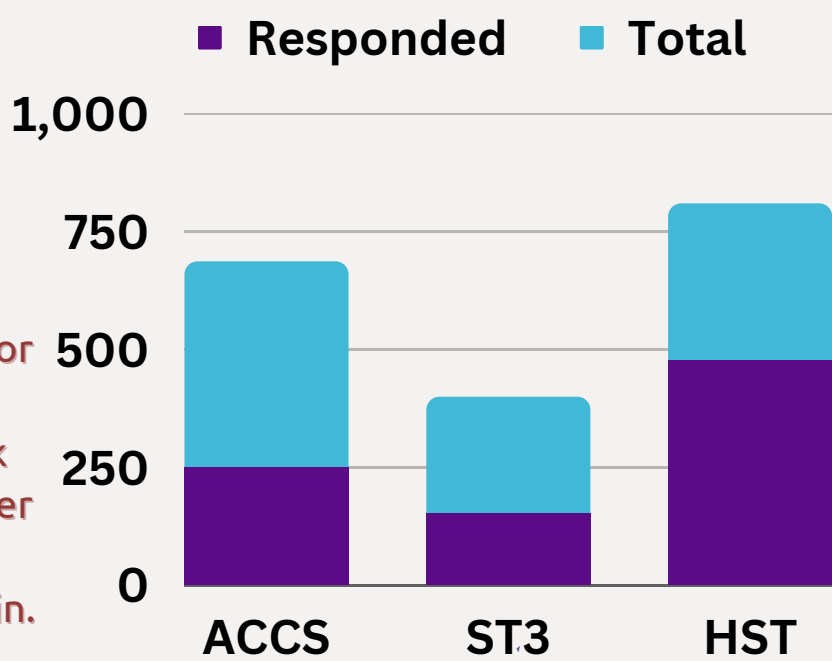
A quarter of trainees do not agree with the statement  
"My post meets my training needs"

This figure alone demonstrates a need for stronger oversight of training departments and the need to move trainees if they fail to deliver to a minimum standard.

## Response rates

58.9% HSTs (N=473)  
37.9% ST3s (N=151)  
36.5% ACCS (N=250)

Response rates were possibly lower in the junior grades due to less exposure to EMTA's work and our team having fewer reps of those grades to promote the survey within.

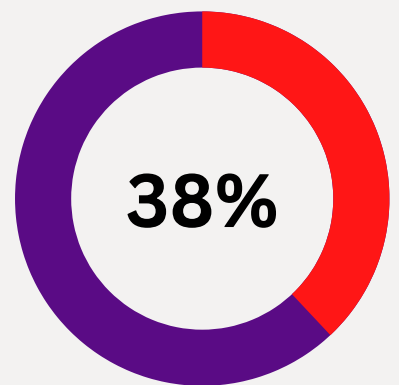


67% of trainees report a proactive teaching culture  
**1 in 5 trainees do not agree this culture exists.**  
This is similar across all grades.

## Local teaching opportunities

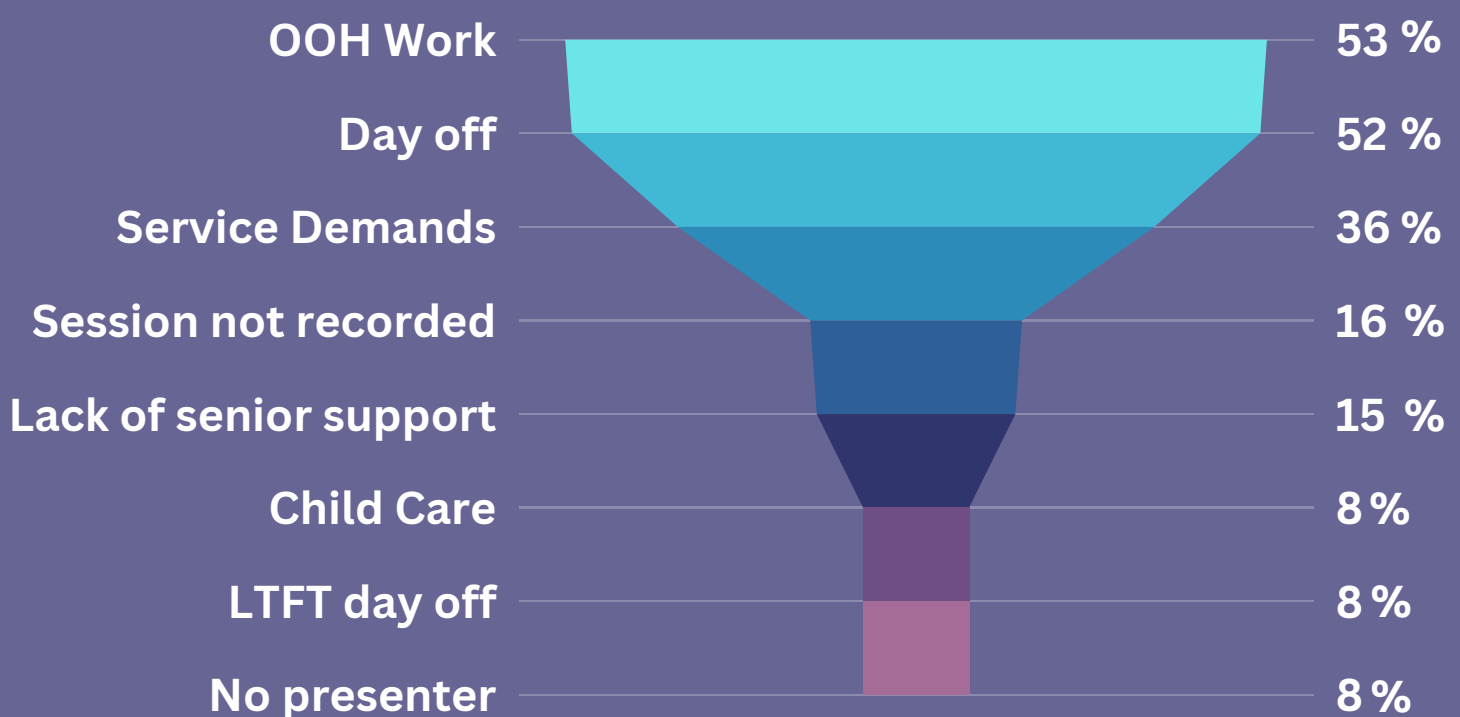
The median frequency of available teaching is "twice per fortnight" - Trainees on average report attending 0.78 local sessions per week.

However, 38% report less than one teaching session per fortnight, or none! Whilst 10% enjoy over >3 per fortnight.



**Rarely taught**

## Why do you feel unable to attend teaching sessions?



"Teaching is once per week, I have only been on a day shift or SPA shift twice in the last 4 months"

"Other than regional training days there is no local teaching"

**"There are none!!!"**

"Teaching got cancelled due to not enough folk going. So now none available."



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Sources  
EMTA Survey 2021

Reported by Dale Kirkwood  
EMTA's Survey Lead

More reports



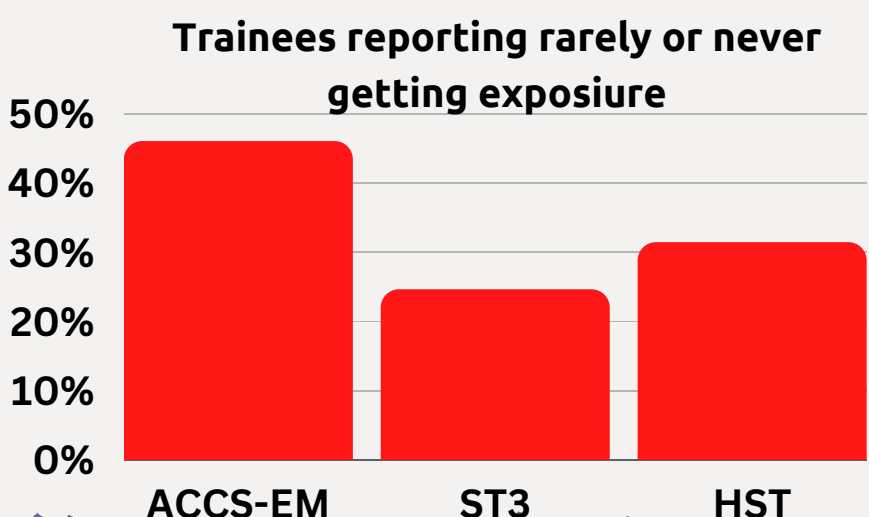
# TEACHING & TRAINING

**29% report almost never receiving informal shop-floor teaching.**

6.5% report often being supervised by someone they deem unqualified. We need to work towards 0%.

## Minor Injuries

A significant proportion of EM trainees at all grades are not getting minor injuries exposure - It is plausible to think that some could go through all of training dealing infrequently with such injuries.



## "A change can be as good as a rest"

Burnout in EM is at an all time high and rising - The increasing demand on service is one aspect of this however we need to consider the type of work load we are being expected to deal with more too. Minor injuries can be highly satisfying with definitive treatments, relatively well patients and lower cognitive burden.

## PoCUS supervision is poor

Only 1 in 5 trainees report having supervision for POCUS in daytime working hours "always" or "often".



## Simulation exposure

Almost half of the trainees (45%) have not had any local simulation teaching in the past 6 months, 57% have not had any regional simulation training either.

**55 - 45%**



# Recommendations

1

Agree locally the best way to deliver teaching. Trainers need to protect the quality and help coordinate it but trainees must also attend to make such efforts worth while.

2

Provide a variety of teaching offerings locally on different days so LTFT or those with fixed childcare needs are not excluded by lottery of the day the teaching falls upon

3

Ensure trainees get a mixed exposure to the full spectrum of emergency work to maintain and improve their emergency care skill set. Variety also helps to improve job satisfaction.



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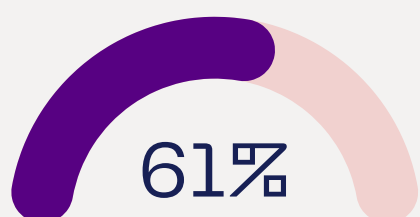




# SCOTTISH TRAINING

As all of the UK, the emergency medicine community in Scotland is struggling against crowded departments due to exit block, gaping gaps in rotas and increasing fatigue and burnout. This survey adds more evidence of this, and aspects of training that are possibly contributing.

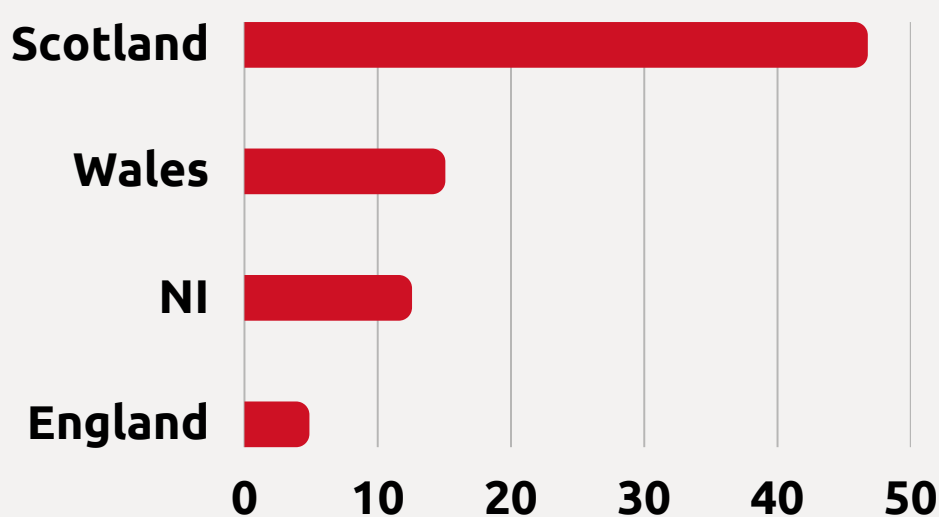
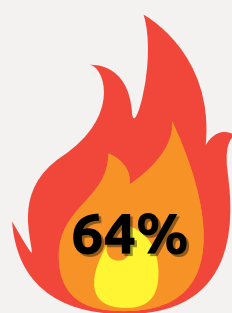
## 79 of 129 Scottish EM trainees responded



**Response Rate**

of the sample 29% were ACCS CT1-2, 18% were ST3 and 54% were ST4+. This grade distribution was similar across all four nations.

64% report feeling burnt out to some extent. GMC data would support this.



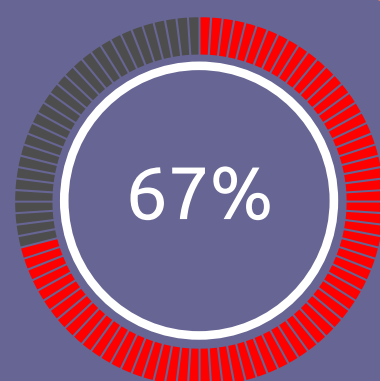
## 1 in 2 weekends

Almost half (46.7%) of Scottish trainees work 1 in 2. Compared to 4.8% in England.

Only a 19% work 1 in 4 weekends or less, compared to 38% in England.

## Service vs. Training

Out-of-hours working is cited as a reason for not attending teaching by 67% of Scottish trainees, compared to 50% in the rest of the UK. Whilst trainees are critical to service provision, they are paid to train too.



When trainees long-term training needs are neglected for shorter-term service needs - repeatedly, disenfranchisement and dissatisfaction begin to set in. Which undermines productivity and retention.

## The raw deal for LTFT trainees



1 in 3 (37%) Scottish LTFT trainees reported not having their rotas adjusted in a balanced manner, this compares poorly with England (14%). This results in an even higher proportion of anti-social hours, and less core hours for training.

## And last but not least. Everyones bottom line.

In the 3 months preceeding this survey 75% of Scottish EM trainees reported fatigue negatively affecting their family and/or personal life. 96% report fatigue after night shifts, compared to 83% elsewhere. Only 31% feel they have an appropriate work-life balance.



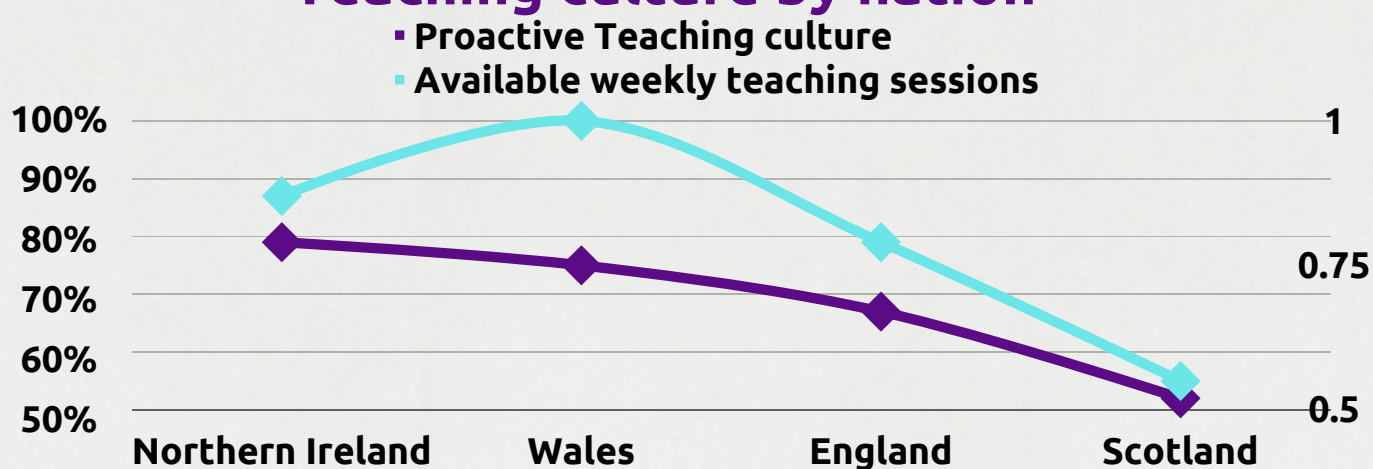


# EQUITABLE TRAINING

Differences in the Scottish experience cannot be put down to contractual ones alone. The entire Scottish leadership, from RCEM's through to its Government needs to reflect and act to remedy disparities in the training experience.

To help trainees **thrive** we need **approachable** and **supportive** training programme directors, educational supervisors, seniors and peers.

## Teaching culture by nation



Only half (52%) of Scottish trainees report a proactive teaching culture, this is much lower than 2 in 3 in England (67%), 3 in 4 (75%) in Wales and 4 in 5 (79%) in NI. Unsurprisingly trainees who report a better culture report having more teaching sessions available to access.

## In the past 6 months had you received...

### Local vs. Regional Simulation training

46%



71%



In the 6 months prior to taking the survey only 1 in 10 Scottish trainees had a regional simulation session.

72%



The exposure to regionally delivered simulation elsewhere was significantly better. However, Some of the discrepancy regionally may be due to definitions between "regional" and "national"

53%



Unfortunately, Scottish trainees do not have this made up by additional local simulation training, performing worst here with only 46% having local sim session in the past 6 months. This may also be partly due to the increased reporting of OOH working impacting on teaching opportunities.

RCEM Scotland and the Deanery have noted the findings within the GMC survey and this one and are taking steps to improve in this area as well as addressing the much higher intensity of antisocial hours experienced by Scottish trainees.

Please also refer to our survey on "Bullying and Civility"



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Sources  
EMTA Survey 2021

Reported by Jamie Pope RCEM  
Scotland Trainee rep and Dale  
Kirkwood EMTA's Survey Lead

More reports



# SCOTTISH TRAINING

There are some positive disparities too. Scottish trainees generally have dedicated PED experience, better support in QI and research and appropriate clinical supervision.

## ST3 PEM Rotations

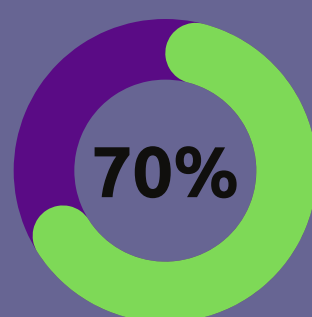


81% of Scottish ST3 trainees (N=16) had their PEM rotation in a dedicated PED. England had 57% and Wales 37%

## QI and Research

Only 6% of Scottish EM trainees felt unsupported to engage in QI, in England this is 3x higher (18%).

70% of Scottish trainees report having access to research opportunities compared to 47-54% elsewhere.



## Quality shop floor supervision

Trainees were asked how often they felt supervised by someone who is not operating at the expected level. Overall, it is an infrequent occurrence. Scotland and Wales trainees reported this occurring very rarely.

■ Scotland (n=77) ■ Wales (n=28)  
■ England (n=686) ■ NI (n=22)



\*Weighting: 1 = Never/Rarely, 0.5 Sometimes, -0.5 regularly and -1 often/always

## Recommendations

1

The BMA and stakeholders need to push for contractual change to improve working conditions in line with those in other parts of the country. No more 1 in 2 weekends.

2

LTFT trainees should have their rotas adjusted in a balanced manner - with weekends, nights and anti-social shifts adjusted accordingly. Deviations should be agreed prior.

3

Increases in training numbers to help balance the service and training provision needs of the individuals.

4

Improvements in local teaching and regional simulation offerings, paired with less antisocial rotas may improve the experience of teaching and trainee satisfaction.



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Sources  
EMTA Survey 2021

Reported by Jamie Pope RCEM  
Scotland Trainee rep and Dale  
Kirkwood EMTA's Survey Lead

More reports

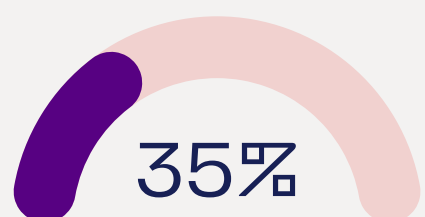


# WELSH TRAINING

Like the rest of the UK, the emergency medicine community in Wales is struggling against crowded departments due to exit block, gaping gaps in rotas, and increasing fatigue and burnout.

This survey explores aspects of training that may be contributing to these experiences.

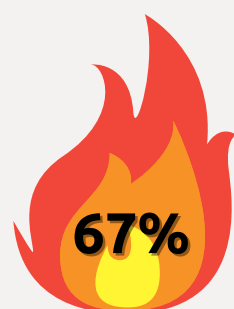
## 33 of 93 Welsh EM trainees responded



**Response Rate**

of the sample 37% were ACCS CT1-2, 17% were ST3 and 46% were ST4+. This grade distribution was similar across all four nations.

67% report feeling burnout to some degree. GMC data collaborates this finding.



## My training programme director is...

**Approachable**

82%

87%

94%



**Supportive**

77%

87%

91%

Wales TPDs perform best when scored against these characteristics. However 9% of Welsh trainees reported receiving an FGS with concerns without prior notification of them. Much higher than other nations. It is good practice to provide constructive feedback to trainees with good time and support to improve in any areas of concern.



## Training

- 76% agree that their post meets their training needs.
- 72% report that their supervisors add value to their development.
- 94% report they receive time off the shop-floor for their EDT
  - And 88% rarely or never have it withdrawn for service provision.
- FGS
  - 48% of whom said it was useful, 65% said it was accurate, and 70% said it was fair.
- PoCUS - 27% of trainees report **never** having access to a PoCUS Clinician.
- Regional Teaching - 88% strongly agree that it contributes to their learning and 75% report a pro-active teaching culture.
- Local Teaching - 38% receive it less than once a fortnight.
- Shop-floor teaching - only 3 in 10 receive this from someone more senior than them, at least once per week.



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Sources  
EMTA Survey 2021

Reported by Grace McKay, RCEM  
Wales Trainee rep and Dale  
Kirkwood EMTA's Survey Lead

[emta.co.uk](http://emta.co.uk)





# WELSH TRAINING

## Incivility, undermining and bullying

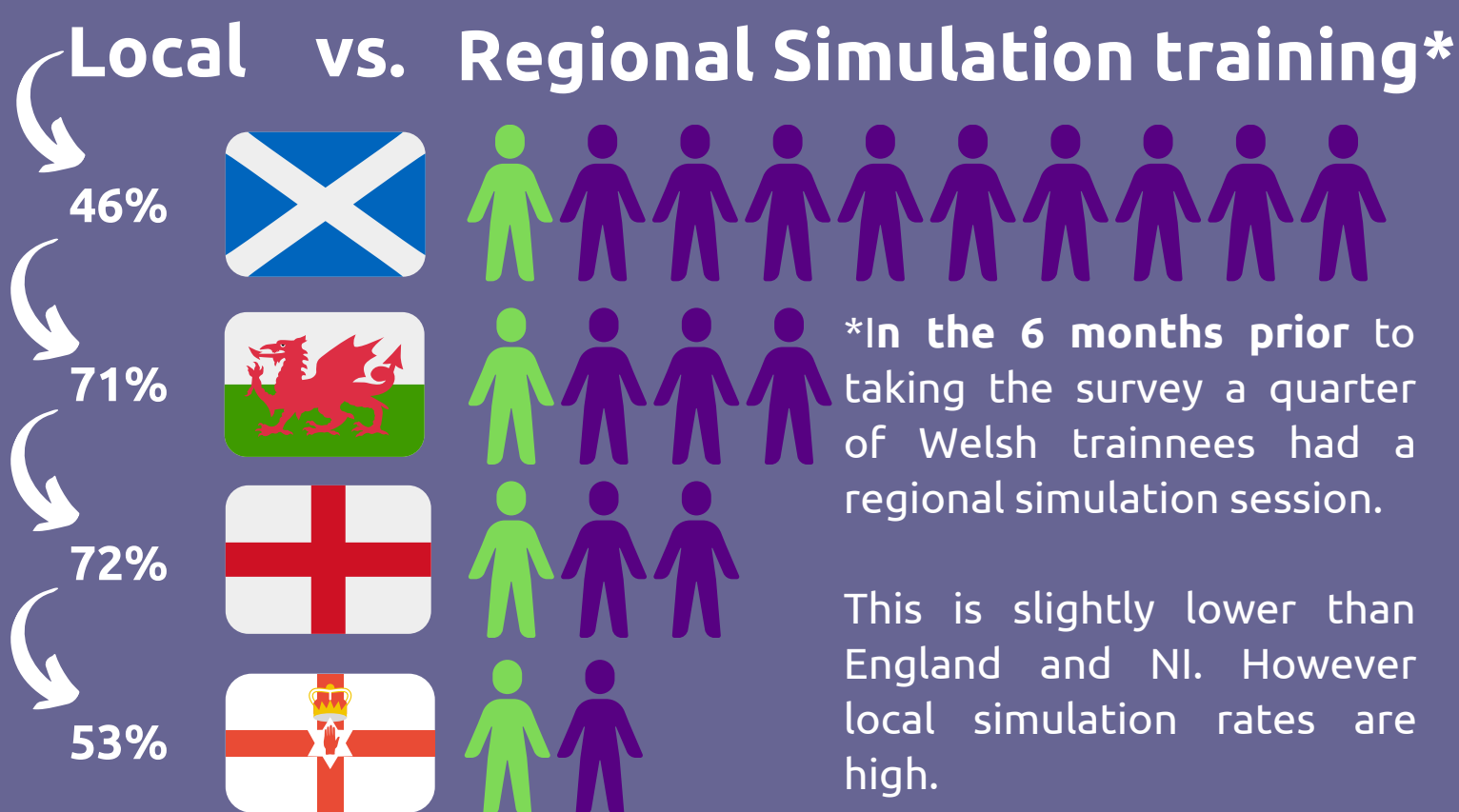


Trainees report that at work they generally **do not** feel bullied (97%), undermined (79%), or harassed (94%). 84% of trainees believe that if they raised bullying as a concern it would be taken seriously and not impact their future career (85%).

Trainees report that incivility remains a problem within EM however and believe the main sources are from staff outside the department (76%) and from patients (66%).

49% of trainees have experienced incivility from a person working outside the department.

Please also refer to our survey on "Bullying and Civility"



## ST3 PEM Rotations



37% of Welsh ST3 trainees (N=8) had their PEM rotation in a dedicated PED. England had 57% and Scotland 81%. However, 25% of trainees report gaining experience on wards, in clinics and in SCBU - this is much more than other regions.

## And last but not least. Everyone's bottom line.

In the 3 months preceeding this survey 73% of Welsh EM trainees reported fatigue negatively affecting their family and/or personal life. Only 45% reported having an appropriate work-life balance.



# WELSH TRAINING

In comparison to the rest of the UK, Wales trainees generally have dedicated PED experience, worse support in QI and research, and more appropriate clinical supervision.

## QI and Research

Only 45% of Welsh EM trainees felt supported to engage with QI, despite 78% knowing who their QI lead is. This is worse than other regions.

45%

60% of trainees report having **no access** to research opportunities compared to 47-54% elsewhere. 90% have not been engaged in research during training

## Quality shop floor supervision

Trainees were asked how often they felt supervised by someone who is not operating at the expect level. Overall, it is an infrequent occurrence. Scotland and Wales trainees reported this occurring very rarely.

■ Scotland (n=77) ■ Wales (n=28)  
■ England (n=686) ■ NI (n=22)



\*Weighting: 1 = Never/Rarely, 0.5 Sometimes, -0.5 regularly and -1 often/always

## Recommendations

1

The inequity in shop floor teaching could be resolved by providing consultants with specific sessions dedicated to teaching trainees and completing their assessments.

2

The lack of access to free sleep facilities can be addressed by each hospital trust trainee representative liaising with their estates department locally.

3

The relative lack of support trainees experience when completing QI can be addressed by escalating this concern at STC meetings with HEIW representatives present.

4

The inequity in exposure to paediatrics is an ongoing problem for Wales. A new speciality tutor with PEM expertise has recently been appointed and their input may spur a change.



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Sources  
EMTA Survey 2021

Reported by Grace McKay, RCEM  
Wales Trainee rep and Dale  
Kirkwood EMTA's Survey Lead  
@kirkwoodDW

emta.co.uk



# SLO 10: RESEARCH

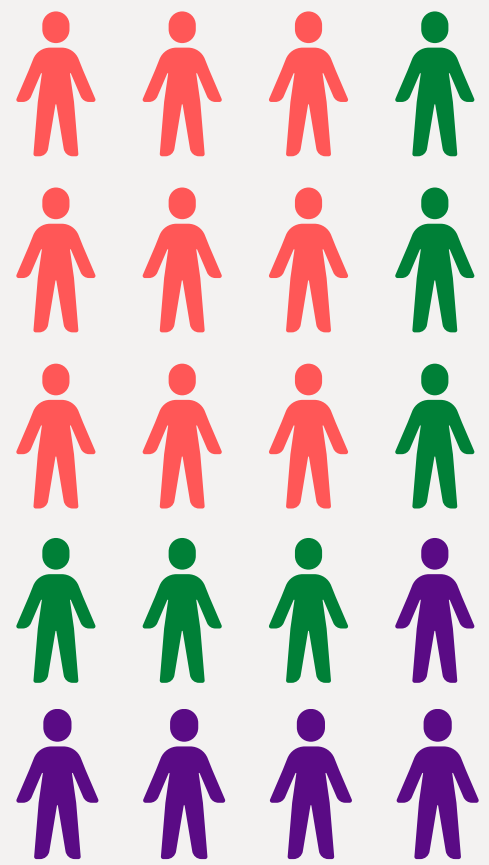
868 trainees responded to the questions regarding research. By the end of emergency medicine training, physicians should have evidence of being able to critically appraise and apply the latest evidence and participate in research in the emergency department. This is demonstrated by GCP certification, participation in journal club, and recruiting patients into studies in the department.

## Access to research opportunities

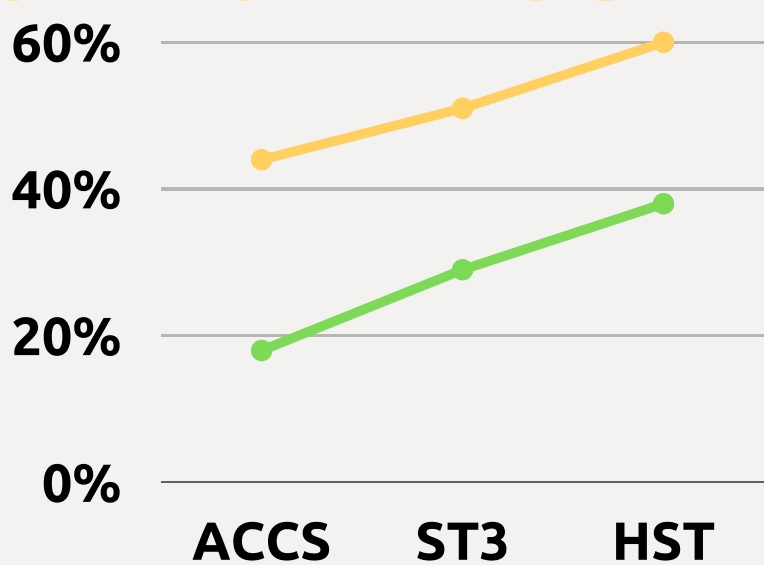
46% of trainees do not have access to research opportunities.

3 in 10 have been involved in research whilst in a training post.

Half of the trainees believed participating in research improved clinical practice.



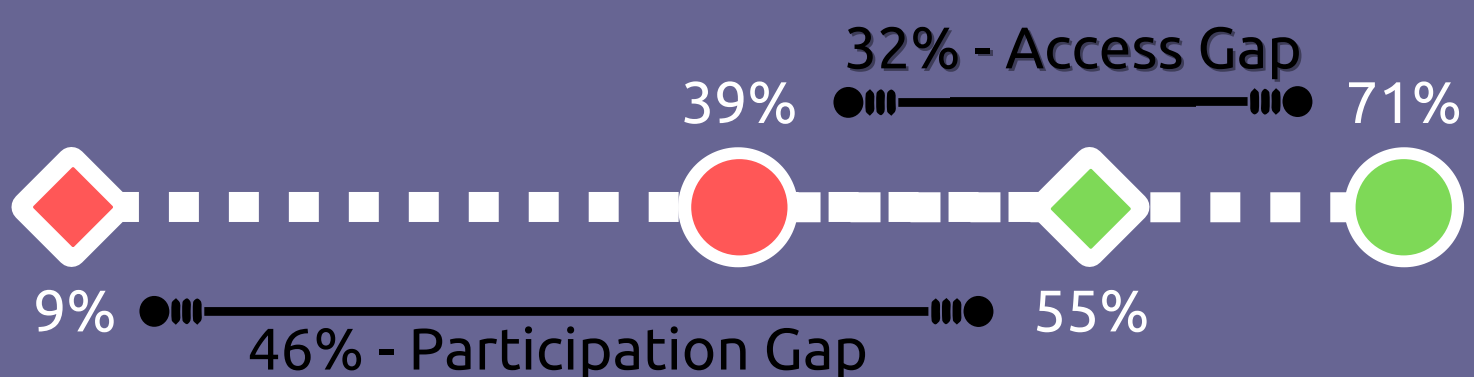
## Access and participation by grade



Whilst 40% of HST trainees have been involved in research, 40% also report little opportunity to get involved.

This may be partially driven by a lack of interest in the area and not seeking opportunities. However, it is reasonable to assume that more would get involved if better local systems existed to support them in developing these areas.

## Regional variation



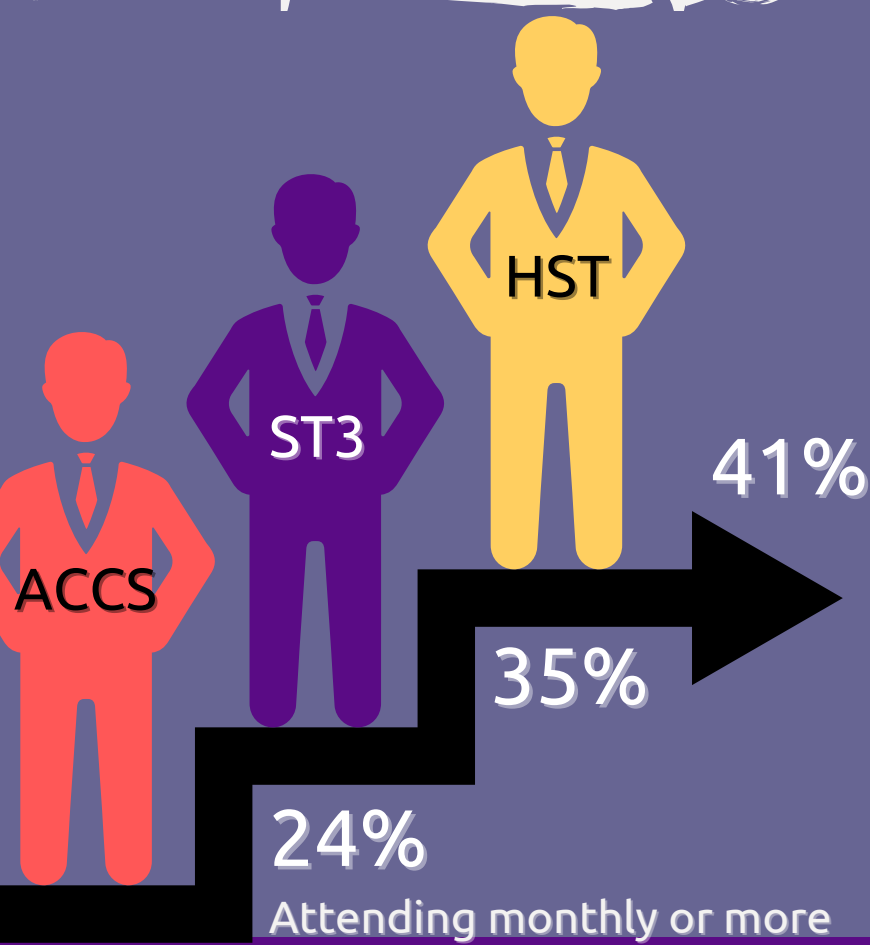
Wales (9%), Wessex (13%) and Y&H (23%) trainees have had very poor participation in research. This mirrors their access also at 39%, 38% and 41% respectively. This compares poorly with trainee participation in Severn (55%) and Thames Valley (46%). Scotland and Severn had the highest access at 71%. The large access vs. participation gap was in Scotland at 37%.





# JOURNAL CLUB

804 trainees responded to the questions regarding their Journal club. 45% of trainees believe attendance helps improve their critical appraisal skills. These beliefs do not appear to affect attendance.



## Attendance at journal club

As trainees progress their attendance at Journal Club increases.

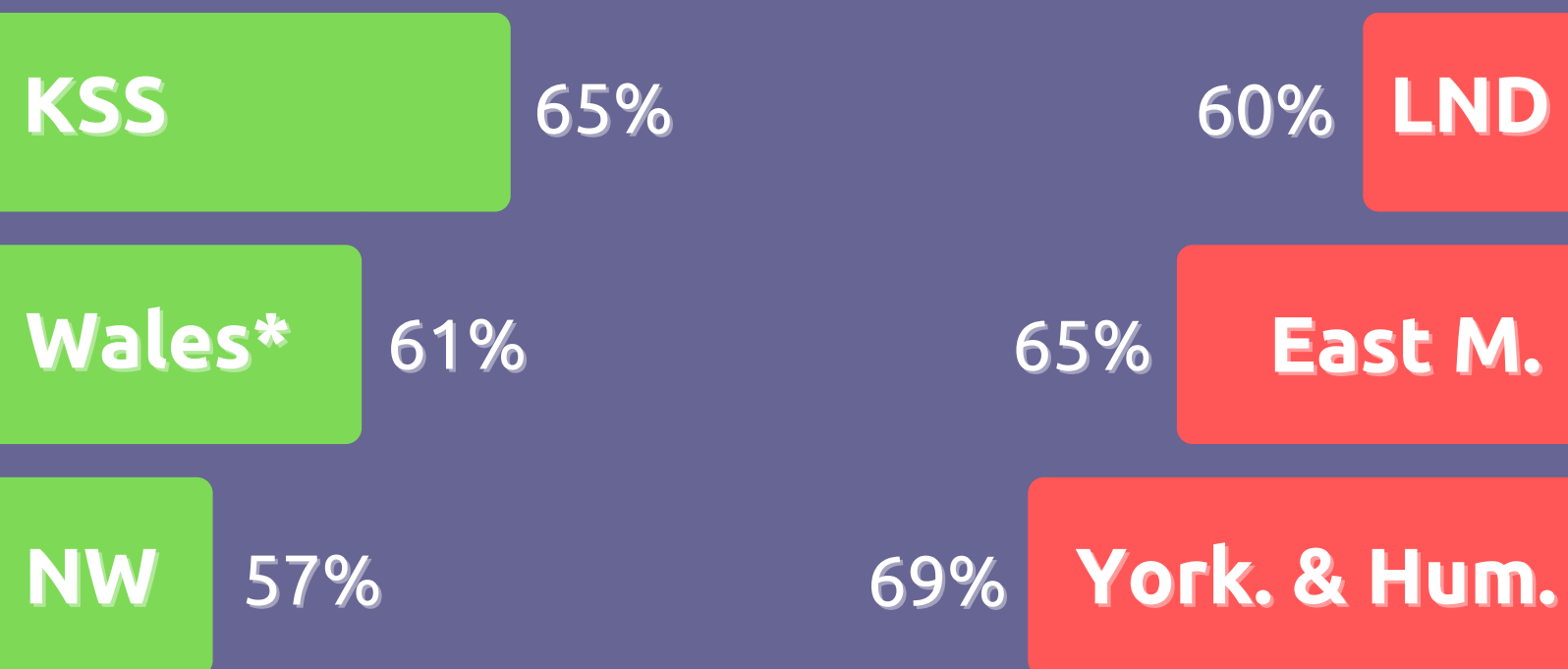
MTCs have much better monthly attendances than TUs, 41% and 33% respectively with only a quarter reporting **never** attending compared to a half

**Almost half 'almost never or never' attend**  
34% of HSTs almost never or never attend

## Regional variation

**Top Three**  
Monthly or more

**Bottom Three**  
Never or almost never



\*paradoxically Wales ranks in the bottom three for access to and participation in research opportunities

## Recommendations

1

Departments should work with trainees to set up journal clubs and provide opportunities to attend those happening regionally or nationally if preferred - Such as TERN's

2

RCEM's Training Standards Committee needs to do more to address disparities in training opportunities between regions and departments.

3

Trainee inductions should include information on research opportunities, educational supervisors can facilitate using EDT for such activities, journal club and GCP certification



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**Sources**  
EMTA Survey 2021

Reported by Thomas Shanahan  
Trainee Rep to RCEM's Research  
committee and Dale Kirkwood  
EMTA's Survey Lead @kirkwoodDW

[emta.co.uk](http://emta.co.uk)

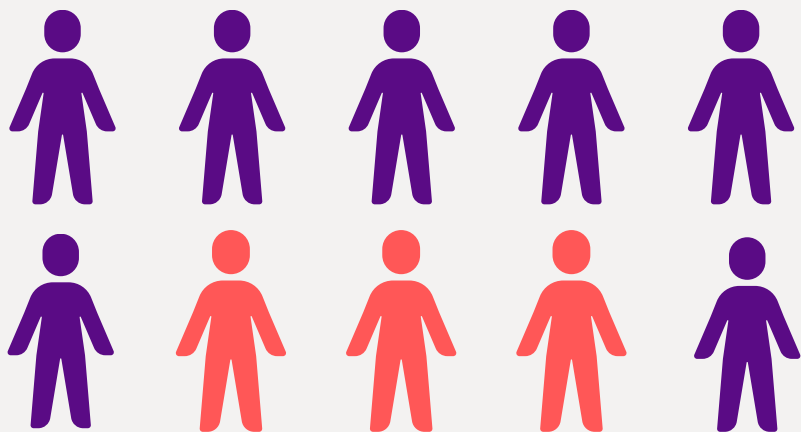


# ULTRASOUND

646 trainees responded to the questions regarding supervision in hours and department US leads.

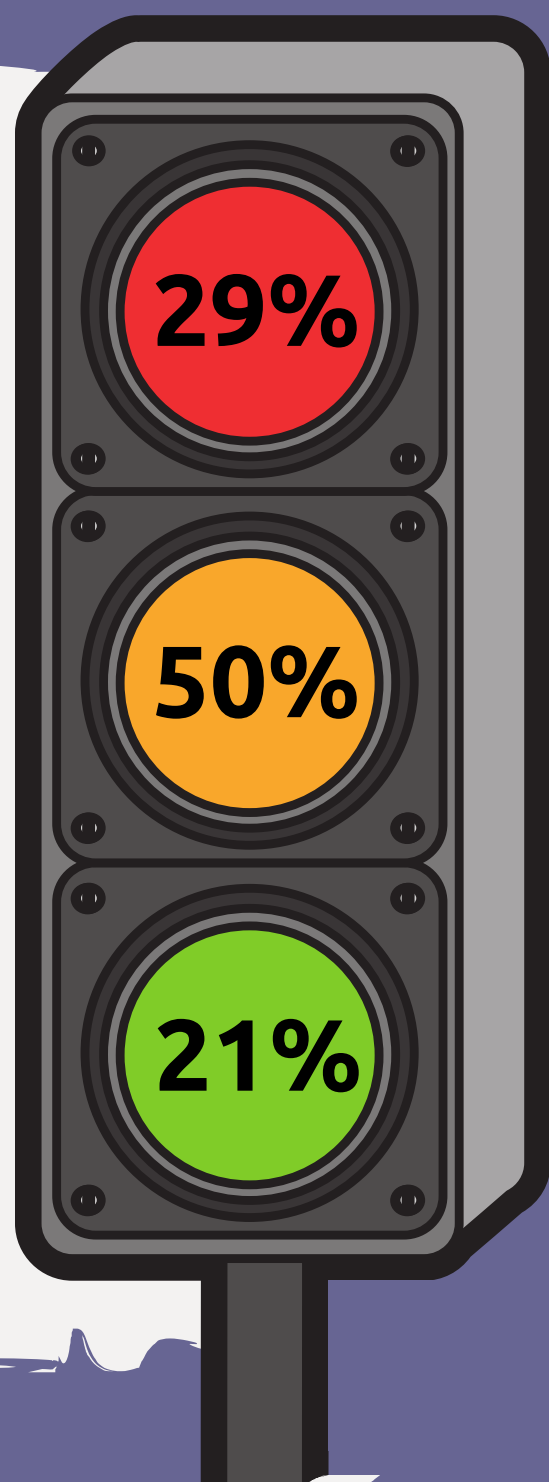
## Supervision

3 in 10 trainees are not appropriately supervised to help achieve their POCUS competencies.

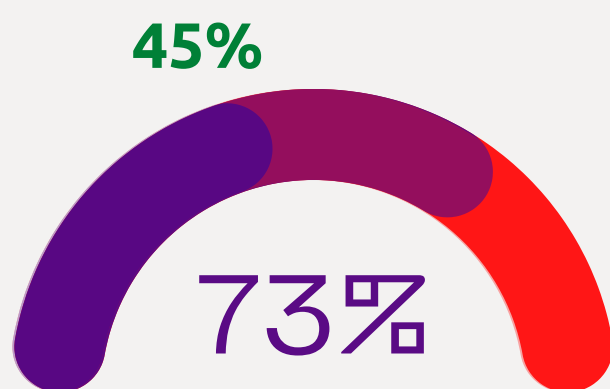


Half of the trainees report moderate supervision.

A fifth of trainees report high levels of supervision during core hours (0800-2200)



## Trainees' awareness of their US lead



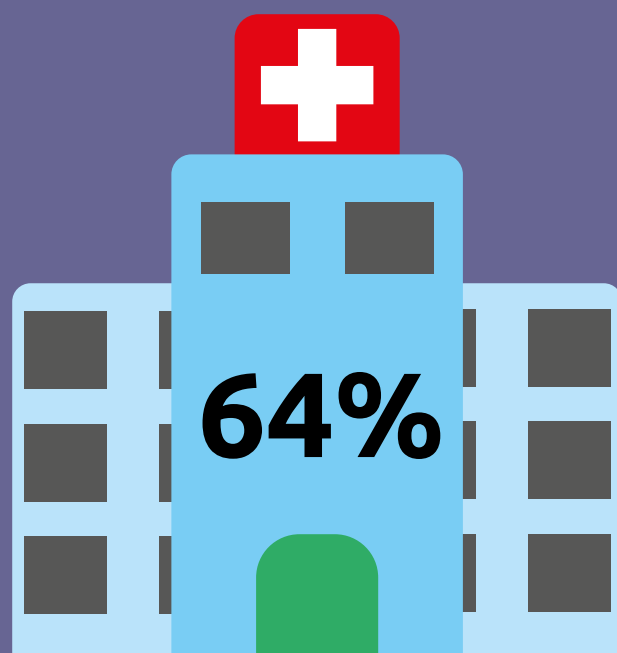
A quarter of trainees are still unaware of their department's ultrasound lead.

Only 45% feel they add value to their POCUS training.

## Major Trauma Centres perform best

Amongst trainees reporting high access to POCUS supervision, two-thirds were based in major trauma centres (64%).

Of those reporting low supervision, two-thirds (63%) were in DGH/TUs. For trainees to undergo incremental exposure to POCUS throughout their training improvements in provision of POCUS supervision needs to improve here through additional training.



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Sources  
EMTA Survey 2021

Reported by Nishant Cherian  
Trainee Rep to RCEM's Ultrasound  
Subcommittee and Dale Kirkwood  
EMTA's Survey Lead

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# ULTRASOUND

646 trainees responded to the questions regarding supervision in hours and department US leads.

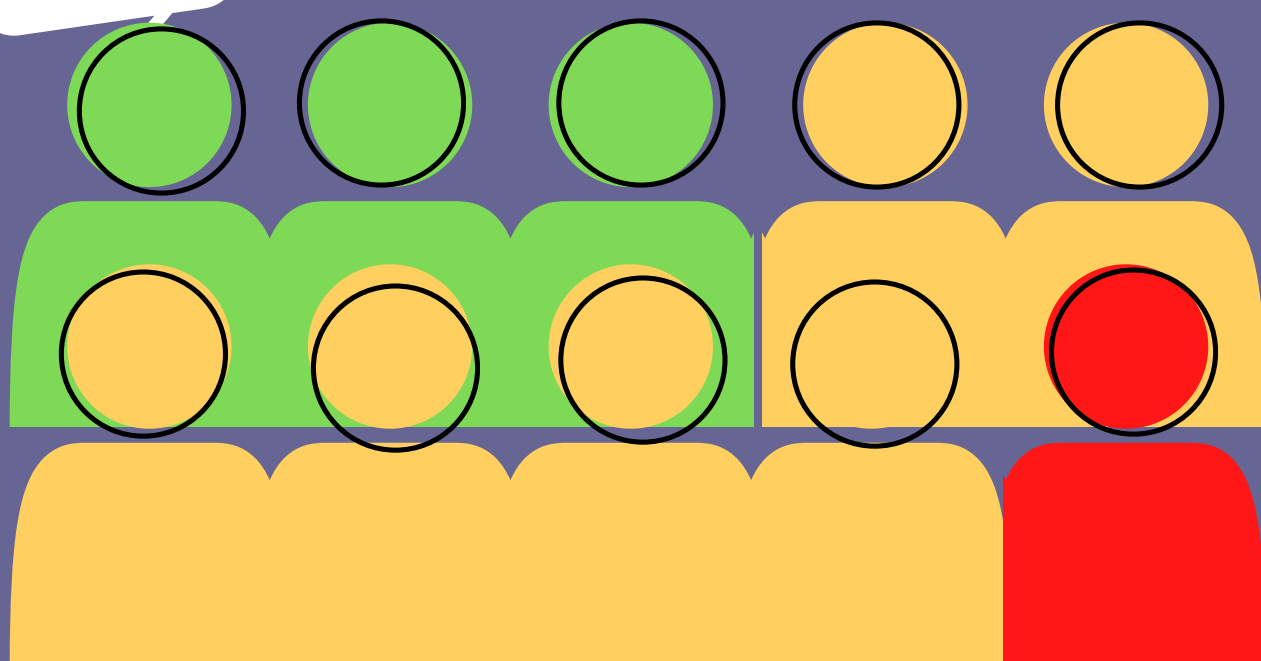
## Northern Deanery

Highest proportion of trainees reporting high-levels of access to POCUS supervision

### POCUS leads work

Where trainees rate their POCUS lead as adding value to their training - **29% had high rates of supervision** and 60% moderate. **Only 1 in 10 trainees report low levels of supervision**

This compared to 46% reporting low levels of supervision when they were unaware of their POCUS lead or felt they did not add value.



RCEM curriculum 2021 places emphasis on POCUS becoming embedded in all stages of the training programme and progression along the entrustment scales should be demonstrated. This data highlights the need to increase the number of POCUS trainers to meet the needs of the new curriculum. This issue is being addressed with the recent initiative to upskill trainers via RCEM Train and Trainer courses, which are being run throughout the country.

## Recommendations

1

Departments should have active POCUS leads and encourage suitable clinicians to attend US courses to increase the availability of appropriate PoCUS supervision.

2

Trainers and departments to implement local initiatives to improve opportunities such as image review sessions, POCUS club, a "POCUS doctor", sonographer/radiologist shadowing.

3

RCEM to develop shared educational resources, lectures, equipment and contact details for ultrasound company representatives to assist POCUS Leads in training locally.



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Sources  
EMTA Survey 2021

Reported by Nishant Cherian  
Trainee Rep to RCEM's Ultrasound  
Subcommittee and Dale Kirkwood  
EMTA's Survey Lead @kirkwoodDW

READ MORE



## EMTA Survey 2021

Trust level\*

77%

# RCEM EXAMS

447 (49%) of those surveyed had undertaken an RCEM examination in the last 12 months — exams are one of the more common interactions between trainees and RCEM.

\*This survey was conducted prior to the significant results issues during 2022. We will continue to monitor trust levels annually.

The EMTA committee are truly sorry for the devastating outcome for many of our colleagues, we share your frustrations and your passion to hold our college accountable for the actions now and in the future. We will maintain pressure on this critical issue and demand the improvements necessary to prevent this happening again.

## Booking and Comms

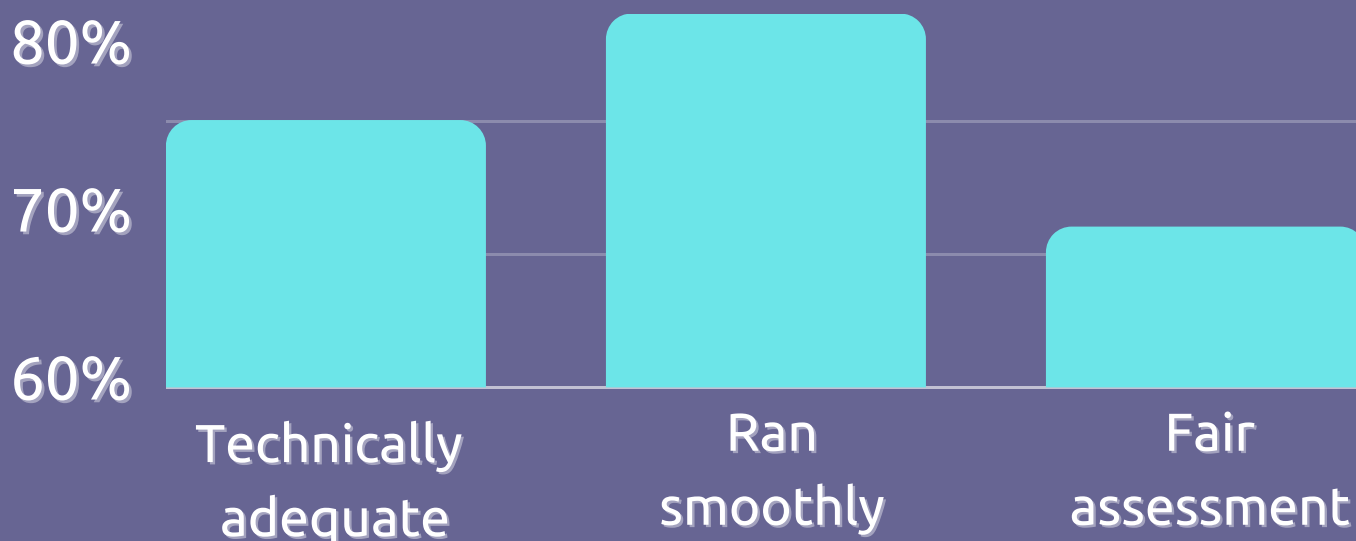
88% of trainees reported that booking the exam was straightforward.

78% were positive about the communication RCEM.



## Exam performance

Percentage of trainees providing positive sentiment



## Study leave requests

72% of trainees requested study leave for exams. Why did 27.3% of trainees not request any study leave to help them prepare?

The mean number of days requested was 2.7.



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Sources  
EMTA Survey 2021

Reported by Daniel Darbyshire,  
EMTA Chair and Dale Kirkwood  
EMTA's Survey Lead @kirkwoodDW

More reports





# RCEM EXAMS

Delivering exams and awarding MRCEM and FRCEM are core business for RCEM. The EMTA survey reinforces how core exams are to the relationship between trainees and RCEM.



## Deanary revision courses

24.5% of trainees were offered a revision course by their deanery. This was mostly for the FRCEM exams where 43.7% were offered a course whereas only 10% of those sitting MRCEM exams were offered a course.

## ACCS trainees have a significant assessment burden

Comparing trainees who sit exam by level of training highlights the assessment burden of the first three years of training. This is only partly explained by the number of exams (currently three exams for MRCEM in ACCS/ST3 and two exams for FRCEM in HST). The increasing prevalence of LTFT training as EM trainees progress means that HST is, on average, completed over a longer period of time than ACCS/ST3. This is exacerbated by out-of-programmes being more common in HST. ACCS and ST3 trainees experience a significant assessment burden which RCEM, EMTA, statutory educational bodies, supervisors, and trainees need to be aware of to provide better support.



**Half of HSTs do not rate the exams as fair.**

**Half of ACCS were not supported locally to take their exam**

## Recommendations

1

Regional statutory educational bodies should encourage and support ACCS-EM TPDs to deliver exam support as part of, or in addition to, the existing regional teaching programme.

2

RCEM must improve communication and consistency. Changes to the exams system should be carefully considered and will be met with considerable scepticism from EMTA.

3

RCEM Learning offer high-quality exam support. Continued focus on the MRCEM exams, including content writing sessions, which could be subsidised, can help develop this resource.



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Sources  
EMTA Survey 2021

Reported by Daniel Darbyshire,  
EMTA Chair and Dale Kirkwood  
EMTA's Survey Lead @kirkwoodDW

More reports



# BULLYING IN EM

878 trainees responded to questions about their experience of incivility, bullying and harassment in the ED in the past 4 weeks.

**1 in 25 trainees (4%) felt bullied**, this was mostly by a person working within the emergency department (15 of 19).

## Undermining behaviour

22.7% of trainees felt undermined, 72% of them experienced this from someone within the department and 38% from outside it.

Trainees doing their ACCS anaesthetics block reported higher levels of undermining (30.9%).



## Harassment

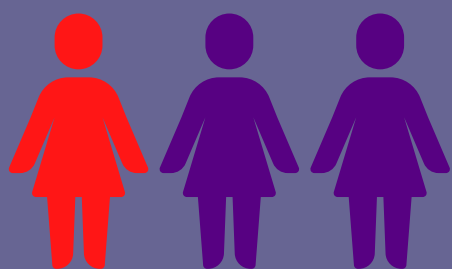
Harassment was experienced by 8.2% of respondents with a spread from within the ED (56%), outside the ED (28%) and from patients (46%).



## Confidence in reporting

While 73.4% of trainees thought that if they raised a concern around bullying, undermining, incivility, or discrimination it would make a difference, greater than 1 on 4 (26.5%) felt that it would not. More worryingly 37.2% thought that if they did raise a concern it would negatively affect their career progression.

**37%**  
**would worry**  
**about career**  
**progression**



34% of trainees felt that the way they had been treated by other staff had negatively impacted the care they can offer their patients.

*Kindness*  
**MATTERS**





# INCIVILITY IN EM

Incivility was by far the most commonly experienced negative behaviour. **39.5% of trainees** experienced incivility in the preceding 4 weeks.

ACCS trainees working in the ED were twice as likely to report incivility (42%) than their peers working outside it (18-24%).

## Who was incivil?

ED Staff

32%

Other Staff

70%

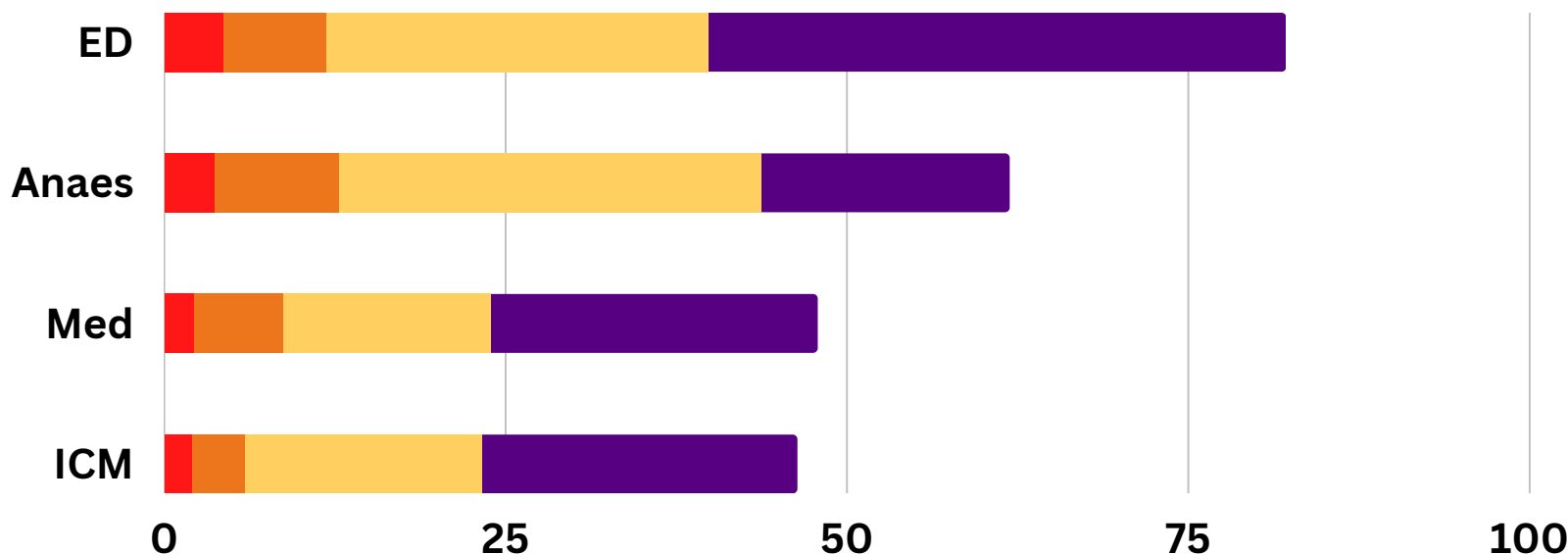
Pateints

62%

Incivility from all quarters is endemic in the emergency department. Referrals and staff not native to the ED are a significant source of this regular friction but the ED staff themselves still have significant improvements to make. Patients contribute significantly to this issue too.

## Breakdown of ACCS trainees experience by speciality rotation (N=250)

bullying Harrassment Undermining Incivility



It is clear we need to do more to get our house in order.

These behaviours threaten patient safety and have been culturally normalised within the emergency department.

This must change.

## Recommendations

1

Alongside the RespectED campaign, continued reporting of unacceptable behaviour, paired with additional resource and senior leaders making this a priority to tackle is required.

2

We need to further explore why ACCS trainees in EM and Anaesthetic rotations report almost double the undermining behavior experience in medicine and ICU.



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Sources  
EMTA Survey 2021

Reported by Dan Darbyshire  
EMTA Chair and Dale Kirkwood  
EMTA's Survey Lead

More reports

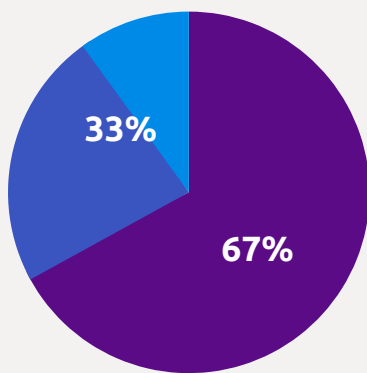


# WOMEN IN EM

407 women and 454 men responded to the survey.

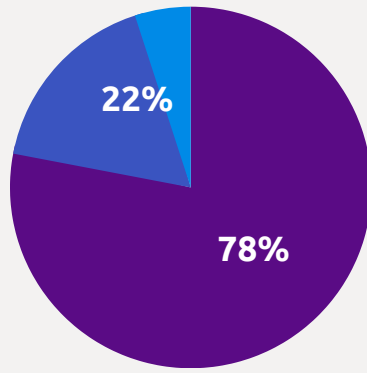
From the data available, we can determine that there are some stark differences between the training experiences of male and female clinicians. Structural and cultural aspects contribute to an overall more difficult experience for women.

## Women



100% 70-90% <70%

## Men



## Less than full time

11% more women are in LTFT training. They are more likely to for caring responsibilities, 17.4% vs 9.3%.

Men are almost twice as likely to report rotas not being balanced, 21.7% vs 12.5%.

## Teaching

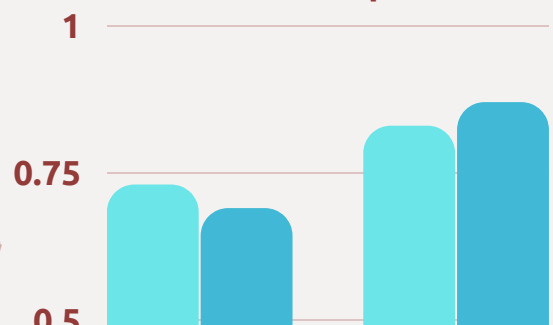
Even when adjusted for LTFT working, women report receiving less formal and informal teaching.

Women report clashes with their fixed day off as the main reason for not attending local teaching. While men report OOH working. This may partially reflect the differences in caring responsibilities and unbalanced rota reported above.

Women report less support with ultrasound.

## Session per week

Local Shop-floor



Women

Men

16%

25%

PoCUS

support

Value added from local QI, US & Sim leads

Attendance at regional Simulation in past 6 months



Monthly attendance at journal club

difficult referrals to other specialties

There are many examples of training and work being harder for women. Men report being able to attend more training opportunities, gaining more value from supervisors and less resistance to referrals.

[survivinginscrubs.org.wordpress.com](http://survivinginscrubs.org.wordpress.com)

If you have ever been affect by sexism in the workplace you can anonymously report your story to contribute to the growing body of evidence of #everydaysexism in healthcare. Infomation on where to find specialist support is also available if you have been personally affected.



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## Sources

EMTA Survey 2021

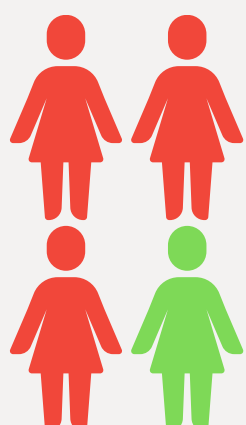
Reported by Chelcie Jewitt, EMTA Women in EM rep and Dale Kirkwood EMTA's Survey Lead @kirkwoodDW

[emta.co.uk](http://emta.co.uk)



# WOMEN IN EM

This section reports on burnout and incivility.  
There remains high rates of both within EM.



## Burnout

Female trainees are more likely to report feeling burnt out, with 34.5% of male respondents saying they **did not** feel burnt out in comparison to 25.25% of female trainees.



## Referrals

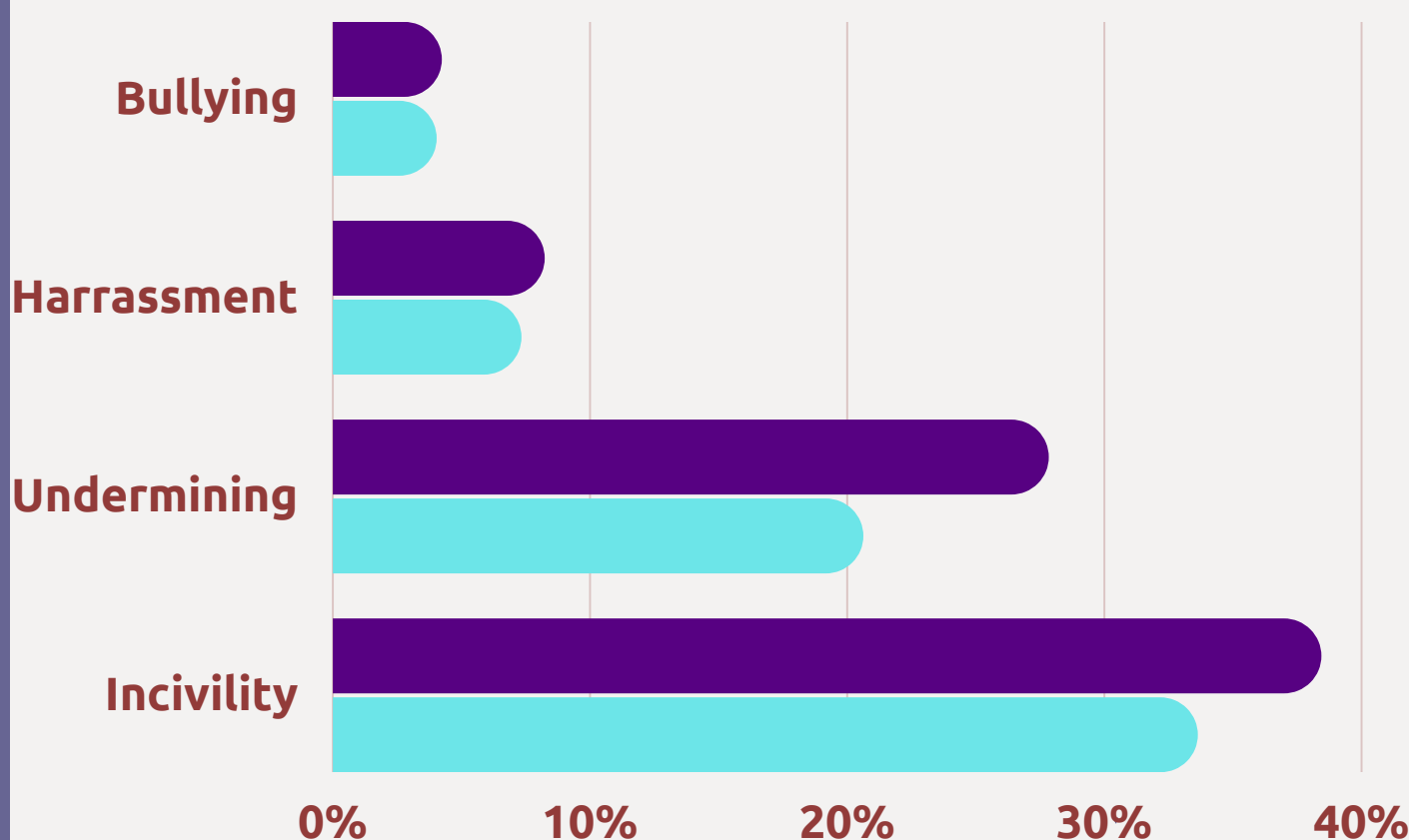
Females were more likely to experience difficulties when referring to specialties which impacted their wellbeing, 34% v 25%.



## Hostility in the workplace

In the last 4 weeks prior to taking this survey, 38% of the women experience incivility and 28% undermining behaviours. Bullying and harassment levels were similar between the genders at 4% and 8%.

■ Women ■ Men



# Recommendations

1

Attempt to provide educational opportunities on a minimum of 2 fixed days per week, less than this can disadvantage trainees who have a set day off in their job plan (LTFT).

2

Local/regional teaching programmes should be recorded so that trainees can catch up if/when possible and use appropriate study leave/EDT allowances to do so.

3

Require a increased and sustained system wide response to incivility and bullying, especially of those from more marginalised groups.



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### Sources

EMTA Survey 2021

Reported by Chelcie Jewitt, EMTA's  
Women in EM rep and Dale  
Kirkwood EMTA's Survey Lead  
@kirkwoodDW

[emta.co.uk](https://emta.co.uk)





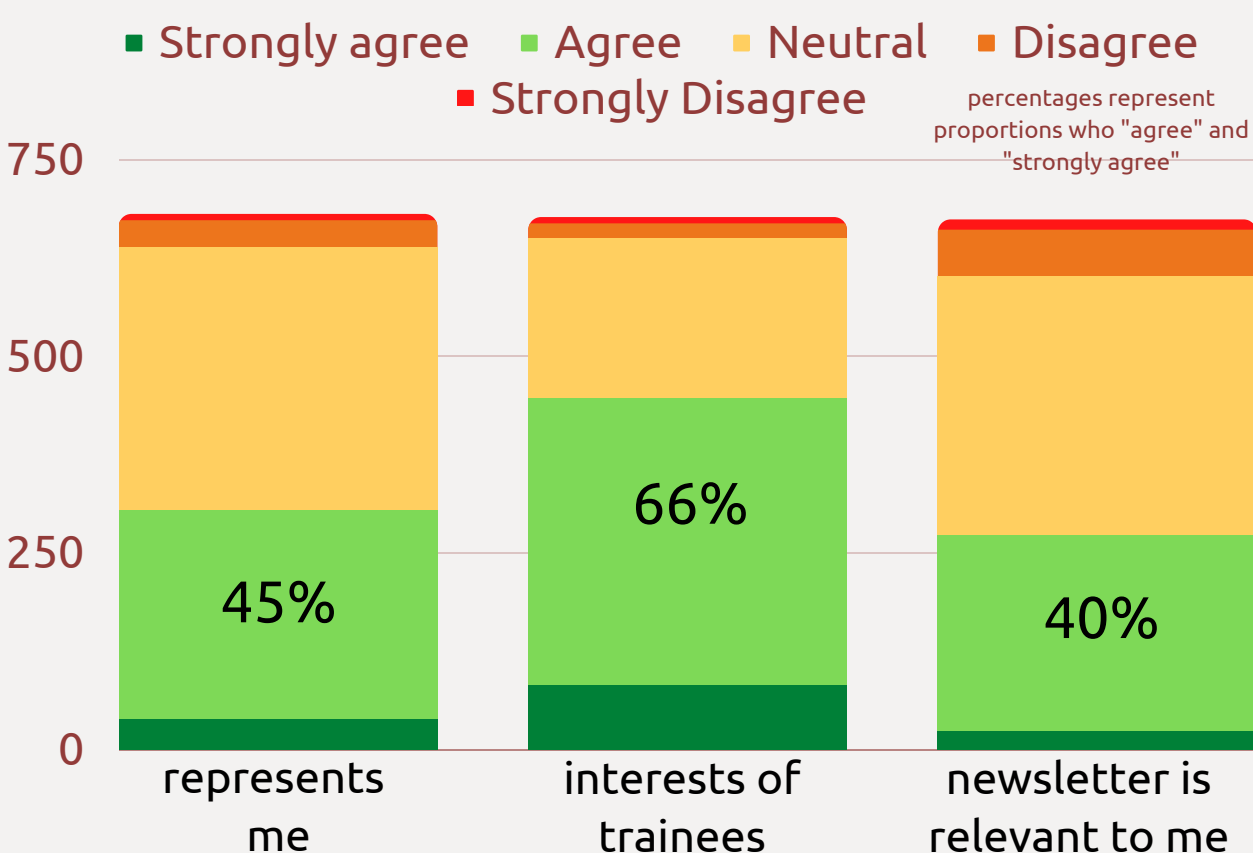
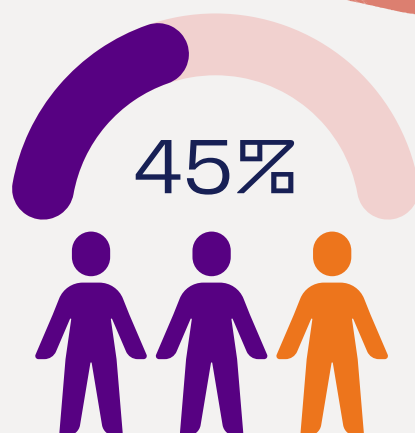
# FEEDBACK ON EMTA

78% (681) of those surveyed responded to optional questions on EMTA covering representation, our newsletter and the fellowship app. One-third of them have been to at least one EMTA conference.

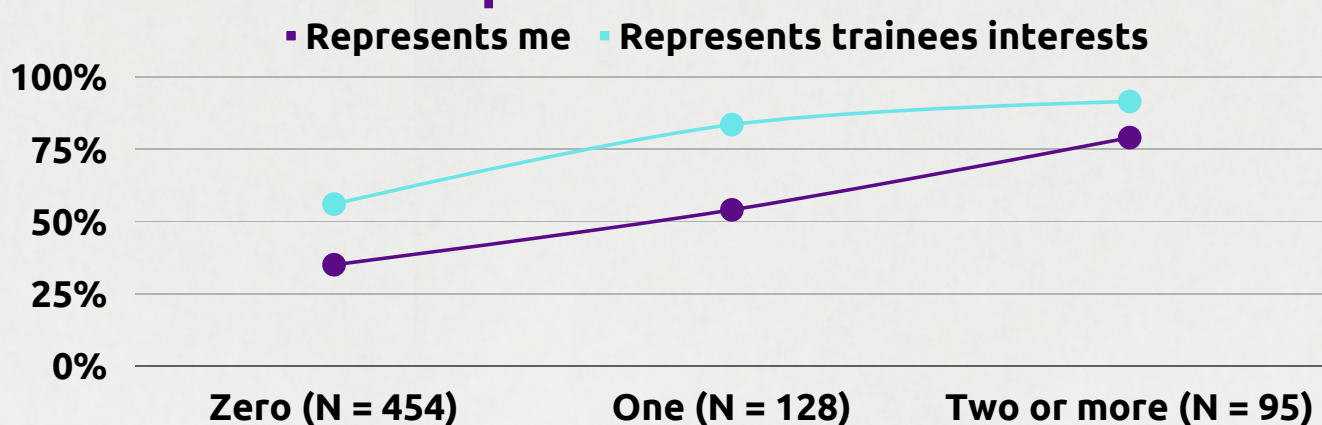
## Does "EMTA represent me"

Less than half agree with this statement. There appears to be no significant variation between different EDI groups and a minor positive trend as one progresses through training.

Two-thirds do however feel EMTA represent trainees' overall interests.



## Attending our conferences correlates with positive sentiment



This possibly demonstrates two things, probably a mix of both

1. Attendance increases trainees' belief EMTA is aligned with their values
2. Trainees who already believe that are more likely to attend

[fellowship.emta.co.uk](https://fellowship.emta.co.uk)

**28% aware**  
**9% have used**

**48 EDs listing**  
**224 fellowships**



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### Sources

EMTA Survey 2021

Reported by Lara Sommerset, EMTA Secretary and Dale Kirkwood EMTA's Survey Lead

