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SUPPLEMENT

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Good ideas aren't good enough

'An unexamined life is not worth living' Socrates

I hope you all have had a chance to recharge over the summer. It may not have felt that there was much chance to draw breath, but taking time out is so valuable for well-being. August is a time when we suffer pangs of bereavement as many of our post graduate doctors in training move on. We also rapidly induct new emergency physicians into our unique world. The summer is a time of quiet industrious maintenance and preparation for the College, as autumn is busy with exams, study days, conferences and external policy work. Attending the political party conferences is an interesting experience unlike our College conferences, they are raucous and febrile but there are valuable opportunities to explain emergency medicine and influence parliamentarians. I, with the College executive, are trying to attract as much political attention to the problems of our patients and staff as possible. Concerns about the NHS are likely to be a key election battleground, and emergency care is increasingly centre stage. This year has seen a profusion of plans and reports with recommendations. In England, at least, there has been a big push on virtual wards as a way to increase capacity in acute hospitals. There is a paucity of evidence to support this. Looking further back, many of us have put a lot of effort into initiatives such as NHS 111 First and the pilot of the Clinical Review of Standards, and the results from these pilots are not publicly available. I have a problem with this.

Socrates may or may not have said the famous quote at the top of page, but I would extend this to *'an unevaluated policy is not worth implementing.'* Our external policy campaign Resuscitating Emergency Care describes how emergency care can be improved. The fourth element of this is to introduce *'evidence based interventions to tackle overcrowding'*. This policy has arisen from long standing concerns about lack of evaluation for various policy proposals. Many of us will have looked at various winter and recovery plans with increasing scepticism over the last 20 years and identified a number of themes. It is much easier to propose an intervention or policy than to meticulously search for, find and evaluate evidence. Worse still, the lack of evaluation means that no one ever really knows whether the intervention actually worked, and the following year the same intervention is recycled. It is not just a question of whether an intervention works, it is also important to understand how much and under what circumstances it works. Urgent and emergency care is such a complicated system, with so many balancing measures, that is impossible to be confident that an individual intervention works. While asking for evidence behind medical treatments and diagnostics seems utterly uncontroversial, there is a curious blind spot about how medical care is organised and delivered. Research studies can be justifiably criticised for taking too long to answer questions and being expensive. Quality improvement methodologies can be quicker, iterative and more flexible, though the external validity can be problematic. Regardless, any evidence is better than none.

Not all ideas and proposals are terrible, but unless we know whether and how they work, the uptake is likely to be begrudging at best. Good underlying evidence is the best possible aid to implementation. There are occasional signs that the NHS is getting better at this, this year many of us are taking part in pilots to standardise initial assessment. Prior to this, NHS England commissioned a systematic review of which triage scales are more or less effective (spoiler alert, they are all pretty equivalent.) We also have good evidence that placing clinicians into NHS 111 can markedly reduce dispositions to emergency departments, primary care or calling an ambulance. These two examples are good examples of how evaluation can, and must, be built into new ways of working. We have a responsibility to our patients and staff to ask the annoying questions about effectiveness and evaluation. Put simply, good ideas aren't good enough.

Adrian Boyle
RCEM President

Emergency Medicine Trainees' Association: What do we do and how we can help you.

EMTA Committee at our summer meeting in RCEM Octavia House July 2023.

WHAT WE DO

The Emergency Medicine Trainees' Association (EMTA) is a group of volunteer trainees who provide a focused and collective voice on behalf of all EM trainees in the UK which is shared directly with RCEM. We facilitate constructive dialogue and aim to continually help to improve the quality and equity of EM training and working conditions for all. We know that making training better improves morale and retention leading to happier, healthier trainees. We are passionate about the sustainability of our EM workforce and by improving training we nurture better doctors who can provide better care for our patients, both now and into the future.

Established in 2012 EMTA has vastly grown in numbers and recognition. We work collaboratively with RCEM allowing trainee views, experiences and needs to be heard at College Council and on the RCEM sub-committees.

Examples of the committees we sit on include:

- Training standards Committee (TSC)
- Education & Exams - ACCS and HST
- Quality in Emergency Care (QECC) and QI
- Safer Care
- Sustainable Working Practice (SWP)
- Academy of Royal Colleges Trainee Doctor Groups (ATDG) with other specialty trainee representatives

We also sit on a number of special interest and best practice working groups such as:

- Environmental and Sustainability Group
- Women in EM (WEM)
- Equity, Diversity & Inclusion (EDI)
- PEM, PHEM, and ICM
- Mental Health
- Ultrasound
- Global health
- RCEM Learning
- Research/TERN

Our own EMTA committee is made up of EM trainees from all regions around the UK including the devolved nations. From an EDI perspective we're very transparent and always keen to do better in this important aspect too. More than 70% of our EMTA committee work LTFT hours and we have a number of committee members with children representing the unique challenges of training when you have parenting responsibilities too.

All EM trainees in the UK are automatically considered to be members of EMTA, and we canvas your views through direct feedback, using the 'TellEMTA' function on our website, social media, and most importantly our annual EMTA Survey. Results of this survey are analysed to uncover the most pressing topics to be pursued for the year. Directly from our surveys changes have been made to improve parity in a huge number of areas: regional variance, EDT, supervision in procedural skills, exposure to PEM and research, availability of departmental and regional teaching, USS training provision, civility, minimising fatigue, and general working conditions to name a few.

We have focused thus far on what we think we do well…. But how can we do even better?

REGIONAL REPS

In order for us to advocate for you in the most fair and equitable way possible we need eyes and ears on the ground. This allows us to recognise and address issues rapidly and this has proved invaluable in the recent exams diet.

Every region has one or more trainee reps and we'd love to hear from you! We have excellent contacts with many but some regions are still a little quieter than others. We want to ensure we have coverage North, West, East and South, across the bridges and over the water, so if YOU are a trainee representative if YOUR region please get in contact via social media or EMTA@rcem.ac.uk to check you're in the loop so we can build an even stronger network.

CLINICAL TRAINERS

We get regular emails from Training Programme Directors and Heads of School asking for specific breakdown or feedback for their region so that they can do better for their trainees and if EMTA can help we always will. Very recently we have had contact from a stellar TPD in the South West keen to start a forum where training leaders and educational trail blazers can share good practice, experience and questions. We love this idea and are keen to be part of the solution. This enthusiastic idea is still in its infancy, but if you'd like to be involved please do get in contact. In the meantime, Heads of School and TPDs please keep an eye out on your inboxes for an email telling you how you can endorse the most engaged, dynamic trainers in your own region to contribute.

CONFERENCE

Our annual EMTA conference is back for Spring 2024! Those of you who have been to one of our conferences before will know how valuable and invigorating they are, both on the education front and for general team EM morale. As usual, the conference will be a 2-day event full of engaging talks and workshops, as well as time spent getting to know both peers and leaders in our field. The evening of the first day will involve a cracking social event too.

For the coming year we welcome a new conference lead, Josephine Darke – Mo, who is currently recruiting other keen EM trainees (or those thinking of applying to EM) to join the stand-alone conference committee. If you could be interested, please drop an email EMTA@rcem.ac.uk. We've already had a few of you get in touch, but the more the merrier for production of the best conference yet!

Find us at:
www.emta.co.uk
Twitter @EMTAcommittee
Instagram @EMTAcommittee

Better Training. Better Care.

Photo of EMTA committee at the last EMTA conference in November 2022.
Lara Somerset & Hannah Baird
EMTA Co-Chairs

SKI-ED - Adding a tiny bit of glamour to the lives of Emergency Medics

Back in 2016, four ED doctors, based in the Southwest of the UK, were enjoying a weekend away without their children on the slopes above Morzine. The chat was about how relaxing it was to get away from the daily grind, and also about how unfair it was that other specialties seem to have all the enviable locations for their conferences! "Why doesn't Emergency Medicine have a conference in the Alps like the Anaesthestists, Surgeons and Orthopods do! ", we muttered, feeling most disgruntled about the situation. Hannah Stewart, who was a registrar at the time, piped up with the idea to rectify the situation and to start up our very own conference, and so the idea of SKI-ED was born.

SKI-ED stands for Sustainability, Knowledge, Inspiration and Education. Our first conference was held just outside St Anton, Austria, in 2017 with forty delegates, and we have been running every year since (except for a brief halt during the pandemic). We have since moved our base to a chalet in Tignes le lac, France. We keep the numbers to around fifty, so that we can all stay together in one chalet, and although most people are from the UK and Ireland, we do often welcome

international delegates from Australia and the USA.

We think we are different to most conferences out there, for a number of reasons. First of all, we do not seek to make a profit. We charge enough just to cover our costs, we do not employ any admin staff, it is just us original team of four, who do this in our spare time. We are all ED consultants now, and we all have kids, so we are aware of how precious time away from home is. The conference is a great way to combine some fun and exercise and CPD, in a friendly and beautiful environment, with fellow medics from all over the world. Lectures are from 3-6pm on five days in the Tignespace conference centre, combined with some outdoor SIM sessions. Delegates are all asked to do a 20 minute talk if they would like to, and we generally have different themes every day.

One day might be based on expedition medicine, ranging from personal accounts to the medical knowledge and skills needed to work in different environments. The next may be an inspiring talk from the ex-RCEM president or the current Vice President, both who talked at this years conference.

Over the years, we have been joined by many other acute specialties and GPs, all who have wanted a little SKI-ED magic in their lives, and their talks have always gone down well, from hearing about "the Cure" in rural Ireland general practice, to paediatric pearls about poo.

It has been a hugely rewarding setting up and running this conference since 2017, and it is always a joy to meet up with clinicians from around the world, who although work in different places, have similar issues, highs and lows. I always return slightly tired, but with a renewed joy for work. I feel that we have done our bit to add that tiny bit of glamour to the Emergency Medicine calendar. However, don't worry, for those that know me, I always take a packed lunch.

There are some places for SKI-ED 2024 still available. Please see our website for details. The price includes return flight from UK, regional airports included, transfers, half board in a 4 star chalet, wine, and conference fee. Ski-ed 2024 will run from January 27th – February 3rd. Ski-ed is organised by Suzy Connor, Annette Rickard, Anna Shekdhar and Hannah Stewart.

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