2018

EMERGENCY MEDICINE TRAINEES' ASSOCIATION

Emergency Medicine Trainees Annual Survey 2017

Dr Jon Bailey
with Dr Amar Mashru, Dr Paul Stewart and
Dr Carrie Thomas

on behalf of the EMTA
Committee

Introduction and Design

This survey builds on the data collected in the EMTA Surveys from 2015 & 2016. This report will provide year on year comparisons for the first time, from 2016-2017.

Objectives

To gather evidence from trainees to identify and share good practice in training and develop strategies for:

- Recruitment of the best trainees Retention of existing trainees
- Sustainability of working lives in Emergency Medicine
- Promoting flexibility for trainees to develop specialist interests
- Maximising learning opportunities and the quality of training
- Communication from RCEM and EMTA trainees

Methods

The survey is open to all UK trainees at all grades (from ACCS up to but not including CCT) specialising in Emergency Medicine. This includes trainees undertaking time out of program (OOP), less than full time training (LTFT) and maternity leave.

The questionnaire from the EMTA Survey 2016 served as the basis for this year's survey, in line with previous iterative development over the last 2 years. Some questions were amended to improve the quality of data, whilst others were removed or added to refocus the survey on the basis of last year's results. The 2015 question set was developed from Q&A sessions held by EMTA at the 2014 annual conference, and from the previous 2013 survey.
The questions continue to use free text, binomial, rank order and 4 and 5 point Likert scale responses, and were designed with reference to published guidelines.

Questions were peer reviewed by trainers and piloted by 5 specialty trainees. Not all questions were compulsory. No individually identifiable information was collected and no incentives were offered for participation; anonymity in publication of results was assured.

A Survey Monkey online link was distributed by RCEM via email to all EM trainees registered on the RCEM database of trainees.

Data collection took place from 27 November 2017 to 29th January 2018. The link was circulated by email twice, and links were also circulated via the EMTA Facebook page and Twitter account.

Completion of the questionnaire was taken as implied consent to participate in this study.

Data Analysis

Data were analysed in Microsoft Excel to calculate descriptive statistics. Free text responses were individually read and categorised by theme into groups using conditional formatting and pivot tables, and analysed for word and phrase frequency.

Individual response rates to each question were included in the results section.
Respondent demographics

A total of 630 respondents completed the survey. Not all respondents completed all questions.

Table 1: Respondents by grade and gender

Grade	Male	% of grade	% of respondents	Female	% of grade	% of respondents	Total
ST1	63	57.27	10.00	47	42.73	7.46	110
ST2	51	45.54	8.10	61	54.46	9.68	112
ST3	65	48.15	10.32	70	51.85	11.11	135
ST4	69	58.97	10.95	48	41.03	7.62	117
ST5	43	55.13	6.83	35	44.87	5.56	78
ST6	17	33.33	2.70	34	66.67	5.40	51
ST6+	19	70.37	3.02	8	29.63	1.30	27
Total	327	51.90	51.90	303	48.10	48.10	630
OOP for research, experience or training	28	-	4.44	22	-	3.49	50
OOP for maternity or paternity leave	1	-	0.16	23	-	3.65	24

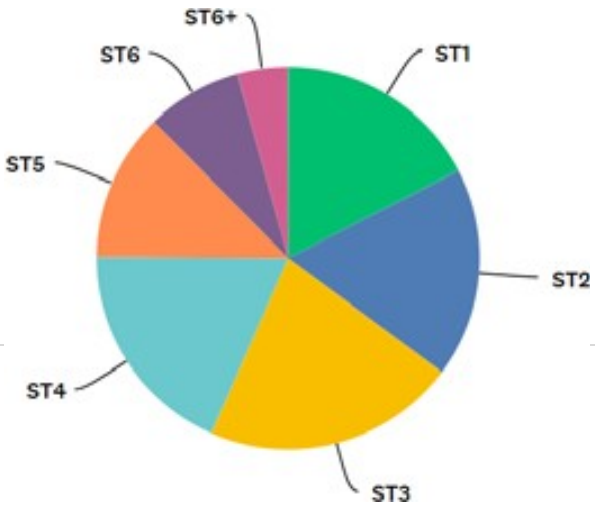


Table 2: Respondents by LETB

LETB	Number	Percentage of total respondents	Census capacity (2018)	Percentage of Census Capacity
Defence	19	3.01	-	-
East Midlands	28	4.44	160	17.5
East of England	76	12.04	231	32.9
East of Scotland	2	0.32	25	8.0
Kent, Surrey, Sussex	25	3.96	68	36.8
North Central and East London	38	6.02	-	-
North East	27	4.28	96	28.1
North of Scotland	3	0.48	-	-
North West	65	10.30	214	30.4
North West London	25	3.96	-	-
Northern Ireland	15	2.38	42	35.7
South East of Scotland	12	1.90	45	26.7
South London	43	6.81	-	-
South West	30	4.75	55	54.5
Thames Valley	31	4.91	-	-
Wales	21	3.33	64	32.8
Wessex	31	4.91	80	38.9
West Midlands	44	6.97	160	27.5
West of Scotland	22	3.49	101	21.8
Yorkshire and the Humber	74	11.73	-	-
London combined	*106*	*16.83*	-	-
Total	630	100.00	1341+	<47.0

This table contains the training capacity of each region as denoted in the 2018 update of the Head's of School Census for Emergency Medicine, an internally collated RCEM document. It does not include the number of trainees at each grade in each region, ie each region's number of trainees; this number may have changed during the course of the survey due to resignations. This is the first time this information has been included in the EMTA Survey.

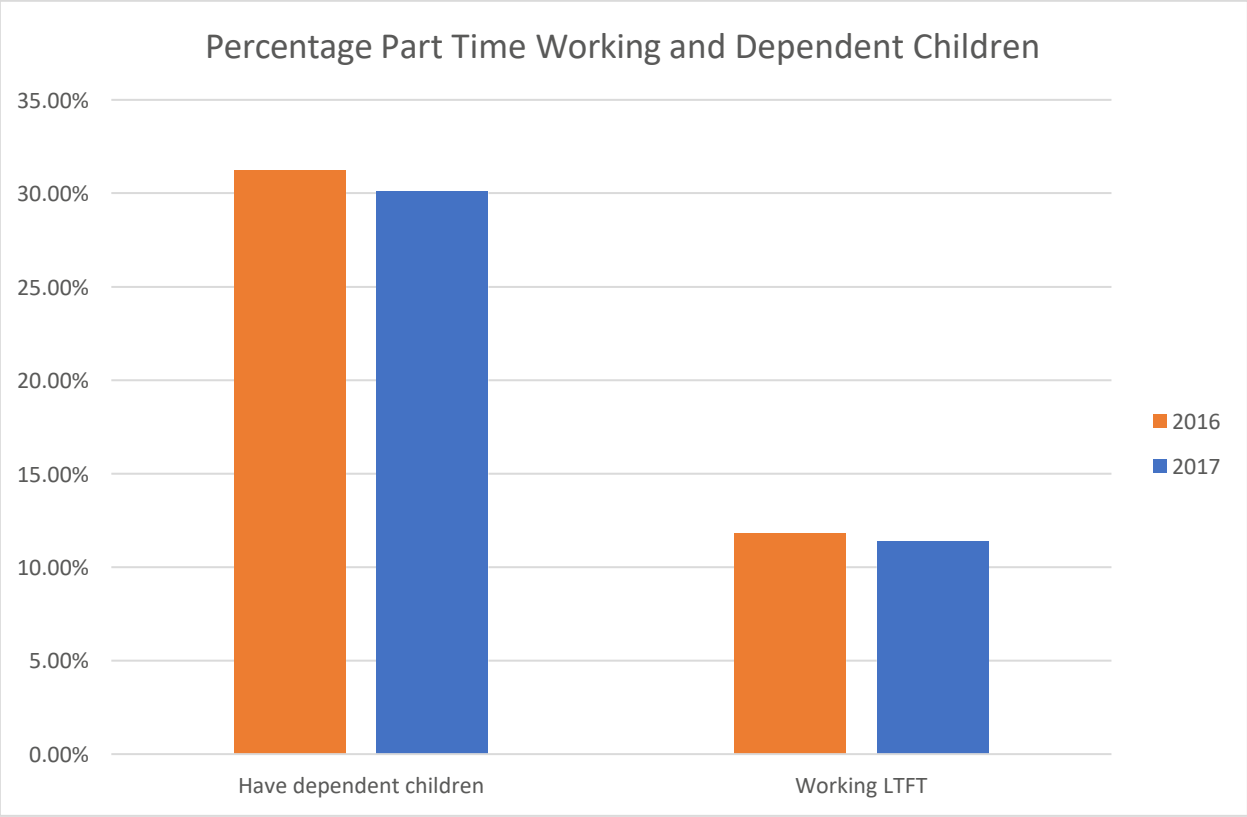
Theme 1: Personal Factors

Dependent Children

Of 630 respondents, 190 (30.11%) had dependent children. Of female respondents, 76 of 303 (25.08%) had dependent children, compared with 113 of 327 male respondents (34.56%). These figures are broadly unchanged since 2016, and a likely to be representative.

LTFT

Of 630 respondents, 72 declared themselves as LTFT (11.41%). Of female respondents, 55 of 303 declared themselves LTFT (18.15%), compared with 16 of 327 male respondents (4.89%).



Of note, this was the first year to include the LTFT Pilot, which has been evaluated in a formal report by Dr Mike Clancy. Despite the new option to take LTFT working at discretion, outside of the usual Gold Guide requirements, the proportion of respondents that declare themselves as LTFT is almost identical to that seen in 2016.

Choice of Specialty

Q13 Why did you choose to train in Emergency Medicine?

The top 3 reasons for choosing Emergency Medicine in 2017 were variety (34.95%), patients (19.20%) and the team or team working (14.19%); this contrasts with 2016's top 2 of Patients (28.14%) and team or team working (20.53%), with only 5.31% citing variety as a motivating choice.

Q14 Are those reasons you chose EM still valid now? If not, why not?

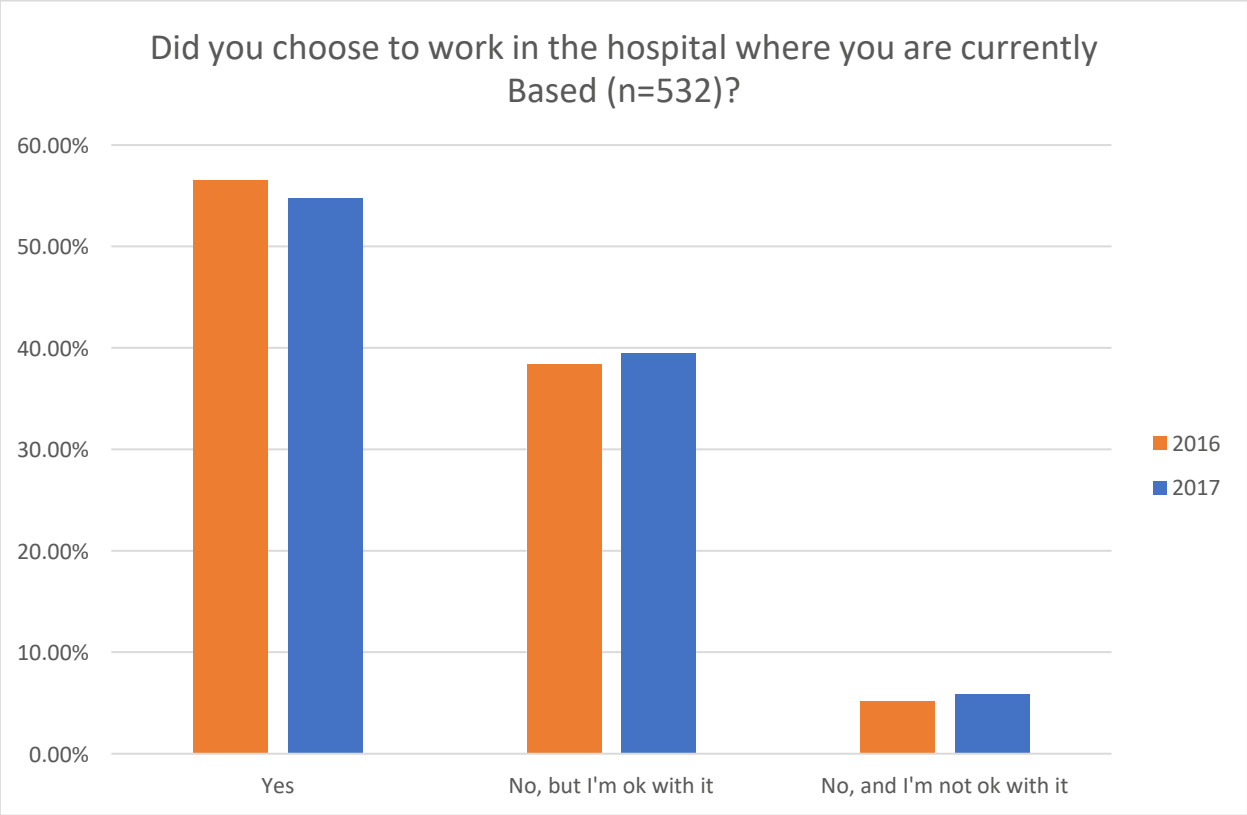
In 2017, 75.26% of EM trainees reported their reasons for choosing EM were still valid, compared with 74.81% in 2016.

Full comments for both of these questions are available in ***Appendices A & B.***

Theme 2: Workplace

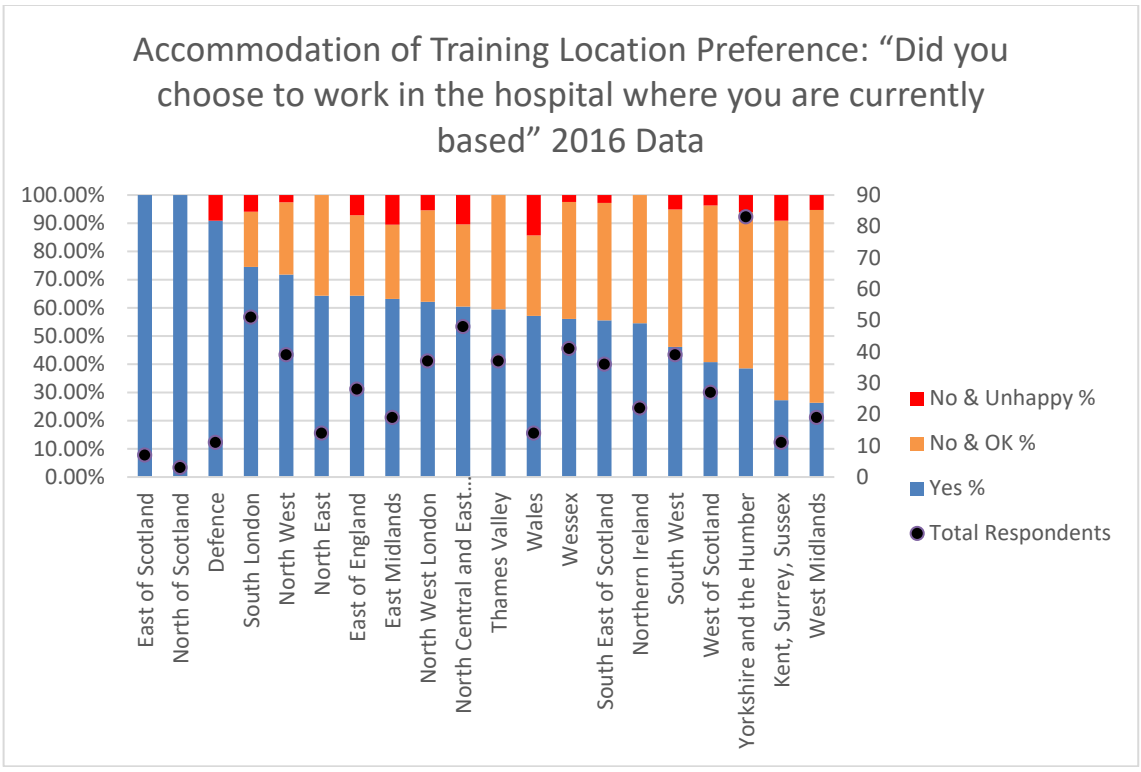
In the 2017 survey, 291 of 532, or 54.70% of trainees have actively chosen to work in the hospital where they are working. This compares with 331 of 586, or 56.5% of trainees in 2016.

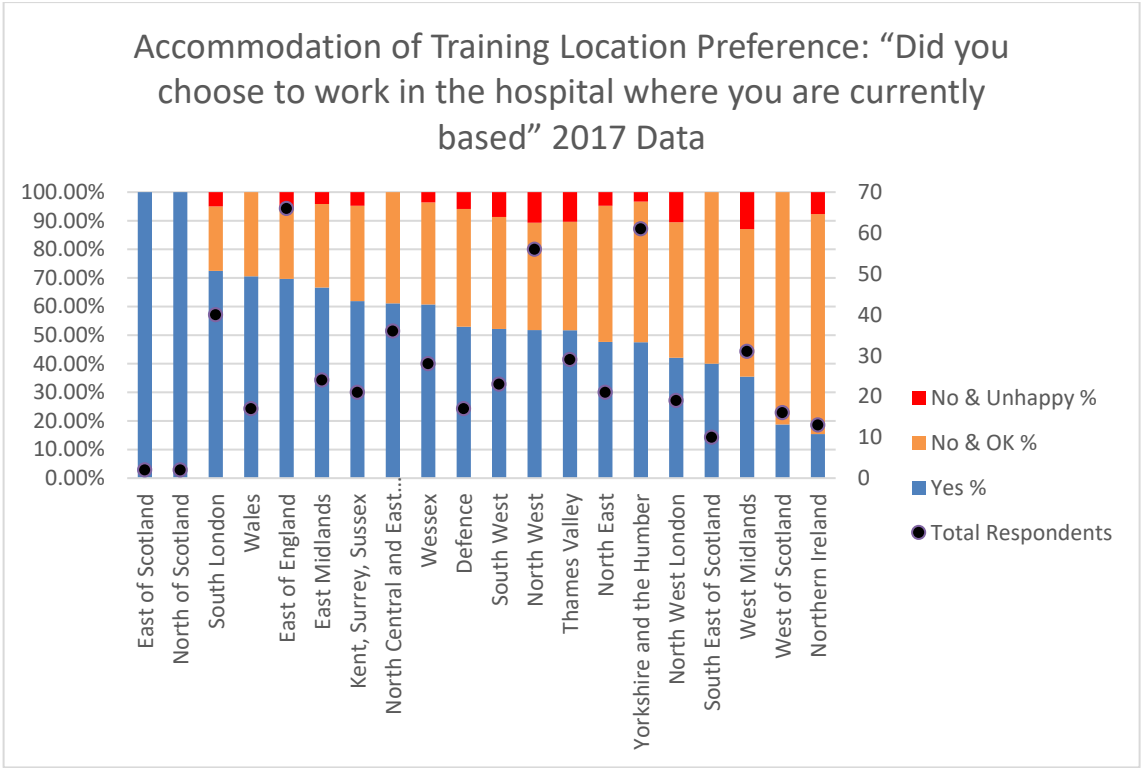
Table 3: Did you choose to work in the hospital where you are currently based?



There is variation in meeting personal preferences from region to region, which might show some correlation with retention; if this data is collated it is not widely published. It is unlikely to have had any significant impact on recruitment as this information is not widely known.

However, it is anecdotally cited by trainees who leave training but remain in the specialty that being sent to an undesirable location contributes to their decision to leave.


Accommodation of Training Location Preference: "Did you choose to work in the hospital where you are currently based" 2016 Data
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
90
80
70
60
50
40
30
20
10
0
East of Scotland
North of Scotland
Defence
South London
North West
North East
East of England
East Midlands
North West London
North Central and East...
Thames Valley
Wales
Wessex
South East of Scotland
Northern Ireland
South West
West of Scotland
Yorkshire and the Humber
Kent, Surrey, Sussex
West Midlands
No & Unhappy %
No & OK %
Yes %
Total Respondents


Accommodation of Training Location Preference: "Did you choose to work in the hospital where you are currently based" 2017 Data
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
70
60
50
40
30
20
10
0
East of Scotland
North of Scotland
South London
Wales
East of England
East Midlands
Kent, Surrey, Sussex
North Central and East...
Wessex
Defence
South West
North West
Thames Valley
North East
Yorkshire and the Humber
North West London
South East of Scotland
West Midlands
West of Scotland
Northern Ireland
No & Unhappy %
No & OK %
Yes %
Total Respondents

NEW SECTION: Fatigue and Fatigue based risk

This section is new for the 2017 survey, and therefore has no year on year comparison data.
Of 532 respondents:
368 (69.17%) reported that they felt too tired to safely drive home after a night shift
212 (39.85%) reported that they drove on the motorway as part of their commute
303 (56.95%) reported having an accident or near miss when driving home after a night shift;
476 (89.47%) believed that work related fatigue had negatively affected their performance during Emergency Medicine practice or training.

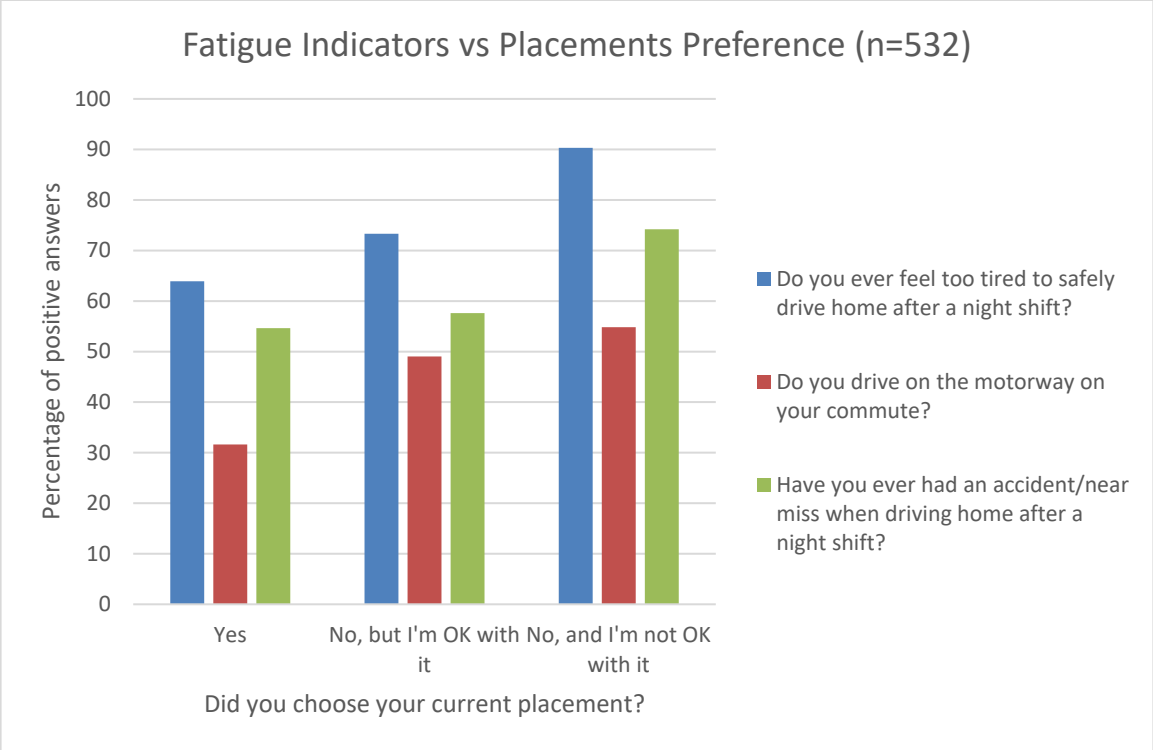
These figures should cause concern at RCEM and for the wider NHS workforce.

Figures are comparable with data gathered in 2016 by the AABGI concerned fatigue amongst anaesthetic trainees, where 57% reported having had an accident or near miss when driving home after a night shift. Average shift length for anaesthesia tend to be longer than in EM – since they are rostered on an on call rather than shift basis – and the similar levels of fatigue may reflect the added intensity of Emergency Department working.

Of 532 respondents: 399 (75.00%) reported access to adequate rest facilities such as a staff room during day shifts; 79 (14.85%) reported access to adequate rest facilities during night shifts, such as a bedroom, private area with bedding or comfy chair.

The ability to take breaks, particular for the lone ST4+ registrars, is significantly compromised by managing performance targets and departmental workload. In the absence of critically unwell patients, priority should be given to allowing staff to rest as per their contractual entitlements – including napping during night working – to mitigate the risks that are clearly identified as commonplace in this survey.

It should also be noted that those who are working in hospitals where they do not wish to be score more highly for feeling fatigued, motorway driving, and near miss accidents.



Workplace facilities

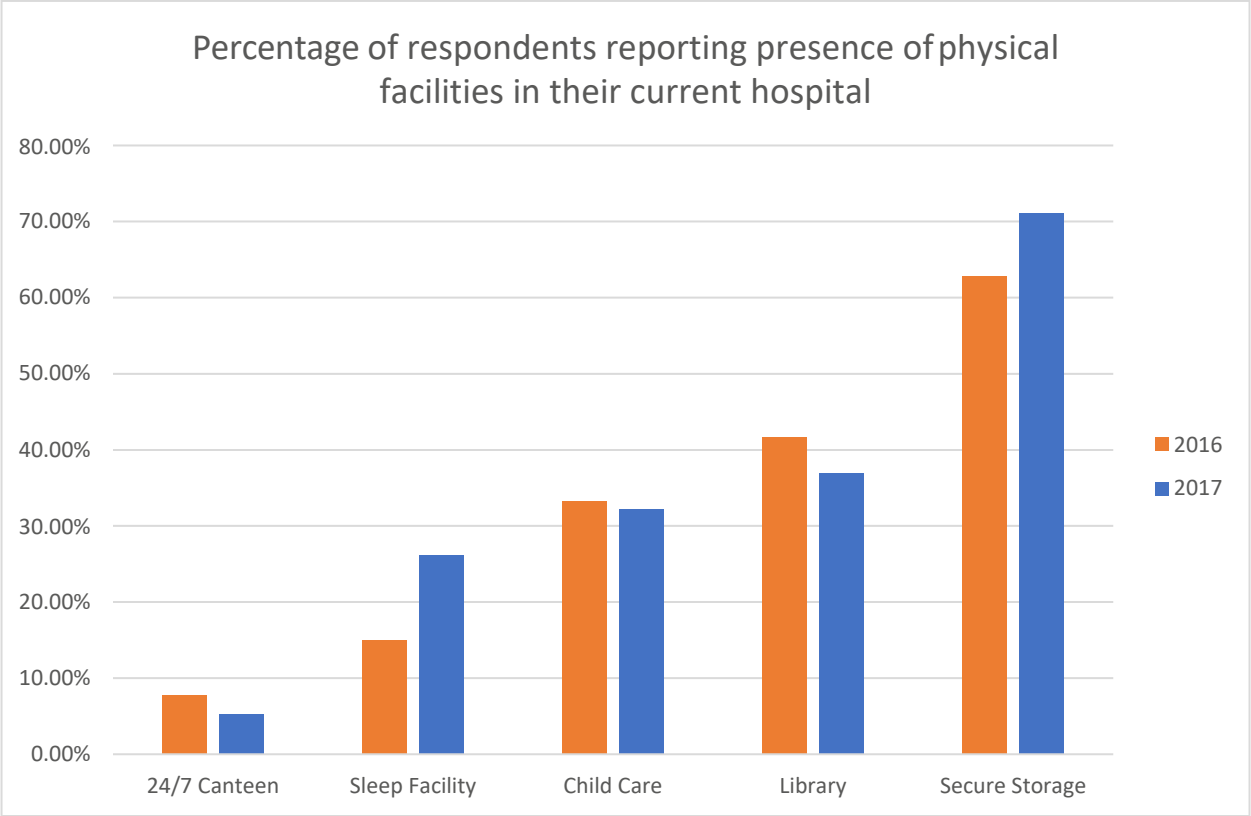
Of 532 respondents, 28 (5.26%) reported that there was a canteen selling hot food open 24/7 at their current hospital.

Of 532 respondents, 139 (26.13%) reported having a facility to allow sleep following a night shift before travelling home at their current hospital.

Of 532 respondents, 171 (32.14%) reported having child care facilities at their current hospital.

Of 532 respondents, 196 (36.84%) reported having a library open 24/7 at their current hospital.

Of 586 respondents, 378 (71.05%) reported having a place to securely store coats and bags in their place of work.

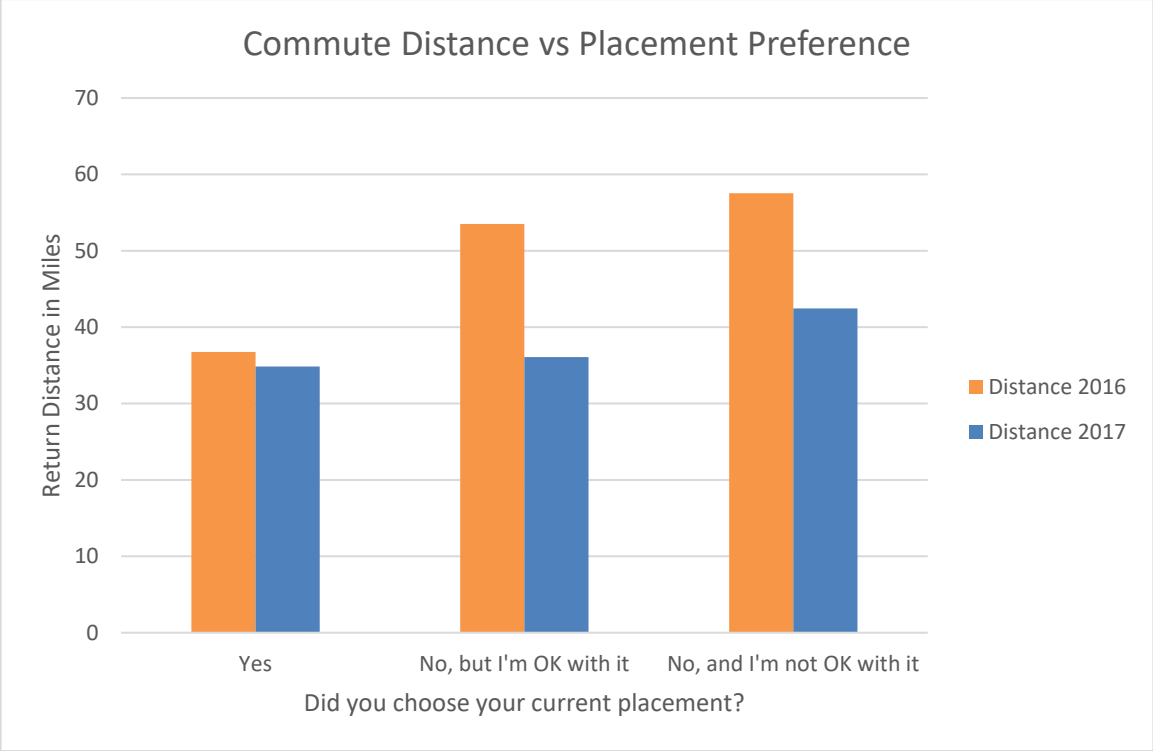


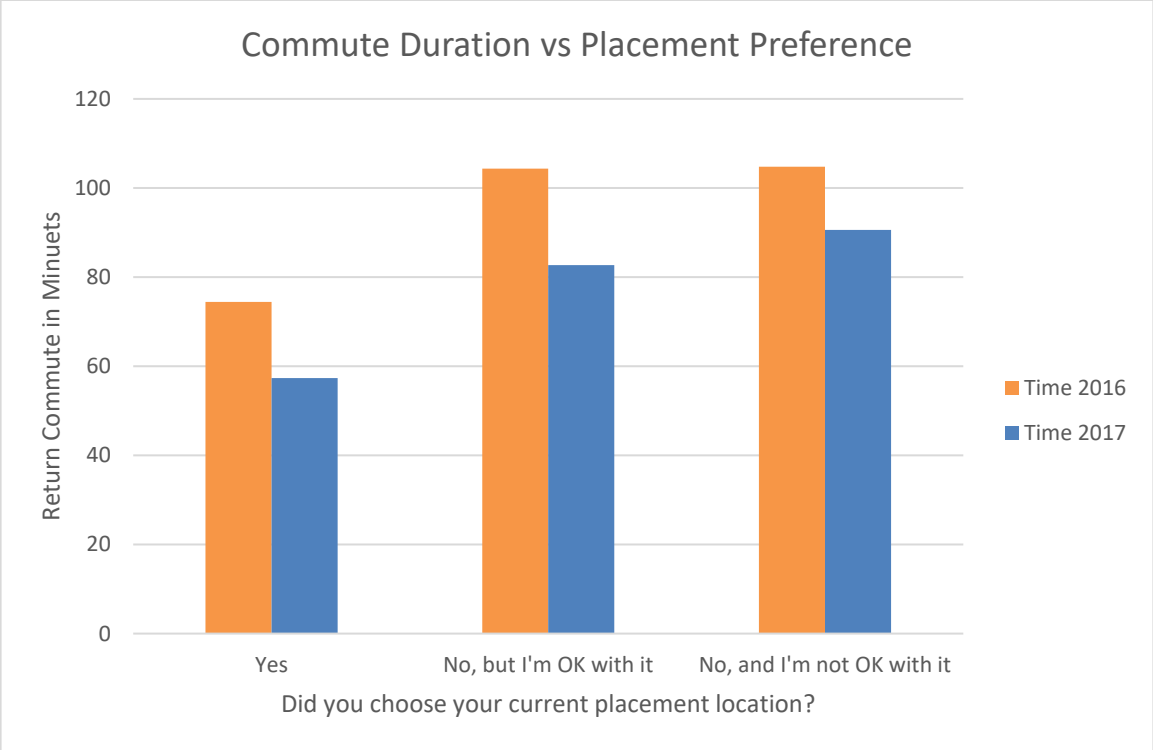
There is a lower reported average access to canteens, child care and libraries in 2017 vs 2016, but improved access to secure storage and sleep facilities. It is gratifying to see an improvement in the availability of sleep facilities being reported by trainees. EMTA has run a well received campaign this year highlighting the necessity of rest, and the contractual rights and protections available to trainees under the current contract in both England (under the 2016 Contract) and the devolved nations (under the 2002 Contract), and further improvement in the availability of these essential safety facilities remains highly desirable. The BMA and AAGBI have also run notable campaigns on rest this year, and we would encourage RCEM to support this across the whole emergency workforce.

Commute

The impact of commute was first discussed in the 2016 survey. In the 2017 survey, the average trainee commuted a return distance of 35.8 miles over an average of 69 minutes. Those who were sent to hospitals they did not want to work in commuted an average of 1500 miles further (assuming 5 shifts per week over 40 weeks after annual and study leave) occupying 110 hours per year extra per year.

There is a consistent relationship, present in both 2016 and 2017 datasets, between further and longer commutes with placement preference, and a strong correlation.





NEW SECTION: Pay problems

From 532 respondents, 288 reported having experienced an error with their pay – 54.1%.

Of this 288, the average pay error was worth slightly over £1500 and took on average 10 weeks to be resolved. 100 of the 288 reported encountering financial hardship as a result – 34.7% - or 18.8% of those answering the initial question about pay errors.

Many junior doctors admitted to being unable to understand their payslip, with 115 of 288 or 39.9% reporting this to be the case.

There may be potential for further development or updating of the EMTA guidance on pay and tax deductible expenses.

Theme 3: Working Environment in EM

Please comment on the clinical care you provide - is it what you think an EM doctor should be doing? Does it make good use of your skills and abilities?

What helps you to be productive and provide excellent clinical care on the shop floor?

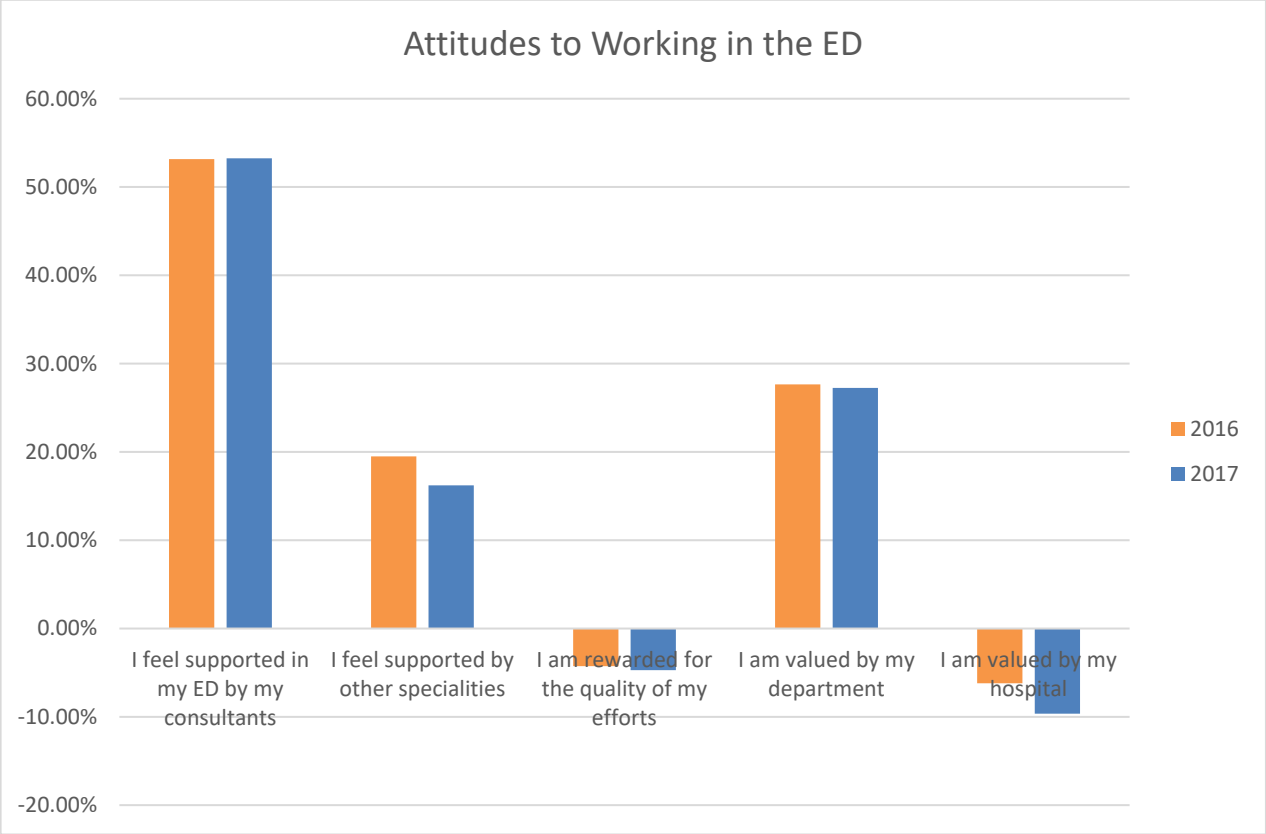
Full comments related to these questions are available in ***Appendices C, D & E***; concerns from 2016 persist around acquisition and maintenance of technical skills in both resus and minors settings, with a perception that majors is the primary function of the EM trainee. There are numerous remarks alluding to a tendency to funnel resources into "queue busting" rather than care of sickest or highest risk patients during times of high departmental stress, leaving trainees feeling disempowered from deploying and maintaining the critical care skills acquired during early training years.

The clinical care provided in ED often doesn't match with trainees' expectations of what they thought they would be doing when they applied for the job, and this cognitive dissonance may contribute to decisions to leave training.

Attitudes in the Emergency Department

478 respondents were asked to rate their agreement or disagreement with each of the five statements below; these are given a weighted average – a score of 100% would indicate maximal cohort agreement, -100% maximal disagreement.

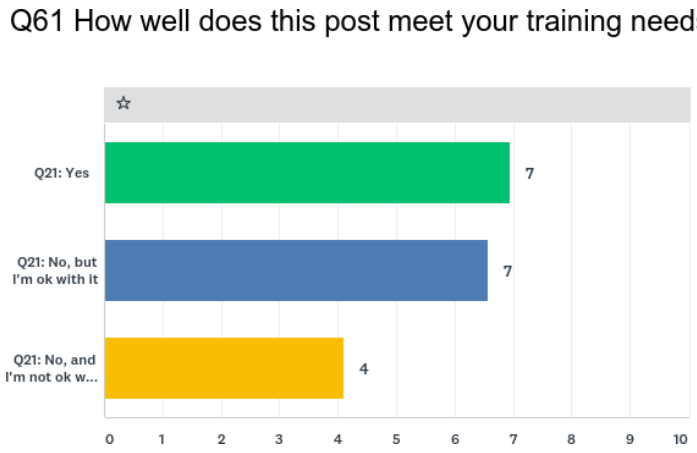
Year on year, internal support within the ED is unchanged; support from specialties and the wider hospital is slight worse in 2017 vs 2016.



Theme 4: Training Efficacy

How well does this post meet your training need?

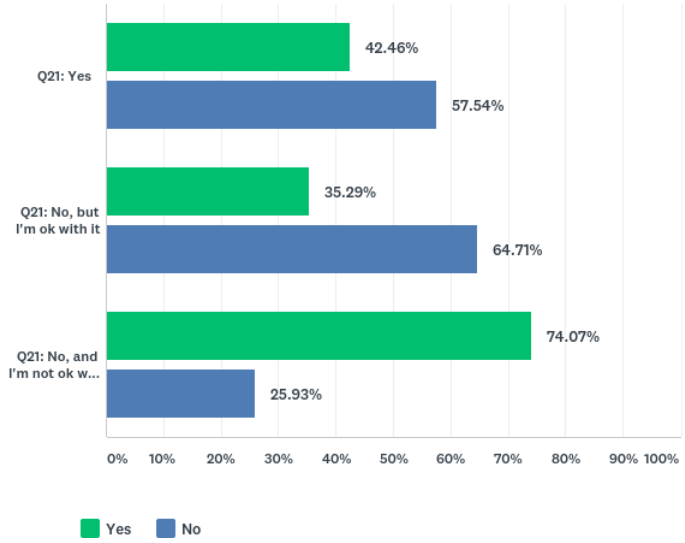
446 trainees rated their current training post out of 10, giving an average of 6.63 compared to 6.57 in 2016. As in 2016, trainees rated their posts more highly if they had actively chosen them compared to if they had not.



Shop floor supervision

Of 446 trainees, 193 (41.42%, up from 30.18% in 2016) felt they were supervised by doctors more senior than them that they felt were not operating at the clinical level expected for their grade. As in 2016, this correlates with placement.

Q62 In your current rotation, are you ever supervised by doctors more senior than you that you feel are not operating at the clinical level expected for their grade?



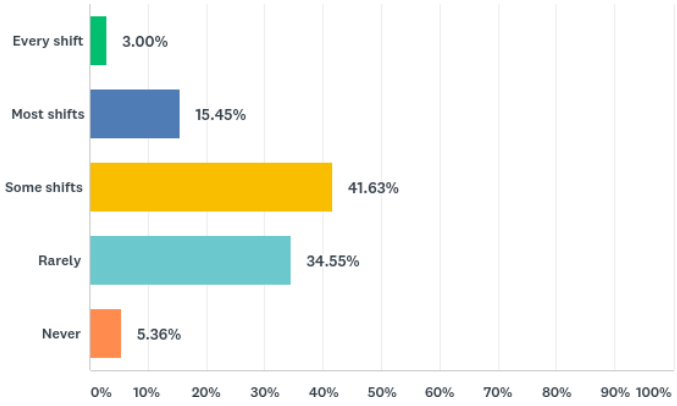
There are 34 comments relating to locum staff amongst the comments in the appendices, which are broadly in the following 3 themes:

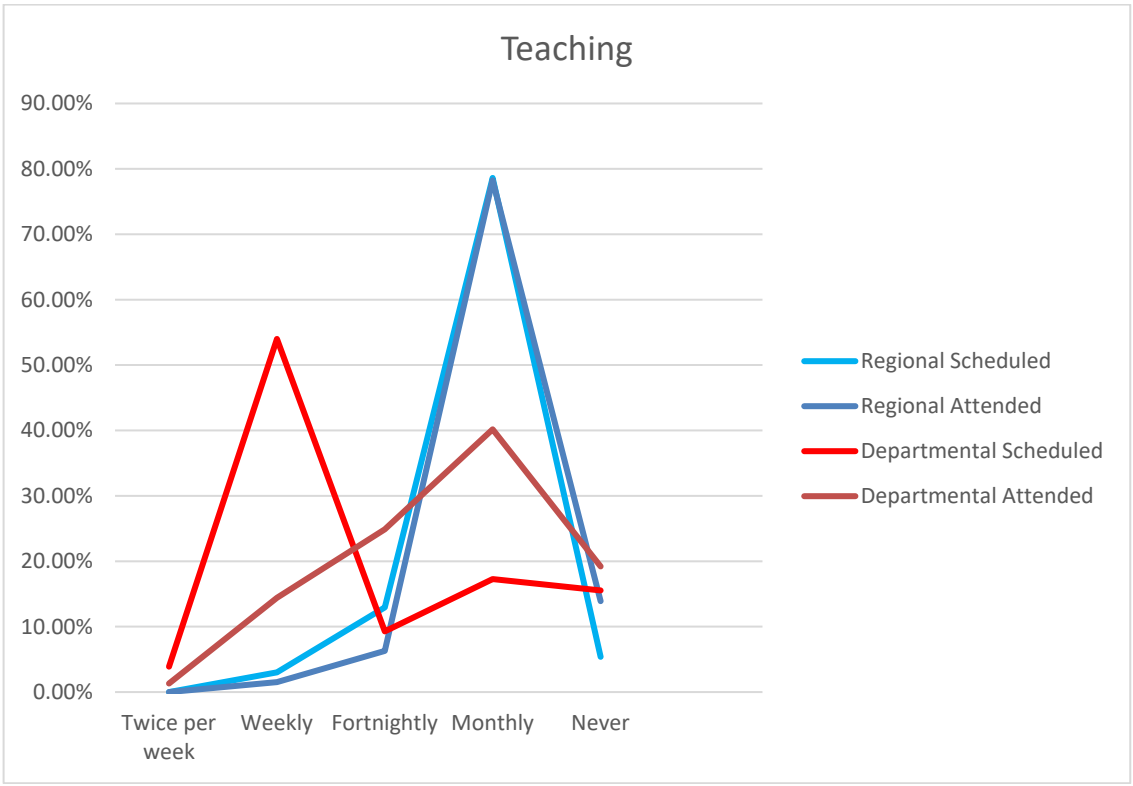
- Locum staff are highly variable, and many are perceived by trainees to be of a lower standard than doctors in training. This has two major negative impacts of inadequate supervision for more junior trainees, and additional intensity and responsibility for more senior trainees. In particular, locum consultants of a low standard can lead to an inverted shop floor leadership hierarchy in departments where they are employed, with senior trainees being better trained and qualified in EM than the rostered consultant that is supervising them. This can cause direct conflict and risk to patients, particularly in critically unwell patients.
- Locum staff are an expensive option when compared with permanent staff, and thus locum staff are used to cover social hours where they are cheapest to employ, with trainees being pushed into the out of hours shifts as their out of hours supplements are lower.
- No differentiation is made between locum staff and trainees when it comes to allocation of learning opportunities

There may be some perceptive overlap between locum staff and long term staff grades in the minds of trainees based on some of the qualitative descriptions within the comments

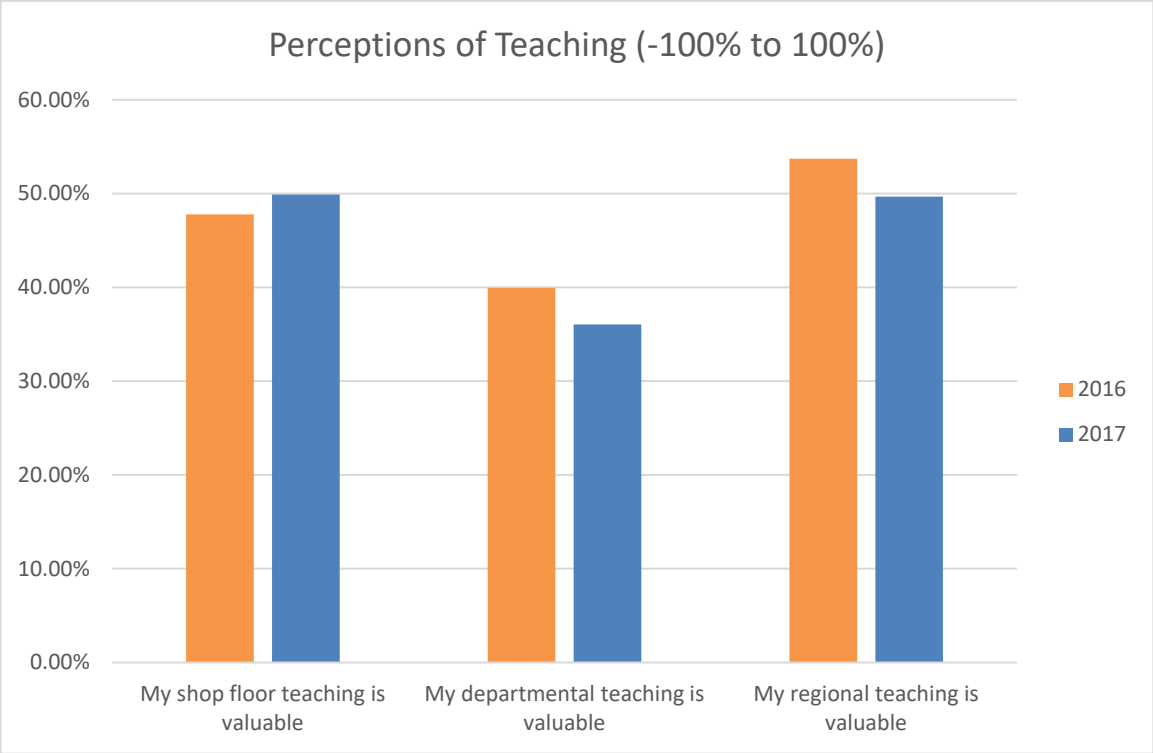
Access to Training

Q66 How often do you get teaching on the shop floor from a doctor more senior than you?





Perceptions of Teaching Modalities



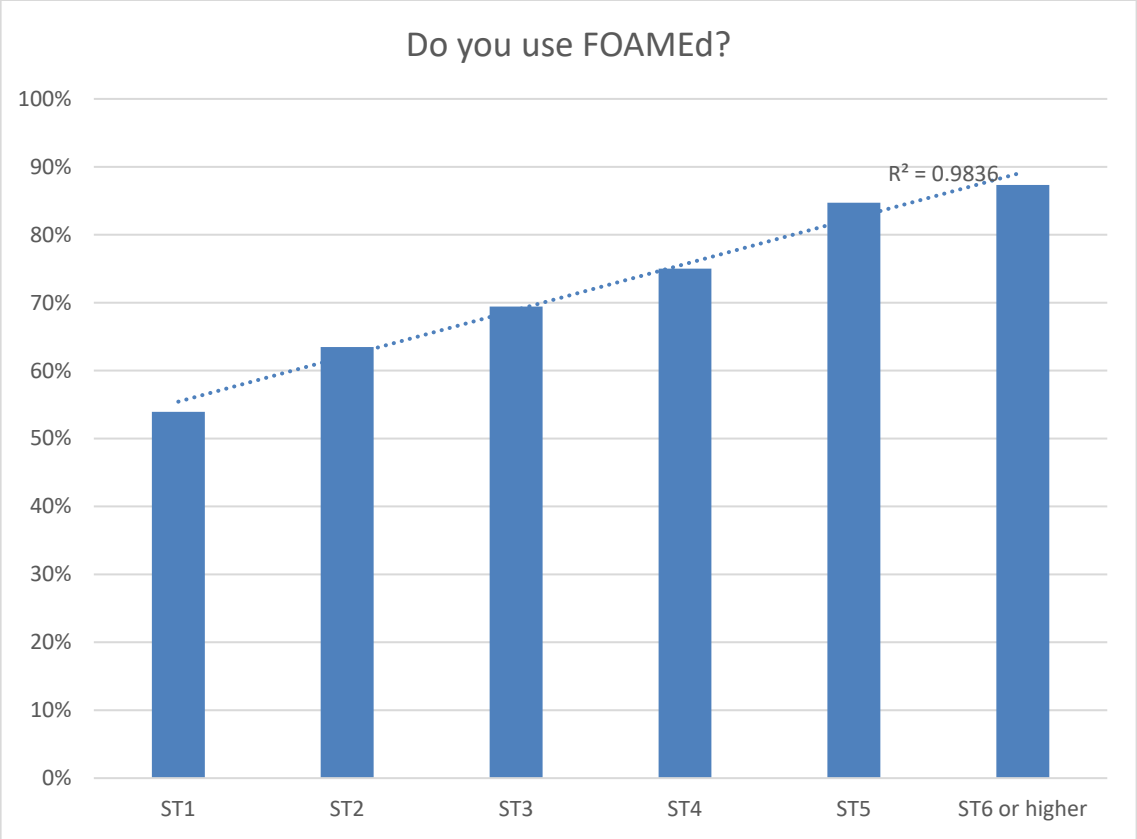
Use of FOAMED

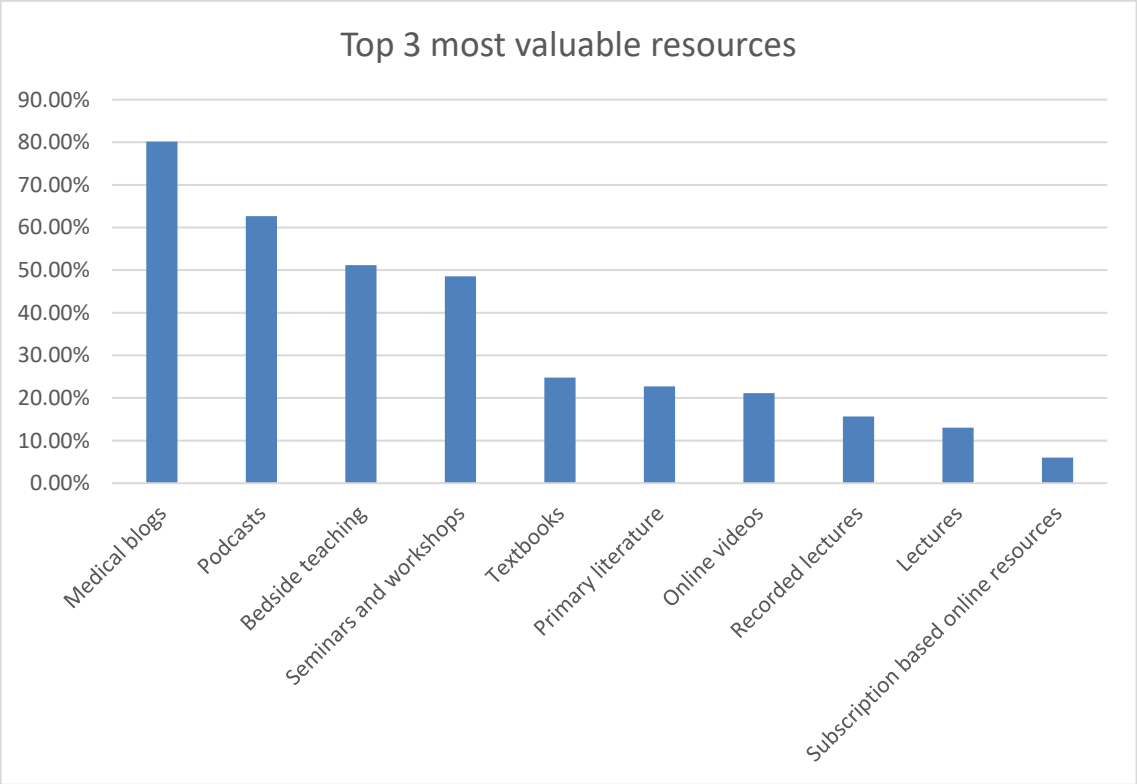
As a corollary to the perceptions of traditional teaching, the 2017 survey included questions around the use of Free Open Access Medical Education in comparison to other teaching methods. RCEM Learning is arguably the most significant benefit of membership of RCEM, and is considered an effective and popular FOAMED resource.

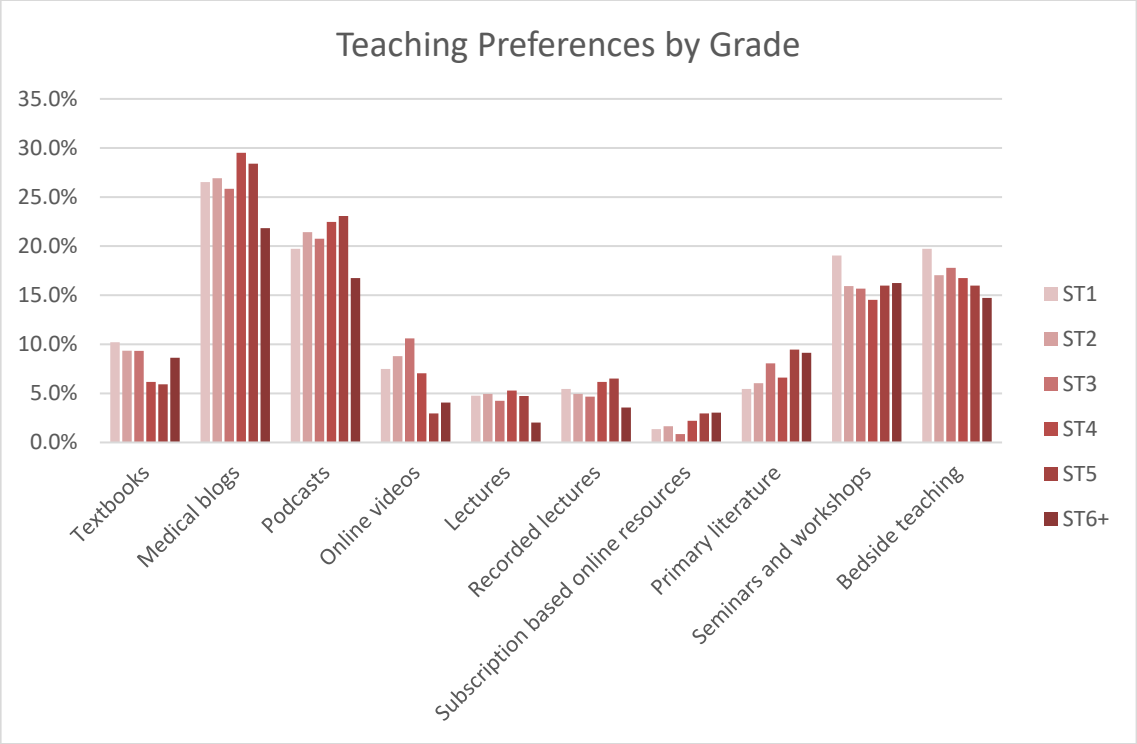
FOAMED clearly shows increasing popularity as training progresses.

Four resources are significantly more popular than others: blogs, podcasts, bedside teaching and seminars and workshops. Seminars and workshops remain consistently popular throughout training, whilst blogs and podcasts grow in popularity with seniority and bedside teaching is more popular with more junior trainees.

Popularity of primary literature increases markedly through training too – though remains a relatively unpopular learning resource in comparison to other modalities.


Do you use FOAMEd?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
R² = 0.9836
ST1
ST2
ST3
ST4
ST5
ST6 or higher


Top 3 most valuable resources
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Medical blogs
Podcasts
Bedside teaching
Seminars and workshops
Textbooks
Primary literature
Online videos
Recorded lectures
Lectures
Subscription based online resources



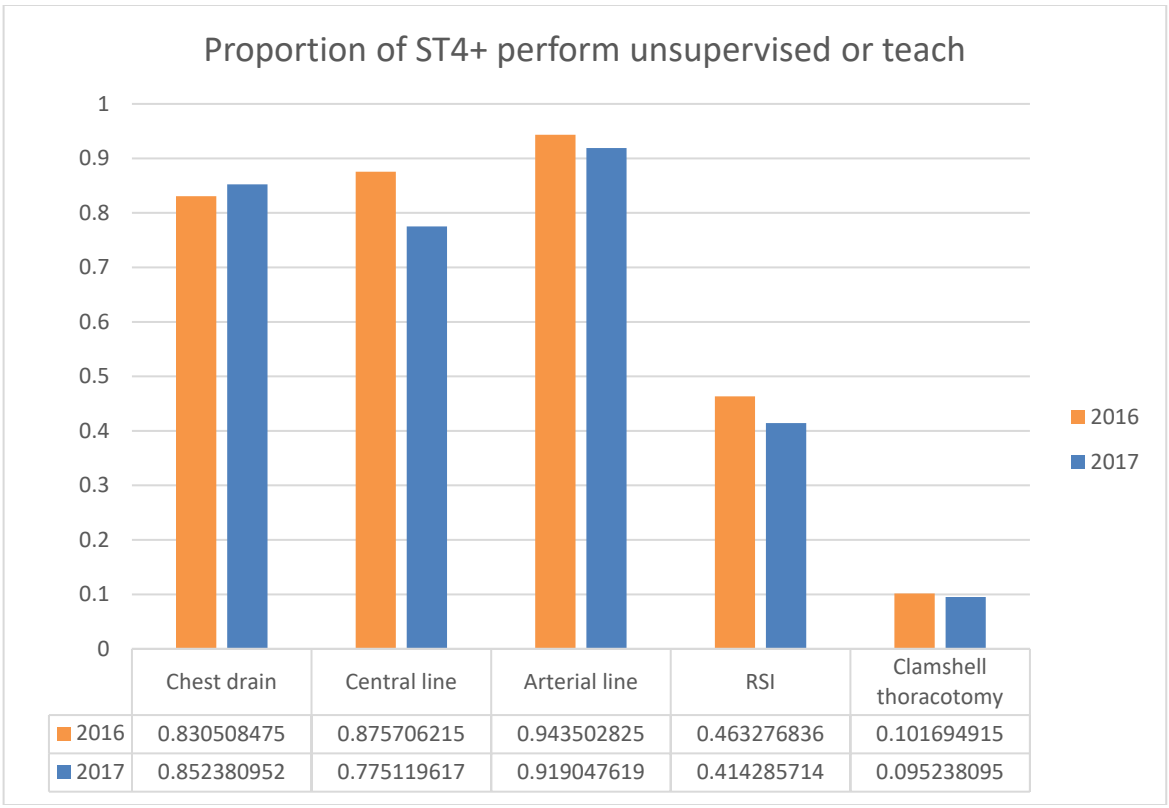
On the basis of these findings, monthly regional teaching would maximise attendance for the effort of delivering it, and should focus on delivering seminars and workshops on specific topics. Departmental teaching would be best delivered at the bedside. Signposting to FOAMED resources would be an effective, efficient and well received mechanism for delivering curriculum coverage.

Key Technical Skills

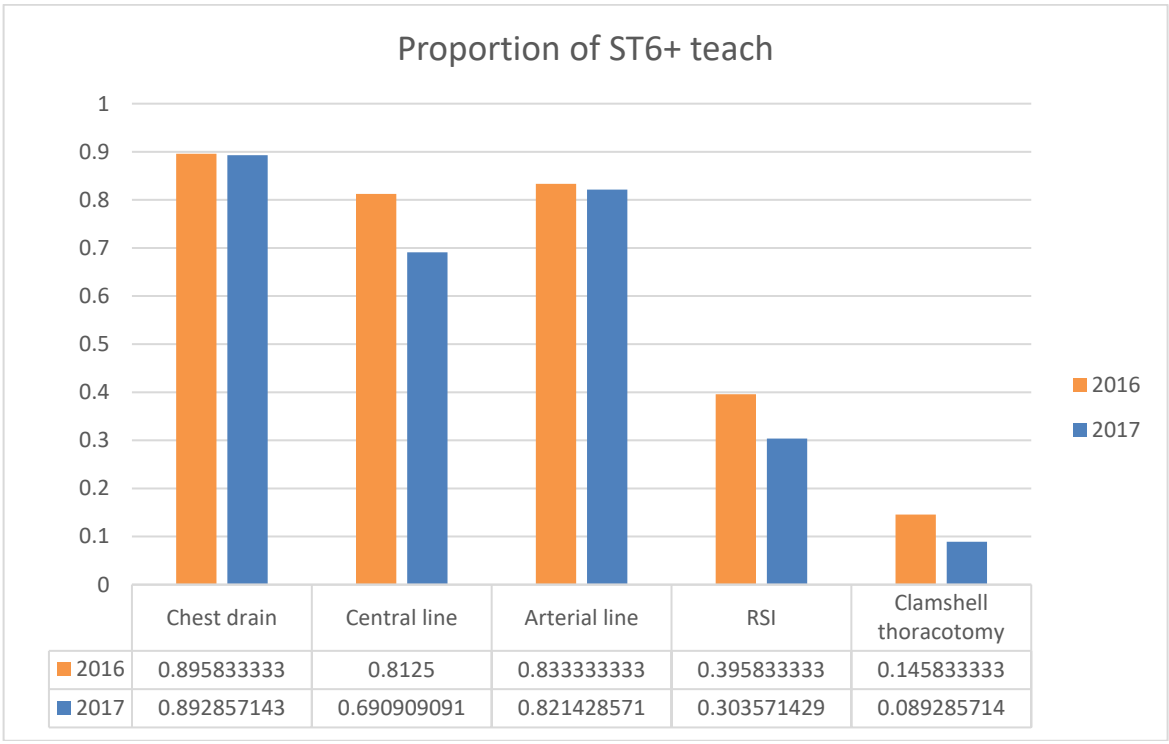
Five Skills commonly associated with Emergency Medicine were chosen by the EMTA committee as an indicator of ability of the EM training programme to deliver technical competencies by the end of training.

ST4 marks the entry to tier 4 on the RCEM definitions of clinical practice, which indicates that the individual is deemed able to run the Emergency Department without direct supervision overnight. Compared to the 2016, all sentinel critical care skills show a decline in the ability of senior HSTs to teach them.

This is further compounded by a decline in the number of trainees at ST4+ who are able to perform the skills without supervision or teach them, with the exception of chest drain.



	Chest drain	Central line	Arterial line	RSI	Clamshell thoracotomy
2016	0.830508475	0.875706215	0.943502825	0.463276836	0.101694915
2017	0.852380952	0.775119617	0.919047619	0.414285714	0.095238095



	Chest drain	Central line	Arterial line	RSI	Clamshell thoracotomy
2016	0.895833333	0.8125	0.833333333	0.395833333	0.145833333
2017	0.892857143	0.690909091	0.821428571	0.303571429	0.089285714

Theme 5: Readiness for Progression

The survey tells us that of respondents in 2017, 103 of 466 (22.10%) have already taken OOP, an increase from 18.3% in 2016.

The majority of OOP is taken at ST3 or above. Of 104 people declaring having taken OOP, 42.3% in 2017 vs 37.8% in 2016 did so following the ST3 year, followed by 36.5% after ST4 and 14.4% after ST5.

OOP was most commonly used for OOPE (63.46% in 2017 vs 53.66% in 2016), OOPT (26.92% in 2017 vs 29.27% in 2016), OOPC (21.95%) and finally OOPR (3.85% in 2017 vs 2.88% in 2016).

OOP is increasing in popularity, with 248 of 464 respondents (53.45%, vs 52.13% in 2016) are planning to take OOP in the future. Post-ST3 remains the most popular time to plan OOP (38.46%), again followed by ST4 and ST5. OOP is most commonly planned for OOPE (55.47%, vs 64.49% in 2016), OOPT (33.60%, vs 28.98% in 2016), OOPC (19.03% vs 16.33% in 2016) and finally OOPR (7.69%, vs 7.76% in 2016).

Pre Hospital (PHEM) remains the most popular planned OOPT sub or dual training option.

OOP is already very popular in EM training, and is becoming more so, with an increasing proportion of trainees taking time out to gain additional experience. OOPT is a limited resource, with finite numbers of training places, whereas opportunities for OOPE are essentially unlimited. If the lack of formal accreditation in areas where equivalent experience and achievement are available via OOPE – such as PHEM and PEM fellowships – is likely to present a future barrier to growth and development in the future, RCEM should lobby for increased availability of OOP training places to accommodate the growth in interest and to match the growth in EM training places already granted under the 2016 workforce strategy.

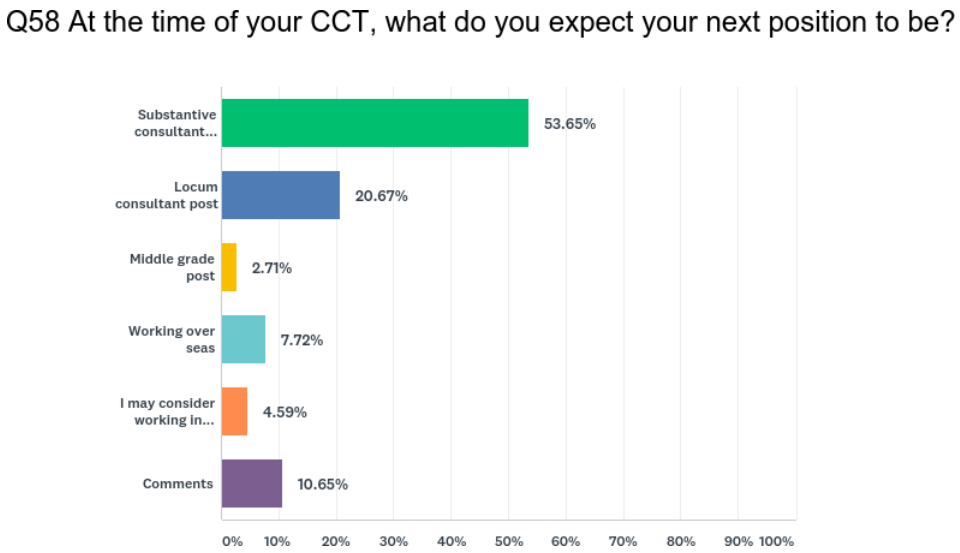
Refusal of OOP is a significant cause of loss from training programmes, and being unable to provide the capacity or willingness to accommodate OOP may undermine recruitment and retention in the future.

Locum Work

From 457 respondents, 210 (45.95%, compared with 33.91% in 2016) declared that they undertake locum work, doing so for similar reasons to those reported in 2016, but are increasingly likely to locum at their own hospital (73.68%, vs 64.74% in 2016). A slightly higher proportion of 76.08% (compared with 71.15% in 2016) agreed with the statement that their objective level of supervision and support when working as a locum was no different to their normal work, and

76.56% are in favour of locum hours being recognised towards training.

End of Training – next position after CCT

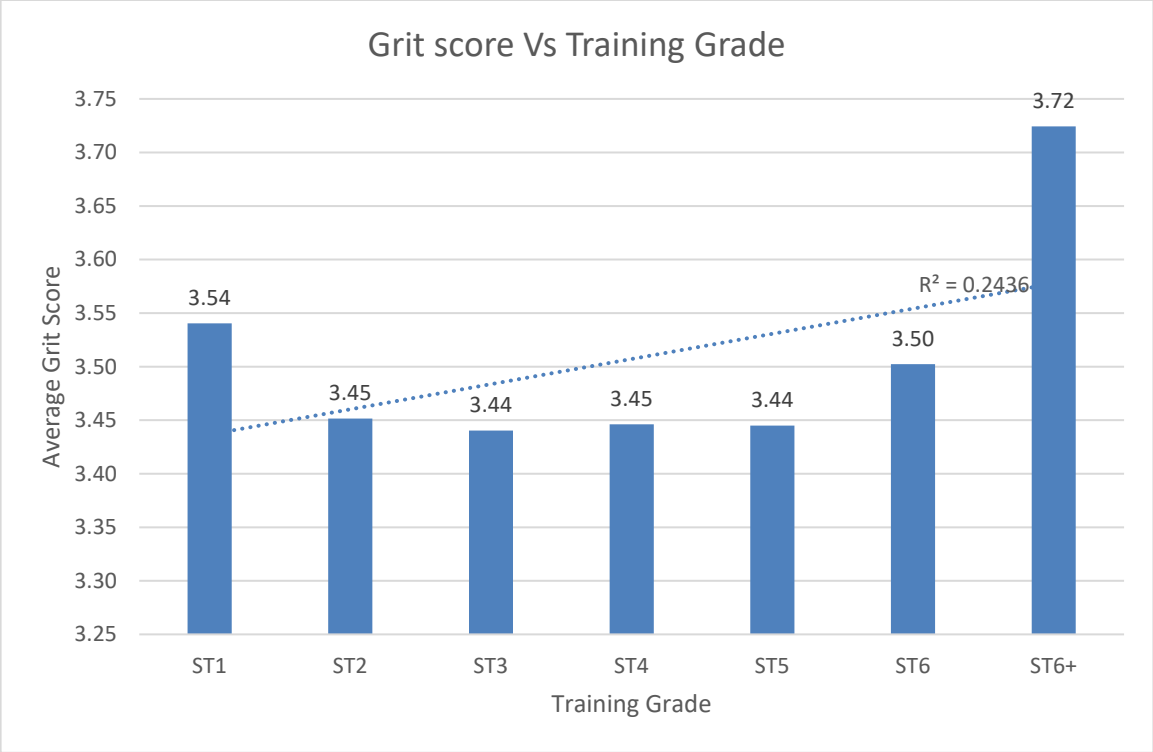


Of note, and new data not available in 2016, 248 of 479 (51.77%) intend to work part time on completion of training.

Theme 6: Sustainability and Welfare

Burnout, GRIT, GAD7 and PHQ9 data have been presented as a poster at the 2018 Leaders in Healthcare conference, and the abstract published in BMJ Leader. The poster is included as Appendix H, and the reference is included at the end of this report.

GRIT is a 12 item score that predicts each respondent's likelihood of completing long term tasks. The score showed a correlation with increasing seniority of training. Previous studies in surgeons have shown a similar correlation with seniority, including consultants. It may be that a formal assessment of grit during national recruitment may allow some selection of those candidates that are most likely to complete training, but the evidence is very far from strong enough to recommend this presently.



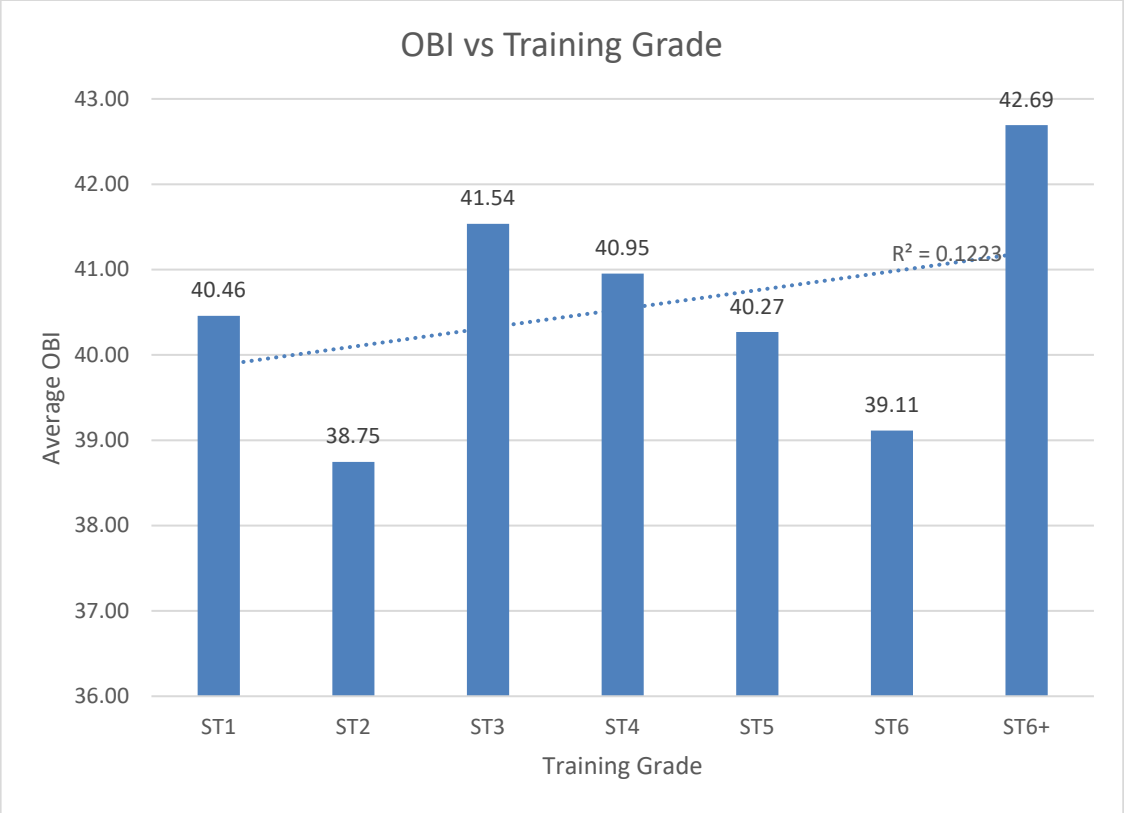
Predictably, GAD7 and PHQ9 show strong correlation; the survey does not capture hard outcome data such as sick leave or need for formal treatment for anxiety or depression, but these scores have previously been correlated with both of these outcomes.

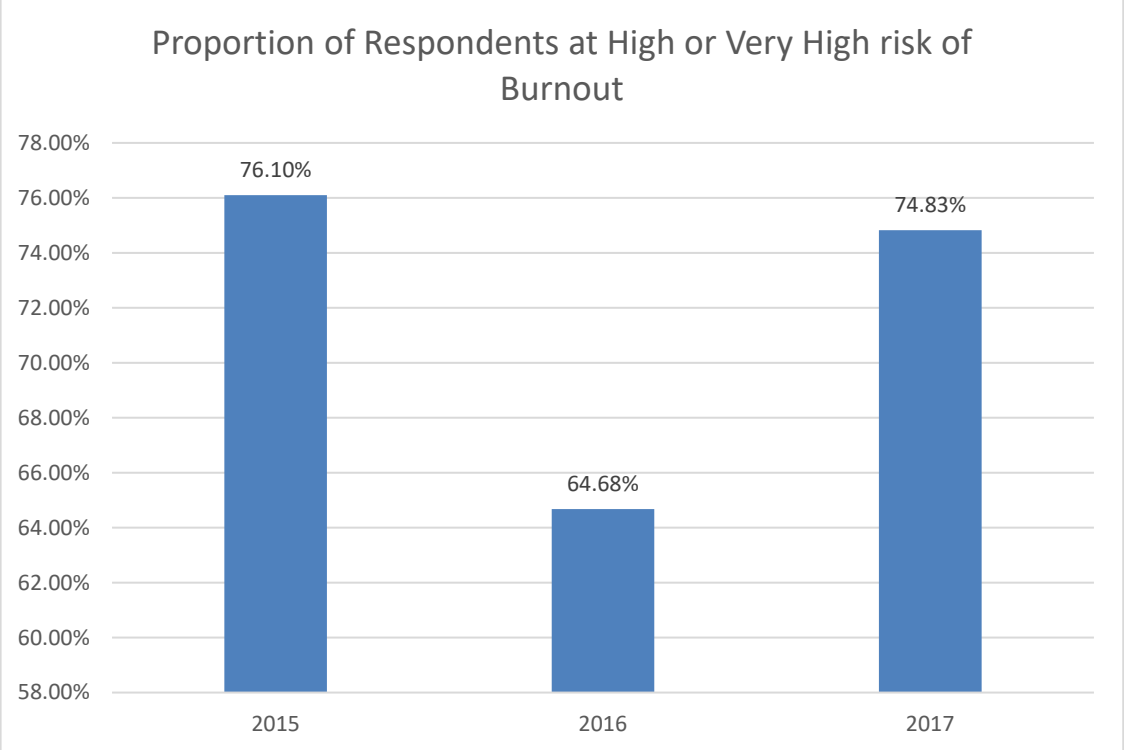
The prevalence of burnout has consistently been high in EM, measured year on year using the Oldenburg Burnout Inventory, OLBI. This 16 item questionnaire provides a score between 16 and 64, with >36 deemed at high or very high risk of burnout.

Trainees consistently score a substantial majority in this bracket across three years of survey data.

Of note, respondents who undertook locum work had significantly lower burnout scores than those who didn't.

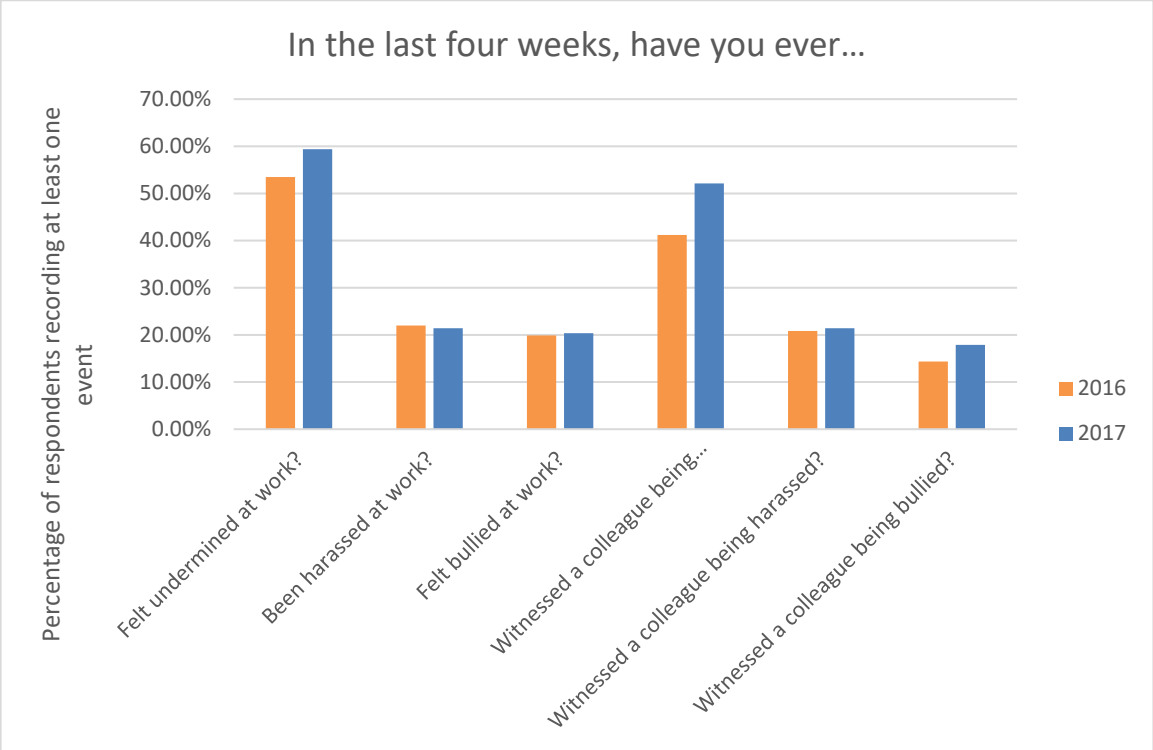
As previously indicated, other organisations have looked at burnout using other scores: BMA and EMTA have used Oldenburg, ICS have used Copenhagen, and GMC have used Maslach. These scores measure similar things, but are not directly comparable. The high burnout rates reported in the EMTA survey make Oldenburg a poor discriminator within the cohort, which makes further correlation challenging. A study is planned to evaluate whether the other burnout scores might produce a wider range of responses.


OBI vs Training Grade
43.00
42.00
41.00
40.00
39.00
38.00
37.00
36.00
Average OBI
40.46
38.75
41.54
40.95
40.27
39.11
42.69
R² = 0.1223
ST1
ST2
ST3
ST4
ST5
ST6
ST6+
Training Grade


Proportion of Respondents at High or Very High risk of Burnout
78.00%
76.00%
74.00%
72.00%
70.00%
68.00%
66.00%
64.00%
62.00%
60.00%
58.00%
76.10%
64.68%
74.83%
2015
2016
2017

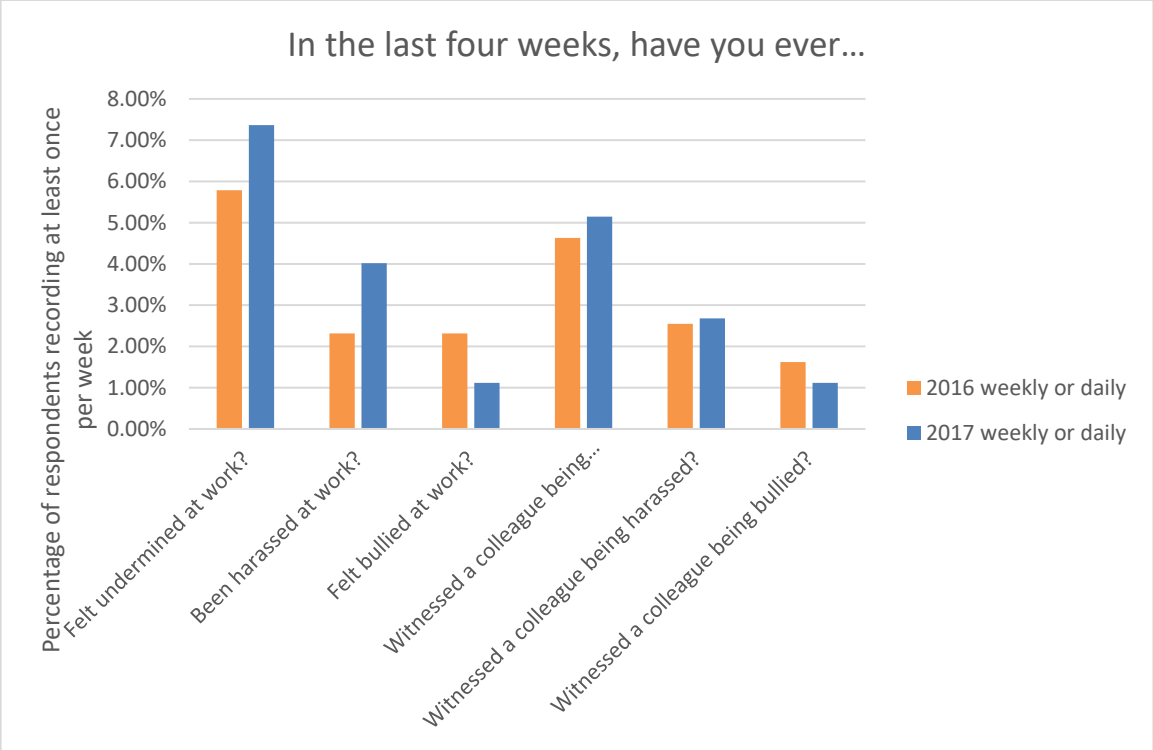
Bullying, Harassment and Undermining

Bullying and harassment data was published for the first time in 2016 in support of the wider Hammer It Out campaign from BOTA. Data from 2017 shows that these negative behaviours are more common in 2017 than they were in 2016.

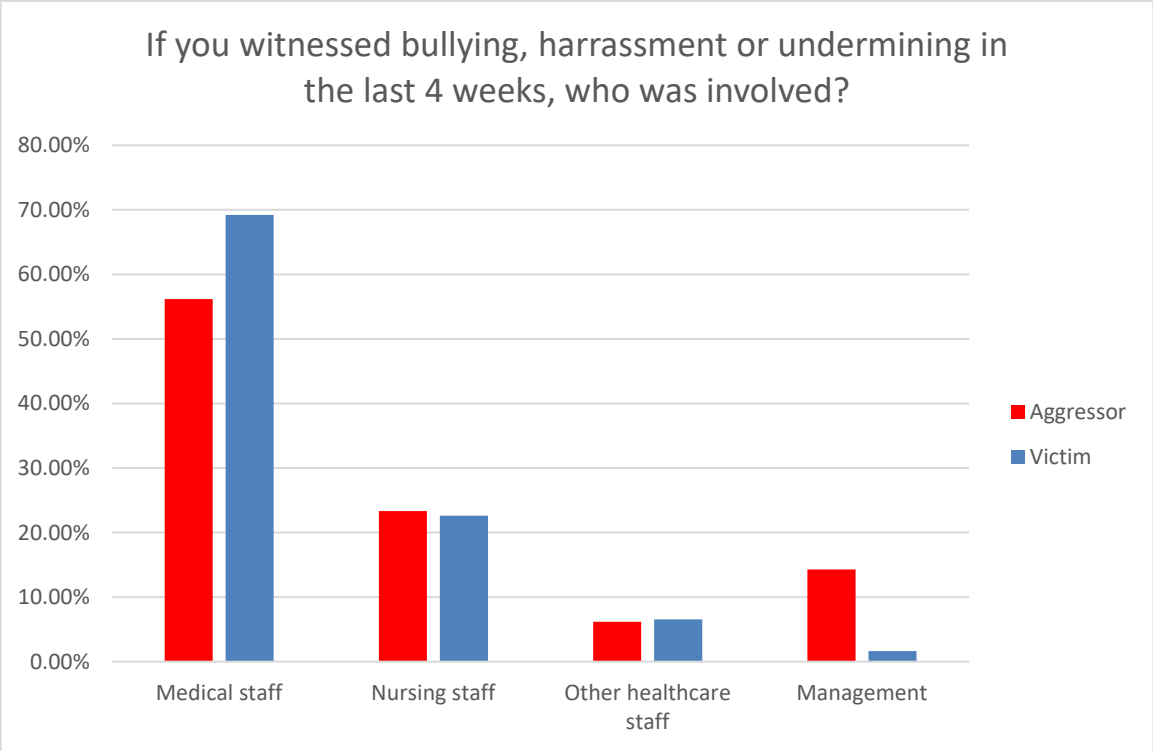


This may not be as negative as first inspection appears, as it may represent progress in awareness of negative behaviours and willingness to report them.

The next graph shows people reporting experiencing negative behaviours occurring on a weekly or daily basis, and is more likely to represent those experiencing persistent problems in the workplace.



On a "tick all that apply" basis, 271 reporting bullying, harassment or undermining in the last 4 weeks, of which 153 reported the source to be staff within in ED, and 175 reported the source to be staff outside of the ED.



Finally, medical staff are both the most likely to be both aggressor and victim in the reported data, though this data is a snapshot taken exclusively from the perspective of trainees.

Appendix F contains specific qualitative examples of negative behaviours from trainees who were willing to provide them.

References

Bailey J, Thomas C, McDowall A 92 Grit and burnout in UK emergency medicine trainees BMJ Leader 2018;2:A38.

Appendix A: Why did you choose to train in Emergency Medicine?

#	RESPONSES	DATE
1	I liked the variety of acute problems it provided. I liked being able to investigate and diagnose on the spot.	2/1/2018 1:41 AM
2	Wanted to be in a specialty that gives you the training and opportunity to deal with anything. My vision of a doctor.	2/1/2018 1:18 AM
3	Clinical variety Opportunity to see high number of undifferentiated patients Exposure to wide range of clinical severity Opportunity to gain wide general skill set and knowledge base	2/1/2018 12:59 AM
4	It was the specialty that moulds best to my personality.	2/1/2018 12:47 AM
5	the broad scope and acuity of the patients seen in the ED	1/31/2018 11:25 PM
6	Variability; seeing acutely unwell patients; flexibility of shift work; sociable working environment; flat hierarchy - friendly consultants	1/31/2018 11:14 PM
7	Variety of cases, fast paced nature, ability to do practical procedures, work as a team.	1/31/2018 10:52 PM
8	Variety, camaraderie, less boring than anaesthesia!	1/31/2018 10:47 PM
9	Variety, acute aspect, teamwork. Opportunities to find a niche	1/31/2018 10:31 PM
10	Broad group and f patients , something about everything, not too much detail of one , allows part time as each day is a new day	1/31/2018 10:18 PM
11	Acute and very ill patients. Wide range of pathologies. Cradle to grave specialty. Only college that I know that teaches management and leadership - and exams in it!	1/31/2018 9:24 PM
12	Combination of looking after the sickest patients acutely and good access to sub-specialty training in PHEM	1/31/2018 8:46 PM
13	I always enjoyed acute care and I love the variety it brings and the chance to care for people in possibly their most vulnerable time	1/31/2018 8:42 PM
14	I enjoy it	1/31/2018 8:29 PM
15	Varied caseload, broad skill set, flexible working patterns - no clinics or ward based medicine!	1/31/2018 8:02 PM
16	Satisfaction I received treating critically sick people.	1/31/2018 7:57 PM
17	I enjoy dealing with medical emergencies	1/31/2018 7:39 PM
18	Liked the work, skills,being.on.shop floor with colleagues, satisfar	1/31/2018 7:27 PM
19	I wanted to be able to help save someone’s life if we were lost on a desert island.	1/31/2018 6:55 PM
20	Variety, skill mix	1/31/2018 6:47 PM
21	variety of work Being in resus and involved in critically unwell patients Development of a variety of skills	1/31/2018 5:57 PM
22	Enjoy the variety in pathology, patient demographics. Particularly enjoy ability to perform practicle procedures and high acuity and critical care/rests elements of job.	1/31/2018 5:17 PM
23	Cover a broad knowledge base with expertise in understanding acute and chronic disease and being able to apply diagnostic reasoning, as well as fix sick people. No ward rounds; no serum rhubarbs; variety; critical care skills; all ages cradle to grave.	1/31/2018 5:01 PM
24	I enjoy the variety of work plus options to perform practical procedures Great teamworking options Lots and lots of patient contact - I enjoy the stories!	1/31/2018 5:00 PM
25	It is a generalist specialty Fun Great case mix Team work	1/31/2018 4:51 PM

26	There's a lot quick fixes, and if not, you're usually the first to address patient's health needs. You're not a specialist in any one specialty but you're the master of the undifferentiated and good in a tight spot of bother. If you like things raw, this is the specialty for you.	1/31/2018 4:49 PM
27	Passion, thrill, versatile	1/31/2018 4:29 PM
28	My main speciality since graduating from medical school	1/31/2018 4:04 PM
29	Variety, acuity, no ward rounds or clinics	1/31/2018 3:51 PM
30	EM chose me really. As I naturally accrued the skills of an acute generalist I took great pride in being the clinician who provides care to all of the severely sick and injured at the front door whatever the time. I now better understand the value that EM brings to society in managing the risk and uncertainty inherent within the undifferentiated population of patients we see. I relish the opportunity and responsibility of teaching and forming the minds of developing doctors and using our mandatory skills of critical appraisal to rationally apply evidence based medicine.	1/31/2018 3:50 PM
31	Enjoy the mix of practical and knowledge-based skills. High patient turnover, interest in trauma and	1/31/2018 3:43 PM
32	The variety of clinical cases and skills Dealing with acutely unwell patients	1/31/2018 3:33 PM
33	Liked the work	1/31/2018 3:32 PM
34	Varied case mix, PHEM oppotunity	1/31/2018 3:24 PM
35	I really enjoyed my FY2 placement in EM. I enjoy seeing undifferentiated patients and making diagnosis as well as managing critically unwell patients in resus.	1/31/2018 2:33 PM
36	Variety	1/31/2018 2:16 PM
37	Variety of patients. Camaraderie between team members. Broad range of clinical scenarios. Practical aspects.	1/31/2018 2:13 PM
38	Variety. Challenging. Lots to do as a consultant	1/31/2018 1:54 PM
39	Got exposed to EM in USA. The idea of varied presentation and different aspects of Resus patients have been exciting. Love the way EM has been evolving especially w.r.t. Ultrasound and Trauma.	1/31/2018 1:35 PM
40	Covers all specialities, get to be the first person to see the patient and diagnose and treat.	1/31/2018 1:34 PM
41	Different Variety Practicle	1/31/2018 1:05 PM
42	Interesting	1/31/2018 12:36 PM
43	Broad range of presentations across whole population age ranges Team working and multidisciplinary interaction for patient challenging patients with limited information	1/31/2018 12:32 PM
44	It is fast pace and exciting. I like the fluctuation of flow. I like the combination of surgical and medical procedures and I enjoy seeing sick patients at point of entry.	1/31/2018 12:16 PM
45	Variety, seeing most unwell patients, many practical aspects, good team	1/31/2018 12:04 PM
46	Fast paced, good teams, sick patients, no bleeps nor ward rounds.	1/31/2018 12:01 PM
47	The variety, 'we always help the sick', the importance of history and examination and making that first differential diagnosis, the ability to change outcomes with emergency 'golden hour' treatment, get to do paediatrics but not exclusively	1/31/2018 11:29 AM
48	Like being at the front door. Real medicine. Enjoy the mixture. Enjoy the resus/critical care ED brings	1/31/2018 11:01 AM
49	Dynamic speciality	1/31/2018 10:38 AM
50	variety and unpredictability of work load	1/30/2018 11:51 PM
51	Flexibility in becoming LTFT after mat leave. High acuity speciality. Variety in day to day work. Variety across acute specialities. No clinics.	1/30/2018 9:26 PM
52	I enjoyed the Fast pace and variety of pathology. I thought it would be a compatible with family life and a good work life balance.	1/30/2018 8:24 PM
53	Variety Team work Acutely unwell patients Patient interaction	1/30/2018 7:48 PM
54	Variety and diversity No ward rounds Pre-hospital Medicine element	1/30/2018 6:38 PM

55	Variety and flexibility	1/30/2018 5:57 PM
56	variety, acute presentations, practice hands on	1/30/2018 5:39 PM
57	Variety of presentations Acute setting very practical close teamworking in dynamic enviroment Limited commitment to long term patients Variety of shift patterns - I do not enjoy 9-5!	1/30/2018 5:12 PM
58	Varied speciality, flat hierarchy, team based	1/30/2018 4:53 PM
59	Enjoyed the speciality the most as an FY2	1/30/2018 3:36 PM
60	Unpredictable and variety. Every day is different	1/30/2018 3:18 PM
61	Liked working in Emergency Medicine	1/30/2018 3:02 PM
62	I enjoyed the diagnostic challenge. The variety. The shift work suited me. And I enjoy the team approach.	1/30/2018 2:03 PM
63	interesting cases. never boring	1/30/2018 12:47 PM
64	Wide range of patients, ages, pathologies. No ward rounds. First person to see a patient.	1/30/2018 12:46 PM
65	I enjoy the job, it suits my skills and interests, and I want to spend some time working abroad -the skills are very transferable.	1/30/2018 11:59 AM
66	Variety of patients Management of trauma and resus patients No ward rounds	1/30/2018 11:48 AM
67	loved my F2 placement in ED, enjoy being a generalist and the team environment	1/30/2018 11:44 AM
68	Adrenaline. Wide display of pathology. Big age range. Pre-hospital stuff. Very hands on practical specialty but not so hands on its surgical.	1/30/2018 11:43 AM
69	only specialty I have ever been interested in.	1/30/2018 11:24 AM
70	Like the variety	1/30/2018 10:00 AM
71	The variety and the idea that we fix things along with it being pretty exciting at times.	1/30/2018 5:24 AM
72	Divrsity	1/30/2018 1:41 AM
73	High acuity cases and procedurally heavy specialty	1/30/2018 12:34 AM
74	Variety, acuity	1/29/2018 9:51 PM
75	variety of cases, team work, immediate effect of my work	1/29/2018 9:49 PM
76	I like to have a broad range of clinical skills and knowledge base	1/29/2018 7:53 PM
77	Variety, job satisfaction. Wanted to work closely with a team. The challenge of diagnosis in an undifferentiated patient.	1/29/2018 6:46 PM
78	Team specialty, variety, procedures, no ward rounds/clinics	1/29/2018 6:20 PM
79	Acute care, no ward rounds or clinics	1/29/2018 6:03 PM
80	Variety, challenge, practical skills and intellectual element	1/29/2018 5:18 PM
81	variation in workload acute aspect	1/29/2018 5:17 PM
82	Enjoyed it during Med school and foundation training Broad range of skills and knowledge	1/29/2018 4:54 PM
83	Challenging specialty with flexible hours	1/29/2018 4:10 PM
84	Variety, being 'on-the-go', team working, see effects of immediate treatment	1/29/2018 3:28 PM
85	Variety and practical application daily	1/29/2018 2:54 PM
86	I enjoyed the work	1/29/2018 1:42 PM
87	It was the most interesting, exciting and diverse specialty I encountered during my foundation training. I found it the most morally appealing and rewarding...relieving pain, treating emergency conditions and injuries. It crossed my mind it could be done well less than full time because of the heavy shift work component.	1/29/2018 1:24 PM
88	Exciting and variety	1/29/2018 1:06 PM
89	Available vacancy	1/29/2018 12:03 PM
90	Diversity of Medicine	1/29/2018 11:58 AM

91	Every day is different. Get to make a real difference for many people in the ED.	1/29/2018 11:42 AM
92	I just love the variety of cases and the pressures. Also interested in prehospital care and trauma.	1/29/2018 11:31 AM
93	high energy environment where you work within a fun team that feels like a close knit unit who all working together for all the patients. Variety of work from resus to minors. hands on practical. Lots of patient contact meet lots of knew people. Looked up to seniors who always seemed happy and wanted to teach and get you involved.	1/29/2018 10:36 AM
94	Team working, variation in job on day to day basis, no ward rounds, no long term patients in clinics, a perception that my personality type fit the speciality. Procedures/hands on stuff.	1/29/2018 10:18 AM
95	I love problem solving and patient contact	1/29/2018 1:54 AM
96	first F2 job - enjoyed ACCS training - good generalised training better than CMT full control over patient good early decsions and intervention makes a massive difference awesome teamwork	1/28/2018 10:52 PM
97	Doesn't mind shift jobs. Dislike ward jobs. Hands on. Uncertainty and not predictable clinical presentations - attractive to me.	1/28/2018 10:46 PM
98	generalist with no single area (organ) of expertise. increasing skill set as experince grows not narrowing. undifferentiated patients, exciting to look after the critically ill. Good teams andteam working in the ED, plenty of procedures to learn, become an expert in resuscitation.	1/28/2018 9:56 PM
99	Variety, broad speciality not becoming too focused to exclusion of other areas of medicine.	1/28/2018 9:50 PM
100	1. Fast paced 2. Variety 3. Job satisfaction 4. Good professional relationships between trainers / trainees (well supported)	1/28/2018 9:35 PM
101	Variation, exciting, sessional, pre hosp	1/28/2018 9:02 PM
102	It's a fun pace of work and I enjoy time in resuscitation	1/28/2018 8:58 PM
103	Diverse range of conditions seen and best bits of every speciality	1/28/2018 8:56 PM
104	Variety of pathology and patient groups Enjoy acute specialties Prospect of PHEM training Avoidance of long ward rounds	1/28/2018 8:37 PM
105	I have worked in emergency medicine for over 20 years in other careers and I enjoy the variety, I suit shift work and am enjoying the new challenges and extensions to a doctors role in EM	1/28/2018 8:20 PM
106	I chose EM because it makes a real difference in patients lives.My intention was to treat sickest patients and that would give me immense satisfaction.But disappointing that in this country,if its a sick patient you will have to call the ITU and they take care of the patient.As an Emergency physician,I realised that I tend to treat all patients except proper Emergency ones which was the reason for me to get into this career path and its quite disappointing.I might leave this career path in the nearfuture	1/28/2018 8:06 PM
107	enjoyed the variety. particular interest in pre-hospital/sports medicine	1/28/2018 7:14 PM
108	Variety Shift work 'Expert' at emergencies in all age groups I particularly like my variety of adult/ paed medicine	1/28/2018 7:09 PM
109	Variety of clinical situations on a day to day basis , exciting	1/28/2018 6:52 PM
110	Variety, see changes in conditions quickly, close knit teams	1/28/2018 6:49 PM
111	Variety	1/28/2018 6:21 PM
112	Varied interesting case load, hands on, good team environment	1/28/2018 5:21 PM
113	I like the variety. I also like performing procedures, but with the added benefit of awake patients. I work well under pressure, and get bored easily. I get to see children and adults.	1/28/2018 5:12 PM
114	Enjoyed previous EM placements Wide range of problems to deal with	1/28/2018 4:00 PM
115	- team work - variety of clinical presentations - opportunity to look after sick patients - practical skill aptitude	1/28/2018 3:18 PM
116	I enjoy the medicine and I hate to be bored	1/28/2018 2:22 PM
117	Enjoyment of clinical practice in emergency medicine.	1/28/2018 10:53 AM
118	I enjoyed it in FY2 and when working in Australia. I enjoy the variety and acuity.	1/28/2018 10:36 AM

119	Combination of interesting medicine, the fact that people cared about your training (e.g. I learned more general medicine doing EM vs doing AM), and it felt like you were making a difference	1/28/2018 9:39 AM
120	Variety of clinical presentations , exciting	1/28/2018 8:08 AM
121	The breadth of Medicine encountered whilst working day-to-day in the specialty, the coal-face nature of the work, the privilege to be part of a team that people turn to in times of personal crisis and the camaraderie of the department.	1/28/2018 12:08 AM
122	Jack of all trades, master of Emergency Medicine skill set	1/27/2018 11:39 PM
123	Different every day wide range and i really enjoy resus of critically ill	1/27/2018 11:07 PM
124	Breath of specialakity, team aspect	1/27/2018 11:07 PM
125	I enjoy looking after acutely unwell patients and seeing a variety of different presentations.	1/27/2018 10:33 PM
126	Exciting speciality. Great team work ethic. Patients are varied. Always thinking	1/27/2018 10:19 PM
127	Enjoy the work, variety, team work	1/27/2018 9:53 PM
128	I enjoy the pace & variety of the work. Interfacing with different specialties. Camaraderie between team members. Requires broad skill set which appeals to me.	1/27/2018 9:26 PM
129	Diverse group of patients, acute presentations, flexibility as a consultant	1/27/2018 7:31 PM
130	I enjoy working in Emergency Medicine and I think that completing the training program is the best way to improve as a doctor	1/27/2018 6:38 PM
131	Acute cases and broad set of skills and knowledge. The belief that the specialty will evolve and recruit more doctors and nurses to fill in gaps reducing working pressures and burn outs.	1/27/2018 6:33 PM
132	Love the variety and utility of my skills	1/27/2018 6:21 PM
133	Variety of workload, presentations, patient contact, interest in acute care	1/27/2018 6:15 PM
134	The speciality that suits me best- the variety, using clinical acumen, talking to patients, the sick patients, the lack of ward rounds, working within a team	1/27/2018 6:14 PM
135	Enjoy variety of work, team working environment, seeing new patients on presentation	1/27/2018 5:51 PM
136	dynamic, prevents monotony, tend to see everything and develop good clinical reflexes	1/27/2018 4:46 PM
137	Because of training and jobs availability	1/27/2018 4:44 PM
138	Emphasis on diagnostics and early intervention of a broad range of presentations	1/27/2018 4:25 PM
139	variety	1/27/2018 2:59 PM
140	Fun, varied, ownership of patients, influence in experience	1/27/2018 2:47 PM
141	It is unique speciality , always challenging	1/27/2018 2:43 PM
142	Variety, hard work, opportunity to be always involved in patient care and I hate ward rounds	1/27/2018 2:28 PM
143	Broad spectrum of patients and presentations: Neonates, Paediatrics, Adults, Geriatrics and presentations not limited to a particular specialty, thus all types of surgical presentations, all types of medical presentations, all sorts of gynaecological and obstetric presentations. Everything. This is something not found in other specialties or in hospital ward based medicine.	1/27/2018 1:51 PM
144	Breadth and variety	1/27/2018 1:25 PM
145	Variety, acuity. Close teamwork with specialties, nursing colleagues, paramedics etc.	1/27/2018 12:59 PM
146	Exciting specialty. The assessment and management of a diverse range of undifferentiated critically ill patients presenting to the ED. Opportunity to perform and develop proficiencies in a wide range of procedures/ practical skills.	1/27/2018 12:53 PM
147	Enjoy it	1/27/2018 12:48 PM
148	Variability in job	1/27/2018 12:41 PM
149	ergency medicine is a tremendously diverse, varied field that attracts people for many different reasons.the main reason I choosed this speciality is because it has excitement, Lots of opportunity to use the full breadth of my skill set, and for its work/life balance.	1/27/2018 11:15 AM

150	Variety, feeling of doing something important with clear visual results of effort, high amount of contact with patients and patient's family in a non-hierachial environment, high level of teamwork with lots of specialities, AHP and non-medical professionals, best bits of all specialties	1/27/2018 11:10 AM
151	Enjoy the variety of the job	1/27/2018 10:53 AM
152	Variety presentations Opportunity to make a difference Fast paced work Practical opportunities	1/27/2018 10:44 AM
153	Teamwork, Fast paced, variety of presentations, everyday different, opportunity to do expedition medicine	1/27/2018 8:27 AM
154	Emphasis on clinical and practical skills, busy, fast paces, communication skills important	1/27/2018 5:39 AM
155	Variety Fast paced Hours	1/27/2018 3:57 AM
156	Variety, broad range of skills and knowledge required. Sick patients, flexible working patterns. Enjoyed it. madness	1/27/2018 3:25 AM
157	Diversity	1/27/2018 3:24 AM
158	Practical procedures. Independence. No ward rounds.	1/27/2018 2:19 AM
159	I like the specialty to help in actual emergencies. In UK ITS CRAP.	1/27/2018 12:46 AM
160	I enjoy the variety of presentation, trauma and resuscitation patients	1/27/2018 12:21 AM
161	Varied, fast paced, ability to problem solve and manage large teams	1/26/2018 11:56 PM
162	varied patient population and case load. improved team atmosphere in comparison to other specialities. scope for out of hospital (pre-hospital) work	1/26/2018 11:52 PM
163	Wanted to be a generalist. Like quick interventions and teamwork of ED	1/26/2018 10:49 PM
164	Broad range of skills	1/26/2018 10:26 PM
165	Variety and team work	1/26/2018 10:13 PM
166	Front line Unexpected Versatile No word round no clinic	1/26/2018 10:03 PM
167	Variable work every day	1/26/2018 9:44 PM
168	Exciting, dynamic, diagnostic challenges	1/26/2018 9:37 PM
169	special interest in managing acutely ill patient	1/26/2018 9:25 PM
170	Desired Speciality, most interesting and diverse patients: highly skilled and practical profession, working as a team and Consultants very approachable	1/26/2018 9:15 PM
171	Diverse specialty seeing lots of different presentations. I didn't want to specialise in just one area of medicine. Variety of skills to be learned and developed. Lots of practical/hands on experience. Difficult work life balance during registrar years but more scope for better balance as a consultant (in Scotland at least, currently!)	1/26/2018 9:12 PM
172	resus and acute cases	1/26/2018 8:57 PM
173	I enjoyed the variety of presentations and in particular the emergent patients who required critical care interventions	1/26/2018 8:49 PM
174	Variety Option to dual cct icm Run through, could get a job anywhere, eventually work ltft easily	1/26/2018 8:48 PM
175	Variety of case load Potential for flexible less than full time trainibg Potential for good career progression	1/26/2018 8:33 PM
176	Variety, range of patients. Emergency presentations. Experience enabling opportunities to work in expedition and pre-hospital medicine	1/26/2018 8:30 PM
177	Range of presentations. Point of diagnosis and initial management. Superb team work. Tailored range of skills and experience for my future ambitions	1/26/2018 8:22 PM
178	Variety - broad knowledge base Sick patients Lack of ward rounds/clinics/ward stuff!	1/26/2018 8:20 PM
179	I like it	1/26/2018 8:15 PM
180	The only specialty I enjoyed in foundation year	1/26/2018 8:02 PM
181	Generalist aspect of the speciality	1/26/2018 7:50 PM

182	Diversity of presentations (eg well, dying, paeds, psych, bleeding), fast pace, love Emergency management full stop, team environment, job prospects	1/26/2018 7:48 PM
183	It's been a passion an area of the hospital which have variety of interesting and challenging clinical situation, fast paced and far away from a routine ward job	1/26/2018 7:44 PM
184	I enjoy managing the variety of patients seen in ED. Enjoy the practical side and procedures we perform in ED and managing critically ill patients in the first few hours. I also love the camaraderie in the ED and the interaction with multiple different specialities.	1/26/2018 7:25 PM
185	Investigative nature of the role Wide range of clinical presentations Lots of opportunities for practical skills	1/26/2018 6:57 PM
186	Variety of patients we see, I really enjoy making a difference to patients lives.	1/26/2018 6:55 PM
187	Best placement as F1 and encouraging supervisor	1/26/2018 6:53 PM
188	I left surgical training to do EM because of variety, great colleagues, the acute nature of the workoad and thorough and varied training through ACCS. It also allowed other opportunites to do related work outside of the hospital.	1/26/2018 6:50 PM
189	I like being a generalist and enjoy trauma	1/26/2018 6:44 PM
190	wide clinical experience	1/26/2018 6:43 PM
191	Varied caseload and experience, immediate patient management, adults and children, practical and medical.	1/26/2018 6:40 PM
192	The diverse range of patients and skills Communication opportunities with patients Teamwork Acute medical nature of it	1/26/2018 6:37 PM
193	Enjoy broad area	1/26/2018 6:35 PM
194	Wide variety of cases, team work, scope for sub speciality training	1/26/2018 6:30 PM
195	Team work. Reduced patient follow up.	1/26/2018 6:19 PM
196	Broad range of patients, broad range of presentations, tests diagnostic skills, hand on practical procedures	1/26/2018 6:12 PM
197	variety of presentations. acute presentations. hate clinics and ward rounds!	1/26/2018 6:04 PM
198	I always loved the various different specialities and managing poorly patients and found Emergency Medicine provided a good mix of poorly patients and cases from a multitude of specialities. I also find the nature of not knowing what is coming in through the door keeps the speciality fresh and exciting.	1/26/2018 5:56 PM
199	Flexible hours. Variety of cases. Team culture	1/26/2018 5:56 PM
200	Like to work in Emergency field. Enjoy the variety of case. Working in variable times shift suites me more than regular shifts.	1/26/2018 5:53 PM
201	Because I love it. The variety and the adrenaline rush and helping people. I also enjoy shift working.	1/26/2018 5:51 PM
202	Breadth of experience and patient group no daily ward rounds,	1/26/2018 5:40 PM
203	Love the variety of clinical cases and the practical element to the job. Great team work with other doctors and nurses. Good training covering medical and surgical specialities which gives a good background to explore interest outwith NHS practice (humanitarian medicine, expedition medicine)	1/26/2018 5:38 PM
204	Variety, good training pathway (ACCS), mix of adult medicine/paeds, ‘generalist’ specialty within Hospital.	1/26/2018 5:13 PM
205	Transfer from Anaesthetics and ITU. Suits my preference of Acute Medicine	1/26/2018 5:13 PM
206	Variety, immediacy, adrenaline and satisfaction	1/26/2018 5:00 PM
207	Variety, like trauma	1/26/2018 4:43 PM
208	Variety, loved the team environment and the bustle of a+e	1/26/2018 4:40 PM
209	1. Variation 2. Teamwork 3. Fast pace 4. Opportunity to continually learn and improve	1/26/2018 4:34 PM
210	Love it	1/26/2018 4:29 PM

211	Xxx	1/26/2018 4:14 PM
212	Wide variation of case mix, general specialty / Medical knowledge	1/26/2018 4:14 PM
213	Enjoyed a foundation rotation.	1/26/2018 4:02 PM
214	wide variety in cases and patient presentations. good mix of cases and interesting to deal with undetermined illness.	1/26/2018 4:00 PM
215	enjoy the job	1/26/2018 3:55 PM
216	Varied specialty Portfolio options Practical	1/26/2018 3:40 PM
217	I like Emergency Medicine and do not like wards, clinics or General Practice	1/26/2018 3:30 PM
218	EM has a bit of almost every medical speciality, in particular, I like doing bit of trauma,but of acute medicine /ICM as well as a bit of Urgent care cases.	1/26/2018 3:27 PM
219	Every day is different, hands on, practical skills, broad range of knowledge, working with babies to the elderly. The ED family follows from hospital to hospital, supportive, multi-disciplinary team, good banter, enjoy coming to work!	1/26/2018 3:24 PM
220	Enjoy variety of emergency medicine	1/26/2018 3:21 PM
221	All other specialities were dull with sitting in outpatient clinics. Not the person I am	1/26/2018 3:12 PM
222	Varied and interesting speciality and to develop a broad range of skills	1/26/2018 2:42 PM
223	I enjoy dealing with acutely unwell patients, of varying ages and differing 'conditions'. I was also drawn to the team element that one is never practicing alone.	1/26/2018 2:40 PM
224	Variety, presence of role models, that it travels well and lends itself to other interesting fields eg expeditions, events, team work, it was fun	1/26/2018 2:28 PM
225	variety, enjoyed it as a student	1/26/2018 2:18 PM
226	variety, want to be a generalist	1/26/2018 2:14 PM
227	It is fun, I like working in a team, I like resus, I like current consultant life in dept	1/26/2018 2:12 PM
228	every day i walk into a new environment	1/26/2018 2:11 PM
229	Resus.	1/26/2018 2:05 PM
230	Enjoyed acute aspect, I.e. resuscitation Enjoyed autonomy	1/26/2018 2:05 PM
231	Because I like the variety of type of patients in this field	1/26/2018 1:59 PM
232	Broad spectrum of patients including paeds. No ward rounds!	1/26/2018 1:55 PM
233	Fast paced, quick fix, team orientated specialty.	1/26/2018 1:46 PM
234	Combination of medicine/surgery/paediatrics/practical procedures, constant diagnostic process and problem solving. Suited my style of work.	1/26/2018 1:46 PM
235	The variety and complexity of daily work	1/26/2018 1:36 PM
236	Variety, acute cases, patient contact	1/26/2018 1:31 PM
237	Flexibility in training, ability to transfer skills to work abroad intermittently, broad general skills.	1/26/2018 1:23 PM
238	I enjoy diagnostics and working as a member of a team. Varied day job.	1/26/2018 1:10 PM
239	To develop a range of skills across a variety of presentations/illnesses. To be able to deal with the majority of emergency complaints. To develop skills to use in other specialities.	1/26/2018 12:48 PM
240	Exciting, fast moving	1/26/2018 12:17 PM
241	Varied, no ward rounds, jack of all trades, airway and acute management skills and knowledge	1/26/2018 12:01 PM
242	I enjoy the undifferentiated nature of he job, the hours and the training programme	1/25/2018 3:36 AM
243	It suits my peronality	1/23/2018 12:09 AM
244	Variety, I enjoy the demands of acutely unwell patients and EM offers many subspeciality interests/opportunities	1/18/2018 2:45 PM
245	The variety; the short sharp interventions with patients; managing a Department	1/17/2018 3:55 PM

246	I love the people in the department, they are likeminded to me and I enjoy the work, the range of people we see and getting to do a lot of practical skills.	1/13/2018 2:59 PM
247	To help as many people who are in their most dire and neediest time as possible.	1/13/2018 12:17 AM
248	Variety of patients and conditions. Autonomy in my work. Lots of patient interaction one on one. Lots of jobs available as underfilled specialty	1/12/2018 11:56 AM
249	It was the only one of my foundation jobs that I genuinely enjoyed and could imagine doing long term. I enjoy the variety and unpredictability.	1/11/2018 7:40 PM
250	Teamwork, variety of cases	1/11/2018 4:22 PM
251	Enjoyed mix of patient load	1/11/2018 11:39 AM
252	Acute presentations, wide range of presentations, resus / sick cases, managing cardiac arrests, practical skills and procedures, team work, busy environement	1/9/2018 6:41 PM
253	Variety or presentations and acuity, fast pace, unwell patients No (or few) ward rounds/clinics	1/7/2018 8:25 PM
254	variety of cases speed reduced need to follow up (i hate ward rounds and clinics) seeing sick patients and helping them.	1/6/2018 10:17 AM
255	Run through to consultancy	1/5/2018 8:55 PM
256	Variety New specialty Dynamic Would learn something every shift	1/5/2018 1:57 PM
257	Rapid turnover of patients, application of clinical and practical medicine	1/4/2018 4:13 PM
258	A/E is like been a Gp in the community, with all the investigations in hand to improve the care of more acute patient.	1/4/2018 2:32 PM
259	I like the variety of presentations, dealing with emergencies on a regular basis and most importantly the team nature of an emergency dept.	1/4/2018 2:19 PM
260	All demographics, range of presentations from minors to resus, front line care, diagnostic challenges, immediate reward, working with good team	1/4/2018 1:50 PM
261	Variety, team work, patient contact.	1/4/2018 2:13 AM
262	Breadth challenge skull mix	1/3/2018 6:08 PM
263	Variety, excitement future opportunities	1/3/2018 5:14 PM
264	Enjoy the variety, trauma patients, resus, departmental management	1/3/2018 5:12 PM
265	I enjoyed the variety of cases seen and looking after acutely unwell patients. I had always been attracted to the on-call times when I was a student, so it made sense to me to do EM	1/3/2018 10:09 AM
266	Wide casemix, challenging, every day is different. Good and supportive F2 rotation.	1/2/2018 11:56 PM
267	Met awesome ED docs as a medical student, like looking after the very sickest and like the variety of minors/eyes/Gynae/psych/ID, love the drama!	1/2/2018 11:13 PM
268	Wide spectrum of presentations and fast pace	1/2/2018 10:25 PM
269	Variety, detective work, practical procedures, high acuity patients, no ward rounds	1/2/2018 4:38 PM
270	Its an exciting field to work. I like the hands on nature of the work. I like to work as part of a team.	1/2/2018 1:44 PM
271	I have a short attention span and I don't like ward rounds	1/2/2018 12:55 PM
272	variety, team work, skills learnt, broad skills aquired	1/2/2018 12:38 PM
273	Variety. Fun. Learning something new every day.	1/2/2018 12:30 PM
274	Diversity and challenges	1/2/2018 11:48 AM
275	I enjoy the broad knowledge base mixed with acute skills that can make a difference to some one there and then.	1/2/2018 10:22 AM
276	I like being a generalist- specialist in a way. I believe if patient's management is done good from the start (as we are frontline doctors) the outcome is usually an appreciated one.	12/31/2017 12:43 PM
277	I get bored too easily for other specialties!	12/30/2017 11:44 PM

278	I like to attend to the acutely unwell as it makes you think on your feet. I also like the variety and team work but depends a lot on the team though.	12/30/2017 9:38 PM
279	Broad range of presentations and procedural skills	12/30/2017 6:20 PM
280	Enjoyment of the speciality Opportunity to develop areas of special interest within a broad speciality	12/30/2017 11:16 AM
281	My field of interest	12/29/2017 4:53 PM
282	To be a doctor who can help patients when they are most vulnerable which is during a true emergency.	12/29/2017 1:44 PM
283	My interest in seeing patients who are acutely unwell / trauma patients from different specialties	12/29/2017 9:11 AM
284	Variety	12/29/2017 1:18 AM
285	Always wanted to before I was a doctor. Feels like being a real doctor. Like drama	12/28/2017 6:23 PM
286	I enjoyed my medical school placement	12/28/2017 3:52 PM
287	Because I liked the variety, the satisfaction and challenge of resus cases and the mix of hands-on stuff vs history/examination that we got to do. When I applied, I liked the fact that we were only supposed to spend up to 4 hours with most of our patients unless they were very sick and the fact that it was not a ward with associated ward jobs such as filling in drug cards and a whole array of forms	12/28/2017 2:58 PM
288	I like the variety and acuteness of it	12/28/2017 11:35 AM
289	Dynamic, progressive specialty. Can pursue broad range of interests. Make a difference to very sick patients	12/28/2017 9:50 AM
290	Variety, seeing adults and paeds and a huge selection of different complaints Fast-paced, deep but relatively short patient interactions Appeared to be a speciality understanding of varying life/career routes Undersubscribed	12/27/2017 11:56 PM
291	We manage different cases from the very young to the very old, from the fit and well patients to the severely infirmed patients; we see trauma and patients with acute life-threatening medical conditions; The speciality is very broad but exciting. In this speciality, I feel I am able to help a lot of people.	12/27/2017 5:38 PM
292	Variety, excitement and 'jack of all trades' concept.	12/27/2017 12:48 PM
293	Variety of work, not ward based	12/27/2017 9:51 AM
294	Like ED	12/26/2017 2:12 PM
295	Broad, varied	12/24/2017 4:25 PM
296	This is field of my interest	12/24/2017 11:14 AM
297	Enjoys the excitement and the hands on experience in EM	12/23/2017 8:53 PM
298	Challenging,satisfaction of treating very sick patients .Handling stressful situation	12/23/2017 6:14 PM
299	longstanding desire to be an EM physician	12/23/2017 4:52 PM
300	Dynamic, fast paced specialty. Dealing with acutely unwell patients. Team based environment	12/23/2017 11:41 AM
301	Inspired at FY1 level. Never found another specialty I was interested in. Constant patient contact, never knowing what is going to walk through the door. I like the fact that when the shift is done, you go home as opposed to having a ward of patients you are constantly responsible for	12/23/2017 10:28 AM
302	Variety of cases, team based, fast paced, hands on, dealing with the acutely unwell patient	12/23/2017 7:17 AM
303	Variety, practical, every day is different	12/23/2017 6:53 AM
304	Patient acuity, hands on, team spirit.	12/22/2017 11:52 PM
305	Loved it as an SHO	12/22/2017 10:31 PM
306	Broad presentation	12/22/2017 8:59 PM
307	Emergency doctors are real doctors who can manage what's important.	12/22/2017 8:56 PM
308	Variety, camaraderie, see adults and children.	12/22/2017 7:48 PM

309	Case mix . The adrenaline rush.	12/22/2017 7:10 PM
310	Variety Ability to work part time	12/22/2017 6:56 PM
311	broad specialty run through in demand	12/22/2017 1:15 PM
312	Because I enjoy the day to day work of EM - variety, acuity, pace, team working	12/22/2017 11:02 AM
313	Fast paced, broad range of pt problems, lots of procedures, no clinics, no ward rounds, sick patients	12/22/2017 3:37 AM
314	Large team, autonomy early but with good support. Large range of pathology and patient's encountered. Short attention span	12/22/2017 1:34 AM
315	Variety, no requirement to do a phd, consultant job availability	12/22/2017 12:14 AM
316	Variability Opportunity to work part time or flexible hours Opportunities in humanitarian medicine or expedition medicine	12/21/2017 11:32 PM
317	I enjoy seeing patients as a blank canvas, assessing,diagnosing and treating them. I like the variety, fast pace and how rewarding it is.	12/21/2017 10:54 PM
318	Wide variety of things to do, dealing with unwell patients, no ward rounds,	12/21/2017 9:30 PM
319	I enjoyed the variety and the acutely unwell	12/21/2017 8:21 PM
320	Able to work as an independent clinician as a junior. Be part of a team. Avoids ward work.	12/21/2017 8:05 PM
321	Lots of procedures, opportunity to treat adults & children, good comaraderie with colleagues, being at the front door gives the opportunity to make diagnoses without being influenced by other clincians' clerking notes, huge variety of presentations.	12/21/2017 7:41 PM
322	Surprise element	12/21/2017 6:05 PM
323	The only specialty that has that true team feel, I enjoy working as part of a true team, I enjoy the pace and the challenges, I enjoy the variety and that when I leave at end of shift I leave work at work	12/21/2017 3:11 PM
324	I like the generality of the speciality I like the acute element to care I wanted to be effective in looking after a wide range of conditions	12/21/2017 3:01 PM
325	Case mix/variety, procedures, pace, teamwork	12/21/2017 2:10 PM
326	It is the only field of medicine that I had experienced and enjoyed. I like the interaction with people - patients are very varied and I love working in a front-line team. We are constantly problem solving, working autonomously and using our initiative - this makes the job very rewarding. I also don't like routine!	12/21/2017 1:28 PM
327	The variety, practical skills, enjoyed it abroad during a year out.	12/21/2017 12:58 PM
328	Variety of patients Role models Shift work Run through Availability of consultant jobs	12/21/2017 12:52 PM
329	Variety, pace, clinical skills, excitement at times. Teamwork. Decision making.	12/21/2017 11:52 AM
330	Allows me to be part of a team, see a variety of patients and presentations including critically unwell, and be a generalist. Allows me to be active at work (ie not sitting at a desk all day), and continue clinical commitments as a a consultant.	12/21/2017 10:09 AM
331	Managing emergencies and stabilising patients successfully that brought calm & peace to families was a huge motivator.	12/21/2017 6:51 AM
332	Case mix and hand on experience	12/21/2017 6:05 AM
333	Challenging, team work, practical aspects, interesting seeing a wide variety of specialties and patients, fast paced, large amount of patient contact, dealing with very unwell patients.	12/21/2017 6:02 AM
334	Great experience in working with variety of acute presentations	12/21/2017 2:43 AM
335	Variety, excitement, team working	12/21/2017 1:38 AM
336	Love the variety and the exposure to a wide range of ages and problems. The ability to work in both paediatric and adult medicine.	12/20/2017 10:47 PM
337	For the variety it offers and good job prospects	12/20/2017 10:38 PM
338	Variety, acuity, opportunity to carry out various procedures, team based	12/20/2017 10:37 PM

339	I enjoyed a foundation job, liked the case mix - paediatrics and adults, minor injuries, trauma and medical resus.	12/20/2017 10:32 PM
340	Variety, able to look after very sick to minor injuries. Loved the job when worked out in new zealand	12/20/2017 8:55 PM
341	Breadth and variety of work. Team atmosphere. Did not want to specialise. Enjoy looking after acutely unwell patients	12/20/2017 8:46 PM
342	Variety of patients. Never knowing what's going to come in the front door. Practical procedures. Being part of the best team. Being able to make a difference	12/20/2017 8:36 PM
343	Varied patient groups, different every day, lots to sunspecialise in, easy to get a job, no ward rounds/clinics, I like to be the first to see a patient and solve the puzzle myself.	12/20/2017 6:50 PM
344	A career that offers a huge range of variety, interested in a mixture of communication & practical procedures	12/20/2017 6:41 PM
345	It was the best placement during my foundation years I enjoy acuity I like the 'team' ethos	12/20/2017 6:02 PM
346	Interest	12/20/2017 5:53 PM
347	Because it is Diverse and covers aspects of all specialties.I also didn't want to do ward round on a daily basis and see the same patients	12/20/2017 5:45 PM
348	I enjoy the breadth and variety, the combination of practical skills, diagnostics and communication skills. I greatly enjoy working in a team. I was also attracted to the humanitarian side of EM: treating all comers at all times often at the most difficult of times and the way these skills are very transferable to overseas work / MSF / expedition med etc.	12/20/2017 5:25 PM
349	Never boring, very practical, I like shift pattern work	12/20/2017 4:57 PM
350	Varied job role, flexible shift pattern, team environment	12/20/2017 2:13 PM
351	Forward thinking, progressive specialty. Broad set of skills and experiences. Chance to make a difference to acute patients.	12/20/2017 1:11 PM
352	Variety, excitement, great team, lack of hierarchy	12/20/2017 12:54 PM
353	I worked in ED in South Africa. It was crazy, I loved it. I had never worked in ED in the UK before joining UK training. I have to say, it was a bit of a disappointment in some regards. I felt like you couldn't work up patients thoroughly, and a multiplicity of procedures were taken by other specialties (airway, chest procedures, lines etc). The acuity was also rather lower than South Africa, which was expected, but more dissapointing than i thought. I also wasnt able to do much minors work in the UK so havent got very good at hands/plastics/msk/sports medicine. There are huge gaps in my knowledge and skills compared with Australian trainees at a similar level.	12/20/2017 12:46 PM
354	Variety and wanting to be competent with time dependant issues	12/20/2017 12:27 PM
355	Dynamic, diverse	12/20/2017 12:21 PM
356	I became a doctor to treat patients and make a difference between life and death or make a difference in people in distress so it gives me immense pleasure to work in the emergency department which helps me in satisfying this.	12/20/2017 11:51 AM
357	Various cases with unknown knocking to the door . Immediate results of my work. Team spirit with lovely people. Lots of opportunities to find a job.	12/20/2017 8:18 AM
358	broad, acute, varied	12/20/2017 12:43 AM
359	The variety of clinical patients and the job satisfaction	12/20/2017 12:37 AM
360	Exciting and varied specialty	12/19/2017 9:55 PM
361	Variety of patients and procedures with high acuity	12/19/2017 9:19 PM
362	It's all I ve ever wanted to do	12/19/2017 8:48 PM
363	Variety of patients. Ability to work independently as part of team. The team. Acute pathology.	12/19/2017 8:25 PM
364	Variety of patients. Team working atmosphere that isn't found anywhere else in the hospital. Flattening of the hierarchy with consultants on first name terms with trainees and willing to listen to our opinions. The opportunity to deal with properly sick patients and actually save a life.	12/19/2017 8:08 PM
365	I like the variety of patients seen in the Emergency Department.	12/19/2017 6:15 PM

366	Passion	12/19/2017 6:04 PM
367	I was very fascinated with front line soldier activity and to work as first responders to patients coming to hospital. In EM its a lot to improve from national and international point of view.	12/19/2017 5:56 PM
368	Teamwork, variety of cases and acuity, no bleep, lack of ward rounds and clinics, but ability to remain hands on as a consultant	12/19/2017 5:32 PM
369	Variety of presenting complains	12/19/2017 5:30 PM
370	Team working, variety of cases, rapid treatments to treat a mix of pathologies	12/19/2017 5:20 PM
371	Variety. Acuity. Patient contact.	12/19/2017 4:29 PM
372	Variety. Camaraderie. Generally enjoyable.	12/19/2017 3:22 PM
373	Enjoyed working in ED. like the consultant job plan	12/19/2017 3:11 PM
374	Versatile	12/19/2017 2:51 PM
375	Passion for the field	12/19/2017 2:32 PM
376	Variety of patients. No ward rounds. Large number of practical skills	12/19/2017 2:32 PM
377	Interesting, diverse, dynamic	12/19/2017 2:19 PM
378	I find it challenging and rewarding.	12/19/2017 2:19 PM
379	Speciality with variety of presentations, and everyday is a different experience.	12/19/2017 2:18 PM
380	I always liked	12/19/2017 2:17 PM
381	Most interesting specialty, most varied, easy to go part time in the future	12/19/2017 2:01 PM
382	Variety No ward rounds	12/19/2017 1:56 PM
383	It suited my personality and interest, and enjoyed it whilst as an FY2. My consultants then were very motivating and supportive.	12/19/2017 1:55 PM
384	Can’t be bothered to spend 10 hours on a patient. Quick assessment, investigation, treatment. No need to write 10 pages of summary. Good hands on practice. I thought it is exciting (still feels it is)	12/19/2017 1:54 PM
385	Variety of work. Transferable. Desirable from employment options point if view	12/19/2017 1:50 PM
386	Interesting	12/19/2017 12:44 PM
387	Attending a prehospital emergency	12/19/2017 12:43 PM
388	I enjoyed doing more active emergency medicine when I was first trained back home.	12/19/2017 12:43 PM
389	I have a generalist mentality but enjoy managing acute illness and have too much energy for general practice!	12/19/2017 12:13 PM
390	Positive experience of the specialty in medical school and in FY2 Chance to apply for PHEM training	12/19/2017 12:10 PM
391	I find it an interesting speciality with plenty of challenges. I have an interest in pre-hospital medicine, an area which I feel Emergency Medicine has a significant overlap.	12/18/2017 5:40 PM
392	Variety, feeling like I can make a difference to patients. Interested in the care of acutely unwell patients	12/18/2017 3:54 PM
393	Enjoyed the 6 month rotation I did as a GP trainee	12/18/2017 3:51 PM
394	Having done A&E as an FY2 and further locum work in A&E during FY3. Loved the variety of the case work. Enjoyed the team spirit and close working relationship with MDT	12/18/2017 3:19 PM
395	Fast paced, acute, no ward rounds or clinics	12/18/2017 3:05 PM
396	Variety, resuscitation, procedures, good consultant job role at the end of it	12/18/2017 2:31 PM
397	Variety Working in a team and “work family” atmosphere I like shift work Lots of patient contact	12/18/2017 1:54 PM
398	I like the variety of the work, the team work that exists in the department, the ability to be able to handle whatever walks through the front door. Ease of doing LTFT (i.e. being able to leave at the end of the day with no concerns of any patients that remain your responsibility)	12/18/2017 12:43 PM

399	The diversity of patients. The acuity of the patients. Resus. The team focus within the department. Flexibility.	12/18/2017 12:12 PM
400	Variety, work style, Acute critical care treatment	12/18/2017 11:33 AM
401	broad spectrum of presentations, variety, teamwork, excitement, enjoy speaking to people, care about people, worthwhile, exciting	12/17/2017 3:31 AM
402	Variety	12/16/2017 4:13 PM
403	I enjoy the challenge the uncertainty brings. I like to true teamwork and that teaching and supervision is core to the job. I like that it is an inheritantly person-centric specialty.	12/15/2017 9:49 PM
404	Variety of presentations, team work	12/15/2017 7:10 PM
405	All ages All pathologies Team based Focus on diagnostic and clinical acumen Time critical Lots of direct patient interaction	12/15/2017 1:29 AM
406	Enjoyed fy2. Like variety, nice supportive team	12/14/2017 8:29 PM
407	Diversity, excitement, lack of ward rounds and clinics. Team work and family feel of a department	12/14/2017 11:48 AM
408	I like being a generalist I like being a specialist in emergency presentations and resuscitation. I hate medical ward rounds I wanted to dual with itu	12/14/2017 2:55 AM
409	To be able to help patients at their most vulnerable point where real difference can be made with correct management.	12/14/2017 2:04 AM
410	Diversity of caseload, emergency and life saving intervention, diagnostic challenges, MSK stuff	12/13/2017 8:53 PM
411	Variety of patients I don't like ward rounds The team and that you're all in together in em	12/13/2017 2:16 PM
412	Excitement of trauma. Mix of medicine and surgery. Not ward-based. Finish on time generally. Not overly competitive	12/13/2017 2:04 PM
413	The variety of work, lots of practical skills, like being a generalist	12/13/2017 1:58 PM
414	Previous experience, variety of challenge. Team atmosphere	12/13/2017 1:29 PM
415	Interesting job. Interesting patients/pathology. Think on your feet	12/13/2017 1:05 PM
416	It was my plan B. Plan A was surgery by couldn't get a higher specialty training number. EM enabled me to see surgical pets and do procedures including suturing which I enjoy	12/13/2017 12:04 PM
417	Diversity of cases, teamwork, practical procedures, problem solving aspects	12/13/2017 11:50 AM
418	I enjoyed medical emergencies and hated ward work	12/13/2017 11:46 AM
419	Personal preference	12/13/2017 11:39 AM
420	Variety Enjoy managing acutely unwell patients Shift work No ward rounds	12/13/2017 11:32 AM
421	I always has a feeling it was the specialty for me, then had a rotation in F2 in Nottingham that cemented the notion. I have a short attention span yet I'm a perfectionist with a fondness for physiology and adrenaline rushes. There isn't really another specialty that covers that.	12/13/2017 11:29 AM
422	I loved it as an F2, but did some time after this to make sure, as I knew it would be hard.	12/13/2017 11:27 AM
423	Variety of patients, clinical skills.	12/13/2017 11:12 AM
424	Horizontal hierarchy with the nurses. Broad range of presentations Treating patients in extremis in resus Lots of practical skills required We never refuse to see patients!	12/13/2017 11:05 AM
425	Different presentations, procedures, fast paced, working in big teams	12/13/2017 10:20 AM
426	Variety, rapid turnover.	12/12/2017 10:01 PM
427	I like problem solving and being a generalist who can attempt to solve most urgent issues	12/12/2017 9:57 PM
428	I like to know a bit about everything. The case mix and complexity add to the interest. Being part of a team is nice. Patients appreciate what we do most of the times	12/12/2017 8:47 PM

429	I love the diversity of patients, unpredictability of what we see, fast pace, fast turnaround (ie. not seeing same patient day in day out). practical procedures eg. Joint and fracture manipulations, regional blocks, lines, drains, tubes etc. Being a shortage speciality also has advantages in terms of more likely to get a job where you want to and never short of job offers. Good transferable skills for doing out of hospital stuff (expedition and endurance sports events). Get some anaesthetic training.	12/12/2017 6:32 PM
430	Enjoy the teamwork. Mixed workload. Rota benefits as a consultant with annualised rotas	12/12/2017 6:28 PM
431	I really enjoyed my FY2 placement in A&E and the broad nature of the ACCS programme appealed to me.	12/12/2017 2:57 PM
432	Variety and acuity of cases.	12/11/2017 8:34 PM
433	Interesting case mix, camaraderie & team working, enjoy shift work, patients of all ages, procedures, severe illness to minor injuries, ability to fit in with family life in the future, the idea I'll be qualified to deal with almost anything one day, I appear to have a similar personality which works for ED to those seniors I look up to.	12/11/2017 4:58 PM
434	Variety of presentations - all ages / system pathologies. Manage sick and injured patients in team based environment. Strong working relationships between doctors and nursing staff and between staff of different seniorities. Big team working element. Lots of opportunities for other interests: teaching, overseas work, expedition medicine etc.	12/11/2017 12:51 PM
435	Variety, being a generalist (felt I was being a 'real doctor'), brilliant EM role models during FY1 rotation.	12/11/2017 8:48 AM
436	I find it exciting	12/10/2017 3:46 PM
437	Loved my F2 EM job, wanted to do paediatric EM	12/10/2017 12:48 PM
438	Team work Variety Chance to make a difference 'Sick' Patients	12/9/2017 9:30 PM
439	Team environment, shift work, variability, practical speciality	12/9/2017 7:15 PM
440	Varied job, team leading/working opportunities, love for resuscitation and trauma	12/9/2017 1:59 PM
441	I enjoy the variety of presentations and good team work. Shift work actually works very well with family life .	12/9/2017 8:26 AM
442	Trauma and critical illness, variety, opportunity, flexibility	12/9/2017 1:13 AM
443	Most enjoyable foundation job	12/8/2017 10:04 PM
444	Variability, acuity, MSK, camaraderie	12/8/2017 5:00 PM
445	Varied. Get to help people. Flexible. Feel I am good at it.	12/8/2017 12:02 PM
446	Varied, practical, portfolio career	12/8/2017 10:35 AM
447	I enjoy procedures, variety, and dealing with unwell patients	12/8/2017 2:39 AM
448	Variety, interesting, procedures/ practical skills, team work, less lonely than walking round hospital corridors alone on call at night, no ward rounds, trauma, opportunities for pre hospital	12/7/2017 11:44 PM
449	The sheer variety	12/7/2017 11:13 PM
450	Flexibility of work pattern: part time, 6montgs/year, etc Interest in global health: useful skills to take to low resource setting Day to day work: variety of patient and presentations, importance of good clinical acumen, Generalist in Hospital , always stimulating and part of team	12/7/2017 5:46 PM
451	Challenge of managing undifferentiated patients, variety of presentations, learn and practice different procedures and skills, action oriented	12/7/2017 1:37 PM
452	Variety. Acuity. Excitement. Satisfaction. Intellectual challenge. Research opportunities.	12/6/2017 9:09 PM
453	-All ages of patients -Practical -No ward rounds - seeing patients from scratch -Great teams	12/6/2017 5:10 PM
454	Diversity of cases handled, quick turn over, fast-paced about decision making, working under pressure	12/6/2017 5:37 AM
455	Broad, fast paced, exciting, good team	12/5/2017 9:37 PM
456	Diversity/ variation Team work and working with enthusiastic and fun nursing/ medical staff Challenging Exciting	12/5/2017 5:40 PM

457	Broad speciality Lack of continuity, wars rounds and clinics Interesting patients and families	12/5/2017 4:29 PM
458	Humanitarianism, teamwork & variety. It's the most interesting specialty, varied skills & lots of opportunities to make a difference to people.	12/5/2017 12:51 PM
459	Variety and the clinical challenge of the undifferentiated patient, resuscitation of critically unwell patients, teamwork within the ED.	12/5/2017 12:50 PM
460	Variety, mix of practical procedures	12/5/2017 9:31 AM
461	Manage the acute undifferentiated patient	12/4/2017 11:17 PM
462	Because of the diversity and acuity of the patients we see on a day to day basis, also beacuse I like working in a team.	12/4/2017 8:44 PM
463	Interesting , varied, like minded people	12/4/2017 7:57 PM
464	Variety, team based	12/4/2017 6:55 PM
465	Enjoyed it as an FY2, did not get an interview when applied to ACCS anaesthesia as FY2. received good feedback in an 'FY3' (clinical fellow) role in the ED, reapplied for ACCS EM and received offer. Specifically enjoyed: camaraderie, variation in presentation, contact with people/patients, taking histories	12/4/2017 6:49 PM
466	Variety, high turnover of patients, management of emergency presentations	12/4/2017 6:23 PM
467	Good comraderie as team in ED. High acuity. Rapid turnover. Interest in pre hospital med	12/4/2017 4:37 PM
468	Front line medicine, wanted to look at a patient as a whole. love the diversity of patients I see and that I can actually make a difference to some ones life.	12/4/2017 4:29 PM
469	Great variety, ACCS gives you multiple skills.	12/4/2017 3:51 PM
470	Variety in workload	12/4/2017 12:43 PM
471	The excitement and challenges of looking after acutely unwell patients	12/4/2017 11:44 AM
472	Exciting career opportunities, good patient contact, range of conditions to treat	12/4/2017 11:28 AM
473	Variety, love being a generalist. Quick results. Team working.	12/4/2017 9:59 AM
474	Variety Enjoyment Great team to work with	12/4/2017 9:56 AM
475	Challenging,mixed , Decision making	12/4/2017 9:36 AM
476	Variety clinically Good for part time - I hope to have a family one day Team environment that is like no other	12/4/2017 9:23 AM
477	Enjoy helping people. Wide variety	12/4/2017 3:15 AM
478	Variety, acute pathology, colleagues with similar mindset	12/4/2017 2:05 AM
479	Variety, pace of work, team spirit, good laugh, critical illness	12/4/2017 12:45 AM
480	Broad speciality	12/3/2017 11:26 PM
481	Varied Team work Practical aspects Resus cases Prehospital care	12/3/2017 11:00 PM
482	Dynamic specialty that is the last true generalist of the hospital. A specialist in resuscitation and an expert in leading teams. Amazing interdisaplary team work and comradery.	12/3/2017 10:31 PM
483	Variation, interesting, application to other environments	12/3/2017 10:08 PM
484	Interesting and varied presentations	12/3/2017 10:06 PM
485	Variety, excitement, challenge	12/3/2017 9:46 PM
486	It’s awsome	12/3/2017 9:25 PM
487	Broad scope of work. I get to stick needles/my finger into peoples chests.	12/3/2017 9:24 PM
488	You can help very sick people in a very short amount of care. I enjoy being the first person they see and making that difference. Its also a huge responsibility as the diagnosis will often follow them throughout their inpatient stay. The risk management is also a fun part of it, lack of ward rounds appealing. High levels of education appeals as well in both learning and teaching capacity.	12/3/2017 9:10 PM
489	Acute emergency care, team structure, rapidly evolving, generalist	12/3/2017 9:06 PM

490	Variety. Mix of practical and communication	12/3/2017 9:04 PM
491	Variety. Procedures. Non hierarchical.	12/3/2017 8:26 PM
492	Because I didn't get surgical training and was in a department doing a clinical fellow post and was starting to enjoy EM. The ACCS program gave a great opportunity to train in 4 acute specialities.	12/3/2017 7:53 PM
493	Variety, team work, high acuity patients, being a generalist, shift work, able to transfer skills to PHEM and disaster medicine, able to teach, patient interactions	12/3/2017 7:35 PM
494	Variety and team work.	12/3/2017 4:55 PM
495	Variety - all ages, all systems, all pathologies. High teamwork element with close working between medical and nursing teams and a need to develop effective teamworking and leadership skills. Fast paced specialty, rarely boring. Great opportunities and training for other work around the world - expedition medicine / pre-hospital care etc Enjoy challenge of managing sick patients and wanted to become expert in this.	12/3/2017 4:11 PM
496	Enjoy the variety	12/3/2017 3:06 PM
497	Variety, shiftwork, teamwork, interesting, no ward rounds/clinic, acute/resus	12/3/2017 2:28 PM
498	good variety, good people	12/3/2017 2:22 PM
499	Currency to travel, variety, social, teamwork	12/3/2017 2:09 PM
500	Managing undifferentiated patients, resuscitation, airway management, ultrasound, variety that the specialty provides, teamwork	12/3/2017 2:08 PM
501	Diversity of clinical work Interest in looking after patients requiring resuscitation Enjoyed EM rotation in foundation programme	12/3/2017 1:51 PM
502	Variety, pace and combination of management role and practical skills	12/3/2017 1:10 PM
503	It’s fun I like the teamwork I like being kept busy	12/3/2017 1:09 PM
504	Interested in excellent generalism. Special interest in ultrasound and critical care	12/3/2017 1:09 PM
505	It is the only specialty I ever seriously considered. It is varied and exciting. The team is always solid and there is no hierarchy. There is no frustrating bleep and no tedious ward rounds. You take responsibility for your own patients and get to practice autonomous medicine.	12/3/2017 12:44 PM
506	Variety, pace, critical care, trauma	12/3/2017 12:28 PM
507	Variety, sick patients, procedures, opportunity to make big differences in short spaces of time i.e. instant job satisfaction, enjoy being generalist.	12/3/2017 12:27 PM
508	Pace and variety of work. Team environment in the ED. Option for a portfolio career	12/3/2017 12:15 PM
509	Variety, exciting	12/3/2017 10:23 AM
510	To work in a team, to be skilled in emergencies, to work shifts and avoid ward rounds!	12/3/2017 9:00 AM
511	Variety, acuity of patients, can’t stand ward rounds or clinic!	12/3/2017 8:43 AM
512	Variety, acuity, being able to “fix” (some” patients	12/3/2017 4:55 AM
513	Specialty that suits my demeanour, my skills and one that I find fulfilling. In particular the variety, applying clinical acumen to diagnose and treat and the true team work element of the department	12/3/2017 1:50 AM
514	Enjoy being a generalist, and looking after sick patients. Being able to deal with whatever comes through the door, and being able to care for people when they're at their most vulnerable.	12/3/2017 1:22 AM
515	Variety, procedures. High acuity of presentations and immediate benefit to patients.	12/2/2017 11:32 PM
516	M	12/2/2017 10:56 PM
517	Chance to manage acutely unwell patients	12/2/2017 10:45 PM
518	Love the specialty	12/2/2017 10:41 PM
519	I liked being a constant part of a team.	12/2/2017 10:36 PM
520	The variety of cases and patient type. The excitement of treating acutely ill patients and variety of practical procedures	12/2/2017 10:22 PM
521	Want to work on hems	12/2/2017 9:39 PM

522	Did EM as part of gp training and realised I didn't want to do anything else	12/2/2017 9:33 PM
523	I enjoy my job, as hackneyed as it sounds I became a doctor to save lives, I get to do that. I like communicating with people and enjoy the practical skills. I have a relatively short attention span, I don't enjoy ward work.	12/2/2017 9:28 PM
524	Varied case load Chance for flexible working Lots of procedures	12/2/2017 9:20 PM
525	Variety and dealing with critical illness and trauma	12/2/2017 9:13 PM
526	I love the fast pace of A&E. I love to make people better quickly and the feeling of having saved a life.	12/2/2017 9:04 PM
527	Love the general speciality and that we see everything.Hardly ever have a shift without at least one interesting patient.	12/2/2017 8:36 PM
528	Interest in speciality, wanted variety, good experience with great people in F2	12/2/2017 7:53 PM
529	I love seeing unsorted patient's in need. In ED, I felt like a true doctor, seeing all coming in. No cribbing on referrals. Everyone entering the door is my patient.	12/2/2017 7:52 PM
530	The generalist nature of it and to gain experience of acute care	12/2/2017 7:19 PM
531	The speciality is new and suites me. A lot to develop in the specialty.	12/2/2017 6:42 PM
532	I took a risk and jumped from surgery. I didn't know anything about EM at the time, I actually got an offer for ST3 General Surgery in London but went by gut feeling and went for variety and a whole new challenge over the prestige of surgery	12/2/2017 6:41 PM
533	Love the comraderie of A&E, love the clinical skills, resus cases, wide variety	12/2/2017 6:36 PM
534	New challenges Hate morning shifts Critical care in ED Diversity of patients No followup	12/2/2017 6:06 PM
535	Good teams and fun work	12/2/2017 5:45 PM
536	Variety Fast pace Practical skills Sociable	12/2/2017 5:44 PM
537	Variety of work, teamwork focussed specialty, resuscitation and being the first clinician to see a patient.	12/2/2017 5:37 PM
538	Variability. Fun. Now ward work. Exciting speciality.	12/2/2017 5:00 PM
539	Varied career. Good support. Lots of skills which will be useful if I decide to change career or specialty.	12/2/2017 5:00 PM
540	Because I was an A&E sister before, so I knew EM was the only thing for someone as mad as me....	12/2/2017 4:57 PM
541	Enjoy resuscitation and the ability to use your skills in sub specialty eg phem and expedition	12/2/2017 4:23 PM
542	Variety	12/2/2017 4:11 PM
543	Enjoyed an ED foundation job and wanted some general training experience. When applied did think I would be able to use ACCS potentially as way into medicine and other specialities.	12/2/2017 4:07 PM
544	The excitement and fulfilment of looking after acutely unwell patient	12/2/2017 4:05 PM
545	Variety of work. High level of interest. Enjoy acute care.	12/2/2017 3:55 PM
546	Variety, acuity, no clinics, combination of Paeds/adults/elderly	12/2/2017 3:47 PM
547	I always knew that EM was going to be my speciality, I did student selected components in ED's as a medical student. Always liked the 'red' sections of any of the oxford handbooks. Enjoyed the camerarderie of nights, and team working. As I've grown older I've also realised I enjoy the managerial, systems, and leadership elements of EM too. As well as the management of complex older co-morbid patients. However the initial draw was in the excitement of managing real emergencies. As a medical student, and as a foundation doctor the EM registrars all seemed so relaxed, so sure of themselves while looking after complicated very sick patients with nothing more than their instincts, and gut feeling. They were models of what I thought a doctor was, and I sought to emulate them.	12/2/2017 3:36 PM
548	Have a short attention span and like to work under pressure. Like that I can treat children and adults and I don’t know what each shift will entail and what will come through the door next. I like the teamwork between different healthcare professionals and everyone ‘mucking in’ to treat the patient. I also enjoy the practical procedures we can do in EM.	12/2/2017 3:35 PM

549	Team Variety Procedures	12/2/2017 3:20 PM
550	Variety Chance to make life saving interventions Mix of decision making and practical procedures	12/2/2017 3:08 PM
551	Variety, teamwork, constant challenges.	12/2/2017 3:02 PM
552	Variety. Pace. Turnover. Hands on procedures. Sick patients. Strong team. Problem solving.	12/2/2017 2:42 PM
553	Variety, skill, practicality, - the best 15 minutes of every specialty, different patient every dat	12/2/2017 2:41 PM
554	Variety. The camaraderie of an ED.the chance to make a big impact quickly and help people with problems great and small.	12/2/2017 2:22 PM
555	Generalist specialty with ability to see bits of all specialities and manage complex pathology in Resus.	12/2/2017 2:19 PM
556	The variety, pace and mainly being out of hours	12/2/2017 2:15 PM
557	Variety	12/2/2017 2:11 PM
558	Hyperacute patients. Good teamwork. No bleep. Hot nurses.	12/2/2017 2:10 PM
559	Variety, ability to do other stuff (humanitarian, expedition, pre-hospital, event medicine etc), like dealing with sick patients and doing proceedures.	12/2/2017 1:57 PM
560	Easily bored. Love the variety of emergency medicine. Minors, majors, resus. Working as part of a large team.	12/2/2017 1:50 PM
561	Enjoyed the variety, the diagnosing, the practical skills, teamwork	12/2/2017 1:49 PM
562	Variety	12/2/2017 1:47 PM
563	Enjoyed job and related to People who did it.	12/2/2017 1:45 PM
564	Variety	12/2/2017 1:45 PM
565	I enjoy the variety of clinical cases, as well as the excitement of resus balanced out with minor injuries and paeds. I also don’t like ward rounds and clinics!!	12/2/2017 1:42 PM
566	To care for the most vulnerable patients! To earn a skill set that can serve anywhere in the world.	12/2/2017 1:32 PM
567	I like the variety of EM. I also like the team atmosphere within the ED staff and also when working with other specialities.	12/2/2017 1:23 PM
568	I left general surgery after being unable to get a training number. I care to ED because I enjoyed the wide range of patients we got to see and to manage sick people.	12/2/2017 1:09 PM
569	When I wasn’t in the ED and working in other depts as an FY2 I just wanted to go back to the ED	12/2/2017 1:05 PM
570	I just love it because of the extreme diversity of patients that you see . And this is where you can make the most impact in a patients hospital journey. Getting everything right from the start. It is here that I am allowed to think and act somewhat autonomously rather than following someone else's plan. Plus I hate ward rounds	12/2/2017 1:03 PM
571	Short attention span. I like resus and crit care. Note i am a dual EM and ICM trainee.	12/2/2017 1:01 PM
572	Because it is a varied generalist acute specialty with some exciting stuff.	12/2/2017 1:01 PM
573	Because i love to see undifferentiated patients	12/2/2017 12:04 PM
574	Breath from resus to minors. Team mentality	12/2/2017 11:54 AM
575	I worked as a non training SHONfor three years after F2 in a brilliant department in Manchester.	12/2/2017 11:30 AM
576	Acuity of patients, variety of patients/work responsibilities, diagnostics, teamwork	12/2/2017 11:16 AM
577	My interest was sparked by my FY2 post in Emergency Medicine, from very early on I enjoyed the challenge of being a generalist, problem solving and working closely with other specialties and HCPs as part of a large team.	12/2/2017 10:17 AM
578	Variation in case mix and ages. Different every day. Practical skills. No ward rounds. Lack of heirachy and good team.	12/1/2017 6:48 PM

Appendix B: Are those reasons you chose EM still valid now?

#	RESPONSES	DATE
1	Yes	2/1/2018 1:41 AM
2	yes	2/1/2018 1:18 AM
3	Yes	2/1/2018 12:59 AM
4	Yes	2/1/2018 12:47 AM
5	Not really, EM has now been turned into a glorified traffic warden with reduced emphasis on managing patients and more on referring to other specialties in order to clear the department	1/31/2018 11:25 PM
6	yes	1/31/2018 11:14 PM
7	Yes but the intensity of work is making them all harder to enjoy	1/31/2018 10:52 PM
8	Mostly. Morale lower now.	1/31/2018 10:47 PM
9	yes	1/31/2018 10:31 PM
10	Yes	1/31/2018 10:18 PM
11	Yes	1/31/2018 9:24 PM
12	Yes	1/31/2018 8:46 PM
13	Yes	1/31/2018 8:42 PM
14	Yes	1/31/2018 8:29 PM
15	Yes	1/31/2018 8:02 PM
16	Yes	1/31/2018 7:57 PM
17	In my hospital, more often than not, ED works as a triaging mechanism which isn't always a great use of the immense potential of ED doctors.	1/31/2018 7:39 PM
18	Yrs	1/31/2018 7:27 PM
19	Yes	1/31/2018 6:55 PM
20	Yes	1/31/2018 6:47 PM
21	Less so Majority of time spent in majors Very little time dedicated to being in resus and developing critical care skills Higher training seems to be non existent - mainly service provision with little or no emphasis on teaching on the shop floor	1/31/2018 5:57 PM
22	Yes to an extent but they are under threat. There is increase of pressure to see and refer due to four hour targets and ED bed pressure. This comes at the expense of adequate initial management and investigation which should be the focus of the emergency department . This risks detracting from the role of the emergency physicians and rendering us as simply a triage service.	1/31/2018 5:17 PM
23	Less so. Seem to have morphed into some kind of chronic disease manager and social care babysitter of a continual revolving door of the same patients over and over again; spend more time trying to prevent harm to patients from corridor medicine and managing them in space rather than in need; find myself perpetually having to moderate expectations of the relatives of old and infirm who, in their pursuit of the grave, have made no attempt to plan for their eventual demise; the erosion of the art of our craft with an ever increasing raft of patient pathways that provide little room for reasoned or balanced medicine; increasingly demoralised by having no time to look after or manage the sick patients to my requisite level of skill and training because we have such delays to see patients, we are effectively forced to have ITU or specialty colleagues do the fixing whilst we see and treat the non-emergency cases.	1/31/2018 5:01 PM
24	Yes	1/31/2018 5:00 PM

25	Yes, they are still valid	1/31/2018 4:51 PM
26	Yes.	1/31/2018 4:49 PM
27	Oh YES	1/31/2018 4:29 PM
28	Yes	1/31/2018 4:04 PM
29	Yes	1/31/2018 3:51 PM
30	Those reasons are valid, it's just that I fear the job is changing along with the internal pressures preventing us from delivering the best care to the right patients and delivering the best training to our juniors.	1/31/2018 3:50 PM
31	Yes	1/31/2018 3:43 PM
32	Yes	1/31/2018 3:33 PM
33	Yes	1/31/2018 3:32 PM
34	Yes	1/31/2018 3:24 PM
35	Broadly yes	1/31/2018 2:33 PM
36	Yes	1/31/2018 2:16 PM
37	All still valid	1/31/2018 2:13 PM
38	Yes	1/31/2018 1:54 PM
39	Well, when I trained in India, as an ED physician we were trained to take care of the airway on our own. It's a shame that we have to depend on Anaesthetists with that. Most of the time, we are just trying to see patients rather than getting involved in such critical procedures. We are getting more numbers of the patients. We can't say no the patient. However, infrastructure and resources are limited to cater to the increasing number of patients. It's a shame that we are heading towards disorganised busy casualty!!! Winter shouldn't be a reason to dread to work. EM is fun to work. But looks like it's not the same anymore over the winter. In addition, govt. is doing the least to retain by cutting down salaries. Who wants to work the most with the least payment?	1/31/2018 1:35 PM
40	Yes	1/31/2018 1:34 PM
41	Yes	1/31/2018 1:05 PM
42	Yes	1/31/2018 12:36 PM
43	Yes	1/31/2018 12:32 PM
44	They are, I am in my first year	1/31/2018 12:16 PM
45	Yes	1/31/2018 12:04 PM
46	Similar	1/31/2018 12:01 PM
47	They are still valid, service pressures make the job more difficult but the fundamentals are the same	1/31/2018 11:29 AM
48	Yes	1/31/2018 11:01 AM
49	Yes	1/31/2018 10:38 AM
50	unsure	1/30/2018 11:51 PM
51	yes	1/30/2018 9:26 PM
52	No. I no longer think it's compatible with the kind of family life I'm after, I have realised this now I have children.	1/30/2018 8:24 PM
53	Yes	1/30/2018 7:48 PM
54	yes	1/30/2018 6:38 PM
55	yes	1/30/2018 5:57 PM
56	yes	1/30/2018 5:39 PM
57	yes	1/30/2018 5:12 PM
58	Yes	1/30/2018 4:53 PM

59	Haven't actually done an EM placement since FY2 as I have not started in parent speciality so cannot comment	1/30/2018 3:36 PM
60	Yes	1/30/2018 3:18 PM
61	Yes	1/30/2018 3:02 PM
62	yes	1/30/2018 2:03 PM
63	yes	1/30/2018 12:47 PM
64	yes	1/30/2018 12:46 PM
65	Yes. Although I worry the job is being put under pressure such that it is more difficult for me to enjoy it.	1/30/2018 11:59 AM
66	Yes	1/30/2018 11:48 AM
67	yes, but I spent my F3/4 in Sydney working in ED and this experience was fantastic. It has been a different experience returning to the UK, but not as favourable as Australia.	1/30/2018 11:44 AM
68	Yes.	1/30/2018 11:43 AM
69	yes	1/30/2018 11:24 AM
70	Yes, but unsocial hours/shifts make me to think	1/30/2018 10:00 AM
71	They are still valid.	1/30/2018 5:24 AM
72	Yes	1/30/2018 1:41 AM
73	Yes, though more pressure on seeing cases and processing patient numbers; abdication of clinical procedures to in-house specialty teams	1/30/2018 12:34 AM
74	YEs	1/29/2018 9:51 PM
75	yes	1/29/2018 9:49 PM
76	Yes but less so. There is increasingly more emphasis on service provision and speed rather than learning.	1/29/2018 7:53 PM
77	Yes	1/29/2018 6:46 PM
78	yes	1/29/2018 6:20 PM
79	y	1/29/2018 6:03 PM
80	Yes	1/29/2018 5:18 PM
81	yes	1/29/2018 5:17 PM
82	Yes	1/29/2018 4:54 PM
83	well its overly challenging and dangerous now in terms of staffing levels and lack of shop floor teaching	1/29/2018 4:10 PM
84	Yes	1/29/2018 3:28 PM
85	Less so. Now plonked into majors regularly 'to deal with the queue'. Practical skills waning as no time and need for specialty referral	1/29/2018 2:54 PM
86	Yes	1/29/2018 1:42 PM
87	Yes. Although training quantity and often quality drastically declined with increasingly busy departments. Rotas now not fit for purpose because they were designed for quieter times. Work too intense to make the current rotas sustainable. No emphasis on making the rota adjustable to enable trainees to live their lives as they go.	1/29/2018 1:24 PM
88	Yes	1/29/2018 1:06 PM
89	Yes	1/29/2018 12:03 PM
90	Less valid. Less about quality of care and training and more about managing patient loads and chronic underfunding / understaffing	1/29/2018 11:58 AM
91	Yes	1/29/2018 11:42 AM
92	Yes.	1/29/2018 11:31 AM

93	I worry some of the resus practical aspects i originally experienced and loved may be lost. i.e call other specialties to come and do this and take patient away while ED trainees keep clearing the board. Don't want to become a triage specialty. When it is 'crisis' busy can miss out on training opportunities for service.	1/29/2018 10:36 AM
94	Yes and no, some of the variation is being removed as separate MIU /Paeds areas, lots of ‘good’ stuff referred straight to speciality. Although getting much more exposure where I work now.	1/29/2018 10:18 AM
95	Very much so	1/29/2018 1:54 AM
96	yeah	1/28/2018 10:52 PM
97	Yes. While doing other rotations in my training, it reassured me that my choice was correct.	1/28/2018 10:46 PM
98	to an extent. incredible pressure on the ED means that looking after very sick patients often delegated to ICU teams, division of "minors" from "majors" in many departments reduces some element of procedural skills, increased pressure and corridor medicine are becoming overwhelming realities of day to day life meaning things that we can do we dont due to lack of time space etc and so loose our skills.	1/28/2018 9:56 PM
99	Yes	1/28/2018 9:50 PM
100	Yes	1/28/2018 9:35 PM
101	Yes	1/28/2018 9:02 PM
102	Yes, just about. The time in resus is now as high as it's going to be, as a consultant it appears to be more managerial than clinical	1/28/2018 8:58 PM
103	Yes	1/28/2018 8:56 PM
104	The enjoyment of working in an acute specialty is under threat from exhaustion, antisocial working hours, lack of appropriate rest time and facilities, and vague 'training'.	1/28/2018 8:37 PM
105	Yes	1/28/2018 8:20 PM
106	No,as mentioned above	1/28/2018 8:06 PM
107	yes	1/28/2018 7:14 PM
108	Yes	1/28/2018 7:09 PM
109	yes	1/28/2018 6:52 PM
110	Yes to some extent	1/28/2018 6:49 PM
111	Yes	1/28/2018 6:21 PM
112	yes	1/28/2018 5:21 PM
113	Yes	1/28/2018 5:12 PM
114	Yes	1/28/2018 4:00 PM
115	Largely not. - sick patients referred to specialty early and any enjoyable management opportunities taken over by specialty (critical care) - early referral to any specialty prioritised so enjoyable diagnostics replaced by pseudo “triage” system - variety often squandered when working in majors constantly, even during “designated” shifts elsewhere in the Dept. Leads to monotonous repetitive presentations - team work still better than many specialties but when Dept extremely busy (occurs often) chatter between colleagues and discussions at a minimum in view of moving patients through the Dept quickly	1/28/2018 3:18 PM
116	Yes	1/28/2018 2:22 PM
117	Yes.	1/28/2018 10:53 AM
118	Yes	1/28/2018 10:36 AM
119	Yes	1/28/2018 9:39 AM
120	Yes	1/28/2018 8:08 AM
121	Fully valid	1/28/2018 12:08 AM
122	Yes	1/27/2018 11:39 PM
123	Yes	1/27/2018 11:07 PM

124	Yes	1/27/2018 11:07 PM
125	To some extent, though we do seem to spend less and less time seeing sick people.	1/27/2018 10:33 PM
126	Yes.	1/27/2018 10:19 PM
127	Not all, team work much harder with low morale. Still enjoy the variety	1/27/2018 9:53 PM
128	Still valid.	1/27/2018 9:26 PM
129	Yes	1/27/2018 7:31 PM
130	yes	1/27/2018 6:38 PM
131	No. Due to pressures we are simply triaging and not fully treating patients. We are pushing patients onto wards to make space for new patients. We are always short of doctors and nurses and are being stretched while our colleagues in other specialties have a slower paced job with more breaks. We do not want more pay to recognise our intensity of work, we simply want more time off than other specialties to recognise we work more i.e. more annual leave, no restrictions on annual leave not being allowed to be taken whilst working evenings, weekends or night.	1/27/2018 6:33 PM
132	Yes	1/27/2018 6:21 PM
133	Yes	1/27/2018 6:15 PM
134	yes	1/27/2018 6:14 PM
135	Yes	1/27/2018 5:51 PM
136	NO, now tend to see everything and anything	1/27/2018 4:46 PM
137	Yes	1/27/2018 4:44 PM
138	Yes	1/27/2018 4:25 PM
139	yes	1/27/2018 2:59 PM
140	Yes	1/27/2018 2:47 PM
141	yes	1/27/2018 2:43 PM
142	Yes	1/27/2018 2:28 PM
143	Yes. And also I think in Emergency Medicine the most interesting element of the presentation, that is the acute element is enjoyed without the dull and uninteresting element which is the recovery phase and long term follow-up.	1/27/2018 1:51 PM
144	Yes	1/27/2018 1:25 PM
145	Yes	1/27/2018 12:59 PM
146	No. ED increasingly used like a walk in GP centre - if I wanted to have been a GP I would have done it. Departments over crowded. I am disappointed the profession has become increasingly focused on 4 hour targets, managing flows, managing the department, managing expectations, getting people out of ED as soon as possible. It devalues us as a specialty; where we are increasingly seen as a glorified triage service. I care solely about my patients, looking after them, and being the advocate of what is in their best interests. If had wanted to be a manger - I would probably have gone and done that too.	1/27/2018 12:53 PM
147	yes	1/27/2018 12:48 PM
148	Yes	1/27/2018 12:41 PM
149	Yes	1/27/2018 11:15 AM
150	Yes	1/27/2018 11:10 AM
151	Still valud	1/27/2018 10:53 AM
152	Yes	1/27/2018 10:44 AM
153	Yes	1/27/2018 8:27 AM
154	That's the main driver still. The problems / difficulties that make UK EM less appealing now don't change the above.	1/27/2018 5:39 AM
155	The hours	1/27/2018 3:57 AM

156	Some of them - not many sick patients, not enough time to fully treatment them (ie inotropes for sepsis etc)	1/27/2018 3:25 AM
157	Yes	1/27/2018 3:24 AM
158	Yes	1/27/2018 2:19 AM
159	As an Emergency Doctor I am working as GP/AMU/Psychiatric doctor rather than proper EM physician.	1/27/2018 12:46 AM
160	Yes	1/27/2018 12:21 AM
161	yes	1/26/2018 11:56 PM
162	yes	1/26/2018 11:52 PM
163	Hate the environment. Very few shifts where I feel I am able to treat patients to the standard I would like. Whole teams are struggling, team spirit that used to keep everyone going through difficult sets of shifts is breaking under the pressure	1/26/2018 10:49 PM
164	No	1/26/2018 10:26 PM
165	Yes	1/26/2018 10:13 PM
166	Yes	1/26/2018 10:03 PM
167	yes	1/26/2018 9:44 PM
168	They are	1/26/2018 9:37 PM
169	no, i feel like i have managed more non-urgent care patient in ED more than looking after acutely ill patient	1/26/2018 9:25 PM
170	Yes	1/26/2018 9:15 PM
171	Yes	1/26/2018 9:12 PM
172	yes	1/26/2018 8:57 PM
173	yes	1/26/2018 8:49 PM
174	Yes	1/26/2018 8:48 PM
175	Yes	1/26/2018 8:33 PM
176	Yes	1/26/2018 8:30 PM
177	Yes	1/26/2018 8:22 PM
178	Yes but feel the ability to focus on sick/complex patients and learn from hindered by workload/service provision (e.g. interesting case with 2 docs - one always gets sent back to the mundane stuff missing learning opportunities)	1/26/2018 8:20 PM
179	yes, more than before	1/26/2018 8:15 PM
180	Yes	1/26/2018 8:02 PM
181	Yes	1/26/2018 7:50 PM
182	Yes	1/26/2018 7:48 PM
183	Yes they are although it's affected by the pressure on emergency department which made emergency medicine is all about hitting the four hour target and you end up triaging patients instead of treating them	1/26/2018 7:44 PM
184	Yes	1/26/2018 7:25 PM
185	Yes	1/26/2018 6:57 PM
186	Yes	1/26/2018 6:55 PM
187	No! Realise I have a short attention span and don’t like ward medicine	1/26/2018 6:53 PM
188	Yes	1/26/2018 6:50 PM
189	Yes	1/26/2018 6:44 PM
190	yes	1/26/2018 6:43 PM

191	Yes	1/26/2018 6:40 PM
192	Yes	1/26/2018 6:37 PM
193	Yes	1/26/2018 6:35 PM
194	A lot of the practical work is delegated abd referred on to specialities and EM seems to be more of a triage service	1/26/2018 6:30 PM
195	Yes	1/26/2018 6:19 PM
196	Yes	1/26/2018 6:12 PM
197	yes	1/26/2018 6:04 PM
198	I agree they are but are somewhat jaded by the poor rotas, understaffing and poor patient flow through the department which make EM as a speciality less appealing. I now understand why many trainees jump ship from this exciting speciality as other specialities offer much better rotas and lifestyles.	1/26/2018 5:56 PM
199	Yes although frequent moves dilute team work and training destroys any flexibility	1/26/2018 5:56 PM
200	Yes	1/26/2018 5:53 PM
201	Yes, but it has changed. It has become hugely stressful with a constant threat of criminal prosecution even when you are not at fault.	1/26/2018 5:51 PM
202	Yes	1/26/2018 5:40 PM
203	Yes	1/26/2018 5:38 PM
204	Yes	1/26/2018 5:13 PM
205	Yes	1/26/2018 5:13 PM
206	Although those values are still there, they are drowned out by the repetition of prolonged geriatric care which seems to predominate this particular period of Emergency Medicine	1/26/2018 5:00 PM
207	Yes	1/26/2018 4:43 PM
208	To an extent, the bustle has become too much often with stress on departments dangerous	1/26/2018 4:40 PM
209	Yes	1/26/2018 4:34 PM
210	Yes	1/26/2018 4:29 PM
211	Xxx	1/26/2018 4:14 PM
212	No. Trainee experience increasingly becoming one of ‘majors’ side pathology with almost non existent exposure to minors / injury / wound management	1/26/2018 4:14 PM
213	Yes	1/26/2018 4:02 PM
214	yes	1/26/2018 4:00 PM
215	yes but dont want to work full time as the hours are not sustainable in the long term	1/26/2018 3:55 PM
216	Yes although lots of practical skills been taken away by time pressures (eg asking ortho to do manipulations instead of having time to do it ourselves)	1/26/2018 3:40 PM
217	Yes	1/26/2018 3:30 PM
218	Yes, they are.	1/26/2018 3:27 PM
219	Yes, very much so.	1/26/2018 3:24 PM
220	Yes	1/26/2018 3:21 PM
221	Yes	1/26/2018 3:12 PM
222	Not entirely Become less interesting with many non acute attendants	1/26/2018 2:42 PM
223	Not particularly. We deal with a majority of chronically unwell patients that have deteriorated slightly from their baseline but therefore cannot manage, and the other end of the spectrum, the worried well.	1/26/2018 2:40 PM

224	It's not fun any more. It's like working the worst day every day. My current dept is bitchy and unsupportive, everyone is stressed and patients are unhappy. The focus is more and more on trying to manage a crowded dept rather than medicine. It feels less intellectual.	1/26/2018 2:28 PM
225	yes	1/26/2018 2:18 PM
226	yes	1/26/2018 2:14 PM
227	yes	1/26/2018 2:12 PM
228	yes	1/26/2018 2:11 PM
229	Yes	1/26/2018 2:05 PM
230	They are, but other factors overwhelm them	1/26/2018 2:05 PM
231	yes	1/26/2018 1:59 PM
232	Yes	1/26/2018 1:55 PM
233	Yes.	1/26/2018 1:46 PM
234	Yes But lifestyle choices are starting to weight in more.	1/26/2018 1:46 PM
235	Yes	1/26/2018 1:36 PM
236	Yes	1/26/2018 1:31 PM
237	Yes	1/26/2018 1:23 PM
238	Yes	1/26/2018 1:10 PM
239	Yes	1/26/2018 12:48 PM
240	Dealing with more chronic disease Farming off exciting aspects to other specialities eg ICU	1/26/2018 12:17 PM
241	Varied - somewhat yes. Teaching however is dreadful and no chance for developing early airway or acute management skills and knowledge.	1/26/2018 12:01 PM
242	Yes	1/25/2018 3:36 AM
243	Yes	1/23/2018 12:09 AM
244	Yes	1/18/2018 2:45 PM
245	No - patients are staying longer in ED and becoming essentially ward patients that we are not equipped to manage; we are seeing more General Practice presentations that we are not trained/equipped to manage	1/17/2018 3:55 PM
246	Yes	1/13/2018 2:59 PM
247	Yes	1/13/2018 12:17 AM
248	Yes	1/12/2018 11:56 AM
249	Yes, definitely	1/11/2018 7:40 PM
250	Yes	1/11/2018 4:22 PM
251	The volume of work load makes it difficult to enjoy procedures or looking after unwell patients as you often feel like you are being dragged from one place to another	1/11/2018 11:39 AM
252	Yes	1/9/2018 6:41 PM
253	yes	1/7/2018 8:25 PM
254	yes	1/6/2018 10:17 AM
255	Yep	1/5/2018 8:55 PM
256	Cons starting to outweigh the excitement of em	1/5/2018 1:57 PM
257	Yes	1/4/2018 4:13 PM
258	Yes	1/4/2018 2:32 PM
259	Yes	1/4/2018 2:19 PM
260	Yes although clouded by relentless rota patterns, shift intensity and time pressures.	1/4/2018 1:50 PM

261	Yes but variety is decreasing.	1/4/2018 2:13 AM
262	Yes	1/3/2018 6:08 PM
263	Sort of, still varied and challenging but a lot more unnecessary attendance means we now often see similar patients to GP	1/3/2018 5:14 PM
264	generally	1/3/2018 5:12 PM
265	Yes. However, there are days that I have to remember why I did it, when things get tough.	1/3/2018 10:09 AM
266	Yes. As i have climbed the ladder, i mostly enjoy every day and the challenges that each shift can bring. Continuous learning.	1/2/2018 11:56 PM
267	Yes!	1/2/2018 11:13 PM
268	Yes	1/2/2018 10:25 PM
269	Yes	1/2/2018 4:38 PM
270	Some of them are still valid however the pressures at work can get overwhelming	1/2/2018 1:44 PM
271	Yes	1/2/2018 12:55 PM
272	yes	1/2/2018 12:38 PM
273	Somewhat. The pressure has increased, the shift work feels worse and the stress feels much higher. I feel that we are expected to manage much more in ED than 5 years ago.	1/2/2018 12:30 PM
274	Yes	1/2/2018 11:48 AM
275	In parts - the way in which Emergency Medicine is used has changed and I struggle with the enormity of the knowledge base required now to manage the variety of patients that attend.	1/2/2018 10:22 AM
276	yes	12/31/2017 12:43 PM
277	Yes	12/30/2017 11:44 PM
278	Variety is good but family life is hard with shift work. Also the team has to have a good work ethic.	12/30/2017 9:38 PM
279	No! All I seem to do is manage overcrowing	12/30/2017 6:20 PM
280	yes	12/30/2017 11:16 AM
281	Yes	12/29/2017 4:53 PM
282	NO! We dont see many true emergency patients. Most of them are patients who can be managed in the community.	12/29/2017 1:44 PM
283	yes they are still valid occasionally we see patients in ED who are not acutely unwell but present to ED due to unavailability of GP to see patients same day	12/29/2017 9:11 AM
284	Still valid	12/29/2017 1:18 AM
285	Yes very much so. Too many frail elderly patients but the pressure and deterioration of the overall system is as I expected once a Conservatve government got in - started training programme in 2011	12/28/2017 6:23 PM
286	Yes I do still enjoy the variety and quick pace of the department	12/28/2017 3:52 PM
287	EM is pretty much a ward most days I start my shift. We are now prescribing second and third doses of antibiotics. We are now spending longer with our patients than we used to on a ward and spend most of the day answering questions about when someone is going to get seen and when someone will be going to the ward. When the department is heaving, there is less focus on us being able to indulge in practical skills- rather we outsource to another specialty and just carry on picking up patients from the box.	12/28/2017 2:58 PM
288	Yes, somewhat	12/28/2017 11:35 AM
289	Yes	12/28/2017 9:50 AM
290	Yes	12/27/2017 11:56 PM
291	yes	12/27/2017 5:38 PM
292	Yes. It is still varied.	12/27/2017 12:48 PM

293	Yes	12/27/2017 9:51 AM
294	Yes	12/26/2017 2:12 PM
295	It is neither broad nor varied	12/24/2017 4:25 PM
296	Yes	12/24/2017 11:14 AM
297	Yes. Re-assured that my personality suited in EM.	12/23/2017 8:53 PM
298	I am no more passionate about EM.Sometimes regret choosing EM.I am overseas candidate.EM ran smoothly in India Inspite of regular shifts. The EM shifts in NHS is all over the place which affected my physical illness also led to anxiety and depressive periods. Extremely difficult to manage FRCEM, asocial hours ,busy shifts. I don't recommend EM to any juniors	12/23/2017 6:14 PM
299	Yes	12/23/2017 4:52 PM
300	yes	12/23/2017 11:41 AM
301	Yes	12/23/2017 10:28 AM
302	Yes	12/23/2017 7:17 AM
303	Yes	12/23/2017 6:53 AM
304	Yes.	12/22/2017 11:52 PM
305	Yes!!	12/22/2017 10:31 PM
306	Yes to a certain extent. Seeing increasing number of gp “just go to a&e” referrals	12/22/2017 8:59 PM
307	I worry that we outsource too much of emergency care to other specialties: anaesthetists, physicians, paediatricians etc	12/22/2017 8:56 PM
308	Still valid but harder to appreciate the good when working in a crowded department and your tired and morale is low.	12/22/2017 7:48 PM
309	As days go by I realise that Im doing a thankless job. Im beginning to feel why go through so much of training when at the end of the day you are force to refer a patient anyway for the sake of breach. It feels like your opinion is never considered and taken into account. I have practiced EM in another country and the EM in the UK feels more like signposting. I understand about the departmental pressures etc. However, being forced to see a breaching minors patient while handing over a sick patient to ITU doesnt really seem like proper medicine to me.	12/22/2017 7:10 PM
310	Yes	12/22/2017 6:56 PM
311	yes	12/22/2017 1:15 PM
312	Yes, definitely	12/22/2017 11:02 AM
313	Mostly - I feel there are a lot of procedures we're discouraged from due to time pressures.	12/22/2017 3:37 AM
314	Pathology is reduced by having reduced time seeing and therefore reduced confidence when dealing with minor injuries	12/22/2017 1:34 AM
315	Yes they are still valid	12/22/2017 12:14 AM
316	I am unsure about the possibility of part time or flexible hours, but I haven’t enquirer about this yet.	12/21/2017 11:32 PM
317	Yes	12/21/2017 10:54 PM
318	most are. Some drawbacks also now evident	12/21/2017 9:30 PM
319	Yes definitely	12/21/2017 8:21 PM
320	Yes	12/21/2017 8:05 PM
321	Mostly, my reasons for enjoying A&E haven't changed but I find that I rarely get the opportunity to perform any procedures due to the sheer number of patients in the dept. Instead of reducing fractures & dislocations we're encouraged to refer to Specialities.	12/21/2017 7:41 PM
322	Yes	12/21/2017 6:05 PM
323	Yes remains valid	12/21/2017 3:11 PM
324	yes	12/21/2017 3:01 PM

325	Yes	12/21/2017 2:10 PM
326	Yes - but due to increasing patient numbers presenting to our EDs, I have less and less time to do a good job. I therefore find that I often feel dissatisfied and frequently quite sad about the lack of care we can provide. This makes the job much less rewarding. My interactions with patients are shorter and less personal which makes me feel like I cannot tailor the care to their needs as well as making my own job less enjoyable as I do not have time to have the conversations with patients that help make me feel human, too. If we had bigger departments or at very least, more doctors, we would all be able to do a much better and more enjoyable job.	12/21/2017 1:28 PM
327	Yes	12/21/2017 12:58 PM
328	Yes	12/21/2017 12:52 PM
329	Yes. Although at times I feel more just like a glorified triage service as pressure ans wait times more important than diagnosis and management plans ..	12/21/2017 11:52 AM
330	Yes. Though I think the burden of activity now is such that it will no longer be sustainable for my complete working life	12/21/2017 10:09 AM
331	They are still valid. Though the new Rota is just brutal esp for EM trainees...I am already feeling fatigued though it has just almost been 5 months in ED rotation. I have worked in ED before for 2 yrs but it has never been this horrific.	12/21/2017 6:51 AM
332	Still valid	12/21/2017 6:05 AM
333	Yes, I still love all those things about EM!	12/21/2017 6:02 AM
334	Yes	12/21/2017 2:43 AM
335	Yes	12/21/2017 1:38 AM
336	Yes	12/20/2017 10:47 PM
337	I think so	12/20/2017 10:38 PM
338	Yes	12/20/2017 10:37 PM
339	Yes	12/20/2017 10:32 PM
340	No sadly not. Working in EM is so different in the UK compared to NZ - much longer hours, poor training opportunities, fixed annual leave and the lack of resources. It's a very poor place to work and has become more a triage service because of the lack of investment and increasing pressure. Just feel like I'm taken for granted when working in the UK.	12/20/2017 8:55 PM
341	Yes	12/20/2017 8:46 PM
342	Yes they are	12/20/2017 8:36 PM
343	Yes.	12/20/2017 6:50 PM
344	Yes	12/20/2017 6:41 PM
345	Yes	12/20/2017 6:02 PM
346	Yes	12/20/2017 5:53 PM
347	Yes	12/20/2017 5:45 PM
348	Yes. More so then ever. The more experience Ive gained the more Ive realised there is to learn, constantly being challenged is a good thing in my book!	12/20/2017 5:25 PM
349	Yes	12/20/2017 4:57 PM
350	Yes	12/20/2017 2:13 PM
351	Yes	12/20/2017 1:11 PM
352	Yes.... if they weren't there I'm not sure I'd continue!	12/20/2017 12:54 PM
353	See above.	12/20/2017 12:46 PM
354	Yes	12/20/2017 12:27 PM
355	Yes, they are still valid but now too many negatives sides of the specialty are more vivid.	12/20/2017 12:21 PM
356	Yes	12/20/2017 11:51 AM

357	Yes	12/20/2017 8:18 AM
358	yes	12/20/2017 12:43 AM
359	Yes	12/20/2017 12:37 AM
360	Yes	12/19/2017 9:55 PM
361	Yes	12/19/2017 9:19 PM
362	Yes	12/19/2017 8:48 PM
363	Yes	12/19/2017 8:25 PM
364	All of them are still valid	12/19/2017 8:08 PM
365	Yes.	12/19/2017 6:15 PM
366	Yes	12/19/2017 6:04 PM
367	Yes	12/19/2017 5:56 PM
368	yes	12/19/2017 5:32 PM
369	Yes	12/19/2017 5:30 PM
370	Yes	12/19/2017 5:20 PM
371	Yes	12/19/2017 4:29 PM
372	yes	12/19/2017 3:22 PM
373	Yes	12/19/2017 3:11 PM
374	Yes	12/19/2017 2:51 PM
375	Yes	12/19/2017 2:32 PM
376	Time pressure reducing the opportunity to perform procedures- they tend to get farmed out to other specialities	12/19/2017 2:32 PM
377	Yes	12/19/2017 2:19 PM
378	Not valid. As major bulk of the speciality is care of the elderly stuff.	12/19/2017 2:19 PM
379	Maybe. As We are no longer treating only emergencies in ED, some patients are presenting to ED like any other walk in clinic. Its more like service providing, departments struggle with the influx of patients and training has taken back step.	12/19/2017 2:18 PM
380	Yes	12/19/2017 2:17 PM
381	Yes	12/19/2017 2:01 PM
382	Yes	12/19/2017 1:56 PM
383	No. The EM Physician’s told has become less diagnostic and more managerial role. The is less learning opportunities, and more service provision. Lack of appreciation of skills from all angle.	12/19/2017 1:55 PM
384	Lot of out of hours makes life uneasy at times.	12/19/2017 1:54 PM
385	Yes	12/19/2017 1:50 PM
386	Not anymore. I feel sometimes training is compromised for service provision. There is not much one to one teaching with consultant.	12/19/2017 12:44 PM
387	No. Prehospital em looks like an unattractive sub specialty	12/19/2017 12:43 PM

388	Not valid now for following reasons. Out of all the ED attendances very few are real emergencies needing actual Resuscitation. Half of the total attendances are urgencies (Not emergencies). The remaining half are “I just came to get checked” practising reassuring Emergency medicine. No one knows what happened with an elderly dementia care home patient, not looking right, trying to solve the puzzle with query diagnosis needing social admission. It’s become a routine to expect drunk patients over the weekend nights excess, where in emergencies medicine is all about “expect the unexpected” It’s become a routine to feel like a sole soldier trying to fight patients on one side (for some of them that they don’t need admission) and trying to fight inpatient specialties on the other side (for the ones who need admission), although in reality ED is for the patients’ advocate to help Jem see a specialist (where necessary) and ED is an acute team representing the specialties (trying to take away their work, and saying - look we don’t need ya to see everyone of these, and actually we can see, sort them and discharge them, reducing the inpatient specialties workload. When the management should be working pro actively helping to create space for ED doctors to see patients (which I agree they do sometimes), but more often present themselves with a blameful body language when ED gets crowded not realising that it’s the load that we have in combination to the exit blocks in addition to obstructive specialties in he background of not just unwell patients but also difficult patients. In one line, Emergency Medicine is turning out to be a speciality of “Crowd Management” in the United Kingdom.	12/19/2017 12:43 PM
389	Yes	12/19/2017 12:13 PM
390	Yes	12/19/2017 12:10 PM
391	Yes	12/18/2017 5:40 PM
392	Yes, however far too many 'well' patients misusing ED	12/18/2017 3:54 PM
393	Yes	12/18/2017 3:51 PM
394	Yes.	12/18/2017 3:19 PM
395	Yes	12/18/2017 3:05 PM
396	Yes, but the consultant job seems less appealing as it once was	12/18/2017 2:31 PM
397	Yes. I’m doing anaesthetics as the moment and hate it.	12/18/2017 1:54 PM
398	Yes	12/18/2017 12:43 PM
399	Yes.	12/18/2017 12:12 PM
400	N/A	12/18/2017 11:33 AM
401	yes	12/17/2017 3:31 AM
402	Yes although it can someyimes feel mundane	12/16/2017 4:13 PM
403	Yes, though it can be difficult to see them through the cloud of overcrowding.	12/15/2017 9:49 PM
404	yes	12/15/2017 7:10 PM
405	Less so, ability to diagnose is becoming ability to find the lowest threshold to refer before moving on. "If they're definitely coming in just refer"	12/15/2017 1:29 AM
406	Yes. Less keen to do EM now.	12/14/2017 8:29 PM
407	Yes	12/14/2017 11:48 AM
408	Yes	12/14/2017 2:55 AM
409	Yes	12/14/2017 2:04 AM
410	Have to do much more of geriatric EM and Minors stuff than anticipated, but that's the population dynamics so no complaints there	12/13/2017 8:53 PM
411	Yes	12/13/2017 2:16 PM
412	Yes	12/13/2017 2:04 PM
413	Yes	12/13/2017 1:58 PM
414	Yes	12/13/2017 1:29 PM
415	Yes	12/13/2017 1:05 PM
416	Yes	12/13/2017 12:04 PM

417	Yes up to a point, but busy department means it’s much harder to give good patient care and achieve job satisfaction	12/13/2017 11:50 AM
418	To an extent.	12/13/2017 11:46 AM
419	Yes	12/13/2017 11:39 AM
420	Yes. But the rota/ shift work is mentally and physically exhausting and too demanding at times	12/13/2017 11:32 AM
421	That's a hard question. Probably not, but because the specialty is not what it should be rather than any notion of being misled.	12/13/2017 11:29 AM
422	The job as a registra/ consultant is completely different to the job as an SHO. There is no way that you can know if you will like it or not as an SHO.	12/13/2017 11:27 AM
423	Yes	12/13/2017 11:12 AM
424	Yes...ish It is worrying that EM is now becoming just seeing patients in majors. The specialty has lost paeds and minors in many departments. A change is as good as a rest; If I was feeling a bit burnt out I used to be able to volunteer for paeds/minors but this is not the case now.	12/13/2017 11:05 AM
425	Sometimes! But I don’t do as many procedures as I had hoped	12/13/2017 10:20 AM
426	Yes.	12/12/2017 10:01 PM
427	Yes, but the problems I increasingly solve are logistical	12/12/2017 9:57 PM
428	Yes	12/12/2017 8:47 PM
429	Yes very much.	12/12/2017 6:32 PM
430	Yes, even more so	12/12/2017 6:28 PM
431	Yes.	12/12/2017 2:57 PM
432	Yes	12/11/2017 8:34 PM
433	Mostly yes.	12/11/2017 4:58 PM
434	To some extent, but have become frustrated with extent to which I can manage the sickest patients in most EDs.	12/11/2017 12:51 PM
435	Yes	12/11/2017 8:48 AM
436	Not anymore. Lot of pressures and demands	12/10/2017 3:46 PM
437	Still valid	12/10/2017 12:48 PM
438	Mostly, I feel like the deanery I currently work in we 'do' far less for the 'sick' patients in resus compared to others I have worked in. This can make it less rewarding.	12/9/2017 9:30 PM
439	Yes	12/9/2017 7:15 PM
440	Yes	12/9/2017 1:59 PM
441	Yes but now the supportive work environment is more important and the ability to work close to home as I have a disabled son prevail.	12/9/2017 8:26 AM
442	Yes	12/9/2017 1:13 AM
443	EM has changed a lot, moral is low making the job as a whole less enjoyable	12/8/2017 10:04 PM
444	yes	12/8/2017 5:00 PM
445	Yes. Feel there are skills I have developed in critical care that I wish I could use for often in Resus.	12/8/2017 12:02 PM
446	Yes	12/8/2017 10:35 AM
447	I worry that the pressures in departments mean that in the future I will not get to do as many procedures/ they will get taken over by anaesthetics. I worry most of my job will be triaging patients rather than treating them	12/8/2017 2:39 AM
448	Yes	12/7/2017 11:44 PM
449	They are, but my God training is brutal. They rape you a little for the sheer privilege.	12/7/2017 11:13 PM
450	Yes	12/7/2017 5:46 PM

451	Some of them are. Procedures are far lesser than I expected, time constraints in seeing the patient makes me refer to specialty earlier than I would like, sometimes before finding the reason for referral! Stressful rota	12/7/2017 1:37 PM
452	Yes	12/6/2017 9:09 PM
453	Yes	12/6/2017 5:10 PM
454	yes	12/6/2017 5:37 AM
455	Yes	12/5/2017 9:37 PM
456	Yes	12/5/2017 5:40 PM
457	Yes	12/5/2017 4:29 PM
458	Yes. I enjoy it more and more as I've become more senior. Always new things to learn, opportunities to teach & great team to work with.	12/5/2017 12:51 PM
459	Yes	12/5/2017 12:50 PM
460	Yes	12/5/2017 9:31 AM
461	Not enough time doing this. Too much time sending home minor illness. Too much time clerking for other specialties	12/4/2017 11:17 PM
462	yes	12/4/2017 8:44 PM
463	Yes	12/4/2017 7:57 PM
464	Political / manager perceived pressure	12/4/2017 6:55 PM
465	Still enjoy all of the above	12/4/2017 6:49 PM
466	Yes	12/4/2017 6:23 PM
467	Yes	12/4/2017 4:37 PM
468	Yes	12/4/2017 4:29 PM
469	Yes	12/4/2017 3:51 PM
470	Yes	12/4/2017 12:43 PM
471	Yes	12/4/2017 11:44 AM
472	Yes	12/4/2017 11:28 AM
473	Yes, love EM	12/4/2017 9:59 AM
474	Yes	12/4/2017 9:56 AM
475	Yes,Progressing	12/4/2017 9:36 AM
476	Yes	12/4/2017 9:23 AM
477	Yes	12/4/2017 3:15 AM
478	Yes	12/4/2017 2:05 AM
479	Realisation during ST2 year that many EM docs tend to disappear as soon as crit care involved. Considering joint EM/ICM CCT as I do not want to be that sort of EM doctor	12/4/2017 12:45 AM
480	Yes	12/3/2017 11:26 PM
481	No, EM has become more of a triage service	12/3/2017 11:00 PM
482	Most of them. I feel unable to continue my scope of learning critical care in some placements due to lack of time / pressure from consultants to queue bust and have to fight not to be undermined my some specialists. I wish there was more time in the day to capatlize on all the learning opportunities. Team comradery with the MDT still there although rotas mean not finishing the same time as juniors and nurses eg after night shift takes away a lot of the social aspect of the job that was always great for bonding and debriefing. eg breakfasts etc	12/3/2017 10:31 PM
483	Yes	12/3/2017 10:08 PM
484	To a degree yes however with specialist nurses it is becoming less varied	12/3/2017 10:06 PM

485	Yes.	12/3/2017 9:46 PM
486	Yes	12/3/2017 9:25 PM
487	Yes	12/3/2017 9:24 PM
488	Yes mostly although levels of education received is very consultant and reg dependant.	12/3/2017 9:10 PM
489	Yes	12/3/2017 9:06 PM
490	Yes	12/3/2017 9:04 PM
491	Yes	12/3/2017 8:26 PM
492	The ability to use the acute skills from anaesthetics and ITU vary from department. I like the variety on offer in the specialty and the sessional work - i.e. handover and walk away and switch off.	12/3/2017 7:53 PM
493	Partially. High acuity patients are taken away by other specialties e.g. critical care and anaesthesia. Poor respect for EM by other specialities. Other HCPs looking to and getting better training than EM trainees e.g. Critical Care Paramedics and Nurses doing echo, ultrasound, sedation and vascular access. Not getting minors experience but being forced to do majors shifts on a regular basis. Unable to socialise with other juniors and seniors before/during/after shifts due to staggered shift timings rather than grouped together.	12/3/2017 7:35 PM
494	Yes but the environment is becoming unhealthy to work in.	12/3/2017 4:55 PM
495	Partially... Now planning on doing EM and ICM together, and would not do EM by itself any more - too many departments have a mindset of offloading ownership of some really interesting aspects of the job to other specialties (particularly critical care, difficult end of life decisions, unwell paediatrics, some orthopaedics, minors). This is not just about advanced airway skills (though this is an aspect) or even just about particular procedural interventions, but also about EM having the experience and confidence to make certain decisions or manage certain problems.	12/3/2017 4:11 PM
496	Yes	12/3/2017 3:06 PM
497	Mostly.	12/3/2017 2:28 PM
498	yes, but variable - in a good department is very good	12/3/2017 2:22 PM
499	Yes	12/3/2017 2:09 PM
500	Mostly, but I've found that still much of the critical care/airway management is still predominantly provided by ICU/Anaesthetics in most hospitals, which sometimes takes away from the practical experience EM trainees get in the ED.	12/3/2017 2:08 PM
501	Yes	12/3/2017 1:51 PM
502	Yes	12/3/2017 1:10 PM
503	Yes	12/3/2017 1:09 PM
504	Difficult to be excellent in current system. Now mostly primary care complaints. Critical care often seen immediately by specialties	12/3/2017 1:09 PM
505	As I get more senior I find myself having to carry the duty bleep. Although it does not go off as much as other specialties it can be frustrating. I also have to do OU ward rounds and am often asked to review other people's patients rather than see my own, which reduces the autonomy.	12/3/2017 12:44 PM
506	Yes	12/3/2017 12:28 PM
507	Less so the procedures - ITU etc come and do these as our departmental pressures force us to go back to queue-busting. Less sick patients too as public present more frequently with less acute problems that could/should be dealt with in hours by primary care.	12/3/2017 12:27 PM
508	Yes	12/3/2017 12:15 PM
509	Yes	12/3/2017 10:23 AM
510	Mostly, yes	12/3/2017 9:00 AM
511	Yes. But requirements of service provision, a lack of time to provide what I feel is adequate training, and general poor morale throughout the MDT is reducing the joy once had in a great specialty	12/3/2017 8:43 AM

512	Presentations are broad, but perhaps not as varied as inagined. Sick patients are quickly punted to other specialities.	12/3/2017 4:55 AM
513	Broadly yes. Some loss of variety due to workload. And loss of minors also means less variety and fewer skills	12/3/2017 1:50 AM
514	Yes	12/3/2017 1:22 AM
515	Mostly	12/2/2017 11:32 PM
516	Y	12/2/2017 10:56 PM
517	Partially. Demands of worried well and elderly patients not requiring resuscitation diluting this emenebt	12/2/2017 10:45 PM
518	Yes but getting tired	12/2/2017 10:41 PM
519	Yes	12/2/2017 10:36 PM
520	To a degree, however workload demand and pressure means I unable to give the necessary treatments and develop skills.	12/2/2017 10:22 PM
521	Maybe	12/2/2017 9:39 PM
522	Yes - everyday USB a learning opportunity, the teams are amazing and the best people in the hospital work in EDs	12/2/2017 9:33 PM
523	yes, but I find it more stressful as a consquence of increased pressure on the service and increased responsability as an SPR vs an SHO/	12/2/2017 9:28 PM
524	Still valid	12/2/2017 9:20 PM
525	Those remain but seeing increasing volumes primary care presentations	12/2/2017 9:13 PM
526	Yes	12/2/2017 9:04 PM
527	Yes.	12/2/2017 8:36 PM
528	Yes, but have never experienced the social and team ethos like I did in F2	12/2/2017 7:53 PM
529	I still believe in them	12/2/2017 7:52 PM
530	Yes	12/2/2017 7:19 PM
531	Valid	12/2/2017 6:42 PM
532	I have zero regrets. I don't even miss surgery even though I loved it back then. The increased number of patients and colleagues of different specialties that I encounter in EM is such a huge privilege	12/2/2017 6:41 PM
533	Slowly disappearing as pressure on departments means you refer lots of things to speciality rather than doing it yourself- e.g. Fracture manipulation, joint aspiration, chest drains etc etc. As a trainee very unsupported, minimal teaching, generally just service provision seeing majors patients rather than being taught new things	12/2/2017 6:36 PM
534	No bcoz Less workforce ED has become a glorified triage service Anesthetist and ITU take care of resus patients. Heavy shifts No proper training Minimal senior support and supervision	12/2/2017 6:06 PM
535	Still valid	12/2/2017 5:45 PM
536	Yes	12/2/2017 5:44 PM
537	All valid, but difficult to give each patient the time required due to time pressures and increasing attendances/exit block	12/2/2017 5:37 PM
538	Yes Totally.	12/2/2017 5:00 PM
539	Yes	12/2/2017 5:00 PM
540	Yup....	12/2/2017 4:57 PM
541	Yes	12/2/2017 4:23 PM
542	No it’s not sustainable and other people do all our fun stuff	12/2/2017 4:11 PM
543	I am more committed to the specialty now but have developed an interest in research.	12/2/2017 4:07 PM

544	yes	12/2/2017 4:05 PM
545	Yes, but diminished somewhat by working patterns which seem unnecessarily brutal without the benefits of high level training.	12/2/2017 3:55 PM
546	Yes	12/2/2017 3:47 PM
547	Yes I think they still are. EM remains the most interesting part of any speciality, and the strands that fascinate and interest me now are different, but I think that I'm lucky that EM allows me to move from being an adrenaline junky to being a little bit more thoughtful while still being able to get my 'fix' of defibrillation and leading traumas etc...	12/2/2017 3:36 PM
548	Yes	12/2/2017 3:35 PM
549	Yes but would like more minor injuries, sedation and resus procedures as opposed to worried well and frailty assessment	12/2/2017 3:20 PM
550	Yes but I am not always getting those experiences	12/2/2017 3:08 PM
551	Yes	12/2/2017 3:02 PM
552	Still valid.	12/2/2017 2:42 PM
553	Yes	12/2/2017 2:41 PM
554	Yes	12/2/2017 2:22 PM
555	Yes, but caveated by increasing frustration with the healthcare system.	12/2/2017 2:19 PM
556	Yes	12/2/2017 2:15 PM
557	Yes	12/2/2017 2:11 PM
558	Yes	12/2/2017 2:10 PM
559	Less variety than I'd hoped. Minors is run by ANPs so not really seeing that side of things. Rarely get to do procedures, most are passed on to specialties.	12/2/2017 1:57 PM
560	Yes although worry about the loss of minor injuries to ENPs and resus pts to anaesthetics/ITU	12/2/2017 1:50 PM
561	Yes	12/2/2017 1:49 PM
562	Yes	12/2/2017 1:47 PM
563	Yes.	12/2/2017 1:45 PM
564	Yes	12/2/2017 1:45 PM
565	Yes	12/2/2017 1:42 PM
566	Yes.	12/2/2017 1:32 PM
567	yes	12/2/2017 1:23 PM
568	Yes. I enjoy seeing kids and adults and a big range of conditions. I also enjoy looking after really unwell people.	12/2/2017 1:09 PM
569	Yes	12/2/2017 1:05 PM
570	Yes . But I have been slightly discouraged by the training that I have received	12/2/2017 1:03 PM
571	Yes	12/2/2017 1:01 PM
572	Yes however I feel that some of the things I wanted to be able to do such as use my critical care skills are no longer valid as in the places I have worked this is done by ITU	12/2/2017 1:01 PM
573	Yes and no. Too much of a triage service and less of an actual medical service. Time pressure is so cruel that you almost end up referring or pushing out patients regardless of what your clinical acumen is. All you do is write notes and maybe presvribe something and refer to medics	12/2/2017 12:04 PM
574	Yes	12/2/2017 11:54 AM
575	Yes	12/2/2017 11:30 AM
576	All reasons are all still valid	12/2/2017 11:16 AM
577	Yes, they are still valid.	12/2/2017 10:17 AM

578	Yes, but not getting as many opportunities as hoped and more senior trainers don’t have time to teach essential skills that ED doctors should have	12/1/2017 6:48 PM

Appendix C: Please comment on the clinical care you provide - is it what you think an EM doctor should be doing? Does it make good use of your skills and abilities?

#	RESPONSES	DATE
1	No. I think we should be given more opportunities to provide better care for patients. Ie. Full work up and diagnosis. Not just “see and refer”. Ideally with a facility to admit patients under ed for short stay issues.	2/3/2018 8:24 AM
2	Yes. However during busy days I often find there is never enough time for teaching and training. It's always see the next patient before they breach. I don't feel like I have time to learn.	2/1/2018 2:06 AM
3	A lot of time spent on phones - chasing specialties Many departments gone paper light so a lot of time spent on computers trying to type notes - very inefficient	2/1/2018 1:37 AM
4	No because of significant inappropriate attendances.	2/1/2018 1:20 AM
5	NO. the current way ED is organised places too much emphasis on time targets and not enough on managing patients and learning. I have been told to just refer patients and not to do anything since the other specialty will do everything, just to prevent a breach	1/31/2018 11:45 PM
6	Yes. I don't feel pressured by the 4 hour target, I feel I am able to fully work up patients before referring or discharging. Many A&E departments can feel like a triage service. My department is not like that at all	1/31/2018 11:41 PM
7	Mostly yes. We’re generalists, not resuscitationists - whatever twitter might tell us.	1/31/2018 10:54 PM
8	Often yes	1/31/2018 10:34 PM
9	At my particular department, I see a lot of minors/majors things, I am ST1 and I don't feel I get enough resus experience. I see a range of things in the adult population. I see few children, I would like to see more. We see paediatric injuries and often the registrars will see these (and ask that we SHOs stay in minors). We see zero paediatric illnesses - these are seen by the paediatrics department. I wish that was different.	1/31/2018 10:31 PM
10	ENPs pick up a lot of minor injuries so we end up seeing nebulus, often none significant presentations (E.G the psychosomatic patient who as presented for the fourth time this week with their chronic limb pain). I would like more time to be involved management and leadership roles.	1/31/2018 9:34 PM
11	Sometimes. In my current hospital we still call other specialties to manage the airway - although I often ask to manage "the top end" Please note that my answer to the questions below are predominantly due to my experience inPHEM rather than EM	1/31/2018 9:08 PM
12	Yes	1/31/2018 8:38 PM
13	No. I thought as ed trainees we should get more resus experience from the beginning . We have spent very minimal time in resus upto ST3.	1/31/2018 8:21 PM
14	I am completing my MAU rotation and often find that my EM colleagues are sometimes resorting to triaging patients rather than treating them, likely due to an obsessive focus on 4 hour target. This clearly is not the full utilisation of their potential.	1/31/2018 7:57 PM
15	Clinical is good, but we spend too much time doing non-clinical jobs, like patient transportation and nursing related jobs.	1/31/2018 7:43 PM
16	Very much service provision except for Resus shifts	1/31/2018 6:55 PM
17	Mainly a supervisory role, chasing plans, avoiding breaches and maintaining flow in the department - none of which are reasons I went into emergency medicine Rarely have time to give full attention to sick patients or to utilise anaesthetic and critical care skills developed during core training.	1/31/2018 6:37 PM

18	Initial assessment and management Signposting patients to appropriate clinical care Emergency procedures I think we are excellent at seeing and sorting and/or triaging acute undifferentiated patients Managing multiple patients Teaching and training I think these are skills which are difficult to master, we are often criticised by inpatient specialties but I think our core skills are breadth of knowledge, managing a department and being advocate for our patient at all times	1/31/2018 5:24 PM
19	Sometimes it does but as I have progressed upwards it has become more about managing risk than managing patients needs. Having said that there have been times when I have been the most skilled and most highly trained clinician and have made a real difference to the patient under my care - this is more an opportunity at night where the pressure to defer to specialty is less pronounced as I tend to be 'in charge' with no consultant presence on the shop floor	1/31/2018 5:21 PM
20	EM doctor should be doing: Case reviews and support of junior staff Practical procedures Interactions with other members of staff Teaching Ultrasound use and teaching Waste of time activities Having to deal with management and ask silly questions about breaches and 4 hour waits which is a waste of my time. Searching for lost notes, waste of time Have to be a peacemaker between specialties when neither are going to accept patients	1/31/2018 5:16 PM
21	A lot of what I do is to take up the slack for other specialties...geriatrics, community Medicine, psychiatry & social health care - mostly chronic issues rather than acute presentations within these specialties. More thorough treatment of the critically unwell, minor procedures in the Surg specialties may be better use of my skills	1/31/2018 5:11 PM
22	I feel, we need to be trained more on management of staff , human factors & on corridor medicine	1/31/2018 4:41 PM
23	Most of the time where there is a procedure to perform in minors or resus or where there is an opportunity to teach juniors etc it has to be delegated deferred or lost due to the workload. I do not believe senior decision makers are freed up enough from other tasks to make them most efficient.	1/31/2018 4:21 PM
24	Yes. Mainly limited by low nursing numbers	1/31/2018 3:59 PM
25	Yes	1/31/2018 3:42 PM
26	Good	1/31/2018 3:33 PM
27	Yes	1/31/2018 3:18 PM
28	There are lots of elements of working in EM that I enjoy. However, in my EM job I spent a disproportionate amount of time undertaking clerical work in CDU. I do not enjoy seeing a large number of primary care patients or patients that have already seen a GP. I feel that trainees are not given appropriate prioritisation over locum doctors and ANPs/trainee ANPs in seeing patients in the resuscitation room.	1/31/2018 2:42 PM
29	Too much red tape. For example not able to adequately follow up patients as outpatients.	1/31/2018 2:29 PM
30	Diverse range of care dependant upon need. Including higher level resuscitation and associated skills	1/31/2018 2:26 PM
31	No. It's not my job to look for places to see patients. It's not my job to work in corridors. It won't be distant future when we will be back to queuing ambulance trolley's outside ED rather than just in corridors. It's not my job to cover up for govt's faulty policy - pay cut, unable to retain or hire new/enough staff, static infrastructure and dynamic patient population, winter pressure and crumbling NHS, etc.	1/31/2018 2:10 PM
32	Yes	1/31/2018 2:08 PM
33	Most of the time Usually not enough time to fully sort patients but that's not new	1/31/2018 1:19 PM
34	I spend upwards to 1/3 of my clinical shifts working as a porter and HCA as there is a perception that 'us' taking patients to toilets, CT, Xray, transferring to wards etc is a more sustainable way of working and 'good for patients' but actually reflects wider failures in the ability of the Trust / Dept to support patient flow and periods of high demand. It is very rarely that I am left in a position to utilise my alleged knowledge and experience to benefit patient care as the pressure from seniors and management is to make rapid decisions and either refer or discharge. as a consequence I feel my clinical acumen and ability is now lower than when I started in August. This Trust has now readjusted the national breach target from 4 hours to 2.5 hours placing even greater pressures upon juniors to make decisions otherwise they are held accountable for breaches - and nursing staff and management staff are directly attributing blame on doctors at FY2 level for breaches in the ED	1/31/2018 1:15 PM

35	I think I provide good clinical care. I think generally I am safe and I have insight when I am unsure and need help. I wish there was more time in minors to deal with the "accident" part of EM	1/31/2018 12:26 PM
36	Yes but at times feel the anaesthetic and ITU skills I learnt I don't get to use often.	1/31/2018 12:16 PM
37	More managerial as you get senior	1/31/2018 12:08 PM
38	Yes, occasional inappropriate attendances in minors/paediatrics	1/31/2018 11:52 AM
39	Patient care in the ICU settings	1/31/2018 10:47 AM
40	50% of time feel like a GP, 25% of time feel like I am dealing with things I am not qualified to do because of lack of training.	1/31/2018 12:22 AM
41	What ED should should do and what we do - resuscitation, majors initial care (first dose abs etc), minors care, treat and discharge. Occasional social care and arranging package of care/palliative care at home/transfers to other hospitals/hospice care for individuals What ED doctors do but shouldn't - patient in department for many hours therefore writing drug charts, multiple abx, ongoing medical care despite patient clerked by medical team (as they are snowed under too), psychological care for acute psychology unwell patients (multiple conversations trying to get someone to take you seriously), dealing with police and psych patients.	1/30/2018 9:40 PM
42	Yes I think so	1/30/2018 8:37 PM
43	Anything and everything is seen Lack of acute care and unwell patients Alck of minor injuries as done by ENPS	1/30/2018 7:59 PM
44	There is lots of defensive medicine practiced and due to community shortages some medical admissions which should be aviodable arent as not safe to go home	1/30/2018 6:46 PM
45	yes	1/30/2018 5:52 PM
46	I think my current role very closely matches what I expect of an EM trainee. however this has not been the case in some of my CT1 posts or locum positions, the role is highly variable depending on the department.	1/30/2018 5:32 PM
47	A lot of work that should be sorted in primary care. Night shifts and weekends often spent with a large amount of time managing the department	1/30/2018 3:34 PM
48	I try to provide the best possible care, sometimes it feels like I may not be winning but still it will carry on as every little helps.	1/30/2018 3:15 PM
49	Yes mainly although part is service provision	1/30/2018 3:14 PM
50	yes. I am at the end of a PEM year and feel I am providing sufficient and appropriate care. I do however feel societal break down and inability to utilise GP has lead to an increase in inappropriate presentations	1/30/2018 2:14 PM
51	We provide good clinical care. But it can be difficult for trainnes to get broad experience ie in resus/minors as well as majors. Often certain people get stuck in certain areas.	1/30/2018 12:59 PM
52	fine	1/30/2018 12:52 PM
53	Depends on the day. Practical skills infrequently used. A lot of time spent hand writing notes.	1/30/2018 12:40 PM
54	Sometimes. Where there are significant bed pressures then I feel pushed away from providing the quality of care I think I should, and relying more on hospital specialities. And providing less safe care and management for the patients in my department.	1/30/2018 12:16 PM
55	History and examination Bloods Requesting tests Not enough care of sick patients or procedures	1/30/2018 11:58 AM
56	My care is the best it can be in the situation i am placed in.	1/30/2018 11:56 AM
57	good	1/30/2018 11:21 AM
58	yes and no	1/30/2018 10:20 AM
59	I often feel we don't spend enough time in minors and do my minors skills are degrading.	1/30/2018 6:07 AM
60	Yes	1/30/2018 1:52 AM
61	As registrar, clinical priority of resuscitation cases with time critical interventions. Overall responsibility of departmental junior staff out of hours and oversight of their clinical management of patients	1/30/2018 12:49 AM

62	yes	1/29/2018 10:44 PM
63	currently in anaesthetics	1/29/2018 10:06 PM
64	No time constraints and busy depts mean our jobs are becoming increasingly less about diagnosis and management and more about decision to admit	1/29/2018 8:53 PM
65	No, patients suffer waiting in corridors and we are forced to practise corridor medicine. There is limited space and resources to do procedures like suturing. By the time we see patients they have already breached so there is no time to observe and we are forced to make quick decisions and it usually ends up being admission to be safe.	1/29/2018 8:17 PM
66	Role for more advanced resus practise in conjunction with itu	1/29/2018 7:06 PM
67	Opportunity to provide clinical care as expected	1/29/2018 5:31 PM
68	Sometimes. Sometimes it's more acute medicine.	1/29/2018 5:28 PM
69	Lots of time spent at desk writing notes and letters using ineffective computer system - very poor use of time.	1/29/2018 5:10 PM
70	It does.	1/29/2018 3:45 PM
71	Generally yes. At night the pressures can lead to the department being overwhelmed and things becoming unsafe. Staffing towards the end of last became inadequate due to gaps in the rota.	1/29/2018 2:34 PM
72	No longer really have time to give the care patients deserve, as I've become more senior this year I will work out of hours as a sole trainee/SpR and take on more responsibility my time is spent mostly overseeing the juniors work	1/29/2018 1:55 PM
73	Yes. I get tired and have to make multiple decisions. When holding the bleep it's difficult to care for any patients at all	1/29/2018 1:14 PM
74	Yes	1/29/2018 12:25 PM
75	I should have ownership over an EM department trying to ensure the sickest patients are identified and treated as timely as possible. Previously, my job was ensuring appropriate resuscitation and management of a variety of clinical presentations. Now I find myself making impossible decisions regarding who the "sickest" person is who deserve the last resus space (Example - Managing a DKA in the Minors area of the ED only last week).	1/29/2018 12:20 PM
76	A lot of the time it is but I find myself doing jobs that nursing staff or health care assistants could do because they are short staffed	1/29/2018 12:04 PM
77	It is very variable. There is a large volume that could and should be seen in Primary Care but because people struggle to get a GP appointment they come to the ED instead. There are days when I am in resus constantly - running trauma and arrest calls, inserting lines, managng critically unwell patients. There are also days where I see a lot of low acuity patients but am able to reassure them	1/29/2018 11:58 AM
78	Yes, because I try to make it so but system failures and departmental target pressures can limit this.	1/29/2018 11:50 AM
79	Some days yes some days no. When i'm working as a triage facility i don't feel like we get an opportunity to appropriately assess, treat, and manage all patients as we should. If a very sick patient comes in another specialty takes over and patients can be just labelled medics/surgeons without a proper ED assessment and diagnosis. However some days its the opposite and get the opportunity to be a diagnostician as well as a treating doctor a technician performing procedures and then triaging to appropriate specialty.	1/29/2018 11:04 AM
80	In my dept I get to do a lot of minors /injuries which is great, I do spend a lot of time doing tasks like giving meds, preparing TTOs, moving patients to X-ray, wound care and dressings which could be done by other members of staff freeing me up to see more patients and make clinical decisions.	1/29/2018 10:38 AM
81	Up to a reg level yes but many consultants take on added responsibilities away from shop floor like management not sure how that would be good use of my skills. Can't see myself as departmental lead but could definitely see myself as a teacher /educator in EM	1/29/2018 2:10 AM
82	Resus patients are definitely cases that trains me to be better and allowing me to use my skills. Cases in majors - most of the cases will allow me to show my abilities. Unfortunately in minors, some could be dealt in GP.	1/28/2018 11:15 PM

83	I feel my skills lie in assessment of undifferentiated patients and treatment of emergency presentations. I don't feel I'm providing this clinical care often I spend alot of time fire fighting and trying to keep patients safe. Pressure this year in departments has been recognised as high. I see lots of patients seen by GP's and referred to hospital but not seen by specialities for various reasons. I see primary care problems not seen by primary care or advised to attend the ED by 111 and I very rarely see a patient in a majors cubicle ready to be seen by a doctor. My skills from training are used but not as they were intended.	1/28/2018 11:05 PM
84	yes but massive discrepancy between day and nightshift and overcrowded department	1/28/2018 11:02 PM
85	Difficult to comment currently as I am on non-clinical contact due to medical condition	1/28/2018 10:09 PM
86	Yes, at my current stage of training in this hospital, I am well supported and am able to provide good clinical care. However, I know from experience during Foundation training that if I were to be at other hospitals still performing the same role, this would not be the case. Across the board, there are issues with referring patients to specialties which results in me going beyond my remit as an ED doctor	1/28/2018 9:52 PM
87	There are aspects that are using the full breadth of an EM trainee's skies, but all too often I am involved in managing the department and not the clinical situations. There is also a culture throughout EM of referring on for specialty assistance with things like intubation, because we are too bust and this is lowering my skillset and confidence day by day	1/28/2018 9:08 PM
88	Majority of shifts providing care expected of EM dr - seeing variety of major/minor illnesses and managing those. Do have 1 in 4 shifts on triage - essentially doing bloods/ECGs in patients - very limited decision making and led by nursing staff (ie nurse in charge telling us what to do for each patient and asking us to do various tasks) -not useful for training	1/28/2018 9:06 PM
89	Too rushed Working in corridors Unable to deliver the best care possible Spend time doing simple tasks that need not be done by a doctor Too much paperwork Clunky IT Too many targets	1/28/2018 8:50 PM
90	As mentioned in the previous page,the clinical care that we provide here is similar to Polyclinic.We dont see proper emergency patients as we give them to ITU directly who act as our bosses sometimes.More than 50% of patients do not need to come to ED.Alcoholics and lot of people come to "just get checked".4 hr target and the overemphasis on it creates lot of stress and burnout rate is higher and quicker.Not enough pay as well for all the hardwork	1/28/2018 8:35 PM
91	My clinical skills are well used but sometimes I miss opportunities to learn due to political/waiting times etc	1/28/2018 8:31 PM
92	yes, mainly. I wish we had more space/ time to see people. It seems that most days we are on black alert/ winter crisis mode even in the summer. We know its a problem but there does not seem to be any long term plans on how to solve it. We have plans in place- crisis plans that were well used this winter. However what is the long term solution. My local hospitals appear to be reducing bed numbers and community hospital places when we are always in a bed crisis? Doesn't make huge sense to me, I appreciate a cost saving, but then when these beds are opened we have to employ locum doctors/ nurses which we know is a big financial cost.	1/28/2018 7:35 PM
93	try to deliver best at all times, feel over the past number of weeks however pressures just too great that don't have the time needed with some of the sicker patients-always feeling rushed, trying to push them on elsewhere as opposed to being able to take the extra time to have everything optimised before doing so	1/28/2018 7:28 PM
94	There is a lot of paperwork and phone calls and it often feels like there’s more time dancing around liaising with several people than treating patients.	1/28/2018 7:20 PM
95	quick assessment of patient , commence appropriate treatments , observe / admit / discharge appropriately	1/28/2018 6:58 PM
96	I feel more like I am firefighting at present, rather than delivering patients the care they deserve	1/28/2018 6:33 PM
97	Not enough time to care for patients as well as i might like	1/28/2018 5:30 PM
98	When reduced flow end up giving longer term care for patients at times.	1/28/2018 5:24 PM
99	The work we do on MAU is not a good use of the skills of an EM physician. There is little autonomy and we are rarely required to use decision making skills	1/28/2018 4:46 PM
100	Yes	1/28/2018 4:08 PM

101	No. Often I am encouraged to decide whether a patient is being admitted or safe to go home only. Once the referral to a specialty has been made, it seems the Dept no longer sees that patient's presentation as my priority, but the specialty's. I understand we cannot work out everything in the Emergency Dept, but some additional opportunity to indulge in diagnostics and problem solving would not only benefit my learning and training, but would also benefit my patients as would lead to earlier, more focussed treatment. I have had several cases in resus recently where critical were involved and despite having all the skills to anaesthetise, intimate the patient and insert any arterial or central lines etc, the job is by default, handed over to the critical care team. If I am required to do these again in the future, I will almost certainly have "de-skilled.	1/28/2018 3:38 PM
102	The majority of the time yes, but too much emphasis is placed on targets rather than clinical outcome.	1/28/2018 11:03 AM
103	Lots of rapid assessment and triage in my work, usually done by the registrars. Not useful for training. Just queue busting.	1/28/2018 10:46 AM
104	I have the feeling nowadays that I see less and less emergency medicine (neither accidents nor emergencies), and seeing more chronic issues.	1/28/2018 9:56 AM
105	Unable on most occasions to think broadly due to time pressures	1/28/2018 8:15 AM
106	Sometimes no. We get the odd Em typical Ed cases, but mostly GP like patients	1/28/2018 6:13 AM
107	Doing what an ST4 should be doing	1/27/2018 11:48 PM
108	In my hospital currently we have very sick patents and the majority of patents warrant ed treatment there are the small number of patients that could have used their gp or pharmacy	1/27/2018 11:29 PM
109	When we see patients in the department rather than in ambulances or in the corridor then I think that we provide the care required of an EM doctor in the current NHS.	1/27/2018 11:25 PM
110	Some times yes and sometimes no. I once got told off for seeing a 'see and treat' patient because 'you're here to learn'. Incredible really when you think of the amount of injuries coming to ED. Sometimes the consultants will then see the sick patients so you can't get in to see them. Makes you fight to get into resus when it shouldn't be like that.	1/27/2018 10:37 PM
111	Using less and less skills as don't have time and use more speciality doctors to perform tasks eg suturing	1/27/2018 10:03 PM
112	Yes - good use of skills and abilities generally, although I do not feel we are provided with enough minors cases, as the UCC is privately run.	1/27/2018 7:43 PM
113	In our department we are allocated to areas to work resus/majors/minors/paeds. As one of 2 ST1 EM trainees I feel like we should be given more time in resus but instead I spend most time in majors as well as lots of time in Paediatrics. I do not find seeing Paediatrics useful to my training as injuries are seen by ENPs, emergencies as taken directly to resus and I'm left for hours seeing every other child in the department, many of whom have been referred by the out of hours GP for a Paediatric assessment and very few of whom have any emergency problem.	1/27/2018 7:05 PM
114	The clinical care i provide is nothing close to what an EM doctor SHOULD be providing. We are pushed to meet the 4 hour targets so much that we do not have time to provide care at its best i.e. ordering special tests, performing bed side Ultra sounds scans etc. I am losing a lot of my skills as i am discouraged from doing things due to time pressures. I am constantly told to refer patients and leave the ITU doctor or medics to deal with the issues.	1/27/2018 6:45 PM
115	yes	1/27/2018 6:36 PM
116	Sometimes what I do counts. Mostly when I'm in resus. Outside of resus, the MDT is too stretched - I do a lot of tasks that could be/?should be someone else's role; specifically admin, portering, obs, ECGs, administering meds, taking to Xray, cleaning beds, helping to toilet, getting water/food. I don't mind doing these jobs, but this takes time away from seeing other patients (and I've not been trained - definitely a knack to helping someone on and off commode!). Secondly, as an SHO I get stuck in Majors quite a bit and not given enough opportunity to go to resus. Obviously everyone wants to be in resus, but as an ED Trainee, feel I should be getting there more. Seemed to be ignored, despite having held ATLS/EPLS/ALS for >2 years on starting in dept. We don't have a minors dept- so don't see any 'minors'.	1/27/2018 6:32 PM
117	When department is overwhelmed, service provided often feels like triage only, struggle to provide a safe environment for patients who spend too long in the emergency room. Often end up providing other assistance eg transporting patients to X-ray, providing water, assistance with personal care/toilet as other staff are too busy	1/27/2018 6:32 PM

118	Usually but as a junior trainee, often filling gaps or completing tasks deemed to be for juniors, makes it hard to learn further if only ever working in area you are already comfortable	1/27/2018 6:03 PM
119	I feel we are under utilised especially with the critically unwell patient. Often time and department pressures are cited as the reason.	1/27/2018 5:51 PM
120	Triage, urgent care to sick, septic and the ones in need. It does make a good use of my skills	1/27/2018 5:00 PM
121	Missed opportunities to give good quality clinical care due to requirement to admit to waiting ward to maintain flow	1/27/2018 4:32 PM
122	EXCELLENT CLINICAL CARE	1/27/2018 3:19 PM
123	Yes	1/27/2018 2:58 PM
124	I provide the best clinical care possible within the restrictions of the equipment, time and resources available. I'm not saying this is the care I would want myself, however it is what is possible. At present, I must say EM training is about 98% service provision 1% fighting to get mandatory courses or training and 1% fighting the invariably impossible task of getting time off to go to mandatory courses and training. Annual leave (I'm finishing each year having been permitted to take only roughly half my contracted allotment given that we are not allowed to take annual leave on weekends, nights, holidays etc. and lieu days for working holidays....forget it.	1/27/2018 2:34 PM
125	Due to pressures of the numbers of patients presenting to ED combined with the 4 hour wait target I often do not feel I am offering the patients I see the best standard of care I am capable of providing.	1/27/2018 1:45 PM
126	Overall we still provide the care that an EM doctor should be. The GP type patient cohort is gradually increasing and changing the patient population we see. The most restrictions placed on our care is the overcrowding and lack of space.	1/27/2018 1:28 PM
127	Currently based in paediatric ED. A large proportion of what we see (probably around 50%) can be seen by GP/GP out of hours. Due to the stresses on the GP system, these patients are advised to just attend A&E, often inappropriately	1/27/2018 1:10 PM
128	I am satisfied with the clinical care provided.	1/27/2018 11:36 AM
129	Yes, currently learning essential critical care and airway skills	1/27/2018 11:18 AM
130	Seeing patients presenting to the emergency department. Inc resus, majors, minors and paediatric Yes. Yes	1/27/2018 11:12 AM
131	Yes	1/27/2018 11:08 AM
132	A lot of non A+E presentations which take up a lot of time, not allowing time for training or seeing appropriate cases	1/27/2018 8:36 AM
133	There are many inappropriate and strange referral from NHS 111. GP OOH services and general access to GP appointments seem to be limited locally.	1/27/2018 4:17 AM
134	During my ED rotation last year, I found myself seeing a lot of patients who don't need to be in ED. I don't see this as good use of my skills or abilities.	1/27/2018 3:40 AM
135	My clinical care is the best. I sacrifice everything to be sure it is as is required of us as ED doctors. As such because the systems don’t provide for us to do this long term I’ve had the most shocking length of sickness absence in my whole career. This is unsustainable.	1/27/2018 2:28 AM
136	Yes	1/27/2018 2:28 AM
137	I provide all care which ENP provide.	1/27/2018 12:55 AM
138	Yes, it’s allows clinical decision making and practical skills	1/27/2018 12:33 AM
139	yes	1/27/2018 12:09 AM
140	yes. need to take responsibility for early critical care. no need for ICU to take over this aspect of EM.	1/27/2018 12:05 AM
141	I don’t think it’s good enough. It’s so busy that skills are under utilised and patients are passed to specialities for procedures we can/should do	1/26/2018 11:09 PM
142	No. Getting pushed around by managers who set their eyes on targets rather than the well-being of patients and staff.	1/26/2018 10:34 PM

143	Providing emergency treatment. Usually seeing non emergency cases or seeing patients due to logistic reasons - no GP appointments / need bloods etc.	1/26/2018 10:24 PM
144	Due to lack of nurses I have to do urine dips, give treatment and analgesia, to prevent my patients from suffering. I feel like we are sometimes pushed out of resus to majors and to leave a sick patient to the specialities. I feel this should not be my role	1/26/2018 9:56 PM
145	good use of skills appropriate clinical care	1/26/2018 9:53 PM
146	I still believe that I can provide good critical care. However, more and more, as registrars, we are being asked to 'see and treat' as at times when the department is extremely busy we can be relied on by our seniors to see some of the more minor things as we are likely to be able to discharge quickly and safely. This can sometimes take away from cases where we still need to learn and train. I personally, do not mind minor injuries but I went into EM for emergency care provision as well as the other things and at times we are being disadvantaged due to staffing levels and the sheer volume of patients (quite a few who do not need to be in an ED) that present.	1/26/2018 9:42 PM
147	no. i feel the skills which i am trained has not been fully utilised. we have spent too much time triaging patients to other specialities instead of treating the patient in ED	1/26/2018 9:34 PM
148	Poor, little resources, not fully trained. Nurses, spend a lot of time with drunk patients and regular mental health patients who manipulate the system. No this is not what I wanted to do	1/26/2018 9:26 PM
149	yes	1/26/2018 9:07 PM
150	good care	1/26/2018 9:07 PM
151	Very busy which limits being able too give the best care which patients need	1/26/2018 8:40 PM
152	Yes	1/26/2018 8:31 PM
153	yes	1/26/2018 8:31 PM
154	I don't think the medical care that emergency doctors are providing is what I expected a consultant. Most of the time in the different department the main goal is to achieve the four hour target. We are depending on our departments to do skills that we are train to do(airway management by anaesthetic - vascular access advanced by ITU) and the patient mostly will leave the department only with brief triage due the four hour targets . Seniors don't have enough time to provide a good learning experience for middle grades and juniors mainly because they are busy managing beds being sure that patients will leave the departments as soon as possible .	1/26/2018 8:10 PM
155	Yes good experience in icu patient care	1/26/2018 8:10 PM
156	Yes it does but I also feel like a GP now	1/26/2018 7:13 PM
157	Majority of cases are patients who couldn't get an appointment with the GP. Not really getting training on actually EM cases, as minors is staffed by nurse practitioners and resus is ran by HST	1/26/2018 7:10 PM
158	best clinical care I can provide but this is often in the form of supervising and advising juniors rather than seeing patients myself as it feels that I am often performing the role of a consultant in this respect	1/26/2018 7:10 PM
159	Yes, although DVT service should be run by acute Medicare ideally	1/26/2018 7:03 PM
160	Usually.	1/26/2018 6:57 PM
161	Majority of time spent with chronic illness patients (often 20-30 yr+ problems) instead of emergency cases who couldn't get GP appointments or didn't try.	1/26/2018 6:48 PM
162	No, even sedation for joint manipulation is delegated to the anaesthetists and ortho on call teams.	1/26/2018 6:40 PM
163	Yes	1/26/2018 6:30 PM
164	I feel the clinical care that I provide is often rushed as there is often time constraints on how long patients are allowed to be in the department for and although I endeavour to be thorough I often find key bits of information have been missed. I also feel that other specialities try to delegate work or impose conditions by which they will only accept patients. I think sometimes key clinical skills which should be taught are sometimes learnt on the job. I also feel that Emergency Medicine is slowly becoming a glorified triage system by which we rapidly send patients to other specialities with very basic management without actually treating the patient holistically and seeing the bigger picture as to underlying diagnoses. EM should be stabilisation AND diagnosis of patients and not simply a triage system as I see many of my consultant colleagues are now doing (whereas a few years ago they tried to accurately diagnose and manage patients prior to referral).	1/26/2018 6:29 PM

165	Yes within the department with the exception of difficult interactions with an unhelpful ICU team. I much preferred working in the MTC where you could be responsible for your patients from minors to critical care and provide the required treatment.	1/26/2018 6:27 PM
166	We don't always get to provide either exceptional clinical care or even a good level of care as the department is frequently overwhelmed.	1/26/2018 6:19 PM
167	Yes and yes	1/26/2018 6:18 PM
168	yes	1/26/2018 6:09 PM
169	At times, due to pressure on space and the four hour waiting time limit, the job can feel like glorified triage and we don't have the time in the UK as in some other countries to properly spend the time and organise the relevant tests to definitively diagnose patients prior to sending them to the relevant parent specialty. If we could, it would mean we would work more on developing our clinical decision making skills and diagnostic skills.	1/26/2018 5:58 PM
170	Early targeted treatment	1/26/2018 5:56 PM
171	At times...often feels like primary care. Best use of my skills whilst in Resus	1/26/2018 5:31 PM
172	Emergency medicine has shifted from a initial diagnosis and management, varied specialty involving a range of skills from resuscitation to minor injuries management and plastering, to prolonged, elderly care. Exit block means patients are staying in our department for up to 36 hours, whilst we areeft trying to find any available space to see the next patient. My portering skills are excellent, and my gestalt for the next patient likely to arrest in the corridor is improving, but this is not the emergency medicine I wish to practice	1/26/2018 5:28 PM
173	Feel mostly medical skills	1/26/2018 4:50 PM
174	Attempts to deliver focussed high quality care are criticised due to focus on numbers seen. My skill set is poorly utilised with up to a third of each being spent portering patients and undertaking ‘nursing’ tasks due to lack of porters & nursing staff. I have provided higher quality & standard of care during remote and prehospital activity than I am often ‘allowed’ to do within the ED	1/26/2018 4:45 PM
175	I do not undertake resuscitation experience as much as I would like	1/26/2018 4:44 PM
176	lots of majors cases which are predominantly medical related. senior staff do try to vary the mix of caseload with spending time in minors and resus (separate paeds rota). In a mother trauma centre and consultants are happy to let juniors come in and do initial assessments supervised.	1/26/2018 4:12 PM
177	Yes	1/26/2018 4:09 PM
178	no - triage service. no proper training especially compared to what the trainee anaesthetists receive	1/26/2018 4:04 PM
179	Yes, most of the time	1/26/2018 4:01 PM
180	As a senior trainee I realise I am given opportunities to see patients that are useful or beneficial for training purposes. This is not always the case however as we are often required to see things that are less appropriate for ED more quickly	1/26/2018 3:48 PM
181	History taking, examination, treatments, referral to speciality	1/26/2018 3:48 PM
182	Currently on ITU, slowly improving confidence in managing critically unwell patients that could present to ED Resus, daily use of airway skills, difficult lines, central access etc	1/26/2018 3:41 PM
183	Yes it does	1/26/2018 3:29 PM
184	No. Often limited what we can do due to time pressures instead losing skills as we have to ask other specialities to perform procedures (ortho for manipulations, anaesthetics for intubations) or to other staff in ED (ENPs for minor injuries results in little minor injury training)	1/26/2018 3:25 PM
185	As mentioned, I spend a lot of time seeing non acute presentataions. So no. Other shifts can be full of emergency Medicine so it can vary a lot from day to day	1/26/2018 2:56 PM
186	I am happy with my clinical care.	1/26/2018 2:54 PM
187	there is A LOT of paper work which takes you away from spending time with patients	1/26/2018 2:26 PM
188	I see patients and manage the whole emergency departments and supervise F2 doctors during my shifts.	1/26/2018 2:14 PM
189	No- 4 hour target limits extent of care.	1/26/2018 2:12 PM

190	It depends on the patient cohort in the department, and what the patient flow is in the department. It also depends on who the consultant on duty is, and what time of day it is. I would say, 60% of the time, I feel I am doing the job I should be doing. The other 40% is for inappropriate patient attendance, or substandard clinical working conditions that impacts on my ability to provide care.	1/26/2018 2:03 PM
191	Yes.	1/26/2018 1:53 PM
192	Yes - a variety of UCC, minor injuries, medical emergencies and resus calls	1/26/2018 1:52 PM
193	Hands on care of acutely unwell and minor injuries plus procedures. Also management tasks and supervision of juniors. Too much time spent on GP cases in current department - would benefit from co-located GP and make dept safer	1/26/2018 1:45 PM
194	I think it's an accurate reflection on my current level of training	1/26/2018 1:44 PM
195	Currently on anaesthetic roatation. Cover acute theatres out of hours and day job is 100% one-on-one consultant led training. Learning a huge amount about airway control and physiology. Tangentially related to EM but immensely useful skills.	1/26/2018 1:30 PM
196	In hospital - initial assessment, intiating treatments, investigations. Managing actuely unwell medical and trauma patients. Leading department, offering advice to junior colleagues. Enabling flow through the department. Pre- hospital - assisting prehopsital teams with inital assessment. Providing critical care in a prehospital environment.	1/26/2018 1:07 PM
197	Sometimes but not often, often it is crowd control and dealing with nursing job bs as there are no nursing staff	1/26/2018 12:15 PM
198	Disjointed, no space to see patients so very inefficient and having to do lots of things ourselves to get things done	1/26/2018 12:09 PM
199	At present - ward round, discharge letters, on call jobs and procedure 😘- at forstvyes but 6m feels too long in ICM where I am working	1/25/2018 3:45 AM
200	yes	1/23/2018 12:17 AM
201	Most of the time yes. At times on night shifts, when we are short of nurses, I often find myself spending extra time performing things such as bloods/cannulas/burns debridement which can be time consuming.	1/18/2018 3:00 PM
202	No. Medically referred patients are spending 24hrs bedded down in ED - not just winter presures but all year round. Means I inherit patients I know nothing about but am expected to look after them whilst seeing new patients and possibly running the Department. It is NOT EM, neither is it safe or in patient's best interests. It has simply become a numbers game. I do not have time to spend with patients so am often treating on best guess of what their diagnosis is and moving onto the next. It is no way to practice medicine; it would be understandable on the odd occasion but this is DAILY in this ED	1/17/2018 4:30 PM
203	Yes but I can't always provide the care I want to due to a lack of staff - so people receive analgesia 2hours after being prescribed or there is no space to see people	1/13/2018 3:12 PM
204	Good clinical care. Wish I could do more for each patient but sometimes resources (time being one of these resources) is lacking	1/13/2018 12:27 AM
205	About 60% of the time yes. The rest I feel like I'm reeducating the worried well who haven't tried any self help or seeing their own doctor, or I am doing the work of the medical team. I am doing some good procedural skills hut I feel that my anaesthetic skills are greatly reduced for lack of use and I'm not sure I would feel comfortable doing an RSI anymore without a refresher.	1/12/2018 12:20 PM
206	When the department is overly busy, I don't think I, or any of my colleagues, are able to provide the best clinical care as we are far too stretched and overloaded to spend enough time with each patient. We are always short of nurses so I frequently find myself doing jobs that could be done by someone else- urine dips, obs, dressings etc	1/11/2018 7:58 PM
207	In general, yes. Sometimes too many seemingly inappropriate attendances, I.e primary care/ social issues.	1/11/2018 4:39 PM
208	Sometimes. When it is too busy it feels like all you can do is triage patients and give very initial treatment which can be unsatisfying	1/11/2018 11:54 AM
209	sometimes patients are not appropriate ED patients and would be better managed by GPs	1/9/2018 6:51 PM
210	Triaging and assessing patients Managing unwell patients Managing patients that are waiting in the department for hours for medical beds - i.e. repeat doses of abx etc - not best use of EM skills	1/7/2018 8:40 PM

211	Some days I feel like an abused substitute for a GP, patients who do not need to be in a department but because the out of hours GP is too busy I get to see them or 111 have sent them. Other times I feel like the department is so busy neither the nursing staff or I can give the care we want to because of other pressures. When the department is not so intensely busy (on its rare occasions) I sometimes feels other specialties don't trust us to be experts at anything (I have had a spinal surgeon ask me to discuss a head injury with a neurosurgeon when I know they do not need a CT head) Otherwise generally speaking yes	1/6/2018 10:43 AM
212	EM doctors should not be looking after ward patients"bedded" in ED overnight.	1/5/2018 2:10 PM
213	True emergencies yes! Managing queues and complaints not so!	1/4/2018 4:22 PM
214	Exit block has a major impact. Lack of policies in the rest of the hospital to ease the situation in A&E has a negative impact on morale. If we have effective protocols of patient flow and we are swamped by excess number of patients then that's a different issue as at least you know that everyone is trying their best but lack of support from specialities is disheartening	1/4/2018 3:24 PM
215	Sometimes yes, but Emergency Medicine is changing becaming like a Gp Centre. Doing there job for lest money.	1/4/2018 2:57 PM
216	IN essence yes, seeing people coming through A&E with variety of conditions. I would like to have more time to be able to manage more myself, especially in minors - for example due to time pressures simple ENT/opthalmology/plastics cases are encouraged to be referred instead of dealt with in A&E. I do a lot of resus shifts can usually work well to share skills with ICU team if required - again this is time dependent on the pressures on the department.	1/4/2018 2:16 PM
217	Some is, some isn’t.	1/4/2018 2:25 AM
218	Too often my role is just streaming and leaving specialities to do most of the work. I accept this is the role of ED bit due to time pressures I am reliant on ambulance handover/ triage assessment to do this or poor juniors histories. No time for me to learn or to reach the shos	1/3/2018 6:16 PM
219	No I provide care to people who shouldn’t even be in A&E acting as a GP which is actually not in my skill set and a lot of knowledge I do not have When it comes to sick patients who actually need us the department is so full/busy and understaffed I am lucky if I can provide them with safe care let alone good care	1/3/2018 5:25 PM
220	I work currently on an ITU setting, rv patients, clerk some patients - mainly post op patients. Uses some skills, lots of opportunity to receive teaching.	1/3/2018 5:20 PM
221	I think I give a good standard of care to my patients. I think it is mostly what an EM doc should be doing, however I would like to be able to use more of my critical care skills learned in my ACCS anaesthetics year. Due to time pressures, these jobs (e.g. intubations, arterial lines etc) are done by ICU/anaesthetic doctors which makes it feel like that year was a bit of a waste of time if I cannot then use those skills. I would also like to be able to do more minor injuries management as most of it is done by ENPs. I am fortunate enough to be far enough along in my training to have had minors experience when I was more junior, but I know this is not the case for the current more junior trainees.	1/3/2018 10:29 AM
222	I always try to provide the best clinical care possible, although on some particularly busy shifts, i can come away feeling that patients have not had the best care or conversations. Due to workload and pressure, the majority of skills that we learnt in our anaesthetic and ICU rotations, are not able to be put into practice as we are encouraged to forgo these to the specialities. We are very limited in our approach to Minor Injuries due to the influx of (much needed) ENPs. However, past midnight in our department, we are expected to have the skills to manage minor injuries.	1/3/2018 12:16 AM
223	Good variety except for very little minir injuries seen at current trust. Often feel pulled away from sickest patients to see “quick wins” in ambulatory majors in order to game 4 hour target.	1/2/2018 11:33 PM
224	on 60% of shifts I feel able to give good clinical care including ample time for appropriate investigations and treatments in appropriate areas. The other 40% of the time care is impacted by lack of physical space due to poor flow. this not only affects patient care but also delays assessment as significant time is taken looking for space to assess people and do investigations etc	1/2/2018 4:57 PM
225	I wish I could spend more time actually caring for my patients and less time weighed down in admin. I spend more time documenting in notes than I do with the patient and even more time organising scans, follow-up etc.	1/2/2018 1:31 PM

226	I find the job difficult as when supervising juniors I'm being asked advice on chronic or bizarre conditions that I know very little about so I end up duplicating their work to ensure I'm not missing anything or simply signposting. I am also having to do ward rounds of long waiters in the ED as there have been deteriorations on shift - I find it hard to balance the risk between preventing deterioration in the known patients and assessing those who have not seen a clinician and this is stressful.	1/2/2018 10:39 AM
227	most of the time it does but often there are times when you have to work out of your expertise.	12/31/2017 1:03 PM
228	There is a lot of sifting through worried well to find the actually ill patients, which frustrates me. I think there should be more emphasis on resus and trauma than that. I barely see any minors, which I think is more useful to ED trainees than given credit for.	12/31/2017 12:03 AM
229	Not at all. They want only numbers. No support from consultants in terms of changing work culture.	12/30/2017 10:04 PM
230	Often expected by patients and even other senior staff to provide care or support for patient that is by no means Emergency care or even urgent care. It is frustrating when I have been trained for resuscitation skills and management of the critically unwell, but instead crowd management is the main issue i deal with.	12/30/2017 7:01 PM
231	During my EM rotation I did provide clinical care as expected. The department selected resus days to make sure you got scheduled time learning to treat more sick patients, however if the department was busy these were often neglected/registrar would take priority. More time in minors - run by ENPs so I feel I have less experience for when moving hospital to a department without them	12/30/2017 11:33 AM
232	No	12/29/2017 5:04 PM
233	EM doctor should only be seeing majors and resus patient. In many departments the registrars are sent to minors most times which should be handled by ENPs.	12/29/2017 1:59 PM
234	seeing patients according to priority , seeing the sickest patients first	12/29/2017 10:05 AM
235	Sometimes. Not enough nurses	12/29/2017 1:32 AM
236	Majors monkey a lot of the time with very little variety	12/28/2017 6:35 PM
237	Much of the work load is seeing patients who couldnt get a gp apppointment or who want a specialty referral.	12/28/2017 4:08 PM
238	A good EM doctor should be able to assess patients, treat common conditions or at least signpost to where the patient should get help if it's not an emergency and they should be skilled at resuscitating sick patients. They should be involved in training the next generation of EM doctors and inspiring them to be the best they can be. What I spend most of my day doing is placating people about waiting times, reviewing long-waiting patients who should have gone to the ward hours ago but don't have a bed, being told about every single patient with chest pain because thats the new protocol, having my name written in the notes when someone is sick but there's no space in resus "Dr... aware!" and wandering around looking for cubicles to see patients in. On average, I am disturbed every 10 seconds. Walking from one end of the department to the other involves a risky game of dodging relatives who want to know where the toilet is or where their mum is, being asked what my plan for a patient is even though I've already told this to the team co-ordinator and the named nurse and the sister in charge, or being asked a question by a junior that will need full attention, particularly if it is to be made into a training opportunity for them. Much of this is not what I trained to do. I feel like I spend my day apologising for the shortcomings of system rather than doing the job I love	12/28/2017 3:23 PM
239	Due to pressure on time we seldom give full acute care and becoming (are) de skilled in various procedures and interventions	12/28/2017 11:55 AM
240	Not currently on EM.	12/28/2017 10:07 AM

241	On the whole, I feel like I can provide reasonable clinical care, and feel it is generally what an EM doctor should be doing. There is pressure from consultants in my department to see patients very quickly (two patients per hour every hour is the speed generally touted) due to the extreme patient load on the department. I feel this is not productive: it is not good for patient care/safety or doctor learning to rush through every patient, doing the minimum required, plus the pressure adds extra stress on already stressed juniors. When the department is very busy, which it often is, with ambulances queuing outside, clinical care suffers as there is little space to assess new patients, leading to huge delays in initial assessment. However, when I can find somewhere to assess, I feel like I can still do a reasonable job despite the initial delays. Recently, with winter pressures, I have felt that more and more of my time is spent juggling sick patients around the few high-dependency areas in the department, rather than actually seeing patients.	12/28/2017 12:21 AM
242	We give our utmost dedication to our patients; we work safely as much as we can. We use our skills properly and more.	12/27/2017 6:40 PM
243	With the pressure of 4hour target and the ever growing demand and exit block the care I provide is not always the best. You find you have to cut corners to prevent breaches or make 'best guess' conclusions without ideally all the information. It is accepting that sometimes you make the wrong call under pressure.	12/27/2017 12:59 PM
244	I would like longer to see my patients before referral to other specialities and have chance to do more proceedures	12/27/2017 10:02 AM
245	Yes	12/26/2017 2:31 PM
246	Brief and unsatisfying encounters, no time to provide	12/24/2017 4:36 PM
247	Emergency,	12/24/2017 1:41 AM
248	In busy shifts pt car gets compromised.There is no time for proper documentation or lateral thinking.There is no time for bed side teaching.It some times becomes clearing the board and preventing breaches	12/23/2017 6:33 PM
249	acute medicine - good clinical exposure, time management,understanding the patient journey and workplace pressures on other speciality colleagues working in the system	12/23/2017 5:05 PM
250	Plenty of opportunity in minors although should have more training in plastics/maxfax/ENT as this would avoid some unnecessary referrals. Not much opportunity for intubation/ art lines/ CVC lines as usually done by anaesthetics/ ITU or their trainees. It’s frustrating sometimes moving around hospitals where the same services aren’t available eg geriatric assessment team facilitating early discharge and admission avoidance in one trust but not another meaning medical referral	12/23/2017 10:43 AM
251	Yes to both	12/23/2017 7:45 AM
252	More time spent in majors than in minors or resus, I feel I should spend more time in either of the above	12/23/2017 7:05 AM
253	Currently on my AM rotation. Enjoying the colleagues I am working with but AM not for me	12/23/2017 12:10 AM
254	NO seeing people in cupboards Should be caring for people but end up processing them Looking after people for 12+ hours in a system not designed for it	12/22/2017 10:43 PM
255	It is not good care. The system prevents this. I don't have space or time to be compassionate. I don't have time to advise on pain rehabilitation, or mental health advice, or healthy living, or loneliness, or just to be nice. Second, I have been trained in anaesthesia, critical care and paediatrics, yet my department actively tries to farm out as much emergency care as possible to these departments to free up doctors, so I don't use or develop my skills. It makes me wonder why I bothered.	12/22/2017 9:11 PM
256	Yes although there are certain groups in EM with the mindset of just refer medics	12/22/2017 9:08 PM
257	I dont think what I am doing is what an EM doctor should be doing. It is a waste of my skills. waste of my training time. it feels like the more senior I get the more focus it is on management. While I understand management is an important aspect of a consultants responsibility, I dont understand why is it that our clinical decision has to work around on factors other than patient care. It feels like our care is not patient oriented anymore - its breach oriented.	12/22/2017 7:19 PM
258	Yes but also lots of medicine work	12/22/2017 7:04 PM

259	I often feel like a GP doing theor job because simply patients are unable to attend their GP practice. They are denied attendance to be seen because they are busy, but A&E is open to all no matter how short we are on the shop floor and no mater how many trolleys we have left or how many nurses or colleagues have called off sick. Half of the patients seen in A&E should have never visited A&E in the 1st place, and hospital GP services are very slow and see minimal number of patients per hour and sometime have restrictions to seeing ceratin cases or age groups which doesnt make our life easier.	12/22/2017 2:01 PM
260	Overall yes, but I think there is a larger proportion of primary care problems in ED.	12/22/2017 11:12 AM
261	Mostly good clinical care. Would like to be able to do more	12/22/2017 3:51 AM
262	With regards to the clinical care provided, the limiting factors are not related to the skills or abilities of the staff but more availability of beds and type of patients as more and more primary care cases are seen in ED. The care is what should be provided for each patient but is less and less "emergency"	12/22/2017 1:52 AM
263	Not enough critical care. I often feel I don't get to use my skills and abilities to their fullest. The critical care skills I developed while working in intensive care have already begun to erode	12/22/2017 12:32 AM
264	I do ward rounds and complete the jobs sometimes I clerk patients.	12/21/2017 11:52 PM
265	I provide a range of clinical care to meet different patients needs. Sometimes I would like to provide further care but because of how busy the department is this can be taken over by specialties e.g. fracture reduction	12/21/2017 11:10 PM
266	Too much focus on triage and moving people out of department. Not able to fully treat and manage people appropriately, too much focus on wait times not enough on good clinical care	12/21/2017 9:37 PM
267	Yes but I get frustrated when there is not a GP to cover the primary care stream and I am expected to see those patients	12/21/2017 8:33 PM
268	Mostly the work is appropriate but sometimes feel time/skills are wasted on patients that would be better served by a GP	12/21/2017 8:23 PM
269	As described previously, I feel that in my A&E dept. Trainees are missing out on training opportunities and we're not being allowed to use the skills we have to treat patients. Personally I find this highly demoralising.	12/21/2017 8:09 PM
270	No there is a higher emphasis on service provision than training, plus being rushed to refer patients early without full work up. I don't feel I can develop skills and can feel like triage service alone. Also difficult to get resus experience on majority shifts due to departmental pressures	12/21/2017 3:26 PM
271	We spend more and more time dealing with people who were unable to receive care at a GP practice. We often also have to deal with social issues in the elderly. We spend a lot of time caring for people how cannot be moved out of the department.	12/21/2017 3:13 PM
272	Rapid assessment and emergent treatment of the unwell patient or, where appropriate minor injury patient	12/21/2017 3:04 PM
273	Mostly yes, which is why I enjoy this speciality. Too much time is spent writing notes and requesting investigations then duplicating their results - it is ridiculous how far behind the times we are regarding IT. When I have worked in emergency departments in other countries which are full integrated electronic, there is so much more clinical time freed up - to the point where we as doctors were able to help the nurses with the burden of their clinical / bedside tasks.	12/21/2017 2:59 PM
274	Yes	12/21/2017 1:02 PM
275	I see patients daily, am able to assess, investigate and treat them. When leading the department I do much less of this and have to delegate tasks. Even when not 'in charge' there are some procedures which have to be passed on to other specialties or other practitioners as there are not sufficient senior ED doctors to provide adequate cover while I am tied up doing a procedure. This leads to me being less-practiced at some skills	12/21/2017 10:31 AM
276	Managing patients in minors,majors & resus. It is what an EM dr. Is expected to do.	12/21/2017 7:53 AM
277	Most of the time yes. Although there are times when have to do a lot of more menial tasks as department is so short staffed of other health care professionals (e.g. nurse or support workers).	12/21/2017 6:22 AM
278	Better clinical care can be provided if the department is fully staffed and appropriate less time spent on doing simple tasks which can be done by allied staff members.	12/21/2017 2:58 AM
279	More delivery of urgent rather than emergency care	12/21/2017 1:50 AM

280	Training program should provide more training opportunities	12/20/2017 11:11 PM
281	At CT1 level yes	12/20/2017 11:02 PM
282	A lot of elderly care Less acutely unwell patients Lots of inappropriate attenders	12/20/2017 10:47 PM
283	EM training is very varied - in one hospital did minimal minor injuries (consultant lead see & treat) and minimal paediatrics (paediatric nurse practitioners) - in other hospital did much more paediatrics	12/20/2017 10:43 PM
284	Very disappointed to find that since I have come back from New Zealand I have been unable to put my advanced airway skills into practice. Seems a waste to put people through 12months of Anaesthetics/ITU and then not use those skills. When sick people come in I often end up having to let Anaesthetics take over care as there are too many people pouring into the department with problems that should have been addressed in primary care. As a result I spend a lot of time managing patients in majors and rarely get into resus. I also spend little time in minors which is a shame because I enjoyed all the suturing and other small procedures. This now seems to be done mostly by ENPs	12/20/2017 9:47 PM
285	I provide very varied care. Some of the patients could be dealt with in primary care others need to be in the ED. I do think it's appropriate work for an EM doctor	12/20/2017 8:58 PM
286	I struggle to provide the care I should be as there is no space to see patients due to constant exit block. I often see sick patients in minors/corridors as there is no space. I do spend a lot of time managing minor injuries and illnesses and social problems, which is probably not a good use of my skills but it’s good to have variety.	12/20/2017 8:02 PM
287	Yes	12/20/2017 6:49 PM
288	No. When the department becomes busy I am able to offer less than ideal care - meaning some finer aspects may be missed. The relevance is probably minimal, but it affects my ideals and my ability to cope with the stress. As I have become more senior I have noticed the lack of menial tasks, therefore I would say it has improved my use of time and skills	12/20/2017 6:17 PM
289	At present on a daily basis half of my ED is a medical ward (20 patients) which makes space right for seeing new attendances. As these patients are still in the ED we are still responsible for their care even though they are awaiting a medical bed. Besides this problem I am happy with the training and I am making good use of my skills and abilities	12/20/2017 6:13 PM
290	Yes & no. We are well supported to use a wide range of clinical skills & encouraged to manage sick patients in resus using our critical care skills plus taught/supported well in minors, taught to discuss/challenge concepts of risk and diagnostic difficulties, that side is great! The downside is system constraints familiar to many places: none of us *should* be treating patients in corridors with nowhere to put them in overburdened understaffed departments where the nursing staff are all tied up looking after the long stay (6-11hr wait) patients who actually have cubicles, leaving us to have to do most of the 'nursing' tasks. I'm not above any job but don't feel its the best use of a 'senior decision maker', particularly when we're short of them, to spend so much time dipping urine/making beds/looking for chairs for patients/restocking/doing bloods etc etc. There's also the concern (especially given recent GMC/Manslaughter cases) re maintaining standards when working in these environments and the knock on effect on patient safety.	12/20/2017 6:13 PM
291	Yes and yes	12/20/2017 5:02 PM
292	Difficult to say at the moment. I’m in ST2 and have learned a lot to take forwards to ST3..... whether I’ll be able to use it I don’t know yet!	12/20/2017 1:10 PM
293	In Australia, i get to use my skills in a way i cannot in the UK. In the UK i rarely get to do airway, line patients up etc. I rearely get to use my medical skills to work patients up, put them on a short stay, LP them etc. In the UK i rarely get to do minors and do basic procedures on hands (nail bed repair etc). All of these opportunities are available here in Australia. I feel like a real ED doc here. In the UK i spend 90% time supervising juniors. Consultants get pised off when i ask them questions cus there busy, and they often just tell me 'to refer', or theyre not educated well enoguh to answer the question and give me an uninformed response, or arent competent in the proedure i want supervision in (airway management for example), so i never get to progress my skills and learn	12/20/2017 1:08 PM
294	I am doing my best, but in the environment where numbers of patient you see in a shift is more important (and rewarded by days off!) than quality of care..I found it really depressive to work in.	12/20/2017 12:37 PM
295	Not in everyday practice as we have more GP related patient in ED	12/20/2017 12:19 PM

296	not all the time. The focus on breach times makes the job more about service provision than actual learning	12/20/2017 12:56 AM
297	We train in a lot of different specalties like Anaesthetics and ICM. Unfortunately, we do not always get to use our skills due to time and workload pressures.	12/20/2017 12:47 AM
298	The biggest waste of my time are the massive numbers of inappropriate ED attendances. My resuscitation skills aren't going to improve if I spend all day seeing patients who should be at their GP	12/19/2017 10:08 PM
299	Due to pressure often need to see patients quickly and make quick decisions.	12/19/2017 9:30 PM
300	Yes	12/19/2017 8:58 PM
301	Clinical care is appropriate. I do waste a lot of time directing relatives... this could probably be done by a none clinical member of staff instead but current set up means either doctors or nurses do it! Also loads of patients attending who need dental care	12/19/2017 8:50 PM
302	I think resus, minors and around 60% of paediatric ED is what an EM doctor should be doing. I think a lot of major patients could be much better dealt with in the community, either by GP surgeries or social care.	12/19/2017 8:19 PM
303	Yes	12/19/2017 6:15 PM
304	Na	12/19/2017 6:09 PM
305	Quick and accurate assessment of patients and management of patients	12/19/2017 5:49 PM
306	There is little time for any care and compassion, there is pressure to see as many patients possible in as little time as we can. We are encouraged not to practice critical care or msk skills (like fracture manipulation) as our time could be spent elsewhere	12/19/2017 5:46 PM
307	Current workplace - Paeds ED in centre of city - lots of reassurance of well parents, easy, but not particularly rewarding. Previous workplaces - assessing and treating acutely unwell patients - usually making good use of skills and abilities. Even in crowded departments the skills of managing a mix of patients is probably best suited to EM specialists.	12/19/2017 5:28 PM
308	All areas of Paeds, minors, majors, and resus including ratting. Don't get as much exposure to minor injuries / MSK as ENPs. But lucky not have any ANPs as previous experiences have been that their training is more important than ours!	12/19/2017 4:56 PM
309	Yes	12/19/2017 4:47 PM
310	I often have to leave tasks to the inpatient team due to time constraints	12/19/2017 4:05 PM
311	Work on shop floor, mainly in majors as its always busy. The trainee doesn't get much exposure to Minors or Resus during the day/ twilight shifts. This limits the trainee from gaining skills in treating Minor injuries.	12/19/2017 2:57 PM
312	Yrs	12/19/2017 2:56 PM
313	At worst (during busy times) reduced to triage and maintaining patient safety.	12/19/2017 2:56 PM
314	No. My concept of EM has changed. EM doctors are just regulating the flow of the patients. Department looks like a triage.	12/19/2017 2:52 PM
315	Yes	12/19/2017 2:23 PM
316	No. Sometimes it’s just service provision. Loosing all skills (hands on)	12/19/2017 2:18 PM
317	.	12/19/2017 2:13 PM
318	No	12/19/2017 2:13 PM
319	Lots of time seeing patient who could have gone to the GP	12/19/2017 2:08 PM
320	EM doctor needs to be do more skillful procedures in terms of what critical care come to help to do in ED. Where in current practise is more of “Crowd management” when dealing with patients, and again “Crowd management” when dealing with junior doctors and nurses, and again “Crowd management” when dealing with bed managers, specialties.	12/19/2017 1:10 PM
321	.	12/19/2017 12:55 PM
322	No Not at all I do not use all my skills Sometimes there is a service privision	12/19/2017 12:54 PM

323	Yes, although it would be great if one could always 'pick patients up' with the clock on 'zero' so that one has adequate time to give them comprehensive, high-quality care (without needing to involve specialities unecessarily or admit to avoid a breach when no space in observation area)	12/19/2017 12:29 PM
324	Yes	12/19/2017 12:24 PM
325	I feel there is a pressure to see patients quickly, which I feel can lead to sub-optimal care	12/18/2017 5:56 PM
326	Seeing patients autonomously and involving senior colleagues as required. Feel that it provides a good basis for learning and managing my own time.	12/18/2017 4:04 PM
327	Too many patients who would be better served in GP services or dedicated minor injuries centres. The volume of these patients, negatively impacts on providing good care for resus patients	12/18/2017 4:01 PM
328	Should spend most time focusing on minors and resus patients. Learning to risk balance and safety net appropriately to discharge patients (even with pathology)	12/18/2017 3:36 PM
329	Limited opportunities to work in paeds No minors or ucc Mainly covering majors as the consultants are rarely on the shop floor	12/18/2017 3:18 PM
330	In my current post in paediatric EM in ST3 around 20% of the workload would have been better seen by a GP or is a parent requesting a second opinion after seeing their GP or requesting inpatient referral.	12/18/2017 2:45 PM
331	No. Too time pressured to be able to perform to the best of my ability. Not being trained well enough to improve. Have no idea what I am doing in minors most of the time and get no guidance/teaching whatsoever.	12/18/2017 12:54 PM
332	EM is so overwhelmed at the moment, we cannot do the job we are supposed to do. We are under too much pressure so we are giving away a lot of roles and responsibilities to other specialties that previously it was EM's role to do. We have become more like triage clinicians. I do not feel I am getting a good quality of training or being exposed to clinical procedures that my previous colleagues would have done.	12/18/2017 12:26 PM
333	Variable. Some consultants feel we should do the least possible then hand the patient to speciality.	12/18/2017 11:42 AM
334	generally happy with this - sometimes work pressures mean that I can't give the standard of care I would like to. But mostly OK	12/17/2017 3:46 AM
335	Sometimes it is a waste of time doing things that could wasily be done vy someone else e.g. cannulating or wheeling patients to xray	12/16/2017 4:28 PM
336	Yes, my current department is vet open and supportive. I get to deliver critical care, supervise trainees and have a small amount of SPA time. I don't get to do much minor injuries but I have lots of experience from pervious years so I'm not concerned about this.	12/15/2017 10:14 PM
337	no	12/15/2017 7:19 PM
338	Predominantly encouraged to find the lowest threshold to refer. Working in a crowded department spending a great deal of time finding somewhere dignified to assess patients Good mix of acute and less acute presentations Rare opportunities for direct supervision and assessment A lot of time spent logging into different systems or trying to find a spare computer Inadequate EHR which takes too long to do discharge summaries No opportunity to see a patient with speciality consultant so most of my work gets done again by someone junior raising the question of why to assess and document thoroughly	12/15/2017 2:25 AM
339	Seeing, diagnosing and treating patients. Some patients should be seen by GP or triaged away from department before I see them as it’s a waste of my time.	12/14/2017 8:39 PM
340	Increasingly struggling to manage the department in a way I would want to and treat patients to a standard I would want to. Firefighting becoming the norm and out of hours shifts a battle. Unable to use certain skills as too busy or not safe to use the time (eg sedation, rescuing hips, suturing)	12/14/2017 12:17 PM
341	I am dual accrediting with itu. I feel I could do more for my patients but due to time constraints I cannot	12/14/2017 3:06 AM
342	Some times it feels like just herding patients through without really making much difference. It doesnt make adequate use of my skills.	12/14/2017 2:30 AM
343	Risk assessment and service provision, too little of resus	12/13/2017 9:25 PM

344	Yes I'm happy when I can find a space to see someone. I'm happy running the dept. We are the dumping ground for everyone's problems but I think this is because we are good at sorting problems out! If you push to do resus skills eg put art lines in and intubate, I find people do let you. If anything I think the speciality docs are deskilling. Eg we do all chest drains before the patient is seen by the medics. I had to teach a surgical Reg how to do a surgical drain the other day. Id like more minors and paeds!	12/13/2017 8:33 PM
345	Yes although there's more gp and elderly care than would be ideal	12/13/2017 2:27 PM
346	I think this is reasonable	12/13/2017 2:19 PM
347	Yes although we see an increasing number of medical patients who don't need the ED (either could have seen the GP or should have been referred to medics).	12/13/2017 2:14 PM
348	Yes. Exit block can make this challenging.	12/13/2017 1:20 PM
349	.	12/13/2017 12:13 PM
350	Yes, but capacity issues mean that it is often difficult to find space to perform procedures e.g manipulations. A lot of time is spent fire fighting - just to keep our heads above water.	12/13/2017 11:57 AM
351	Maybe	12/13/2017 11:56 AM
352	The 4 hour target often leads to me not working to the best of my abilities and decreases quality of care delivered.	12/13/2017 11:52 AM
353	Providing clinical care to acutely unwell patients. Starting acute management appropriately.	12/13/2017 11:50 AM
354	I left training - I'm CESRing - because I wasn't getting any training. We are overwhelmed by service provision and ultimately out of date and sometimes unsupportive seniors. I took a post to try and rectify that, which so far has been of limited use. My shifts are only a truly good use of my skills around 60% of the time.	12/13/2017 11:43 AM
355	Often feel like a well paid triage system. Registrars rarely in minors. Usually running department or reviewing SHO patients. Often get shifts with very few patients of my own.	12/13/2017 11:42 AM
356	A lot of service provision	12/13/2017 11:19 AM
357	No - I feel rushed to make decisions, I feel pressured to try and stop people coming into hospital sometimes so send them home which worries me. And I see a number of patients who realistically do not need to be seen in an ED.	12/13/2017 10:32 AM
358	I spend more time on a shift looking for notes, bed, space, blood tests, patient, specialist, printer that works, phone that works than I do thinking about clinical problems.	12/12/2017 10:14 PM
359	Spend quite a bit of time seeing patients referred to a specialty but GP couldn't get through to specialty or declined by them and sent to ED for us to see first	12/12/2017 10:07 PM
360	No. Overcrowding and the 4 hours target kill many training opportuinity and affects the quality of care that could have been given.	12/12/2017 9:08 PM
361	I feel mostly able to provide good clinical care for my patient. In those occasions where I feel unable to it is usually for patients who have presented inappropriately to the ED who should have seen a GP instead who has a different experience/knowledge base and different skill set and referrimg abilities. I don't think an EM doctor should be seeing patients that are more appropriate for a GP to see as it is a poor use of ED resources and a poor deal for the patient. This is most definitely not good use of my skills or abilities. Similarly, spending my time restocking supplies (gloves, cannula etc) because we are short staffed with not enough nurses and HCAs is also most definitely not a good use of my time or skills.	12/12/2017 7:02 PM
362	Yes - mix between resus, majors and Paeds. Given time to treat and investigate patients before referring to correct speciality. Encouraged to keep up skills such as joint/frac manipulation, sedation, arterial lines (central lines less so, unless real emergency), chest drains, leading arrests and trauma calls, currently do not do in house RSI.	12/12/2017 6:47 PM
363	I do my best to provide the best care to every patient. I don't know what else an EM doctor should do. To do it well is as much of a test of one's skills and abilities as anything else in medicine.	12/12/2017 2:58 PM
364	Yes	12/11/2017 8:41 PM
365	Yes and no. Depends on the shift. Sometimes when staffing is poor on the nursing side or the dept is busy you end up doing all sorts, sometimes to the detriment of the time you could be spending looking after patients.	12/11/2017 5:25 PM

366	My work as an EM doctors varies significantly from department to department - best departments with certain consultants on-call = close to what I believe EM should be. Mostly however this is not the case. Having done extra ICM and pre-hospital care I now have a skill set that is not utilised even when working in resus in many departments. This is not just advanced airways skills, but more to do with the mindset of responsibility for sick patients. Pressure on departments and wide variability in EM consultants being able to support you as a trainee mean that you are often told to hand situations / problems / decisions over to in-patient teams (often juniors).	12/11/2017 1:15 PM
367	Broadly, yes. I am currently able to provide what I feel is a fair amount of good service provision while receiving quality training. Inevitably, that answer is likely to change as winter pressures take hold.	12/11/2017 10:31 AM
368	I am involved in management of all sorts of patient and it does use my skills well but minor injuries and illness does not help enhance skills of an emergency doctor . I feel like a GP most times	12/10/2017 3:59 PM
369	ST3s on the registrar rota, frequently expected to run the department at night with the support of another locum registrar - hugely variable, several very poor. Massive jump from ST2, feels fairly unsupported, in stark contrast to daytime where there is arguably too much consultant presence sometimes	12/10/2017 1:00 PM
370	We are increasingly providing acute COTE. Too much primary care - especially in paediatric departments. I strongly feel my time spent in the tertiary paeds ED was poor training in how to deal with unwell children as the majority of patients should have been dealt with by our primary care colleagues. Access to dealing with unwell children was extremely limited. Because of how busy the departments are I have found that we are increasingly referring patients for procedures, instead of doing them ourselves (e.g. suturing facial wounds, suturing children that require sedation). I provide no 'critical care' procedures - since CT2 I haven't inserted a single CVC, provided RSI. I no longer feel confident/competent in providing either.	12/9/2017 9:57 PM
371	Yes most of the time- would like to be providing more practical skills in resus but often there is too much strain within the department and ITU provide advanced IV access and advanced airway.	12/9/2017 7:32 PM
372	Yes	12/9/2017 2:16 PM
373	Having worked in Australia I feel that in the U.K. I am working as an EM dr but using less critical care skills - intubating patients etc. EM Drs seem to have lost those skills and now feels like a triage battle and push for early referral instead of sorting out the patients ourselves.	12/9/2017 8:42 AM
374	Much time spent convincing patients they are fit to go home or need to see gp. Being EPIC in minors is just replicating the nurse coordinator. Some skills are lost due to asking specialist teams to do them as we don't have time	12/8/2017 10:19 PM
375	Resuscitation Team leading Minor injuries	12/8/2017 5:08 PM
376	I think so overall, however I feel there is an under utilisation of our anaesthetic and critical care competencies. I do feel there is an increasing development of the role of the Ed clinician as the co-ordinator of the resuscitation of the acutely ill at the front door and feel this is appropriate.	12/8/2017 1:32 PM
377	I find that I am so busy with the pressures of the department and seeing patients that I miss out on training opportunities to practice skills and see resus patients	12/8/2017 3:23 AM
378	I've only done my acute med block so far as ST1 and have found the block to be a waste of time except when on call or on nights. The standard day shifts are spent on the ward scribing for consultants who are too busy to want to teach or doing ward rounds by myself with no scope for teaching or feedback. The wards are over staffed (!) in the day leading to boredom and lack of enthusiasm amongst SHOs and we all sit doing e learning or revision. This over staffing of day shifts was due to employing locums to cover night gaps, but the locums hires don't do nights so are being paid to do days they aren't needed for. I have spent 3 months in an elderly acute unit that is mainly falls and uti's or social so virtually no opportunity to do procedures or experience other medical matters	12/8/2017 12:03 AM
379	No	12/7/2017 5:56 PM
380	Yes, in Addenbrooke's we get to do a lot in Resus patients as well as in other areas. We do tubes, chest drains, lines etc. ENPs do a majority of minor trauma but we get to sedate and do joint reductions as well, even for children. However, it is different in DGHs.	12/7/2017 2:03 PM
381	-Frequently our ED as an AMU extension - we are frequently have patients in our department who were referred to other teams many hours previously - not infrequently waiting over 24hours. I don't see this as a good use of my skills -Due to pressures on the majors side little chance for minors or paeds experience.	12/6/2017 5:29 PM

382	yes	12/6/2017 5:51 AM
383	Too many primary care problems, elderly patients with dementa that GPs should be seeing overnight	12/5/2017 9:57 PM
384	Vast majority of time spent seeing majors and ambulatory majors patients. Yes should be doing this; however I fear that in years to come when I am expected to have experience and skills in resus/ minors this will be lacking.	12/5/2017 5:54 PM
385	Mainly, although due to service pressures, I often don't get to do procedures such as intubation or central lines.	12/5/2017 1:07 PM
386	Expert on initial management of everything - both resus and ambulatory	12/5/2017 9:45 AM
387	No Most of my time spent reassuring the worried well - doing what primary care have failed to do	12/4/2017 11:28 PM
388	Most of the time I provide care that should be delivered by a primary care physician due to misuse of the mergence department	12/4/2017 8:57 PM
389	Yes - Medical assessment though I'd like to be able to give management too - rather than admit to a ward to wait longer	12/4/2017 8:17 PM
390	.	12/4/2017 8:05 PM
391	Reasonably, I have practised managing the ED from an early stage in training (ST1). I do think this has been at the cost of practice and experience with some aspects of care - I feel underconfident in managing airway problems, and also with 'minors' presentations. I would also prefer more experience at practical procedures - joint aspirations, nerve blocks, LPs - if any at all, I have done these once and as a result if I were to supervise trainees when I CCT, I would not feel confident to do so in these areas (at the time of writing).	12/4/2017 7:05 PM
392	I don't think that we are providing the care we should be providing. We have turned in a triage, see and refer to other because there isn't much time to do an intervention. My skills and abilities are not being used the way they should be	12/4/2017 5:07 PM
393	Acute Medicine has made lose my confidence. I do not get any autonomy to make decisions and as such I am not developing as a trainee. It is also difficult to see the breadth of patients required for arcp	12/4/2017 4:44 PM
394	EM Doctors especially early trainees often spend too much time in Adult Majors, especially as we all have 6 months in acute medicine To enhance our learning we should have significantly more time in Minors/Injuries which has become dominated by ENPs over the last few years - this is for 2 reasons - to give us the variety we desire from ED, and often when you are a Spr you are asked about injuries (especially at night) but if we do not get exposure as a ST1/FY2 our skills will diminish. In the CT1 year trainees should have at least 4 weeks scheduled for injuries and a further 4 weeks scheduled for resus, there should also be time scheduled for ultrasound with a trained consultant. From CT3 onwards we should be encouraged to continue to use our airway skills.	12/4/2017 4:25 PM
395	Yes,	12/4/2017 12:04 PM
396	Blood taking and cannula insertion have been increasingly taken on by doctors assistants which is good	12/4/2017 11:36 AM
397	Yes Occasionally would like opportunity to do more critical care procedures	12/4/2017 10:32 AM
398	Paeds ED job was as expected, enjoyable. Yes made good use of skills	12/4/2017 10:21 AM
399	More study days arrange by department.	12/4/2017 10:10 AM
400	Emergency/ resus care excellent Working towards better social care and discharge teams to avoid frustrating 'granny dumps' Regular airway training refreshers would be useful so not to get rusty	12/4/2017 9:41 AM
401	It takes me twice as long to do the admin for the patient as it does to see the patient.	12/4/2017 3:32 AM
402	Yes. Appropriate top my current ability	12/4/2017 3:23 AM
403	During shifts in EM I feel many things are immediately bumped to specialties interested in their care. Critically ill patients to ICU, any potential stroke to stroke team, ENT probs straight to ENT. Also most minors are seen by ENPs. At times it feels like a geriatrics cannulation and phlembotomy service.	12/4/2017 12:56 AM
404	I find it subtracting I did anaesthetics and ITU. I have never intubation someone outside of these placements. What a waste of training.	12/3/2017 11:36 PM

405	No, often i am advised to refer cases to specialities just to avoid the fines for breaching 4hr target even if i could have discharged the patient	12/3/2017 11:07 PM
406	Sometimes I feel like we are just triage monkeys. Due to pressures from the 4-hour target, it sometimes feels like I am not able to do a complete job which results in a poorer-quality referral as a result.	12/3/2017 10:59 PM
407	Yes, in this department I'm currently allowed to take owenership of patients in resus and supported to sedate patients. I have exposures to minors and able to perform minor procedures etc. Majors during the Day medical referrals can be sent straight to the medical ward with out discussion with medical team. This streamlines the process. I'm encouraged to develop specialist interests.	12/3/2017 10:52 PM
408	I think EM doctors should be looking after the top 10% of acutely unwell people who come in this is where we are most useful, I often find they are passed on to other specialties too quickly and they will not often have that experience of managing the acutely unwell patient. I also find it frustrating at times when ACPs are put into resus ahead of trainees, I understand and support their role but their must be a difference in roles otherwise it will impact on training.	12/3/2017 10:30 PM
409	Due to the high intensity of work and the need to 'do the best for the most' I often find myself referring patients on to specialties without complete diagnosis or treatment plans. I don't feel I am always able to provide my best care when the department is busy	12/3/2017 10:20 PM
410	I think I provide the best care I can in a limited system. I would like to provide more varied care but I seem to find that I'm turning into a bloods-wallah	12/3/2017 9:59 PM
411	I do a lot of primary care	12/3/2017 9:34 PM
412	Department's are so busy that you are often doing things like urine dip/bloods cannulas which doesn't make the best use of time	12/3/2017 9:20 PM
413	Not always. Time often precludes doing as thorough a job as I'd like.	12/3/2017 8:35 PM
414	Too much time on routine cannulation, blood taking, getting sheets/vomit bowls/re-doing obs/restocking equipment. As easy as these tasks are I don't feel it's value for money or the best use of my skill set! Also seem to spend a ridiculous amount of time trying to find the nurser my patient so meds can be given etc Also spend a lot of time phoning/bleeping for specialities/OOH radiology. Can the NHS move past the bleep system and have hospital mobile phones that the accepting teams carry?? With greater nursing and AHP presence could really improve delivery of care and leave especially senior doctors be left more for decision making and interventions/practical skills.	12/3/2017 8:29 PM
415	I am unable to regularly undertake intubation (cardiac arrest) or RSI due to ICU being automatically called in and taking over care, as well as central and arterial lines. Don't get opportunity to go back to anaesthetics to practice skills, and many consultants can't supervise us in these and other procedures e.g. ultrasound.	12/3/2017 8:00 PM
416	Yes. I love my job and the variety of different roles in different area of the department.	12/3/2017 5:18 PM
417	Yes	12/3/2017 3:26 PM
418	Yes, would like to do more rsi though.	12/3/2017 3:17 PM
419	consultants are not always capable of supervising trainees to their full ability e.g. ETT, paed sedation. College needs to upskill consultants to enable proper ED practice. we are not sprained ankleologists	12/3/2017 2:48 PM
420	Some seniors are very deskilled.	12/3/2017 2:36 PM
421	I think we are taking on far too much management of medically unwell patients (i.e. well beyond the first few hours) and primary care which is not what we're trained for or good at and it detracts us from managing emergencies well. The amount of time writing notes and walking from one part of the department to the other just to organise a CT is hugely costly in terms of resilience and enthusiasm	12/3/2017 2:33 PM
422	We do far too much of the work of other specialties (seeing patients with non emergency post op problems, gynae pts, chronic medical patients, referrals from gp to surgeons that "they know nothing about". Very little of what I do would be classed as an emergency. I think our skills are often wasted and it becomes frustrating	12/3/2017 1:45 PM
423	High standard but have to pass on too many clinical procedures to specialties including invasive monitoring, intubation, drain insertion, joint aspiration	12/3/2017 1:20 PM

424	Should be ensuring patients are stabilised and adequately worked up before being moved on; should not be sending procedures to other peoples out patient clinics: this is not what patients want.	12/3/2017 12:43 PM
425	I think my skills are wasted for many minutes each day - making beds, taking bloods, navigating terrible IT, seeing very low acuity patients who should not be in ED. However, when it doing the above I feel I provide good emergency care. I wish we did more critical care though.	12/3/2017 12:42 PM
426	In general yes but I feel other skills are not being adequately utilised.	12/3/2017 12:22 PM
427	Yes - I like the variety from resus to UCC	12/3/2017 10:37 AM
428	I am regularly seeing patients with minor or chronic illness who do not feel they can see their GP. That or patients sent in the 111 with sore throats or colds. The increasing volume of elderly patients with social issues esp In the winter is a particular problem at my hospital. Skills in resuscitation and minor injury management are rarely utilised	12/3/2017 8:58 AM
429	I often spend the majority of my time in majors (seeing pretty well patients). As a trainee, not only do I know I have more to offer but I also know I have more to gain from seeing sick patients in resus or those in minors. I also do little supervision or management. I often spend time on skills that could be achieved by other members of the MDT (if they had time).	12/3/2017 2:09 AM
430	I often feel frustrated with 'minors' patients with stable medical presentation, yet lack exposure to minor injuries. Sometimes struggle to provide complete care to sicker patients due to time pressure due to number waiting to be seen or 4 hour target. However, when I do get to resus, usually get to provide good care.	12/3/2017 1:41 AM
431	Partly because my department is also short of nursing and other staff, I spend a significant proportion of my working time (estimate 40%) doing things that don't require my training. Things like changing sheets on trolleys, dipping urine tests, removing cannulas. It needs doing but I'm skimping on assessing and speaking to my patients and on writing comprehensive notes to fit everything in and I only have a limited time until my training ends. It doesn't feel right.	12/2/2017 11:55 PM
432	Yes good use of my skills a mix of Resus majors and urgent care	12/2/2017 11:03 PM
433	T	12/2/2017 11:02 PM
434	No. I should be looking after the sickest patients in all respects. I frequently have to call less skilled and experienced doctors in other specialties to manage the sick patients so that i can manage the logistics of the department and the patients that don't really require any EM input but do need to come into hospital. We need reuscitationist as a specialty within EM	12/2/2017 11:02 PM
435	Yes, but lots of chronic health and anxious people taking up lots of my time unnecessarily	12/2/2017 11:02 PM
436	Assessing patients, stabilisation of sick patient, initial procedure for diagnostic purposes, referral to appropriate specialities. I often do not achieved these practical procedures due to time, equipment available and space. I often feel I am not able to use skills I have.	12/2/2017 10:46 PM
437	I think some of more mundane tasks ie first fit referrals could be handled by clerical staff. But in the hospital I work in this is kept to a minimum.	12/2/2017 10:06 PM
438	I provide good care - treat patients prior to discharge or referral. Sometimes frustrated as can't do all procedures eg can't sedate children in our dept currently - hopefully changing	12/2/2017 9:42 PM
439	Often feel too pressured to move patients through the ED, this can sometimes result in reduced thought going towards diagnostic skills. Less ability to use critical care skills as too busy, so these patients are handed to crit care soon after arrival.	12/2/2017 9:26 PM
440	Spending most of my time doing triage and saving breaches which is not a good use of my skills and abilities	12/2/2017 9:20 PM
441	In resus, I do what I expect a doctor to be doing. Sometimes though, due to shortage of doctors and long waiting times, we are pushed to refer a patient to specialty before properly treating them to avoid the 4 hour breach	12/2/2017 9:13 PM
442	Too much emphasis on inappropriate RAT eg when only 5 staff overnight by managers.	12/2/2017 8:47 PM
443	No. Time constraints cause department to refer early.	12/2/2017 8:20 PM
444	A lot of service provision and processing of patients with occasional moments of practicing new skills/ honing of skills	12/2/2017 7:44 PM

445	There is definitely a lot of taking care of the results of societal breakdown. This is not medicine at all. I do not resent my privileged position and the honesty of these patients, and these issues have definitely improved me as a person - from the empathy to communication skills. However it definitely takes me away from the medicine which I think we should actually know more of.	12/2/2017 7:15 PM
446	Not so much. Often referring to other specialities rather than managing ourselves due to pressures on the department	12/2/2017 6:53 PM
447	Pressure of high volume attendances and exit block means that staff are caring for patients who are waiting for beds. After 12 hours in the department patients often deteriorate and staff need to be specifically allocated to "handovers" - sometimes up to 30 on the morning shift.	12/2/2017 5:59 PM
448	I spend a fair bit of time ‘queue-busting’ (ie seeing all the trivia and kicking it out)... not very educational. Not enough resus time. Not seeing sick kids enough.	12/2/2017 5:17 PM
449	No - I currently feel like I am there to write discharge letters and nothing more. My seniors rarely take me with them to review sick patients outside the unit.	12/2/2017 5:16 PM
450	Sometimes breach focus rather than clinical learning	12/2/2017 5:14 PM
451	Oveeall yes. Shifts where i am asked to constantlt RAT for 10 hrs are not a good use. A night shift in a DGH is an amazing mix of skill requests	12/2/2017 4:36 PM
452	I’m a GP in a children’s ED or so it seems	12/2/2017 4:20 PM
453	Generally yes, majority of work is what it should be - particularly in paediatrics and resus. However, it is becoming more like a hoop we just have to put patients through. 4 hour target often means you are unable to do the most efficient care for the patient. Where you could see, diagnose and treat the patient in 4-5 hours, now you just admit them so they don’t breach, and you deskill	12/2/2017 4:18 PM
454	No. I feel too often like I'm moving meat and cutting corners to keep 4 hr targets and usually giving the extra work to the medics rather than doing what should be done before being seen by them.	12/2/2017 4:10 PM
455	Sometimes the balance is right. Often I feel rushed to get the patient through to a specialty. More often I'm having to provide ongoing care that I don't think is appropriate because there are no beds in the hospital so patients are stuck in ED and the acute take teams are busy because of the back log in the hospital	12/2/2017 4:01 PM
456	As the department gets busier I provide less clinical care. As the department gets busier I get more frustrated that I cannot package patients appropriately for specialities, that I cannot investigate them appropriately, and that I cannot do the best for them. I know this has impacted on the care they have received, and has damaged my feelings of self worth when it comes to medicine. I like to do a job properly, and sometimes it is not possible to do that.	12/2/2017 3:56 PM
457	I often feel overstretched, undervalued and undertrained. I find myself jumping from one task to another, unable to provide full attention to pts or support juniors. I dont feel I'm given enough supervision to develop my procedural skills, team leadership or desision making	12/2/2017 3:37 PM
458	Only a part of the time - around 50% of the work does not feel like emergency medicine. A lot of skills I have are unused	12/2/2017 3:17 PM
459	Unfortunately a lot of my work is covering the deficit in GP out of hours (within paeds ED). I by no means think that EM should all be resus, but a good 40% of out of hours visits are because parents have been unable to get an appointment with a GP or have been inappropriately redirected Unfortunately this then has a negative impact on other patients and my training (an example would be the consultant going to see a patient in resus, and asking me to stay in the paeds ED as it's so busy)	12/2/2017 3:16 PM
460	Often skills learnt are not used due to outdated policies. E.g. not allowed to use propofol or anything apart from morphine and midazolam for procedural sedation. Resus is good as is minors but majors can often be a slog through low acuity complex patients who would be better served elsewhere.	12/2/2017 2:57 PM
461	On the whole yes	12/2/2017 2:50 PM
462	For the most part, though increasingly having to do the minimum rather than provide optimal service because of increasing attendances, department pressure and patients presenting inappropriately to ED.	12/2/2017 2:45 PM
463	Yes	12/2/2017 2:34 PM
464	Yes	12/2/2017 2:25 PM

465	Seeing patients in ambulatory, majors and resus (with good variation).	12/2/2017 2:11 PM
466	Excess administrative tasks- coding, triage and stream with ECDS have increased this significantly. I work in a department with many newly qualified nurses- often have to give IVs because nurses can't. Conversely, out of the departments I've worked in regionally, I am able to practice what I consider to be good quality evidence based EM here without having to run everything by a speciality first (who may be less experienced than I am).	12/2/2017 2:05 PM
467	I often get frustrated in resus that we are not a bit more self-sufficient in the management of very unwell patients e.g. putting in arterial lines, intubation. I think this is because most of the older consultants have not been anaesthetically trained. I do think this adversely impacts on our training and means we lose the skills learnt during ST2.	12/2/2017 2:03 PM
468	Working effectively as a triage person No but don't have time or capacity to do more in current dept	12/2/2017 2:02 PM
469	Looking after the sickest most vulnerable. Life saving skill. It does generally.	12/2/2017 1:55 PM
470	No. Too rushed, not using critical care skills and as a senior often running an area eg majors then the juniors want advise and logistical issues need sorting so don't get to see as many or complex patients as I would like	12/2/2017 1:25 PM
471	I think overall I provide good care. As I have become a more senior registrar I find it hard to find consultants willing to supervise my critical care skills. I have not placed a central line in 6 months or tubed a patient since august. There have been opportunities but usually critical care come down and to this and I am instructed to see other patients.	12/2/2017 1:23 PM
472	I am in ICU and happy with the care I provide over there . But I was not happy with care provided by the emergency department of my hospital. We were restricted by a lot of policies and inadequate competencies and lack of interest of consultants	12/2/2017 1:19 PM
473	Yes	12/2/2017 1:17 PM
474	Yes. But i do a lot of crit care beyond some if my peers	12/2/2017 1:17 PM
475	Yes and no	12/2/2017 12:35 PM
476	Too often feels like a triage service	12/2/2017 12:08 PM
477	Yes. I think EM is a combination of being a generalist, being able to find the needle in the haystack, having the ability to quickly build rapport, get a history and assess the risk and additionally work in the resus environment. Yes - I need to be able to put in central lines and intubate patients but this is not my sole purpose.	12/2/2017 11:54 AM
478	Currently working in anaesthesics - roles including answering pain calls generally and epidurals specifically (not sure latter is relevant to EM training), advanced airway management (what I believe I should be learning and improving, but only if I'm able to develop and maintain these skills throughout the rest of my training), responding to cardiac arrest and trauma calls OOH (relevant), as well as other responsibilities.	12/2/2017 11:45 AM
479	Sometimes I feel unable to deliver the quality of care I would like to In EM due to strain on resources and low staffing. In my current post on anaesthetics I feel that I am getting good educational experience and have more time to provide the level of care I would want for myself, as I am more supernumerary most of the time.	12/2/2017 10:39 AM

Appendix D: What helps you to be productive and provide excellent clinical care on the shop floor?

#	RESPONSES	DATE
1	Well organised department. Eg physical lay out. Having nessesary equipment/paperwork/computers/drug easily available. Not having to search for them when they are needed. Most importantly having available and suitably trained nursing staff. When the nursing team are under staffed everything grinds to a halt.	2/3/2018 8:24 AM
2	Getting adequate breaks and on time. Being allowed a coffee break when needed. Having seniors be supportive and not dismissive. Having nursing staff be supportive and friendly towards you. Basically ensuring the there is a good and happy working environment.	2/1/2018 2:06 AM
3	Having a good team around you and people who understand how a dept should flow	2/1/2018 1:37 AM
4	Less patients to be seen, less waiting time, less patients to juggle at the same time.	2/1/2018 1:20 AM
5	Consultants and seniors that are interested in teaching makes the time spent on the shop floor to be worthwhile	1/31/2018 11:45 PM
6	Well staffed junior rota Well staffed senior rota Flat hierarchy with friendly seniors very keen on training Shifts allocated to resus with senior supervision Regular departmental teaching on common A&E pitfalls	1/31/2018 11:41 PM
7	Flow.	1/31/2018 10:54 PM
8	When not too tired and nit being pressurised for nothing	1/31/2018 10:34 PM
9	A good team atmosphere. Approachability of consultant staff	1/31/2018 10:31 PM
10	A fully staffed department. Having flow through the department.	1/31/2018 9:34 PM
11	Efficient processes driven by experienced nursing staff. It's really noticeable when there's a shift of nurses with a poor skill mis on The rare occasions the IT system works	1/31/2018 9:08 PM
12	support from senior staff, good juniors	1/31/2018 8:38 PM
13	Appreciation and acknowledge our hard work and continuous supervision , more resus experience.	1/31/2018 8:21 PM
14	Motivation	1/31/2018 7:57 PM
15	Clinical support from proactive team members.	1/31/2018 7:43 PM
16	Patient care and feedback from staff	1/31/2018 6:55 PM
17	Patients who are in need of excellent clinical care In addition good working conditions I.e. a reasonable work load, adequate breaks, good facilities and good team members	1/31/2018 6:37 PM
18	Strong relationships and engagement with our immediate clinical team - nurses/physios/other EM docs Same strong relationships and engagement with management and inpatient specialties	1/31/2018 5:24 PM
19	This is a loaded question: fewer non-emergency patients; available bed space to see and assess properly; full staffing; time with individual patients; time for SPA; adequate rest between shifts; flexible rota; open structure across specialties; sense of other specialties valuing and recognising my skills; safe environment in which to raise concerns.	1/31/2018 5:21 PM
20	Happy wife Being well rested Being adequately fed and hydrated Support form seniors Fellowship from juniors (They also need to tell me when I am wrong) Support from nurses Support from allied specialties	1/31/2018 5:16 PM
21	My love of the profession and nature of the job - it’s a privilege	1/31/2018 5:11 PM
22	My own passion, To deliver best possible care for all patients.	1/31/2018 4:41 PM
23	Being supported to properly supervise and review cases.	1/31/2018 4:21 PM

24	Appropriate nursing levels	1/31/2018 3:59 PM
25	Like my job	1/31/2018 3:42 PM
26	Humour	1/31/2018 3:33 PM
27	engaging with the team	1/31/2018 3:18 PM
28	Good senior support. Good support from nurses and other healthcare professionals.	1/31/2018 2:42 PM
29	When the other specialties are able to see patients promptly and ideally a senior specialty review Well stocked department. Adequate nurses	1/31/2018 2:29 PM
30	Supportive team	1/31/2018 2:26 PM
31	Govt to step up. It's high time govt should see the shortcomings of their policies - staffing gaps, pay cut, burn out of remaining staff, legal implications, clinicians being held responsible for system failures, being asked to be responsible for pts in corridor. Is it rocket science to understand negative policy of the govt? Don't pay locums enough and don't pay regular enough as well! Who is going to work then? When inflation and rest of the world's salary is going up, our salary has crashed down. What a joke!	1/31/2018 2:10 PM
32	Good senior cover. Knowing the team who is working.	1/31/2018 2:08 PM
33	Working with motivated consultants	1/31/2018 1:19 PM
34	Focussing on patient needs, ignoring the background stressors and reviewing Junior colleagues' patients and sick patients highlighted by nursing staff as soon as safely possible	1/31/2018 1:15 PM
35	Having a supportive team who I like. I generally speaking don't flourish if I am with a senior team that refers inappropriately, discharged unsafely or over-investigates.	1/31/2018 12:26 PM
36	Feeling part of a good team, getting on with colleagues, when the whole team doesn’t let the pressure re beds and breach get to them	1/31/2018 12:16 PM
37	Sleep, coffee	1/31/2018 12:08 PM
38	When I am suitably occupied but not overloaded with interruptions and questions from every direction, when other staff are not overloaded and I am able to delegate appropriate tasks to them/ trust that nursing tasks that are part of the management plan can be completed	1/31/2018 11:52 AM
39	Positive attitude from staff members and patients	1/31/2018 10:47 AM
40	rest, not always being exhausted and pulled in 10 different directions	1/31/2018 12:22 AM
41	Good consultant supervision and teaching opportunities - very lucky to have this in my current trust. Good junior cover across shop floor so work load is evened out amongst self and colleagues Good use of appropriate bloods at door, radiology ordered early to streamline process Excellent trauma team for level 1 traumas Enough toilets in department so do not have to queue! (we don't have this!) Regular breaks for a drink Excellent MDT work between nursing staff, porters, healthcare assistants, cleaners etc.	1/30/2018 9:40 PM
42	Space to see patients. A friendly atmosphere. Supportive seniors who are keen to teach and happy to give advice. Being able to see patient before they have breached and not having the pressure of needing to see them and make treatment desicions very quickly to try and prevent further breaches	1/30/2018 8:37 PM
43	Time with patients	1/30/2018 7:59 PM
44	regular breaks staff welfare - people asking if you are ok or need help supportive environment	1/30/2018 6:46 PM
45	team work, fully staffed department, feeling appreciated	1/30/2018 5:52 PM
46	appropriate support from consultants being adequately rested/fed good rapport from nursing team feeling that I can spend adequate time with patients, without pressure of wait/overwhelming numbers/too many demands on my time and individual skills - particularly on nights when juniors need practical help	1/30/2018 5:32 PM
47	Adequate rest time. Adequate time to spend seeing my patients. Adequate space to see patient without having to search and fight for it	1/30/2018 3:34 PM
48	Team work.	1/30/2018 3:15 PM
49	Regular breaks and full staffing	1/30/2018 3:14 PM

50	Time and resources	1/30/2018 2:14 PM
51	Positive encouragement form consultants. One to one teaching by consultants/sprs on certain practical skills - but they are usually too busy to do this. A mixture of less intense shifts as well as more intense shifts - this inevitably does not happen because it is overstretched and understaffed.	1/30/2018 12:59 PM
52	coffee	1/30/2018 12:52 PM
53	Adequate time for each patient and enough nursing staff.	1/30/2018 12:40 PM
54	Time to clinically assess patients, and time to ensure good quality safe management, rapid access to investigations, time to supervise junior staff, and time for teaching.	1/30/2018 12:16 PM
55	Good supporting consultants Regular feedback	1/30/2018 11:58 AM
56	Having a break. Good patient flow through department. Lack of exit block. Availiblity of equipment eg BiPAP machines. Working of pods. Working of computer systems. Efficient lab processing of investigations.	1/30/2018 11:56 AM
57	team work	1/30/2018 11:21 AM
58	senior support, being valued	1/30/2018 10:20 AM
59	Being give the time and space to do it.	1/30/2018 6:07 AM
60	Rest and resources. Working it systems.	1/30/2018 1:52 AM
61	.	1/30/2018 12:49 AM
62	good leadership and team work with good relationships within it	1/29/2018 10:44 PM
63	time	1/29/2018 10:06 PM
64	N	1/29/2018 8:53 PM
65	Accessible staff room, hot drinks, biscuits. Space to see patients and treat them.	1/29/2018 8:17 PM
66	Sense of duty	1/29/2018 7:06 PM
67	personal motivation	1/29/2018 5:31 PM
68	Having the time to do the job without being pressured or worrying that other patients are unsafe.	1/29/2018 5:28 PM
69	Space - often have no room to see patients. Fully staffed. Seniors available to ask. Time - not pressured to make decisions without appropriate information due to arbitrary time targets	1/29/2018 5:10 PM
70	encouragement, easy access to advice, opportunity to perform procedures and see sick patients with supervision.	1/29/2018 3:45 PM
71	Polite and positive interactions with associated specialties, adequate staffing, having time outside of work to keep fit and see my family.	1/29/2018 2:34 PM
72	Well supported by the whole team Adequate rest days/good rota pattern	1/29/2018 1:55 PM
73	Adequate staff.	1/29/2018 1:14 PM
74	Being valued, being appreciated	1/29/2018 12:25 PM
75	Adequate staffing numbers (doctors, nurses, HCAs and porters). I cannot offer timely patient management without a good team of people working alongside me.	1/29/2018 12:20 PM
76	Supportive environment	1/29/2018 12:04 PM
77	Strong teamwork Excellent guidelines Department is very good at flow so we have less of an exit bock issue than other departments	1/29/2018 11:58 AM
78	A good team	1/29/2018 11:50 AM
79	being fed, watered, and having slept well. good support from seniors and a good team around me on the shop floor.	1/29/2018 11:04 AM
80	Support from consultants, access to coffee,	1/29/2018 10:38 AM
81	Be good if our IT systems worked better, the printer often fails, there's not enough computers, no computer for junior trainees to use off the shop floor for portfolio audit work, computers in resus are extremely slow.	1/29/2018 2:10 AM

82	Consultants who are supportive and encouraging you to be independent in your thinking. And will help you when you encounter difficult patients and family members.	1/28/2018 11:15 PM
83	flow through the department, positive staff mentality and can do mentality, Helpful engaged nursing shift leader/ co-ordinator (I find command and control role does work very well and depts with out this set up hard to work with- I can never remember the 100 new names every 4 months) working systems and pathways, functional IT/ requesting and referral pathways,- xrays, ct, bloods, referral to medicine etc. not desperatly haveing to find space to see patients in cupboards/ corridors with curtains/ swapping	1/28/2018 11:05 PM
84	being well rested and fed	1/28/2018 11:02 PM
85	lack of distractions, support from colleagues and supervision/help when needed	1/28/2018 10:09 PM
86	1. Adequate staffing 2. Reasonable patient demand (not too busy) 3. Good relationships with colleagues	1/28/2018 9:52 PM
87	Stimulating case load Support from senior colleagues, not necessarily in direct care of a patient but to look after the department to ensure it's safety while I am focussed on a particular case	1/28/2018 9:08 PM
88	Definitely motivated by positive encouragement from team members as well as the will to provide excellent care for patients. However, not often given feedback for our (SHO) work in the ED and very much feel like a service provision working in the department	1/28/2018 9:06 PM
89	Adequate staffing Best rest provision whilst at work Seemless access to radiology More time Nurses with wider skill set	1/28/2018 8:50 PM
90	A motivation to do good for the patient.A thought that it could be your family member	1/28/2018 8:35 PM
91	Support and good team work	1/28/2018 8:31 PM
92	time/ space to work in supportive nursing staff- very good where I work I feel happy asking the consultants for advice/ support	1/28/2018 7:35 PM
93	love for the specialty and ultimately the drive to provide good quality care for my patients	1/28/2018 7:28 PM
94	Well rested, when there’s space to see patients and nurses free to help if I need them and do regular obs, seniors to discuss, beds for them to go to etc	1/28/2018 7:20 PM
95	timely senior advise	1/28/2018 6:58 PM
96	I’m not sure I feel that is happening at present	1/28/2018 6:33 PM
97	Time to see patients, no pressure to refer before ready	1/28/2018 5:30 PM
98	Good patient flow. Adequate staffing - nursing and medical. Early ordering of investigations.	1/28/2018 5:24 PM
99	Good support from colleagues, & interesting cases	1/28/2018 4:46 PM
100	Minimising interruptions	1/28/2018 4:08 PM
101	Cohesive team work both inter and intra-departmentally Being given the time to speak with my patients and discuss treatment or obtain histories. Not having to see people in corridors - might provide more dignity for patients and allow me to pick up more detail from he history or examination	1/28/2018 3:38 PM
102	Senior support, adequate staffing.	1/28/2018 11:03 AM
103	Good staffing - medical and nursing. Not being overstretched in terms of numbers of patients I'm expected to see.	1/28/2018 10:46 AM
104	A good team	1/28/2018 9:56 AM
105	Hydration and sitting down for a minute or two now n then	1/28/2018 8:15 AM
106	I like my job, I enjoy caring for people, some times good colleagues and the reward of helping my patients	1/28/2018 6:13 AM
107	Well staffed, approachable seniors, being appreciated, able to take breaks	1/27/2018 11:48 PM
108	I think as a junior reg being asked sometimes too much of on a day to day running of the shop floor being able yo take time out to sit with my named consultant and talk about cases is really important and having the spa and lieu time off worked over. I have to say i feel really supported atm by the rota coordinator and i really do appreciate it.	1/27/2018 11:29 PM

109	Being proactive, seeking out help when needed and good communication with other members of the MDT.	1/27/2018 11:25 PM
110	A good positive team with the help of some chocolate	1/27/2018 10:37 PM
111	Each patient comes with new challenge and keeps me interested	1/27/2018 10:03 PM
112	Good support from seniors, good time management, confidence in decisions.	1/27/2018 7:43 PM
113	My own desire to do so and the time which I spend educating myself at home. It is easier to do so when there are cubicles to see patients in and patients have been appropriately triaged and have had the correct investigations performed before I see them.	1/27/2018 7:05 PM
114	Adequate rest (30 minutes in an intense 9 hours shift is not enough) To be able to have hot drinks while documentation (no longer allowed this as 1 or 2 patients complained about why a nurse is allowed to drink tea on duty, therefore now doctors have been banned too) Enough rest and days off between shifts especially after nights. Being allowed to take annual leave when we want or atleast give an allowance of how many annual leaves we can have on night shifts If we had more doctors and nurses the intensity of work load would be shared out	1/27/2018 6:45 PM
115	Supportive staff, appropriate workload, and feeling valued	1/27/2018 6:36 PM
116	The support of others -efficient departments with plenty of MDT staff that allow me to fulfil the role I am supposed to	1/27/2018 6:32 PM
117	Support of experienced nursing and auxiliary staff	1/27/2018 6:32 PM
118	Good rest, time for breaks, time for teaching away from shop floor	1/27/2018 6:03 PM
119	Not being hassled by time pressures	1/27/2018 5:51 PM
120	a few words of appreciation	1/27/2018 5:00 PM
121	Supportive seniors and managers, space to see patients and no queue in the corridor to care for.	1/27/2018 4:32 PM
122	Adequate team (Staff level) - supporting each other- Team working plays significant role in providing excellent clinical care	1/27/2018 3:19 PM
123	Senior support	1/27/2018 2:58 PM
124	1) Good serviceable equipment 2) Easily available and speedy IT infrastructure 3) Highly skilled nurses (unfortunately I must be a phlebotomist, form filler, and completer of all menial tasks not requiring a doctor to do) 4) As much time spent on courses, training as is spent in service provision	1/27/2018 2:34 PM
125	Feeling as though I am am doing a worthwhile job	1/27/2018 1:45 PM
126	Adequate staffing levels (nursing and medical) and patient flow. The greatest restrictions currently are lack ofspace and overcrowding.	1/27/2018 1:28 PM
127	Good team. Good relationship with specialties. Most importantly - FLOW!	1/27/2018 1:10 PM
128	Well trained and support from the seniour colleague	1/27/2018 11:36 AM
129	not relevant as currently in anaesthetics	1/27/2018 11:18 AM
130	Support from consultants. In house teaching. Good communication and relationships with staff. Space to see patients. Adequate staff so are not overstretched	1/27/2018 11:12 AM
131	Working with a supportive team	1/27/2018 11:08 AM
132	receiving positive feedback as opposed to being told to work harder and see more patient by hospital managers	1/27/2018 8:36 AM
133	Rest, time to see patients rather than deal with bed crisis, overcrowding, calm in other collegues	1/27/2018 4:17 AM
134	Being organised. Working with supportive nurses.	1/27/2018 3:40 AM
135	My internal motivation.	1/27/2018 2:28 AM
136	Feel useful and part of a team	1/27/2018 2:28 AM
137	Just a smile from patient	1/27/2018 12:55 AM
138	Good team work	1/27/2018 12:33 AM

139	well staffed department department with suitable capacity for patient numbers active and hands on approach from seniors (consultants, managers)	1/27/2018 12:09 AM
140	snacks and drinks provided and available. regular breaks well staffed rota to share the heavy workload	1/27/2018 12:05 AM
141	Full rotas of dr and nurses, adequate rest between shifts. Actually having shop floor teaching.	1/26/2018 11:09 PM
142	My own motivation and skills	1/26/2018 10:34 PM
143	Team work with nurses and efficiency	1/26/2018 10:24 PM
144	Full nursing staff	1/26/2018 9:56 PM
145	good team working	1/26/2018 9:53 PM
146	Positive feedback from nursing staff and consultants An enthusiastic team who share a common goal to deliver efficient and safe care	1/26/2018 9:42 PM
147	good feedback, allowed time off from the shopfloor to involve in non clinical aspects such as teaching and management	1/26/2018 9:34 PM
148	Unable to provide excellent care	1/26/2018 9:26 PM
149	Support from all the team.	1/26/2018 9:07 PM
150	self motivation	1/26/2018 9:07 PM
151	Support from other staff, efficient working practices such as HCAs available to take bloods so that decisions can be made quickly. Often patients are left waiting for hours with no invstigations before they are seen by a doctor.	1/26/2018 8:40 PM
152	Continuous support and training.	1/26/2018 8:31 PM
153	smile, nice word	1/26/2018 8:31 PM
154	1. Removing 4 hour target from minor areas in emergency departments across England and find another indicator of department of performance on research driven basis. 2- more man power. 3- giving emergency team more appreciation which is not related to 4 hour target	1/26/2018 8:10 PM
155	Good team morale. Support from seniors. Teaching environment - being allowed to do procedures instead of consultants doing them	1/26/2018 8:10 PM
156	The team I am surrounded by.	1/26/2018 7:13 PM
157	Not feeling tired	1/26/2018 7:10 PM
158	breaks, full rotas, less pressure from managers, consultant support - i am still expected to 'run' the department even when there is a consultant around, music in dept (quietly and appropriately, time given for my own training none of these happen regularly except for the music which I put on, the nurses and the juniors love but the consultants/managers turn off	1/26/2018 7:10 PM
159	Time and space to work. Always too crowded and crazy busy	1/26/2018 7:03 PM
160	Good senior support/management. A department that is running well/ no exit block!	1/26/2018 6:57 PM
161	Adequate rest breaks	1/26/2018 6:48 PM
162	Encouragement and support from a friendly, knowledgeable consultant. Good team work from the nursing staff. Adequate room to see pts in	1/26/2018 6:40 PM
163	Adequate breaks and good coffee	1/26/2018 6:30 PM
164	Faster computer systems, access to computers and information when needed, effective senior support, being hydrated, no time pressures on seeing patients	1/26/2018 6:29 PM
165	Autonomy to provide the care I know I am able to deliver Support from specialities when needed Adequate staffing by competent EM colleagues adequate staffing numbers and hospital beds	1/26/2018 6:27 PM
166	Good, motivated consultants willing to teach and supervise Enough staff to allow teaching A department under control enough to allow time for good clinical care	1/26/2018 6:19 PM
167	Not having to do jobs that anyone can do. Being supported by consultants and nurses.	1/26/2018 6:18 PM
168	Better rota pattern	1/26/2018 6:09 PM

169	Feeling supported and being well rested, getting appropriate breaks and enough time off work to recover between long runs of long days- this is problematic part of most of the ED reg rota; there is very little recovery time in between long runs of long days	1/26/2018 5:58 PM
170	Places to see patients	1/26/2018 5:56 PM
171	Adequate rest! Rest days usually after a strenuous shift set, which often ends with a late shift prior to 2days off. This eats into any free time	1/26/2018 5:31 PM
172	Flow! A suitable space and enough nursing staff make the job much easier!	1/26/2018 5:28 PM
173	Being rest	1/26/2018 4:50 PM
174	At the moment nothing - I am treated and used as a glorified medical sho to undertake clerkings.	1/26/2018 4:45 PM
175	Positive feedback from senior colleagues	1/26/2018 4:44 PM
176	feedback from consultant collegues as well as a proactive environment towards teaching and learning.	1/26/2018 4:12 PM
177	Adequate consultant cover and a reasonable number of patients to see.	1/26/2018 4:09 PM
178	understanding i.e. regards to leave for weddings or exams or mandatory study days improved morale better training appreication	1/26/2018 4:04 PM
179	More moral & financial support. Better rota & work place facilities.	1/26/2018 4:01 PM
180	Some degree of responsibility and good senior support. Also dependent on state of the department - nobody can provide excellent clinical care past a certain point	1/26/2018 3:48 PM
181	Good consultants Adaquate space to see patients Enough nurses to provide treatments	1/26/2018 3:48 PM
182	Supportive team, friendly staff, good flow through the department, team morale high	1/26/2018 3:41 PM
183	To be part of a good team	1/26/2018 3:29 PM
184	Often feel that I can't provide excellent clinical care due to pressures and limited time.	1/26/2018 3:25 PM
185	Good IT systems, not having to spent a lot of time doing things which do not require a Dr such as taking blood, taking cannulas out. Good responsive nursing team	1/26/2018 2:56 PM
186	The trust complies with the Occupational health recommendations and understand that having MS and two children is challenging enough. I get here as soon as I can, and if I'm a bit late due ot traffic, it's not a problem!	1/26/2018 2:54 PM
187	good leadership - encouragement from consultant in charge	1/26/2018 2:26 PM
188	when Im not tired and had my break on time	1/26/2018 2:14 PM
189	breaks	1/26/2018 2:12 PM
190	Space to provide care. Access to the computer resources I need. The ED team and the way we support each other.	1/26/2018 2:03 PM
191	Support from colleagues and efficiency in the "system".	1/26/2018 1:53 PM
192	Supportive seniors, time in resus, great teaching days	1/26/2018 1:52 PM
193	Supportive team; well resourced and spacious dept; good relations with other specialists	1/26/2018 1:45 PM
194	Team working and communication between hst trainees and consultants	1/26/2018 1:44 PM
195	Having the opportunity to discuss cases with consultants, with reflective discussion of what went well and didn't. A manageable workload that allows time to be taken with patients to treat them as a person rather than a number rapidly spiralling towards a four hour target.	1/26/2018 1:30 PM
196	Exposure to all areas of ED Adequate time with patients Not having too many patients to manage at once. Being allowed to carry out proecdures/follow up without being moved elsewhere to service provision.	1/26/2018 1:07 PM
197	Feeling valued by the team, a place to rest at night, hot food, a cup of tea, good teaching, a supportive environment generally (very much lacking in many depts I have worked in), this is partly due to local management but also the gradual degradation of doctors by the Nhs and senior managers	1/26/2018 12:15 PM
198	Support, interesting learning opportunities	1/26/2018 12:09 PM

199	Good Rota pattern, reinforced and regiments break times and access to senior support	1/25/2018 3:45 AM
200	Enjoying work	1/23/2018 12:17 AM
201	Support from senior staff. Food.	1/18/2018 3:00 PM
202	If it is a lucky day and I am not feeling fatigued before I even start!!!	1/17/2018 4:30 PM
203	A clean and calm area where you can have a moment to think uninterrupted	1/13/2018 3:12 PM
204	Good amount of nursing and auxiliary staff as well as good senior support	1/13/2018 12:27 AM
205	Getting enough sleep and food and being well hydrated. Water fountain in the department is essential. If I have looked after myself I find it much less trying to get through a busy and frustrating day and I can be a better role model to juniors.	1/12/2018 12:20 PM
206	Enough to eat and drink. Knowing that I have a capable team around me. Having good relationships with the specialties. Having enough time to spend with complex patients.	1/11/2018 7:58 PM
207	Good working relationship with colleagues;prioritising; trying to stay well hydrated	1/11/2018 4:39 PM
208	Being able to focus upon one patient at a time without being distracted.	1/11/2018 11:54 AM
209	good consultant leadership, great teamwork, great team of nurses (who are unfortunately undervalued and poorly treated)	1/9/2018 6:51 PM
210	Well staffed nursing team Well staffed junior team Support from consultants and other specialties Appropriate breaks between shifts	1/7/2018 8:40 PM
211	some senior staff and nurses are excellent other senior staff are less supportive.	1/6/2018 10:43 AM
212	To feel that my work is making a difference to patient flow and patient care - in this department however hard I work there is no difference I feel I may as well not be there at all I am made ineffective by the logistics of this particular ED	1/5/2018 2:10 PM
213	Good team. Regular breaks (even if these need to be enforced!)	1/4/2018 4:22 PM
214	Able to provide care in various areas of the dept during a shift, Minors, Majors, Resus.	1/4/2018 3:24 PM
215	Working hard and be in control of knowing most of the critical patient problems.	1/4/2018 2:57 PM
216	Sensible rota.	1/4/2018 2:16 PM
217	Well staffed, good patient flow, not having to deal with other people’s/specialties problems.	1/4/2018 2:25 AM
218	Strong leaders Time with patients Time out of sept for teacuing	1/3/2018 6:16 PM
219	Encouragement, variety and a break every now and again!	1/3/2018 5:25 PM
220	good support, good teaching	1/3/2018 5:20 PM
221	Working less than full time so that I am not as tired. I am working a slightly reduced number of hours this year on OOPE, with 70% of my time as clinical work. I have noticed a big difference in how well I can work when I'm not as tired. Having enough nursing and medical staff also helps us to provide excellent care.	1/3/2018 10:29 AM
222	Motivating consultants, positive feedback and the great nursing team that i work with.	1/3/2018 12:16 AM
223	Superb colleagues, good camaraderie, supportive husband and family.	1/2/2018 11:33 PM
224	Good staffing levels and empowerment from seniors	1/2/2018 4:57 PM
225	Good team working	1/2/2018 1:31 PM
226	Being allowed to manage my own patients without disruption or being available to review patients. Not trying to do both at the same time.	1/2/2018 10:39 AM
227	As anyone who hasn't been living in "outer Mongolia" knows it is one of the most stressful specialities, I wish the college would look upon creating kinder rotas to Fy2s (not 3 12 hour weekends in amonth) so that they do not utterly hate the speciality. No surprise when very few of the excellent Fy2s choose EM. Also teaching - FOAMed/ FAST scan bedside teaching should be emphasised. It shouldn't just be a 9-5 clock in/ clock out kind of job.	12/31/2017 1:03 PM
228	Rest. Feeling like I am learning and that my learning opportunities are valued helps me feel motivated. Feeling like I am a cog in the service provision wheel does not.	12/31/2017 12:03 AM

229	Staff should do what their job profile states. Lazy arrogant nurses and consultants with no teeth to change the culture and demand more from the management does not help.	12/30/2017 10:04 PM
230	Cubicle spaces in ED Level of staffing Adequate flow	12/30/2017 7:01 PM
231	Feeling well supported, encouragement to discuss cases to learn and develop my clinical decision making skills.	12/30/2017 11:33 AM
232	Support	12/29/2017 5:04 PM
233	Good bedside teaching, adequate rest/break while on shift	12/29/2017 1:59 PM
234	regular breaks, the presence of senior doctors who support juniors and lead the emergency department	12/29/2017 10:05 AM
235	Support from seniors	12/29/2017 1:32 AM
236	Not possible in current circumstances due to overload	12/28/2017 6:35 PM
237	Willing senior support	12/28/2017 4:08 PM
238	Few disruptions Consultants who value training opportunities (I am lucky- mine do) Having sufficient resources e.g. cubicles, trollies Patients not yelling at us	12/28/2017 3:23 PM
239	The staff ambiance at work is great	12/28/2017 11:55 AM
240	Time to do good work, not having to see patients in corridors	12/28/2017 10:07 AM
241	Availability of consultants to ask for advice	12/28/2017 12:21 AM
242	Having no gaps in the rota and having a good speciality support when needed.	12/27/2017 6:40 PM
243	Senior support.	12/27/2017 12:59 PM
244	supportive consultant and nursing team	12/27/2017 10:02 AM
245	Word of appreciation and positive attitude of lead	12/26/2017 2:31 PM
246	-	12/24/2017 4:36 PM
247	Positivity	12/24/2017 1:41 AM
248	Good staffing levels and being allocated to all areas helps me balance stress, than being made to lead shop floor and see every prealert everyday . Less busy shifts helps me to discuss and review junior doctor's cases and provides opportunity for bed side teaching which is one of the best sources of learning	12/23/2017 6:33 PM
249	reasonable and rational policies and systems of working, available facilities . investigations and hardware, minimal interruptions	12/23/2017 5:05 PM
250	Coffee... Good juniors Supportive consultants and other SPRs Bed space to see patients	12/23/2017 10:43 AM
251	In general the nurses and HCAs are very good at helping out with jobs eg. Bloods, cannula, casts , with patients allowing me to focus on the clinical care of the patient	12/23/2017 7:45 AM
252	Supportive consultants	12/23/2017 7:05 AM
253	Regular breaks Good team spirit Approachable seniors Able to drink a coffee at the desk and not being told off about it!	12/23/2017 12:10 AM
254	Patient flow Support from nurses - skill mix & adequate staffing	12/22/2017 10:43 PM
255	A short queue at the door, so I can provide compassionate care without guilt. Supportive colleagues. Flow in the hospital.	12/22/2017 9:11 PM
256	Cooperation from other specialties	12/22/2017 9:08 PM
257	support	12/22/2017 7:19 PM
258	Good rota Breaks Full staff	12/22/2017 7:04 PM
259	my attitude towards work and the satisfaction I get from treating patients and my commitment to achieving my goals	12/22/2017 2:01 PM
260	Supportive team, responsive specialty doctors, flow.	12/22/2017 11:12 AM
261	More opportunities in resus	12/22/2017 3:51 AM

262	Availability of investigations/treatment, team work and patient flow.	12/22/2017 1:52 AM
263	Having sufficient nursing and medical staffing and space to see patients	12/22/2017 12:32 AM
264	Adequate time off.	12/21/2017 11:52 PM
265	When i am well rested,feel well supported and there is good team morale	12/21/2017 11:10 PM
266	adequate staff and support	12/21/2017 9:37 PM
267	My team. A well staffed and happy team	12/21/2017 8:33 PM
268	Sufficient number of trained nurses and enough cubicles and trolleys to see patients	12/21/2017 8:23 PM
269	The attitude of the Consultant in charge.	12/21/2017 8:09 PM
270	Support from good seniors to learn and feedback.	12/21/2017 3:26 PM
271	.	12/21/2017 3:13 PM
272	Positive feedback from colleagues and patients, working in a cohesive, supportive, adequately flowing ED (this is rarely the case)	12/21/2017 3:04 PM
273	Access to enough computers and work space - queuing for a tiny area of desk to scribble notes or for a compute screen to request / review results is a ridiculous waste of time. Proper 'guilt-free' breaks - we know that regular drink / toilet breaks improves wellbeing, reduced fatigue and makes for happier, better and more caring doctors - so why when we need these do we have to run off in secret and hope a Consultant doesn't see us for fear that we are not 'working hard enough'?! A change in culture from other speciality teams - we are not generating work for them, it increases our workload much more than theirs if we have lots of patients turn up to the ED! I find that I am caught between two worlds - both of which are very unsatisfying - the rapid 'triage' system of the ED where we do the bare minimum, or we try to do more and are belittled and unsupported by the speciality teams to whom we refer to for ongoing care.	12/21/2017 2:59 PM
274	Colleagues	12/21/2017 1:02 PM
275	Support from consultants, senior nursing staff and other middle grades. Adequate breaks Rest days between runs of shifts	12/21/2017 10:31 AM
276	Well supported shop floor Feedback- negative feedback is prompt but positive feedback is lacking, in general	12/21/2017 7:53 AM
277	Good work/life balance with time off to rest and recover in between shifts. Happy team working environment with enough staff. Being supported by consultants and seniors.	12/21/2017 6:22 AM
278	I could have been posted closer to home and spent less time on travelling and utilise that that for professional development.	12/21/2017 2:58 AM
279	Flow	12/21/2017 1:50 AM
280	please propose certificates for training days	12/20/2017 11:11 PM
281	Good support and teaching	12/20/2017 11:02 PM
282	Good Team work Good support and acknowledgement of efforts from seniors However, often I am the only doctor working in Pads or Minors and feel unsupported and unappreciated about how hard I am working	12/20/2017 10:47 PM
283	Feeling valued, not having difficult encounters with speciality doctors, good teaching and senior support.	12/20/2017 10:43 PM
284	1. Having adequate staff and resources to manage the number of admissions 2. Ensuring that other specialties pitch in to take the pressure off and facilitate patient flow 3. Having work life balance and adequate time off to recharge batteries 4. Having a flexible job plan which allows time away from the shop floor to persue training needs	12/20/2017 9:47 PM
285	Adequate staff levels. Feeling valued. Supportive seniors. Enough equipment. Space to see patients. Good flow through the department	12/20/2017 8:58 PM
286	Having a good team with a good skill mix, including nursing staff, being able to take breaks and leave on time, getting teaching and feedback.	12/20/2017 8:02 PM
287	Rest in between busy shifts	12/20/2017 6:49 PM
288	A full compliment of staff, both medical and nursing which is rare. Good flow through the hospital.	12/20/2017 6:17 PM

289	The support is the entire ED team from porters, X-ray technicians , HCA's etc	12/20/2017 6:13 PM
290	Supportive Consultant Team and feeling of cohesion. New developments discussed at journal club translate swiftly onto shop floor, development of skills (US/RSI/Crit Care skills) actively encouraged. Regular SIM on shop floor including all MDT fosters good non technical skills and team work. Overall though I think the main thing is leadership - consultants have a clear vision of what EM is and should be and support us in aiming for that despite current difficulties.	12/20/2017 6:13 PM
291	Supportive staff in the ED	12/20/2017 5:02 PM
292	Good nursing team and numbers around me. Working in a functional department with the correct equipment In the correct place!	12/20/2017 1:10 PM
293	good bosses who can supervise me doing procedures and answer my questions. Staffing so that i can actually see my own patients and dont spend all my time fielding questions, so that i am not able to see my own patients. Ensure i get time in resus and minors, so i can develop my skills in all areas, and not just in majors.	12/20/2017 1:08 PM
294	Adequate staffing, proper teaching, positive atmosphere, some role model consultants, overall support of the department	12/20/2017 12:37 PM
295	Positive feedback from peers and consultants Good educational loop created by other departments in relation to ED	12/20/2017 12:19 PM
296	support.	12/20/2017 12:56 AM
297	Making sure the department is safe and my junior staff as well as all other staff are well looked after - especially on nights.	12/20/2017 12:47 AM
298	A department that isn't extremely busy (which is rare), good nursing staff and good consultant support	12/19/2017 10:08 PM
299	Adequate amount of staff	12/19/2017 9:30 PM
300	Having space to see patients	12/19/2017 8:58 PM
301	Beds in hospital so there are actually empty beds in ed to see new patients. Last week I had a shift where I saw 5 patients still on ambulances and examined minors patients in the relatives room!	12/19/2017 8:50 PM
302	Good support from consultants and nursing staff. Good atmosphere and everyone works together very well. Always get breaks and leave on time, regardless of how busy the department is.	12/19/2017 8:19 PM
303	Own interest, continuous learing and sharing of new learing and discussing.	12/19/2017 6:15 PM
304	Peer group and team	12/19/2017 6:09 PM
305	-	12/19/2017 5:49 PM
306	Having space to see patients	12/19/2017 5:46 PM
307	Space to care for patients	12/19/2017 5:28 PM
308	Being rested and not feeling jetlagged. Feeling like the team is strong and members will carry a fair share of the workload. Not feeling like one is running on a hamster wheel.	12/19/2017 4:56 PM
309	Good atmosphere/morale/support in dept. Food and tea.	12/19/2017 4:47 PM
310	Coffee Supportive senior colleagues Camaraderie with colleagues	12/19/2017 4:05 PM
311	Providing training in the emergency skills, rather than just see patients and treat- like service providing.	12/19/2017 2:57 PM
312	Having fun when seeing rare cases	12/19/2017 2:56 PM
313	Having adequate resources: both in terms of staffing and hospital capacity	12/19/2017 2:56 PM
314	If I get to learn at least 1 new thing/ skill per shift I will be more than happy.	12/19/2017 2:52 PM
315	Shorter shifts	12/19/2017 2:23 PM
316	Support from other speciality and the ED staff	12/19/2017 2:18 PM
317	.	12/19/2017 2:13 PM

318	Good working relationship and mutual respect with ED team and other specialties, Mutual understanding of work pressures, Well staffed rota.	12/19/2017 2:13 PM
319	Good break Good nursing colleagues Not being hassled my management at busy times	12/19/2017 2:08 PM
320	Give me some space where I can see patients, rather than walking around the whole department to steal a space round and round, wasting my time and energy, adding stress to myself because I am not being productive.	12/19/2017 1:10 PM
321	More time, fewer distractions	12/19/2017 12:55 PM
322	No time pressure Having autonomy with consultant support	12/19/2017 12:54 PM
323	When there is flow within the Trust and not too long a wait to be seen	12/19/2017 12:29 PM
324	Very well organised dept with strong leadership Big consultant presence Teaching culture Team spirit, with excellent nurses, HCAs, PAs, admin staff Good (new) IT system	12/19/2017 12:24 PM
325	Feeling well supported by senior doctors and other colleagues	12/18/2017 5:56 PM
326	Being well-rested in between shifts, having a shift pattern that allows a good work-life balance, having a friendly, sociable department, having autonomy but knowing that I have people I can call upon if required	12/18/2017 4:04 PM
327	Engaging consultants who are willing to teach and enthusiastic. Good teamworking and team ethos between different healthcare professionals (different teams, nursing staff etc)	12/18/2017 4:01 PM
328	Have only worked Acute medicine (have not done EM yet)	12/18/2017 3:36 PM
329	Positive feedback Rewarded for my efforts Appreciated by management	12/18/2017 3:18 PM
330	Good nursing support	12/18/2017 2:45 PM
331	Being taught and trained by seniors. Ability to discuss questions with seniors whenever necessary. Ability to have breaks	12/18/2017 12:54 PM
332	When I have the time to be able to actually provide good care to my patients. When they haven't been waiting 6 hours to be seen.	12/18/2017 12:26 PM
333	Work life balance, this currently is far from optimal	12/18/2017 11:42 AM
334	rest, support from senior and junior colleagues. Nice patients. Faith in humanity	12/17/2017 3:46 AM
335	Supportive nurses and consultants Well managed department	12/16/2017 4:28 PM
336	Supportive and experienced nursing team. Loving and understanding family.	12/15/2017 10:14 PM
337	Adequate breaks. Good morale constructive feedback	12/15/2017 7:19 PM
338	My clinical knowledge, predominantly from self directed learning for exams, my values, my communication skills	12/15/2017 2:25 AM
339	Adequate time to recover between shifts. Decent rota pattern! Seniors available to ask questions who are free and able to help out if needed. Often lots of delays just trying to find someone to ask a question to!	12/14/2017 8:39 PM
340	Having a team around me to support me, having inpatient specialities to support the ED, accept referrals without argument. Being able to move patients out as soon as referred. Having a properly staffed ED (Drs and nurses). Having a break and having the opportunity to eat.	12/14/2017 12:17 PM
341	Time	12/14/2017 3:06 AM
342	Good nursing staff. Availability of spaces to actually see patients. Front loading of patients with investigations already performed.	12/14/2017 2:30 AM
343	Pure clinical stuff without the constant nagging of nurses about patients breaching, Good flow through the hospital	12/13/2017 9:25 PM
344	Space to see patients Good computer systems Regular breaks A slightly less noisey place to write notes Less interruptions - but sometimes this can be useful as the lead Reg as you get a feeling who the nurses are worried about. A good working relationship with the med Reg Good nursing staff	12/13/2017 8:33 PM
345	Positive feedback and awareness of the good things I do Having departmental support	12/13/2017 2:27 PM

346	Good rest, taking exercise, reasonable mental state, commitment to ongoing learning, non-obstructive colleagues	12/13/2017 2:19 PM
347	Assistance from other specialities when referring patients. Not being bed blocked through lack of medical beds - we need our flow.	12/13/2017 2:14 PM
348	Adequate staffing levels. No referee speciality patients still in the department many hours after referral (exit block) A rota that doesn't go backwards leaving jet lagged feeling	12/13/2017 1:20 PM
349	Good senior support and professional relationships within the department and between specialities	12/13/2017 12:13 PM
350	Good leadership. A less crowded department! Positive feedback and feeling valued.	12/13/2017 11:57 AM
351	Faith Being an example to my juniors	12/13/2017 11:56 AM
352	Having a good working atmosphere and being appreciated.	12/13/2017 11:52 AM
353	Not being exhausted, having a good supportive team working with you and less time/bed pressures.	12/13/2017 11:50 AM
354	A broad question. "Attention to standards and clinical consistency from seniors that pull their weight" is probably the best answer.	12/13/2017 11:43 AM
355	Good streamlined pathways and protocols for patients, good bed flow, quick path lab and radiology, competent nurses	12/13/2017 11:42 AM
356	My team	12/13/2017 11:19 AM
357	Feeling well rested, working in a good supportive team, actually some reassurance every now and again that i am doing a good job	12/13/2017 10:32 AM
358	When there is enough space and staff to do so safely.	12/12/2017 10:14 PM
359	Sleep, occasional feedback, getting a break	12/12/2017 10:07 PM
360	Availability of equipements (including layout) and positive atmosphere within the team.	12/12/2017 9:08 PM
361	Actively being valued, seniors taking the time to ask how I am at eg start of a shift. Being thanked for my work at the end of shift. Having the feeling that my seniors are actively interested in investing in me and my learning experience on the shop floor (identifying interesting cases for me to see that will challenge and stretch me). Making an effort to do my WBPAs that have said they will! Ensuring physical needs are met eg. Checking we have all taken lunch breaks etc. Good teaching both spontaneous on shop floor, in handover, in dedicated SHO teaching time. Rota provider facilitating use of study leave to help pursue our interests, happy trainees make good doctors and give excellent patient care and so forth.	12/12/2017 7:02 PM
362	Allowed time to see patients and manage properly. Supportive consultants and nurses - all v friendly. Less emphasis on 4 hour targets of clinical need, although we do our best as funding is important.	12/12/2017 6:47 PM
363	Feeling supported. Feeling rested, content and in my best frame of mind.	12/12/2017 2:58 PM
364	Personal motivation	12/11/2017 8:41 PM
365	Good sleep. Feeling supported by the seniors. Healthy breaks. Efficiently functioning dept.	12/11/2017 5:25 PM
366	- appropriately staffed department (especially nursing staff) - appropriate clinical space to see patients - robust triage and observation systems - no exit block, to allow focus of care on new patients as they come in	12/11/2017 1:15 PM
367	Enough sleep. Enough recovery time between shifts to look after my family and their needs. Fantastic consultant and other registrar role models. Sufficient staff that I can take a break when I need and not 'just keep going' because, say, I am the only doctor in paeds ED during a night shift and desperately trying to save breaches. Finally - doing a limited run of nights at a time. Three much better than four.	12/11/2017 10:31 AM
368	There is no space to see patients. No one supports you in trying to find a place and leave it to you to walk around the department and talk to rude nurses in charge with their cocky answers to find a space /cubicle to examine a patient.	12/10/2017 3:59 PM
369	Sufficient staffing - medical and nursing Good flow through hospital	12/10/2017 1:00 PM
370	Enthusiastic consultants, Regular teaching Help getting things signed off for portfolio	12/9/2017 9:57 PM

371	Appropriate level of nursing and junior doctor staff. The care I could provide would be greatly improved if there was a second registrar working alongside me to take a proportion of the senior doctor questions.	12/9/2017 7:32 PM
372	Enjoyment of the job, satisfaction in providing good patient care, thanks from the Cons for working hard	12/9/2017 2:16 PM
373	Good support, regular feedback and good teaching environment . Friendly staff	12/9/2017 8:42 AM
374	Good feedback Team work	12/8/2017 10:19 PM
375	Supportive consultants Appropriate rest Beds in the hospital to facilitate flow	12/8/2017 5:08 PM
376	Feedback both positive and on constructive on my decision making. Departmental supervision and investment in new skills and fine tuning of my current abilities.	12/8/2017 1:32 PM
377	Being well rested and not having too many shifts in a row. Feeling well supported by the team, feeling encouraged to take advantage of training opportunities	12/8/2017 3:23 AM
378	Adequate breaks and food and watering. Good team work between specialities without fighting to get what is best for your patient. Permanent staff/ less turnover of staff so that everyone knows what they're doing where stuff is without having to show new people every day	12/8/2017 12:03 AM
379	Food/break. Happy consultants on shop floor.	12/7/2017 5:56 PM
380	Good teamwork, physical space to see patients, availability of senior colleagues and consultants for advice, easy to avail study leaves, daily teaching bites	12/7/2017 2:03 PM
381	-breaks, food -flow -nursing staff of approprate number and skill mix	12/6/2017 5:29 PM
382	an appropriate break between work	12/6/2017 5:51 AM
383	A few good consultants and mostly my own attempts	12/5/2017 9:57 PM
384	Knowledge and skillset Feedback Senior support Oppurtunity for assessment anf feedback	12/5/2017 5:54 PM
385	Good rota design without too many runs of shifts, being able to take breaks	12/5/2017 1:07 PM
386	Intreast in trainees	12/5/2017 9:45 AM
387	Enough time and space	12/4/2017 11:28 PM
388	adequate working space i.e. enough Computers available, enough cubicles to see patients efficiently, enough nurses to provide nursing care	12/4/2017 8:57 PM
389	Good consultant role models	12/4/2017 8:17 PM
390	Adequate rest between shifts	12/4/2017 8:05 PM
391	Rest (breaks) and some stress-free time	12/4/2017 7:05 PM
392	A consultant who will teach and not make you triage patients with unsafe medicine. And an amazing nursing team (skill distribution) in right places.	12/4/2017 5:07 PM
393	Being motivated with positive reinforcement and being well rested	12/4/2017 4:44 PM
394	Poor quality IT inhibits my ability to see patients quickly and safely. Lack of space is also a well documented issue. Most departments also fail to deploy nursing staff effectively. One ED department I worked in it took me over 2 hours to pull a colles fracture because I was unable to find any nursing staff to help me this is a regular occurrence. One issue I have come across is that doctors are rota'd to increase in number throughout the day peaking around 5pm however nursing staff tend to be rota'd either for 8am-8pm/8pm-8am, which does not make sense the whole department should be rota'd to meet the demands of the peaks. A further cheap improvement would be to employ more HCAs as a large proportion of my time is taken up doing tasks that HCAs are perfectly capable of doing - they are significantly cheaper than employing locum doctors!	12/4/2017 4:25 PM
395	Friendly team, good flow through the dept, working IT system	12/4/2017 12:04 PM
396	Good consultant and senior support, not having large numbers of patients waiting to be seen.	12/4/2017 11:36 AM
397	Supportive consultants Good escalation procedures for busy department Good nurses	12/4/2017 10:32 AM
398	Feeling valued by other staff. Chance to use Eg ultrasound.	12/4/2017 10:21 AM
399	More explain,share experience	12/4/2017 10:10 AM

400	Really good team it motivates me to be better	12/4/2017 9:41 AM
401	Good team morale, working computers and printers	12/4/2017 3:32 AM
402	Good cooperation amongst different health care specialties	12/4/2017 3:23 AM
403	Time. Little avialable a lot of the time sadly.	12/4/2017 12:56 AM
404	Adequate rest	12/3/2017 11:36 PM
405	Regular coffee, good team spirit	12/3/2017 11:07 PM
406	Adequate rest, supportive team, minimal over-crowding in the department	12/3/2017 10:59 PM
407	Streamlined referrals process Good IT Space in the department Enough nursing staff to deliver care	12/3/2017 10:52 PM
408	Encouragement and education. Feedback from patients as well is always good. I like to work hard but with the savage rota yo need to have people investing a bit of time in you to educate to make you fealed valued. A thank you at the end of the shift is nice but doesn't mean much if the whole shift was micromanaged service delivery.	12/3/2017 10:30 PM
409	Good staffing levels, time off the shop floor to learn	12/3/2017 10:20 PM
410	Personal ambition, and perhaps a little competition too.	12/3/2017 9:59 PM
411	Feedback through either direct supervision or supervisor meetings	12/3/2017 9:34 PM
412	Good staffing levels Space to see patients Senior support	12/3/2017 9:20 PM
413	Ability to take breaks and eat well	12/3/2017 8:35 PM
414	Flow in the department Front loaded investigations Consultants that are educators and prepared to coach you and develop your skills. Good, proactive nursing care - I can't be in every place at once as a senior - I need them to be proactive and not stand and chat at notes trolleys or refuse to put in a cannula for a patient who's haemodynamically unstable with haematemesis because they are too busy (but has already done an ECG)	12/3/2017 8:29 PM
415	Regular breaks, encouragement and support from seniors and Consultants, regular SPA to allow me to practice other skills and have CPD (which needs to be consultant led and supported, not left to juniors to arrange). Regular joint CPD with other departments for joint learning (rather than the usual demeaning content of ED shouldn't/can't do this...). Having access to the internet, and more streamlined patient flow processes and documentation/ICT e.g. electronic patient records, electronic drug lockers and rapid assessment processes.	12/3/2017 8:00 PM
416	frequently moving areas - royal london has a great allocations system to keep things fresh during a shift	12/3/2017 5:18 PM
417	Senior support	12/3/2017 3:26 PM
418	Good team	12/3/2017 3:17 PM
419	having a consultant who understands me, values great care, inspires me, pushes me, makes me think, backs me up. working with excellent nursing staff who I respect and who I learn from and who support me probably a lot more than I support them	12/3/2017 2:48 PM
420	Good leadership and support.	12/3/2017 2:36 PM
421	Knowing that my Consultants want me to do it and will support me doing it	12/3/2017 2:33 PM
422	Being given opportunities to work in all areas of ED (not just grinding through majors list), days when flow works and when inpatient teams are respectful and not obstructive	12/3/2017 1:45 PM
423	Personal drive and determination, knowledge of long waiting time	12/3/2017 1:20 PM
424	Adequate staffing, adequate patient flow and clinical space, proactive nursing staff, ability to focus on medical care not on logistics.	12/3/2017 12:43 PM
425	Well staffed, supportive consultants, nursing jobs done by nurses.	12/3/2017 12:42 PM
426	Good senior support and great nursing staff	12/3/2017 12:22 PM
427	Enough IT access, enough space to be able to see patients, enough HCA/nursing support	12/3/2017 10:37 AM
428	Team work, well staffed department, a working IT system, presence of flow out of department so that patients can be managed in a timely manner in the appropriate space	12/3/2017 8:58 AM

429	Effective admin, MDT able to complete their tasks (commode, urine dip, clean and change trolleys, Porter patients, xray) and space to see patients. Plus capacity to use a computer. Oh and well stocked equipment.	12/3/2017 2:09 AM
430	Having proactive nursing colleagues alongside approachable consultants/registrars on any given shift.	12/3/2017 1:41 AM
431	There is a huge difference on those few occasions when we are well staffed and the department is under control. Add being rested and fed and it feels like anything is possible. Shame that that isn't standard.	12/2/2017 11:55 PM
432	Facilities and time	12/2/2017 11:03 PM
433	R	12/2/2017 11:02 PM
434	Not having to get up at 0500 to get to work A solution to crowding	12/2/2017 11:02 PM
435	No stress. An understanding that I want to work, and want to be on time... if traffic delays cause lateness, current trust understands. Due to my significant health constraints, I am limited... but they accommodate this without blame or isolation. Last trust berated me knowing I could not leave any earlier due to my dependents and could not function like an able bodied person!	12/2/2017 11:02 PM
436	Space to see patients, good nursing staff and co-operative hospital staff in especially diagnostics	12/2/2017 10:46 PM
437	1) Feedback, this may be a feature of my personality but when I had a meeting with my ES I asked him if I was doing ok and he said 'no news is good news' as in if there is no complaint you are fine. I would like to be thought of as good at my job as opposed to not bad enough to attract attention. 2) Having working IT that is accessible. Spending 5 mins getting the ambulance handover printed out or looking for the computer in the dept (singular) that is linked to the printer takes a bit of time. 3) Maybe more support on nights, I am a solo SPR on nights which is fine up to a point but I do find myself getting compassion fatigue and frustrated when interuptions are constant. It is variable and sometimes it works very well but on busy nights it is difficult. I dont think it chance my only missed fracture occurred at night.	12/2/2017 10:06 PM
438	Positive feedback Department not overcrowded so space to see patients	12/2/2017 9:42 PM
439	Time to spend with patients.	12/2/2017 9:26 PM
440	More clinically involved in taking care of sick patients rather than doing triage and treating minor injuries only and saving breaches	12/2/2017 9:20 PM
441	Support from colleagues and the tea/coffee	12/2/2017 9:13 PM
442	Supportive consultants.Good rota.	12/2/2017 8:47 PM
443	1. Positive attitude of team members especially senior members 2. An effort in teaching	12/2/2017 8:20 PM
444	Being given time to practice and be taught new skills and procedures	12/2/2017 7:44 PM
445	Feeling good and being in a happy team	12/2/2017 7:15 PM
446	Good senior support, training opportunities	12/2/2017 6:53 PM
447	Safe staffing at all levels, protected teaching time, a rota that recognises the requirement for rest and training	12/2/2017 5:59 PM
448	Feeling valued.	12/2/2017 5:17 PM
449	Positive feedback from seniors and patients	12/2/2017 5:16 PM
450	Being well rested and well staffed	12/2/2017 5:14 PM
451	Rest days. Adequate rest during a shift	12/2/2017 4:36 PM
452	To feel valuable	12/2/2017 4:20 PM
453	Good nursing staff, efficient processes, adequate breaks and Restall facilities	12/2/2017 4:18 PM
454	Caffeine and good morale.	12/2/2017 4:10 PM
455	Sleep! Adequate staffing both doctors and nurses. Flow.	12/2/2017 4:01 PM
456	To be honest I feel that I am at my most productive when the department is humming along at a moderately busy rate with good flow through the department. Time off for private study, or access to other departments clinics where I can learn would also be good.	12/2/2017 3:56 PM

457	Adequate rest and training	12/2/2017 3:37 PM
458	Time and space without being bothered about what I consider to be irrelevant (to myself) pressures ie targets Team work from confident and skilled staff Equipment	12/2/2017 3:17 PM
459	Recognition of non-clinical time on my rota. Consultants being pro-active about WPBA. Regular feedback (positive and negative) about clinical performance	12/2/2017 3:16 PM
460	Support from seniors. Good flow in the department.	12/2/2017 2:57 PM
461	Adequate consultant cover providing adequate oversight of the department to allow me the time to see the patients appropriately and provide support. Adequate staffing both nursing and medical so that investigations are done in a timely fashion and volume can be coped with. Adequate patient flow so that there is space in the department to see people in cubicles with dignity.	12/2/2017 2:50 PM
462	The team ethic and 'banter' with other staff members.	12/2/2017 2:45 PM
463	A proactive nursing team	12/2/2017 2:34 PM
464	Great support from senior staff. Good flow through department.	12/2/2017 2:25 PM
465	Good flow both within the ed and out of it. Being well rested and well supported.	12/2/2017 2:11 PM
466	Awareness of various skill sets of colleagues, which has come by working consistently within the same environment for a time. Supportive consultants.	12/2/2017 2:05 PM
467	Sufficient staffing. Good resources (in my current trust The IT system is horrendous and very frustrating). Enthusiastic colleagues	12/2/2017 2:03 PM
468	Time, right team, lack of crowding and lack of interruptions	12/2/2017 2:02 PM
469	To be healthy, well rested and maintain the work life balance that otherwise leaves me ‘resentful, burnt’ and feeling of compassion failure.	12/2/2017 1:55 PM
470	.	12/2/2017 1:25 PM
471	Support from seniors.	12/2/2017 1:23 PM
472	Being valued Being supported Being taught	12/2/2017 1:19 PM
473	Happy atmosphere	12/2/2017 1:17 PM
474	Support from consultants and other specialities	12/2/2017 1:17 PM
475	Supportive understanding friendly environment.	12/2/2017 12:35 PM
476	Leadership, supervision and direction	12/2/2017 12:08 PM
477	Breaks, tea, easy access to procedure equipment, good nursing colleagues, appropriate supervision.	12/2/2017 11:54 AM
478	Access to senior support, flow within department and physical space to see patients, effective IT systems, effective triage and basic investigations ordered early on during a patient's attendance.	12/2/2017 11:45 AM
479	Good senior support, good patient flow though the department do not having to continually find rooms to see patients in, good support from other specialties, well functioning IT systems.	12/2/2017 10:39 AM

Appendix E: What would help you to be more productive and provide even better care on the shop floor?

#	RESPONSES	DATE
1	More nursing staff.	2/3/2018 8:24 AM
2	If it wasn't always so busy. At the moment patient volumes are causing stress on the department as a whole and on each of us individually. It is emotionally and physically draining. Having other specialities such as medics not being so dismissive of our referrals that are done in the patients interests.	2/1/2018 2:06 AM
3	Having dedicated breaks where you weren't pestered and could leave the dept for 30 mins and maybe get some fresh air	2/1/2018 1:37 AM
4	More staff (doctors and nurses) looking after this huge number of patients.	2/1/2018 1:20 AM
5	more teaching and adequate rest, as and when due	1/31/2018 11:45 PM
6	Improved nursing staffing! Addressing understaffed nursing and HCA rota would be the single biggest improvement to my working environment. As they are understaffed, I waste a lot of time doing menial tasks that they are too busy to do (taking bloods, urine dips, cleaning beds, taking patients to radiology, transfering patients, giving fluids/medicines)	1/31/2018 11:41 PM
7	More flow!	1/31/2018 10:54 PM
8	Positive atmosphere, not being tired , being trusted and supported , knowing that ppl around you are not going to b judgemental	1/31/2018 10:34 PM
9	I would like to see some complex resus patients, shadowing a consultant or registrar, to gain some experience. Not once in the 6 months has this happened. The staffing of the department at night doesn't allow it and it just isn't the done - thing during the day. As a junior, you either see your resus patient by yourself and do your best, or you don't see them. I'd like to see for example a very sick poisoning patient or very hypothermic patient or something, with a senior, as observation whilst assisting is very useful, but it just isn't done at my ED.	1/31/2018 10:31 PM
10	No rota gaps (including nursing side)	1/31/2018 9:34 PM
11	Not having to do my own admin. In no other specialty would a senior registrar/consultant routinely order all their own investigations/do their own bloods/write drug charts or even write their own notes. We need a complete shift in how we work in the ED - I could double my productivity by having a scribe - they would cost less than another registrar therefore this would also be cost-efficient	1/31/2018 9:08 PM
12	more junior staff,	1/31/2018 8:38 PM
13	Continue with education and more experience	1/31/2018 8:21 PM
14	Lack of arbitrary targets	1/31/2018 7:57 PM
15	Better trained skilled and proactive nurses and support workers.	1/31/2018 7:43 PM
16	More staff	1/31/2018 6:55 PM
17	See above	1/31/2018 6:37 PM
18	More staff (always!) More beds and better access to clinics/radiology	1/31/2018 5:24 PM
19	Co-operative nursing staff; empowered nursing staff; better ambulatory care provision to direct inappropriate ED attendees; fewer lurches from one overcrowding event to another; less time feeling like the little dutch boy with his finger in the dyke praying that the damn thing holds together.	1/31/2018 5:21 PM
20	Better thought out rota More staff both nursing and medical More hospital beds Better patient flow through the department	1/31/2018 5:16 PM

21	More time to train/observe; more time to complete professional development/portfolio assessments properly; more support developing wider interests; better partnerships with hospitals abroad to share ideas/ways of working	1/31/2018 5:11 PM
22	More openess about admitting our problems, better communications, appreciating differences between colleagues and specialities	1/31/2018 4:41 PM
23	A scribe.	1/31/2018 4:21 PM
24	More nurses, particularly fully trained ones	1/31/2018 3:59 PM
25	Lesser hours	1/31/2018 3:42 PM
26	Better levels of nursing staffing	1/31/2018 3:33 PM
27	better bedside teaching and fine-tuning skills	1/31/2018 3:18 PM
28	More computers! Somewhere to complete clinical notes, referrals and clinical discussions without constant interruption from patients and relatives asking about how long they will have to wait!	1/31/2018 2:42 PM
29	More nurses Department better stocked Shorter shifts	1/31/2018 2:29 PM
30	Full complement of staff	1/31/2018 2:26 PM
31	- Better salary; appropriate staffing; infrastructure expansion; rather than reprimanding lower performing EDs or shut downs, they should be supported.	1/31/2018 2:10 PM
32	Less locums and more full time staff- team work is always better and the team feel more productive	1/31/2018 2:08 PM
33	Nicer working environment	1/31/2018 1:19 PM
34	An openly and genuinely supportive cohort of senior colleagues and Trust management. Recognition for the challenges and pressures that are unique to ED working and recognition that obstructing patient flow is a Trust issue not an ED issue and that managers ranting at SHO and Registrar grade doctors in the ED does nothing to fix the problems and actually only delays the next patient being seen	1/31/2018 1:15 PM
35	Having all the IT work (printers, computers, faxes) - it seems to incur significant delay and stress.	1/31/2018 12:26 PM
36	Unsure	1/31/2018 12:16 PM
37	More staff	1/31/2018 12:08 PM
38	If there were no exit block and always appropriate levels of staffing for the number of patients in department	1/31/2018 11:52 AM
39	Good team work	1/31/2018 10:47 AM
40	Time, if you are given sufficient time to spend with your patients, finding out their needs and addressing appropriately you can provide good clinical care. Also time to rest between shifts.	1/31/2018 12:22 AM
41	More available toilets Larger work space (cramped work space currently with seats always full) Being able to see some natural daylight (impossible in current department) Better staffed rota	1/30/2018 9:40 PM
42	See above	1/30/2018 8:37 PM
43	Feedback from knowledgeable seniors who are willing to observe my practice	1/30/2018 7:59 PM
44	better rota - less chopping and changing of shift types, longer runs of the same shift	1/30/2018 6:46 PM
45	-	1/30/2018 5:52 PM
46	huddle meeting between registrar/nurse in charge on nightshift Debrief as matter of routine for patients seen on nightshift that I was not sure on adequate rest facilities an area for non-clinical work to be carried out, with a desk/computer to use - we have no doctors room	1/30/2018 5:32 PM
47	Better flow through her department which would create more space for patients to be seen and less pressure on staff	1/30/2018 3:34 PM
48	as above	1/30/2018 3:15 PM
49	To be able to practice skills that we are taught about for example sedation can vary greatly between different hospitals	1/30/2018 3:14 PM

50	When the GP is on and the nurse triages to GP this allows me more time to see real emergencies rather than review and assess minor ailments at stream	1/30/2018 2:14 PM
51	See above	1/30/2018 12:59 PM
52	more computers	1/30/2018 12:52 PM
53	Typing notes rather than hand writing. More nursing staff per patient. Night shifts need more doctors.	1/30/2018 12:40 PM
54	More time! And support for management of patients within the emergency department.	1/30/2018 12:16 PM
55	Better feedback and training instead of firefighting and service provision	1/30/2018 11:58 AM
56	If all the above in the previous question were to be optimised.	1/30/2018 11:56 AM
57	adequate staffing	1/30/2018 11:21 AM
58	availability of equipments	1/30/2018 10:20 AM
59	To have medical typists/ administrators or learning to touch type. More of my time is spent documenting my encounters than my encounters themselves. Medical administrators could type notes, find drug charts, get notes, ensure paperwork is stocked etc. Much if my tone is wasted on these low level tasks.	1/30/2018 6:07 AM
60	More space to see patients	1/30/2018 1:52 AM
61	Appropriate rest time between shifts. No rapid cycling of shift patterns. Appropriately staffed department and absence of overcrowding. Uninterrupted breaks/CPD time.	1/30/2018 12:49 AM
62	better staffing and shorter shifts - 8 hours daily maximum. 10 hours shifts make me tired and I'm not capable to deliver good and focused care after 8 hours	1/29/2018 10:44 PM
63	Maintaining skills	1/29/2018 10:06 PM
64	Time and autonomy	1/29/2018 8:53 PM
65	More focus on education on shop floor	1/29/2018 8:17 PM
66	Better IT	1/29/2018 7:06 PM
67	more consistent rota/ run of shifts- enough rest between shifts	1/29/2018 5:31 PM
68	Having more time to learn/revise	1/29/2018 5:28 PM
69	As above	1/29/2018 5:10 PM
70	Rota gaps covered, adequate breaks	1/29/2018 3:45 PM
71	Consistent staffing matched to the demands of the department. More time for shopfloor teaching and consultant supervision specifically aimed at developing my skills and abilities.	1/29/2018 2:34 PM
72	More senior staff	1/29/2018 1:55 PM
73	Adequate staff of a decent quality. Not locums who,aren’t in training and can’t get any other form of work	1/29/2018 1:14 PM
74	Good training and support	1/29/2018 12:25 PM
75	As above	1/29/2018 12:20 PM
76	Senior support, not feeling under time and work load pressure	1/29/2018 12:04 PM
77	Feeling more rested for nights Not having to argue with specialities - happens rarely but very draining when it does	1/29/2018 11:58 AM
78	Senior support and support for our training	1/29/2018 11:50 AM
79	see above	1/29/2018 11:04 AM
80	More nursing staff, less paperwork	1/29/2018 10:38 AM
81	Some new computers, more fixed wall otoscopes/othalmoscopes and definitely badly need more nursing staff and auxiliaries	1/29/2018 2:10 AM

82	Nursing staffs who could do bloods and cannula 24/7. More nurses to run the jobs - to make treatments to be carried out quicker (including steps for sepsis 6). Less emphasise on documentations. Multiple consultants or seniors in one shift to allow bedside teachings of procedures.	1/28/2018 11:15 PM
83	universal systems for IT across regions, universal access to primary care records, flow, overcrowding, easy access to guidelines many departments are trapped behind terrible search engines.,	1/28/2018 11:05 PM
84	better changing facilities / clean toilets	1/28/2018 11:02 PM
85	more time and less pressure	1/28/2018 10:09 PM
86	1. More time to undertake self-directed learning - there is a lot in the ACCS portfolio and very little time to complete this on a 50% banded rota	1/28/2018 9:52 PM
87	A more even balance between workload and staffing levels	1/28/2018 9:08 PM
88	Positive encouragement Morale boosts - ie team socialising outside of work, yummy food on breaks - ie baking and more rest breaks!	1/28/2018 9:06 PM
89	Better access to rest + rest facilities More space/cubicles/nurses/HCAs Less paperwork Less coding/IT annoyances	1/28/2018 8:50 PM
90	More time and increasing staff numbers	1/28/2018 8:35 PM
91	Regular breaks	1/28/2018 8:31 PM
92	more/ time space/ less patients	1/28/2018 7:35 PM
93	more staff perhaps - particularly out of hours	1/28/2018 7:28 PM
94	Sometimes the rota is a bit intense. Also there is never enough space to see patients. The 4 hour target doesn't seem to be helpful anymore, it just creates an environment of stress (which I don't find helpful personally, it's more helpful to just get on with things)	1/28/2018 7:20 PM
95	adequate breaks	1/28/2018 6:58 PM
96	More staff, appreciation from management	1/28/2018 6:33 PM
97	better staffing	1/28/2018 5:30 PM
98	As above	1/28/2018 5:24 PM
99	Having training prioritised so that the job is not just service provision	1/28/2018 4:46 PM
100	Less interruptions Protected teaching time	1/28/2018 4:08 PM
101	More space/cubicles, more nursing staff to employ the plans I put in place and help me with tasks/pick up pathology or deterioration, being treated as a junior registrar - instead of an SHO.	1/28/2018 3:38 PM
102	Senior support, adequate staffing.	1/28/2018 11:03 AM
103	See above.	1/28/2018 10:46 AM
104	More rest time	1/28/2018 9:56 AM
105	Timely break	1/28/2018 8:15 AM
106	Positivity around, better support from the manager a and trust, induction, Shpport from consultants	1/28/2018 6:13 AM
107	As above	1/27/2018 11:48 PM
108	appropriate number of appropriate level staff on shift especially in the out of hours sheet 8pm to 12 pm	1/27/2018 11:29 PM
109	More nursing staff.	1/27/2018 11:25 PM
110	If I felt like I was learning something and my efforts were being appreciated. If someone said well done to me (they do and it is really nice when this happens but it could happen more!).	1/27/2018 10:37 PM
111	More time to spend with the patients, more people on shop floor, time with seniors to feel like I'm being encouraged to improve	1/27/2018 10:03 PM
112	More space to see patients, less 'bed blocking', better systems of RAT-ing	1/27/2018 7:43 PM

113	Working in a department with adequate space, better flow, a well run triage system and if patients referred by GPs were referred to the appropriate specialty instead of just being sent to the ED	1/27/2018 7:05 PM
114	Atleast two 30 min breaks per 9 hour shifts Being able to hydrate myself with a warm drink whilst working on the floor inbetween patients when documenting. To provide chairs so we can document (only 2 chairs to sit on for an entire department of doctors, hence on our feet for the full 9 or 10 hour shift)	1/27/2018 6:45 PM
115	Slightly lower hours	1/27/2018 6:36 PM
116	Equipment that worked/was available (US or opthalmoscope anyone?), nurses/HCAs that aren't always too busy and space to see patients in of course	1/27/2018 6:32 PM
117	More space to see patients, resolution of bed blocking	1/27/2018 6:32 PM
118	More teaching, better rota	1/27/2018 6:03 PM
119	Effective systems and pathways for common patient groups and agreement on treatment by consultants	1/27/2018 5:51 PM
120	better bed movement, more positive feedbacks	1/27/2018 5:00 PM
121	Better outflow	1/27/2018 4:32 PM
122	All staff supporting each other	1/27/2018 3:19 PM
123	More days off in runs of shifts	1/27/2018 2:58 PM
124	Eliminating the ridiculous restrictions on annual leave (can't take annual leave on weekends, nights, holidays AND only during this particular week in 3 months.....who gives a shit if that week doesn't correspond to your children's time off school or any other time that you would find useful or of the length that would be useful to do anything with). Unhappily this has become the norm in Emergency Departments....shame on all of those consultants who have let this happen and failed to fight on their trainees behalf.	1/27/2018 2:34 PM
125	More doctors per shift.	1/27/2018 1:45 PM
126	Time, space and adequate staffing.	1/27/2018 1:28 PM
127	Better flow	1/27/2018 1:10 PM
128	Well staff and participants of senior colleague in the shop floor would make a lots of difference .	1/27/2018 11:36 AM
129	see above	1/27/2018 11:18 AM
130	More space in emergency department. More staff to allow more time with patients and therefore more seniors to discuss management pland	1/27/2018 11:12 AM
131	N/A	1/27/2018 11:08 AM
132	Working less hours during the week and working shorter shifts	1/27/2018 8:36 AM
133	as above	1/27/2018 4:17 AM
134	More teaching and training. Better staffed ED.	1/27/2018 3:40 AM
135	More rooms to see patients and less pointless pressure from the myriad middle management non clinicians who feel it’s appropriate to come down on the department and me when I am in charge about breaches. Put the bloody phone down and I can see more patients.	1/27/2018 2:28 AM
136	Less out of hours work	1/27/2018 2:28 AM
137	Better appreciation and training opportunities	1/27/2018 12:55 AM
138	Sometimes feedback from particular resus cases	1/27/2018 12:33 AM
139	as above	1/27/2018 12:09 AM
140	more snacks! 1-to-1 educational support	1/27/2018 12:05 AM
141	Enough space to see patients. Enough equipment to treat patients.	1/26/2018 11:09 PM
142	Better working environment A rest/breakroom area Improved rota	1/26/2018 10:34 PM
143	More nurses / equipment. Not seeing so many patients coming to ED inappropriately.	1/26/2018 10:24 PM
144	More nursing staff More time for really sick patients	1/26/2018 9:56 PM

145	more staff and better rota - too many hours per week to be productive throughout	1/26/2018 9:53 PM
146	Getting more feedback as to how I am doing from my seniors/other specialties	1/26/2018 9:42 PM
147	less working hours, more allocation to attache to other specialties in HST for self improvement	1/26/2018 9:34 PM
148	Better triage system , someone checking if patients have had analgesia fluids antibiotics , more efficient systems more leadership. Better access to Gp as we are like GPS	1/26/2018 9:26 PM
149	The continued expansion of use of clinical support workers to perform phlebotomy and continued expansion of 'triage plus'	1/26/2018 9:07 PM
150	financial incentives	1/26/2018 9:07 PM
151	Support from other staff, efficient working practices such as HCAs available to take bloods so that decisions can be made quickly. Often patients are left waiting for hours with no invstigations before they are seen by a doctor.	1/26/2018 8:40 PM
152	More teaching and more staff around to ease time pressures	1/26/2018 8:31 PM
153	feel valued by my department	1/26/2018 8:31 PM
154	Activate direct referrals to specialities from GPs . Emergency department resus rooms to be mostly dependant on emergency physicians to provide airway vascular skills for the trainees to be able retains those skills	1/26/2018 8:10 PM
155	As above - teaching in procedures	1/26/2018 8:10 PM
156	Not having to see patients who are not accidents or emergency	1/26/2018 7:13 PM
157	Rota that's not punishing on the body	1/26/2018 7:10 PM
158	as above	1/26/2018 7:10 PM
159	More colleagues and more time with patients	1/26/2018 7:03 PM
160	See above.	1/26/2018 6:57 PM
161	Being able to spend more time with patients and less time dealing with admin,moving patients around, making tea/coffee for patients, etc	1/26/2018 6:48 PM
162	Respect from specialities, prompt transfer of pts to the wards	1/26/2018 6:40 PM
163	Hydration	1/26/2018 6:30 PM
164	Allowing Emergency Medicine juniors to have regular short breaks (instead of one 30 minute one), improved teaching including important clinical skills e.g. central line insertion, chest drain, etc, regular simulation sessions and actually receiving regular feedback on progress	1/26/2018 6:29 PM
165	Adequate staffing Autonomy Some beds to see the patients in	1/26/2018 6:27 PM
166	More staffing. Better rota.	1/26/2018 6:19 PM
167	Actually being supported by consultants and nurses. Everyone doing their jobs.	1/26/2018 6:18 PM
168	Feel appreciated	1/26/2018 6:09 PM
169	see above	1/26/2018 5:58 PM
170	More flow	1/26/2018 5:56 PM
171	More rest between shifts.	1/26/2018 5:31 PM
172	As above	1/26/2018 5:28 PM
173	Rest	1/26/2018 4:50 PM
174	More capacity and more staff	1/26/2018 4:45 PM
175	Better IT systems	1/26/2018 4:44 PM
176	better staffing levels both nursing and medical to cover for rota gaps. better flow within the hospital (although we are much better than most within the region).	1/26/2018 4:12 PM
177	Lower work load	1/26/2018 4:09 PM
178	as above	1/26/2018 4:04 PM

179	More flexibility in the rota. Better pay.	1/26/2018 4:01 PM
180	More time off would make me appreciate my time at work more. If the department were less busy with more space this would also help.	1/26/2018 3:48 PM
181	More nurses More beds	1/26/2018 3:48 PM
182	Better flow through the department, more beds in the hospital, corridors full of patients, ambulances unable to offload, ITU patients being managed in recovery as no beds in hospital!!	1/26/2018 3:41 PM
183	Nil	1/26/2018 3:29 PM
184	Often feel that I can't provide excellent clinical care due to pressures and limited time.	1/26/2018 3:25 PM
185	The above	1/26/2018 2:56 PM
186	having my own space to work but I understand that is a dream world!	1/26/2018 2:54 PM
187	motivating leadership, praise. more teaching on the shop floor.	1/26/2018 2:26 PM
188	IF ED consultant can supervise the F2 doctors and gave them the advice then I can be more productive and provide good clinical care	1/26/2018 2:14 PM
189	dsf	1/26/2018 2:12 PM
190	More clinical space. Better access to computers that work. Patient flow within the department to prevent "corridor medicine" being a normality.	1/26/2018 2:03 PM
191	More stream lined care from allied health professionals - nurses/porters/radiography etc.	1/26/2018 1:53 PM
192	More porters to speed up transfer of patients for imaging, fully staffed doctor and nurse rota	1/26/2018 1:52 PM
193	Co-located GP, simplified computer system	1/26/2018 1:45 PM
194	.	1/26/2018 1:44 PM
195	Space to actually see patients would be beneficial(!) Less rota gaps. Less repetition of paperwork.	1/26/2018 1:30 PM
196	More consultant supervision rather than being left to run the department as a senior. Allowed to carry out procedures i am trained to do (RSI, lines etc)	1/26/2018 1:07 PM
197	The above	1/26/2018 12:15 PM
198	More teaching, not feeling like pure cannon fodder with ACP Trainees taking priority because the department can show off about them more	1/26/2018 12:09 PM
199	Reinforced break times	1/25/2018 3:45 AM
200	Better patient flow	1/23/2018 12:17 AM
201	Better rest facilities. Better food/drink availability on night shifts.	1/18/2018 3:00 PM
202	To have recognition that one cannot work 48hrs on the shopfloor a week!! It is no longer acceptable to be expected to do SPA type activity in our own time.	1/17/2018 4:30 PM
203	as above	1/13/2018 3:12 PM
204	As above	1/13/2018 12:27 AM
205	Adequate rest facilities at work. Tea and coffee provision -currently only have flimsy plastic water cups and no crockery for staff use! Feedback to the workforce e.g. circulating compliments and thank yous so that staff feel motivated.	1/12/2018 12:20 PM
206	More nursing staff. GP expected patients going directly to the specialties- currently this does not happen and we can frequently have the ED full of medical patients awaiting beds- this makes the nurses unavailable as they are overloaded looking after too many patients, there is no where to see patients.	1/11/2018 7:58 PM
207	More space! Having equipment to hand when required.	1/11/2018 4:39 PM
208	being able to have drinks/food and having less patients to look after	1/11/2018 11:54 AM
209	more nurses (large gaps in nursing rota); restructuring of / new building	1/9/2018 6:51 PM
210	Working computer systems More support from specialties More beds	1/7/2018 8:40 PM

211	a rota that allows adequate rest less new and novel ways of pouring patients into the department and more new and novel ways of emptying patients out of it when clearing an area having opportunity to learn as a reward to not consider the only work I do to be on the shop floor, audit and research are just as important and to have more dedicated time for this would be very helpful	1/6/2018 10:43 AM
212	Specialties which are responsive and supportive within ED when bed block is reached; more efficient admission system where patients are actually admitted to a ward and don't remain in ED under a specialty for ED staff to still look after; consultants who respond to stickers and help trainees pass ARCP	1/5/2018 2:10 PM
213	-	1/4/2018 4:22 PM
214	As above	1/4/2018 3:24 PM
215	More Doctors, More Nurses, More Health Care Assistens, More Porters, More Bed´s, etc.	1/4/2018 2:57 PM
216	25% off the shop floor to enable time to do portfolio, exams, areas of special interest, read up on cases etc. Essentially a proper job plan.	1/4/2018 2:16 PM
217	Good flow and support from specialties when needed. Appropriate referral of patients from primary care directly to specialty and not through ED.	1/4/2018 2:25 AM
218	Rest Adequate numbers Study leave Consultant teachingn	1/3/2018 6:16 PM
219	More space, more nurses, more time more flow	1/3/2018 5:25 PM
220	more available rooms, more time to RV patients, more doctors, more nurses	1/3/2018 5:20 PM
221	More fully trained nursing staff, more doctors to work with. Also, it would help if there was a way of providing regular teaching to registrars locally	1/3/2018 10:29 AM
222	More recognition, more shop floor teaching opportunities, the opportunity to be EPIC other than in an ESLE situation	1/3/2018 12:16 AM
223	Adequate nursing staffing; patient flow; good leadership and high team morale.	1/2/2018 11:33 PM
224	Being able to act up as a registrar given my experience level of 2.5 Years ED, which as a non-trainee I would be able to do but as a trainee I am limited to SHO roles as an ST1	1/2/2018 4:57 PM
225	More 'untrained staff' I spend too much time push trolleys, cleaning bed spaces, finding equipment due to unstocked trolleys, taking bloods, dipping urines etc	1/2/2018 1:31 PM
226	A bigger ED, more nursing staff, more doctors, MORE BEDS..... need I go on. At the moment, better care would suffice at just feeling safe as a patient and a clinician.	1/2/2018 10:39 AM
227	More consultant support on the shop floor. More bedside/ moulage teaching by senior member of staff.	12/31/2017 1:03 PM
228	Being called over to get involved in useful/ interesting things that come up would be good. I try to get involved if I hear something is going on but sometimes miss interesting stuff.	12/31/2017 12:03 AM
229	regular educational supervisors meet, allow us to attend clinical governance meets. Value our opinion.	12/30/2017 10:04 PM
230	As above	12/30/2017 7:01 PM
231	More supervision/time to discuss cases or see patients with a senior as part of wpba, it was often difficult to find a good amount of time to be free to complete a case properly	12/30/2017 11:33 AM
232	Support from nurses	12/29/2017 5:04 PM
233	Better work/life balance	12/29/2017 1:59 PM
234	less crowding in ED means patients made decision to admitt should be moved to wards immediately , daily one hour mandatory teaching while on shop floor ideal would be morning Senior review for all patients before ED discharge this would provide teaching to trainees and would improve patient care. Better staffing in ED Permanent staff posts (non training)should be created rather then locums	12/29/2017 10:05 AM
235	Teaching and help with decision making	12/29/2017 1:32 AM
236	The system not to be overloaded	12/28/2017 6:35 PM
237	Same as above	12/28/2017 4:08 PM

238	--Someone to field patient questions so they and their relatives don't keep wandering out to find us when we are in the middle of things --A tracking system/ receptionist that can help relatives find the patient so we don't need to spend hours looking for someone we don't know anything about --Someone who can tell patients how long the waiting time is- so it doesn't use a doctors time to tell them and then engage in a discussion about how 'its not good enough' --more cubicles --more nurses trained to do IVs --having one SDM who is just allocated to reviews/ questions for the shift- its hard to field questions and see your own patients at the same time --more support staff such as CSWs --fewer reliance on staff that actually need a lot of supervision/support such as ANPs/trainee ANPs/ trainee PAs.	12/28/2017 3:23 PM
239	Less late shifts . Don’t mind nights but working till midnight or very late is tiresome. Also I know it can’t be helped but the randomness of the varied shifts always keeps you guessing which you are run. Lastly , a long run of shifts into 7 days can be tough	12/28/2017 11:55 AM
240	Less overcrowding	12/28/2017 10:07 AM
241	More space to see patients when department is busy, more computers to write notes on More flow through the department, meaning ED docs would not have to provide ongoing care, write drug charts, etc. for patients in the ED sometimes for 12-18hrs	12/28/2017 12:21 AM
242	having a better rota like the previous one because current rota make us work more weekend shifts and shifts are also longer; being able to request annual leave on late shifts, not just early shifts, it is quite stressful to request annual leave only on early shifts, we are asked to swap with colleagues who are having the same difficulty requesting annual leaves. "if we feel stressed and we wanted to book an AL and we can only do this during early shift.	12/27/2017 6:40 PM
243	.	12/27/2017 12:59 PM
244	less pressure from numbers of patients/more staff	12/27/2017 10:02 AM
245	Good communication and felt supported by other staff.good leader on shop floor	12/26/2017 2:31 PM
246	-	12/24/2017 4:36 PM
247	Sleep good team work	12/24/2017 1:41 AM
248	Constructive feedback from consultant and appreciation for the hard work making us feel valued. Regular breaks,support from consultant in difficult situation	12/23/2017 6:33 PM
249	as above	12/23/2017 5:05 PM
250	More consultant supervision for juniors - reviewing their patients and managing your own slows you down. More nursing/ HCA staff to facilitate bloods/ECG etc - it’s fine to do it yourself but this takes up time you could be seeing patients in and making decisions.	12/23/2017 10:43 AM
251	The online documentation system isn't user friendly and requires a lot of time proportionally to complete which reduces time seeing patients	12/23/2017 7:45 AM
252	Better rota	12/23/2017 7:05 AM
253	.	12/23/2017 12:10 AM
254	Better IT	12/22/2017 10:43 PM
255	Flow in the hospital. A facility to flag up an attendance for review and follow up the following day by a consultant.	12/22/2017 9:11 PM
256	As above	12/22/2017 9:08 PM
257	support training	12/22/2017 7:19 PM
258	More rest breaks	12/22/2017 7:04 PM
259	regular short breaks, comfortable and healthy chairs/desks as often the ones available cause back pain and neck pain, arrangements to have a break at night as currently this is not possible with the current arrangement of 1 senior and 2 juniors at night.	12/22/2017 2:01 PM
260	More of the above.	12/22/2017 11:12 AM
261	As above	12/22/2017 3:51 AM
262	The space to see patient's. "Breech time" not being held as an "avoid at all cost"	12/22/2017 1:52 AM
263	See previous answer. In addition more consultant supervision	12/22/2017 12:32 AM

264	More time off (more than 12 hours between shifts)	12/21/2017 11:52 PM
265	Better team morale,thanks when we are doing well rather than just hearing how we need to work quicker etc. Encouragement for learning opportunities such as being given the time to do procedures e.g chest drains, trauma calls even when it is busy rather than just churning through patients	12/21/2017 11:10 PM
266	less focus on moving patients through department to other specialities without optimising patient care	12/21/2017 9:37 PM
267	More staff in all roles	12/21/2017 8:33 PM
268	More cubicles and more nursing staff	12/21/2017 8:23 PM
269	Being allowed to learn properly by being G Ben opportunities to observe when procedures are performed and to practice those procedures once seen.	12/21/2017 8:09 PM
270	More support from seniors to teach and feedback	12/21/2017 3:26 PM
271	.	12/21/2017 3:13 PM
272	As above	12/21/2017 3:04 PM
273	More doctors. More space to see patients. Better equipment that works (spending 15 minutes looking for a speculum in the dept then finding no gynae lamps work is not acceptable). Better equipment stock (as we frequently run out of nebuliser pieces, paediatric cannulas, arterial line sets..) More nurses. An expectation that we can take natural breaks when we need them and that this is our responsibility and right as an adult and that it is in the departments best interest as well as our own.	12/21/2017 2:59 PM
274	Nursing numbers	12/21/2017 1:02 PM
275	Regular shift pattern, without rapid changes between early/late/night shifts Adequate breaks every day	12/21/2017 10:31 AM
276	1. Shift timings/rota needs to be changed. 7 days in a row (mixed Morning/night shifts) is brutal. We are not robots with switch on & off buttons...chose this speciality because I really like it but constant stress,chaotic shift pattern and no proper rest just leaves no time to learn or study at home. All this is killing productivity. 2. Shop floor teaching should be mandatory.	12/21/2017 7:53 AM
277	Work/life balance as current a&e rota does not provide that. Decent break between sets of shifts as currently often get one day off between long sets.	12/21/2017 6:22 AM
278	Senior cover and advice when needed.	12/21/2017 2:58 AM
279	Ability to utilise alternatives to admission	12/21/2017 1:50 AM
280	same as above	12/20/2017 11:11 PM
281	Supportive tutors	12/20/2017 11:02 PM
282	More support from seniors, even if it were just board rounds to discuss how the department was coping More doctors	12/20/2017 10:47 PM
283	Better morale, good case mix and mix of training, feeling valued for your efforts	12/20/2017 10:43 PM
284	See above	12/20/2017 9:47 PM
285	More space. More staff! Better equipment, more POCT	12/20/2017 8:58 PM
286	Getting breaks on nights, being properly staffed, having time to recover between shifts including time to do all of the management/portfolio/admin stuff, getting training and being able to WBAs, receiving regular feedback from seniors.	12/20/2017 8:02 PM
287	More rest in between night shifts	12/20/2017 6:49 PM
288	Adequate ratios of nursing and medical staff Less burgeoning numbers of patients	12/20/2017 6:17 PM
289	If I had another Spr on with me at nights I would be more productive and provide better are as my ED is quite large and busy.	12/20/2017 6:13 PM
290	A full rota and room to see patients! Auxillary staff / HCAs who can restock / get beds ready / aid flow / dip urines / ECG / bloods etc - we have a few but not enough and Docs do a lot of that.	12/20/2017 6:13 PM
291	.	12/20/2017 5:02 PM

292	More staff! More hours in the day?!	12/20/2017 1:10 PM
293	staffing, breaks, less out of hours shifts, shorter commute (in the UK) so im less tired. More competent consultants, and less old school manager type consultants who know next to nothing about critical care/US etc	12/20/2017 1:08 PM
294	Better care of whole dept toward trainees Involvement in planning and management	12/20/2017 12:37 PM
295	Improve my skills and learning through various EM related courses	12/20/2017 12:19 PM
296	better shift patterns	12/20/2017 12:56 AM
297	More experienced staff	12/20/2017 12:47 AM
298	More time off work and/or dedicated time for e-portfolio / audit / self directed learning	12/19/2017 10:08 PM
299	Rest, time for teaching	12/19/2017 9:30 PM
300	Having space	12/19/2017 8:58 PM
301	Space in rest of hospital to move inpatients to	12/19/2017 8:50 PM
302	More time off after nightshifts/late shifts.	12/19/2017 8:19 PM
303	More opportunities for learning during working. Eg. Establishment of new local guideline.	12/19/2017 6:15 PM
304	Learning skills as chest drain, rsi	12/19/2017 6:09 PM
305	Being rotated across different parts of A&E rather than being put on one section most of the time due to lack of skills	12/19/2017 5:49 PM
306	Having space to see patients, and more resource in terms of time, nursing staff etc	12/19/2017 5:46 PM
307	More space in the department	12/19/2017 5:28 PM
308	Better support from hospital management. An ED cannot function if all cubicles and chairs are taken up with specialty patients who are waiting to move to a ward / be reviewed. Leaves no place for the ED patients. Fighting an inefficient and broken system is just exhausting	12/19/2017 4:56 PM
309	Good atmosphere/morale/support in dept. Food and tea.	12/19/2017 4:47 PM
310	Time for breaks and to attend teaching Space to see patients	12/19/2017 4:05 PM
311	Regular teaching in department, and on shop floor - discussion of any difficult cases seen by other colleague, what was done well and what could we do to improve next time.	12/19/2017 2:57 PM
312	Better public awareness about the use of ED	12/19/2017 2:56 PM
313	Not working in a resource poor setting	12/19/2017 2:56 PM
314	Opportunities to perform procedures. Appreciation of the hard work I put into my work.	12/19/2017 2:52 PM
315	Shorter and less frequent shifts	12/19/2017 2:23 PM
316	Better support from other speciality	12/19/2017 2:18 PM
317	Better teaching and support, less stressful environment with more staff	12/19/2017 2:13 PM
318	Friendly and patient consultants who are keen to allow me to learn and keen to teach.	12/19/2017 2:13 PM
319	More staff More space to see patients Ability to send low acuity patients to an on site GP	12/19/2017 2:08 PM
320	Support from nurses	12/19/2017 1:10 PM
321	.	12/19/2017 12:55 PM
322	Better rest Not times breaks- if you need a break then take a break ! Like most other specialties	12/19/2017 12:54 PM
323	Increased flow through the hospital. More space to see patients. More support staff to performn 'basic' tasks e.g. bloods / cannulae and act as chaperone (waiting for the latter probably wastes about 5-10 minutes of my time per day, which is quite a lot of time when extrapolated over 6 years of training!	12/19/2017 12:29 PM
324	Larger physical department with more space to see patients	12/19/2017 12:24 PM
325	More efficient departments, with room to see patients and flow of patients through to the rest of the hospital.	12/18/2017 5:56 PM

326	A shift pattern that had more "rest" opportunities	12/18/2017 4:04 PM
327	Increased staffing levels of both doctors and nurses	12/18/2017 4:01 PM
328	Have only worked Acute medicine (have not done EM yet)	12/18/2017 3:36 PM
329	Adequate breaks Shorter shifts (some of them are 11/12 hours long)	12/18/2017 3:18 PM
330	More nurses	12/18/2017 2:45 PM
331	More training/teaching.	12/18/2017 12:54 PM
332	Better waiting times. Better flow. More doctors and nurses.	12/18/2017 12:26 PM
333	Consistent support from seniors. Better work life balance	12/18/2017 11:42 AM
334	Better recognition of how antisocial our rota is. Better recognition of how busy and stressful our shifts hour from consultants who haven't done a night shift in years. better staffing. availability of proper food in the hospital. Proper funding from the shitty government	12/17/2017 3:46 AM
335	Working and stocked equipment Physical and intellectual space Reduction of fatigue	12/16/2017 4:28 PM
336	Patient flow.	12/15/2017 10:14 PM
337	More than one break in 9 or 10 hour shifts. Better staffing so that I don't have to spread myself so thinly	12/15/2017 7:19 PM
338	Better IT systems, more computers, more reliable software that doesn't crash midway through discharge summaries or offering investigations More assessment space-time frequently more available doctors than sides to see patients Periodic supervision and feedback. Still awaiting first ESLE for asking on several occasions Articulation by consultants as to how they arrive as their management decisions An end to nursing shortages More regular front loading of investigations (RAT tends to be abandoned when the wait builds up)	12/15/2017 2:25 AM
339	More senior support	12/14/2017 8:39 PM
340	All of the above to happen on a daily basis	12/14/2017 12:17 PM
341	Time	12/14/2017 3:06 AM
342	Improve the exit block. More doctors on night shift.	12/14/2017 2:30 AM
343	Consultants being more accessible as currently often constantly tied in clinical care themselves,	12/13/2017 9:25 PM
344	More space to see people Better computer system Less silly rules like ‘only an ST4+ can ..... eg request a CT, speak to urology about a ?torsion	12/13/2017 8:33 PM
345	Space to see patients! Hospitals clearly don't seem to mind filling ed with patients without beds thus causing exit block and vastly increased work load for what I feel is already one of the hardest working departments	12/13/2017 2:27 PM
346	Better systems eg all patients bled on time and x-ray on time, etc	12/13/2017 2:19 PM
347	Better streaming.	12/13/2017 2:14 PM
348	More staff, more beds	12/13/2017 1:20 PM
349	Adequate rest between shifts	12/13/2017 12:13 PM
350	More feedback. Less crowding.	12/13/2017 11:57 AM
351	Less nights	12/13/2017 11:56 AM
352	Not having to constantly worrying about 4 hour target and easily getting through to different specialties especially cross site management can be very frustrating at times.	12/13/2017 11:52 AM
353	A kinder rota so I’m less exhausted.	12/13/2017 11:50 AM
354	Adequate staffing, both of doctors and nurses, and availability of hospital space.	12/13/2017 11:43 AM
355	More beds, chairs area for well patients who have been seen to keep bays free to examine new patients.	12/13/2017 11:42 AM
356	More SHOs	12/13/2017 11:19 AM
357	A better rota where I’m slightly better rested before and between shifts	12/13/2017 10:32 AM

358	Not accepting poor logistics.	12/12/2017 10:14 PM
359	Some feedback or on the job training would be nice	12/12/2017 10:07 PM
360	Logical layout of the department. Positive atmosphere. Good number of doctors. Beds available in the hospital to prevent overcrowding. Well rested. Enough breaks. Rotas that are friendly to our biological clock. Enough parking spaces.	12/12/2017 9:08 PM
361	I think the feeling that my skills, enthusiasm, desire to tackle new challenges was more utilised.	12/12/2017 7:02 PM
362	More space to see patients. Limited by lack of trolleys and areas to see patients. Less intense rota - work 1:2 weekends.	12/12/2017 6:47 PM
363	Having to do fewer shifts per month.	12/12/2017 2:58 PM
364	Better feedback	12/11/2017 8:41 PM
365	Longer (10hr) shifts, currently 8 hr shifts = less days off, feel like I never leave work. More staff.	12/11/2017 5:25 PM
366	As above: - appropriately staffed department (especially nursing staff) - appropriate clinical space to see patients - robust triage and observation systems - no exit block, to allow focus of care on new patients as they come in	12/11/2017 1:15 PM
367	See above.	12/11/2017 10:31 AM
368	Being supported and have patient in an appropriate place to be examined and have support of a willing nurse .	12/10/2017 3:59 PM
369	See above	12/10/2017 1:00 PM
370	Better/more integrated IT. Not having to move patients around in order to find a space to see them in Teaching	12/9/2017 9:57 PM
371	A second registrar- more medical cover.	12/9/2017 7:32 PM
372	More direct observation and feedback on my management of patients - shop floor teaching of USS	12/9/2017 2:16 PM
373	The ability to choose my placements and to work close to home. To feel that the deanery actually cared about my training needs and social needs re my family.	12/9/2017 8:42 AM
374	More senior support, more staff so you're not just a service provider	12/8/2017 10:19 PM
375	Dedicated time for teaching and training Better patient flow	12/8/2017 5:08 PM
376	Good hydration facilities. A system that provided data on the outcomes of investigations/treatments provided by me in order that I can deliver my own feedback. Dedicated teaching time On The Shop Floor. Not just remote teaching/simulation sessions.	12/8/2017 1:32 PM
377	Not having too Many shifts at once, being well rested, encouraging rest on night shifts, adequate facilities for rest	12/8/2017 3:23 AM
378	As above	12/8/2017 12:03 AM
379	Happier juniors	12/7/2017 5:56 PM
380	Clinical supervision, Availability to attend weekly teaching (cannot attend on account of night or twilight shifts), more practical experience or OSCE practice	12/7/2017 2:03 PM
381	-above	12/6/2017 5:29 PM
382	as above	12/6/2017 5:51 AM
383	More support, less clinical work compared to feedback	12/5/2017 9:57 PM
384	Less time pressure More staff:patient Feedback oppurtunities may highlight areas to improve but difficult to know when largely independdant	12/5/2017 5:54 PM
385	Good local guidelines	12/5/2017 1:07 PM
386	-	12/5/2017 9:45 AM
387	More GPs in ED to deal with primary care patients	12/4/2017 11:28 PM
388	as above	12/4/2017 8:57 PM
389	Space to see patients and time to care	12/4/2017 8:17 PM

390	Dedicated. SPA/non clinical time instead of working 48 hour weeks, rarely leaving on time and then having to revise/exams/QIP Before other life activities also	12/4/2017 8:05 PM
391	Fewer/shorter nights, with more senior cover so I can have a stress-free break	12/4/2017 7:05 PM
392	Less interruptions with ecgs and gases to sign... quiet area to write or type notes.	12/4/2017 5:07 PM
393	Better rest	12/4/2017 4:44 PM
394	please see above	12/4/2017 4:25 PM
395	Adequate nursing and medical staffing, ensuring breaks are taken, flexibility in the rota regarding swaps,	12/4/2017 12:04 PM
396	Full rota, good staffing levels	12/4/2017 11:36 AM
397	More nurses	12/4/2017 10:32 AM
398	More ESLE Like sessions for one on one teaching Protected session every week for developing own skills	12/4/2017 10:21 AM
399	Consultation	12/4/2017 10:10 AM
400	It’s pretty good where I work, lots of teaching opportunities that balances out when it’s realky busy and you have to queue bust	12/4/2017 9:41 AM
401	Less brutal rota. Better consultant guidance.	12/4/2017 3:32 AM
402	Good cooperation between health care specialties	12/4/2017 3:23 AM
403	Time.	12/4/2017 12:56 AM
404	Better flow	12/3/2017 11:36 PM
405	More staff to deal with numbers of patients	12/3/2017 11:07 PM
406	Better designed rota with less weekend frequency (was more than 1 in 2, but this has since changed for the new ST1). A separate rota for ST1/2 from the FY2/GPST would be better, and one that has dedicated shifts in resus/minors to give us more balanced exposure to cases.	12/3/2017 10:59 PM
407	Staffing Co-operation and understanding from specialty teams Enough room in hospitals to reduce bed blocking	12/3/2017 10:52 PM
408	Time taken by seniors to educate and motivate. time built into my rota which is for education purposes to learn procedures, spend time purely in majors, spend time in other departments getting skills required like ultrasound etc. At the moment were expected to do this in our spare time which is not achievable and in my opinion is why so many people leave the specialty as they feel undervalued and undertrained.	12/3/2017 10:30 PM
409	Good staffing levels	12/3/2017 10:20 PM
410	More beds, more staff. Less system obstruction.	12/3/2017 9:59 PM
411	Feedback through either direct supervision or supervisor meetings	12/3/2017 9:34 PM
412	Good rest periods in between shifts More support out of hours from other specialities	12/3/2017 9:20 PM
413	Breaks and food. Working fewer days in a row	12/3/2017 8:35 PM
414	Proactive nursing care Quicker IT systems Prescription charts separate to notes you have to write in. Direct contact to specialties - either based in department or carrying hospital mobile/dept phones rather than bleep and waiting! Medical assistants that do ECGs/cannulation/bloods and run VBGs/ABGs - frees both mine and nursing time. Frailty teams getting involved proactively on patients over a certain age before clearing/seeing.	12/3/2017 8:29 PM
415	More funding for courses, better support as an early years EM trainee for developing clinical skills and having shifts in the clinical areas we need e.g. resus, minors and paeds, rather than being 'just another SHO'. Mentorship.	12/3/2017 8:00 PM
416	Proper breaks and sleeping pods to rest in at night.	12/3/2017 5:18 PM
417	Better IT Increased senior support	12/3/2017 3:26 PM
418	Non clinical time to do audit/ wba/ ultrasound	12/3/2017 3:17 PM
419	Not having patients in corridors There needs to be safe staffing ratios to protect patients and staff.	12/3/2017 2:48 PM

420	Supervision, being observed and learning from this.	12/3/2017 2:36 PM
421	Administrative processes to be far better streamlined - e.g. 30 minutes a day spent on switchboard, not being able to organise an urgent trauma CT without walking round to find radiologist, getting their approval, phoning radiographer and then waiting for space in CT then waiting for porters	12/3/2017 2:33 PM
422	Have free admitting rights. Better IT.	12/3/2017 1:45 PM
423	A larger department and no exit-block	12/3/2017 1:20 PM
424	Reduction in arbitrary sign offs: don't need every ECG, VBG, TnI and D-dimer to be reviewed by an ST4+. This is poor risk management.	12/3/2017 12:43 PM
425	More nurses. Better IT.	12/3/2017 12:42 PM
426	Better lay out and planning of the department	12/3/2017 12:22 PM
427	Better IT access/speed/reliability	12/3/2017 10:37 AM
428	More space, more staff, less managers	12/3/2017 8:58 AM
429	Covered above	12/3/2017 2:09 AM
430	Functional IT. Space to see patients, find a computer, write notes, etc when it's busy.	12/3/2017 1:41 AM
431	Enough staff, enough space, support from the wider team - I shouldn't be the only person who can phone my patient through to bed bureau. Any ward clerk could read out arrival time and demographics; EM doctors are in short supply and overstretched - we should be supported by the wider team.	12/2/2017 11:55 PM
432	Not needing to practice corridor medicine	12/2/2017 11:03 PM
433	T	12/2/2017 11:02 PM
434	Why am I organising my own tests and writing my own notes and why are my consultants? This is a dreadful use of experienced clinicians time. Admin tasks do not require senior doctors. The Consultant surgeon does not do their own bloods. Why do I? We need to change the way we work in EM. I spend 20% of my time doing what Requires a senior dr. The rest could be delegated. Instead of trying to get nurses to pretend to be doctors on band 8 salaries why don't we employ more band 3&4s to work directly with a senior dr and relieve their admin load?	12/2/2017 11:02 PM
435	Not being part of the rota, but having predictable shifts enabling me to secure regular, dependable childcare, occupational and physiotherapy, and plan around my health rather than being on edge awaiting shifts!	12/2/2017 11:02 PM
436	Space to see patients	12/2/2017 10:46 PM
437	I think i answered above - sorry Jon!	12/2/2017 10:06 PM
438	Space to see patients	12/2/2017 9:42 PM
439	Having adequate numbers of staff.	12/2/2017 9:26 PM
440	Involved In trauma and majors and resus	12/2/2017 9:20 PM
441	Nil	12/2/2017 9:13 PM
442	As above	12/2/2017 8:47 PM
443	1. More clinical staff	12/2/2017 8:20 PM
444	More time for on floor teaching and practice of advanced skills and procedures	12/2/2017 7:44 PM
445	If we had better food provision and better rest facilities. We only have TWO staff room toilets (as in individual toilets, unisex) between a probable ED workforce 60 at any one time. In fact, according to legislation on the Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 20, Sanitary conveniences, this isn't enough. If challenged, there might end up being sufficient numbers of toilets across the hospital for the total number of staff (although I doubt it) but I don't see why an ED member of staff should trek somewhere else in the hospital to look for a toilet.	12/2/2017 7:15 PM
446	Patient flow!	12/2/2017 6:53 PM
447	Better staffing, reduced exit block	12/2/2017 5:59 PM
448	Feeling valued	12/2/2017 5:17 PM

449	More structured practical teaching	12/2/2017 5:16 PM
450	More time off. More learning time. Less service provision	12/2/2017 5:14 PM
451	More rest days. More feedback post ESLE. Not just using it as a paper excercise	12/2/2017 4:36 PM
452	To feel valued	12/2/2017 4:20 PM
453	More nursing staff, more consultants on the shop floor, no 4 hour target	12/2/2017 4:18 PM
454	Better morale.	12/2/2017 4:10 PM
455	More doctors, more nurses, better patient flow	12/2/2017 4:01 PM
456	More time away from the shop floor where I can go and train to do things like plastics, nerve blocks, and the like would be good.	12/2/2017 3:56 PM
457	Reduced work intensity or more rest	12/2/2017 3:37 PM
458	More of the above! It is often lacking	12/2/2017 3:17 PM
459	More doctors!	12/2/2017 3:16 PM
460	Less locum doctors who don’t pull their weight and who see minimal patients, less handover of half completed work ups. Better flow. Hospital wifi. Better IT systems.	12/2/2017 2:57 PM
461	More trainees to help share the sometimes staggering burden of patient volume. More point of care testing. More accessible radiologists.	12/2/2017 2:50 PM
462	More staff at all tiers.	12/2/2017 2:45 PM
463	Filtering the inappropriatenattnenances out	12/2/2017 2:34 PM
464	Better flow through department. More support from specialties.	12/2/2017 2:25 PM
465	Better flow out of the ed and within the ed itself. Often too much time spent trying to find cubicle space, clearing beds, finding bed linen etc. An SHO rota that isn't so exhausting. I suspect the productivity of SHOs during a 4/6 month stint initially increases but then starts to decline as fatigue increases	12/2/2017 2:11 PM
466	More nurses adequately trained to deliver EM/ critical care- this is developing slowly as new nurses are integrated	12/2/2017 2:05 PM
467	Better IT system. More middle grades. Nicer rota. Lack of exit block	12/2/2017 2:03 PM
468	More staff, more space, better flow through dept	12/2/2017 2:02 PM
469	Shorter shifts, ability to have fewer rotations. A hot drink such as a coffee at the writing/work station! So simple... a cup of coffee as I work. Keep me hydrated and caffeine is known to reduce the ‘sensation’ of fatigue.	12/2/2017 1:55 PM
470	.	12/2/2017 1:25 PM
471	Seniors better able to support my critical care skills. Anaesthetics not swooping in and doing all the fun stuff!!	12/2/2017 1:23 PM
472	As above	12/2/2017 1:19 PM
473	No moaning/whinging	12/2/2017 1:17 PM
474	More teaching and study leave	12/2/2017 1:17 PM
475	Someone having confidence in my abilities	12/2/2017 12:35 PM
476	Cohesion between teams	12/2/2017 12:08 PM
477	More rest.	12/2/2017 11:54 AM
478	More space in department, more senior support, more effective referral protocols	12/2/2017 11:45 AM
479	Better computers, more space to see patients, better understanding from inpatient specialties about what is reasonable to expect to be done from the ED before a patient is admitted.	12/2/2017 10:39 AM

Appendix F: Specific examples of bullying and harassment

#	RESPONSES	DATE
1	N/A	2/1/2018 1:31 AM
2	no	1/31/2018 11:55 PM
3	publically shouted at for no reason.	1/31/2018 10:32 PM
4	One senior nurse well known to bully junior doctors she does not like.	1/31/2018 9:39 PM
5	Na	1/31/2018 8:46 PM
6	I have had to deal with rude and aggressive colleagues on occasion It is not something that discourGes me from work or training	1/31/2018 8:09 PM
7	.	1/31/2018 7:00 PM
8	Certain nursing staff at my hospital can be quite aggressive especially to junior doctors	1/31/2018 6:53 PM
9	None	1/31/2018 3:41 PM
10	Not witnessed.	1/31/2018 2:47 PM
11	Cardiology registrar extremely rude about management of a patient	1/31/2018 2:36 PM
12	N/a	1/31/2018 2:31 PM
13	Consultant not able to take control of the situation and not listening or open to Reg's idea at all! Happened once in a busy Resus!	1/31/2018 2:31 PM
14	It is routine in my current department for the SHO and Registrar groups to be pretty much everyone else's 'whipping boys': Ed consultants, senior nurses, junior nurses, junior doctors and consultants from other teams alongside management all feel that it is entirely appropriate to openly and loudly berate and undermine the ED junior doctor cohorts. This is more often targeted at the more junior, female SHO's and newly appointed foreign trained JCF's	1/31/2018 1:25 PM
15	-	1/31/2018 12:26 PM
16	n.a	1/30/2018 9:44 PM
17	Do not wish to	1/30/2018 8:51 PM
18	n/a	1/30/2018 8:06 PM
19	bed pressures non clinical staff forcing clinical staff to make untimely decisions	1/30/2018 6:53 PM
20	-	1/30/2018 6:04 PM
21	Family member	1/30/2018 3:34 PM
22	no	1/30/2018 2:21 PM
23	.	1/30/2018 1:10 PM
24	.	1/30/2018 12:58 PM
25	.	1/30/2018 12:04 PM
26	I have had specialities to which I have referred be incredibly rude. But not recently.	1/30/2018 6:19 AM
27	Na	1/30/2018 2:01 AM
28	Previos job, senior colleague ignored clinical concern regarding pt that proved to be correct; then began undermining me to my juniors. Current job, other specialist both patronising and condescending in clinical advise given to me and ignoring of my (later proven to be valid) clinical concerns regarding a patient.	1/30/2018 12:58 AM
29	Clinical Director of ITU brought 58 years old locum SpR to tears for opening bronchoscopy box	1/29/2018 10:53 PM

30	Undermined and bullied into clinical decision by consultant surgeon	1/29/2018 10:16 PM
31	Na	1/29/2018 9:02 PM
32	Junior doctors not supported by seniors and in the process undermined by them when asking for help. Senior doctors refusing to see patients of junior doctors leaving junior doctors in a vulnerable position.	1/29/2018 8:22 PM
33	N/A	1/29/2018 5:36 PM
34	A junior doctor in the emergency department was trying to refer patients to the medical Registrar in call and received rude and unprofessional response. This is quite common in my experience when the medical teams are feeling under pressure, very team dependant and probably comes from the attitude of the consultants in charge.	1/29/2018 4:22 PM
35	Medical consultant undermining junior colleagues	1/29/2018 4:16 PM
36	Na	1/29/2018 2:24 PM
37	Questioning clinical decision in a rude and undermining manor, medical team hanging up the phone mid referral.	1/29/2018 12:13 PM
38	n/a	1/29/2018 12:09 PM
39	undermining decisions made as they are not easy to complete is common, harassing is also common, especially management harrasing nursing staff and doctors to change clinical priorities for managerial priorities.	1/28/2018 11:16 PM
40	Some Consultants have issues with certain trainees	1/28/2018 11:09 PM
41	n/a	1/28/2018 10:17 PM
42	NA	1/28/2018 8:37 PM
43	na	1/28/2018 7:41 PM
44	N	1/28/2018 4:14 PM
45	It was all the same consultant.	1/27/2018 10:47 PM
46	Worst offenders are the management against the senior nurses	1/27/2018 10:10 PM
47	i have witnessed managers and chief nurse shouts and talk down to other nurses. i have witnessed seniors of other specialties talk rudely to ED doctors for not making correct referrals and not understanding the limited time we have to make decisions	1/27/2018 6:55 PM
48	Some of the staff undermine things I do - I think this is worse because I'm female	1/27/2018 6:45 PM
49	Na	1/27/2018 3:02 PM
50	Difficulties referring to specialities. Management harassing seniors.	1/27/2018 11:26 AM
51	no obvious incidents that I would class as bullying	1/27/2018 4:30 AM
52	-	1/27/2018 2:39 AM
53	nil	1/26/2018 9:42 PM
54	Other speciality trainees are often derogatory towards ED trainees and are rude or disrespectful of the specialty as a career choice	1/26/2018 6:47 PM
55	N/A	1/26/2018 6:41 PM
56	Rude and belittling behaviour by other specialities	1/26/2018 6:35 PM
57	Patients and relatives are often perpetrators of verbal abuse and physical assaults	1/26/2018 6:03 PM
58	Na	1/26/2018 4:59 PM
59	Not witnessed any of the above.	1/26/2018 4:10 PM
60	Med Reg	1/26/2018 3:53 PM
61	Surgeon withholding adequate analgesia from patient, leaving patient feeling guilty for being in pain after an 8hr operation and nurse in tears as unable to provide care trained to give. Escalated to specialty Consultant who addresses issue directly with surgical Consultant in question with a favourable outcome for patient.	1/26/2018 3:50 PM

62	Since I started here, I actually haven't seen any!	1/26/2018 3:02 PM
63	Specialty medicine undermining or criticising work done by junior and sometimes senior colleagues in the emergency department. Being rude to ED staff. Being obstructive to patient care.	1/26/2018 2:12 PM
64	Humiliation when discussing cases at handover is relatively common with a few certain consultants	1/26/2018 2:12 PM
65	Locum SPR who was rude and undermining to juniors and nursing staff. They no longer work in our department.	1/26/2018 2:08 PM
66	N/A	1/26/2018 2:01 PM
67	.	1/23/2018 12:22 AM
68	The usual of some speciality registrars being rude or incredibly difficult to refer to.	1/18/2018 3:10 PM
69	Junior made a plan regarding a patient and the locum consultant belittled the plan in front of other juniors. The person that made the plan initially was polite throughout	1/13/2018 3:19 PM
70	Harassed by patients and relatives	1/12/2018 12:27 PM
71	uncooperative and overtly rude surgical registrar accusing a junior ED colleague of lying, refusing to see referrals	1/11/2018 8:07 PM
72	my colleague (an advanced care practitioner) was spoken to rudely by a speciality consultant when trying to seek advice	1/9/2018 6:59 PM
73	other forms of harrassment have been patients to staff	1/6/2018 10:50 AM
74	-	1/4/2018 4:26 PM
75	ENP and junior doctors seeking advice from consiltsnt	1/3/2018 6:22 PM
76	Other specialities especially general surgery, refusing to take patients and often being rude and aggressive	1/3/2018 5:37 PM
77	Difficult case where a gentleman with lung cancer presented with chest sepsis requiring fluids. After a litre of fluid developed heart failure with CO2 retention. DW consultant who said to offer NIV despite pt being palliative (was still active). Offered to family who agreed. On referring patient to cardiology (no medicine on site) was mocked for putting patient on NIV as he felt inappropriate as man was dying. Emphasised it had been dw consultant but was still mocked. Patient clinically improved on NIV but cardiology then redw family and then decision was made to stop. I felt as though he treated me very unprofessionally in front of an FY2 and this upset me.	1/2/2018 10:54 AM
78	.	12/31/2017 1:10 PM
79	Only in a subspecialty post. Not in EM.	12/28/2017 6:42 PM
80	Rather not	12/28/2017 4:27 PM
81	nil	12/27/2017 10:08 AM
82	Was being bullied in my previous hospita not my current hospital.However I think it is very essential for me to mention as there is no forum or enough support for the trainees facing bullying.Only one person will be targeted hence this is different from burn out or work related stress. I don't think bullying is tackled well as usually it is a senior member of staff who is a bully. The victim of bullying will not have enough ground to stand up against the bully unless supported by ES. It was extremely difficult to undergo bullying at work place study for FRCEM nad tackle the busy shifts of a teacher no hospital.In fact I even felt suicidal at one point due to bullying. I spent the entire year in low mood ,depression not wanting to go to work during that posting, the worst period of my career life Local trusts should be able to tackle bullying in a better way	12/23/2017 6:52 PM
83	One particular consultant in department - well known issue but victim didn’t want to be singled out so didn’t take it further	12/23/2017 10:56 AM
84	Trying to refer patients to other specialties sometimes can be a challenge even when have spoken to an ED senior who agrees or recommends the plan	12/23/2017 7:58 AM
85	We have a culture of valuing strength of character and self-assurance in EM. This can become unhealthy.	12/22/2017 10:07 PM
86	N/A	12/22/2017 11:17 AM
87	Not applicable	12/22/2017 12:43 AM

88	Bullied by a surgical consultant in relation to a coroner's inquest	12/21/2017 8:33 PM
89	N/A	12/21/2017 3:10 AM
90	Underminind of specialty of EM by radiology colleagues on near daily basis.	12/21/2017 1:59 AM
91	N/A	12/20/2017 11:14 PM
92	Na	12/20/2017 6:54 PM
93	Harassment witnessed was by patients not staff!	12/20/2017 6:18 PM
94	/	12/20/2017 1:18 PM
95	.	12/20/2017 12:45 PM
96	I was the victim who was undermined by the anaesthetic registrar recently even though I was the team lead during a cardiac arrest he always acted against me in whatever management plan I asked him to do. Later I found out he has been a bully and his behaviour has been same with all the staff - I have reported him to my clinical lead.	12/20/2017 12:33 PM
97	rude dismissive consultant made me look stupid in front of a patient	12/20/2017 1:04 AM
98	Unfortunately, I have to work with a senior who tends to micromanage things. After more than 10 years as a staff garde and noe a ST6 trainee, I feel very undermined when my senior speaks to me as though I was a F2!	12/20/2017 12:57 AM
99	Na	12/19/2017 6:14 PM
100	-	12/19/2017 6:00 PM
101	N/a	12/19/2017 5:32 PM
102	Nil	12/19/2017 3:02 PM
103	.	12/19/2017 2:21 PM
104	Surgical Consultant being rude, alleging that I have made a wrong referral m, alleging that I have written wrong diagnosis on my notes when I clearly disproved her in professional way, showing my notes, but she was never in a state of mind to listen. Nurse in charge undermining the clinical decision of senior registrar and secretly escalates things to Consultant rather than approaching the Incharge registrar who made the decision and challenging in professional way and discussing what her concerns are, which would really be appreciated and we can work together for better patient care. Radiographers routine way of: A. questioning rudely to justify why a patient needs a portable CXR in Resus. B. Quite obstructive and talk in a tone as if they’re doing a favour by approving CT (during nights), we don’t get to talk to medica or radiology consultant. And hence radiographers behave like radiology consultant (you learn what you see), based on a set of night time permitted CTs list.	12/19/2017 1:29 PM
105	.	12/19/2017 1:02 PM
106	None	12/19/2017 12:59 PM
107	Would prefer not to	12/19/2017 12:29 PM
108	No.	12/18/2017 3:41 PM
109	-	12/18/2017 2:51 PM
110	There's a consultant who often talks horribly to a lot of the junior medical and nursing staff. A lot of people find him difficult to approach.	12/18/2017 12:35 PM
111	Harassment mainly from senior doctors nurses and managers to meet time targets when it is NOT in the patients best interests, ie when there is a patient that requires more time than usual	12/18/2017 11:49 AM
112	Handed over a patient to a consultant after nightshift - was rude, terse and belittling in response	12/17/2017 3:53 AM
113	EM consultant who can be aggressive, thoughtless, somewhat racist. Singles out particular medical staff to bully. Generally rude to nursing staff.	12/16/2017 4:37 PM
114	N/a	12/14/2017 8:44 PM
115	Speciality registrars being rude, insulting and undermining	12/14/2017 12:26 PM
116	Very low level, just undermining tone to a junior from a consultant	12/13/2017 2:26 PM

117	Witnessed medical SHO being shouted at by Emergency Medicine Registrar for deferring medical referral to medical registrar.	12/13/2017 12:12 PM
118	.	12/13/2017 12:03 PM
119	.	12/13/2017 11:24 AM
120	Not able to do so	12/13/2017 10:38 AM
121	Outreach team undermining me and going behind my back when expressed I was unhappy told that member of staff is always like that as if that excuses it	12/12/2017 10:26 PM
122	Radiologist being uncooperative, unpleasant and rude to ED doctors requesting scans. Having a big impact especially on the more junior doctors who are less confident.	12/12/2017 7:15 PM
123	N/A fortunately	12/12/2017 2:59 PM
124	Surgical registrar to Surgical FY1	12/11/2017 1:29 PM
125	No	12/9/2017 2:25 PM
126	A nursing manager shouted at a staff nurse in front of other colleagues and the staff nurse was very upset .	12/9/2017 8:51 AM
127	Regularly asked to make decisions quickly to save breaches. Hassled to chase specialist teams	12/8/2017 10:38 PM
128	.	12/6/2017 5:36 PM
129	-	12/5/2017 10:12 PM
130	-	12/5/2017 9:52 AM
131	Z	12/4/2017 8:10 PM
132	Locum ITU doctor had run-in with fellow EM trainee doing locum shift. ITU doctor refused to intubate pt. with compromised airway and blown pupil pre-scan: shown to have mass effect subdural. Tubed. Very angry ITU SpR, thought we were infringing on his territory by requesting he tube pre-scan. Felt like we were an inconvenience t him in our own ED.	12/4/2017 7:14 PM
133	Consultant on to trainees	12/4/2017 5:28 PM
134	Consultant verbally abusing an OT	12/4/2017 4:51 PM
135	unwilling	12/4/2017 4:32 PM
136	EM consultant changed my plan for a patient without telling me. Surgical Reg sent his SHO to review a patient that I had seen before accepting them to the ward.	12/4/2017 10:41 AM
137	N/a	12/4/2017 10:29 AM
138	-	12/4/2017 3:27 AM
139	Managmetn telling me to make everyone work ahrder on a night shft	12/3/2017 9:42 PM
140	Consultants loosing their temper and becoming unreasonable and intimidating. Nurses - carrying out hazing ritual and deliberately being unhelpful/blocking investigations needed.	12/3/2017 8:44 PM
141	SpRs coming from other departments (without invitation for a specific patient) and commenting in a undermining manner on patient care delivered. Management speaking in a non patient oriented care outcome e.g. prioritising minor injury patients over sick patients. Consultants from other departments criticising juniors directly rather than via EM Consultants.	12/3/2017 8:12 PM
142	.	12/3/2017 2:44 PM
143	Other medical consultants swearing and shouting at ED Middle Grades and Juniors	12/3/2017 2:41 PM
144	No	12/3/2017 1:52 PM
145	A consultant, who is known for previous, ridiculed an SHO for asking a perfectly legitimate question (to ensure she did something safely), she was laughed at in front of many nurses and other doctors, this consultant even tried to coerce another doctor into joining in the humiliation.	12/3/2017 12:50 PM
146	No	12/3/2017 9:03 AM
147	A previous trust had many issues with bullying from senior nurses and management	12/2/2017 11:13 PM

148	I love my current trust so much despite being within 4/12 of college's/GMC's CCT date for me I am likely resigning to be a substantive staff grade. Due to health constraints I can't be a consultant. This is the first place that has listened and created a solution, amazing	12/2/2017 11:13 PM
149	T	12/2/2017 11:06 PM
150	Respiratory team going to another doctor to do a procedure I did not agree with	12/2/2017 11:06 PM
151	I have heard consultants discuss me and also other trainees in both unprofessional and unpleasant ways . In one case they discussed a trainee SPR and described her as shit in front of her juniors.	12/2/2017 10:19 PM
152	Na	12/2/2017 10:00 PM
153	None	12/2/2017 9:26 PM
154	N/A	12/2/2017 9:19 PM
155	.	12/2/2017 7:08 PM
156	One nurse accusing another of malpractice in front of a patient's family	12/2/2017 5:29 PM
157	Surgeons taking referrals	12/2/2017 4:31 PM
158	Juniors unable to function at expected level, no time to support them, end up being harassed and staff intolerant of the fact that they aren't achieving the required level	12/2/2017 3:46 PM
159	Na	12/2/2017 2:49 PM
160	There have been issues in our department with certain doctors being undermined that has been raised with senior staff. The issue has mostly involved, but is not limited to FY2/CT1 doctors- it has sometimes been directed at fellow registrars, although I have not witnessed this.	12/2/2017 2:15 PM
161	F2 being repeatedly undermined by consultants after making one mistake at the beginning of the rotation. Other juniors, who have actually had multiple concerns raised about them, have not had the same treatment.	12/2/2017 2:10 PM
162	You cannot report a nurse for bullying if you are a doctor!!!! Not the done thing.	12/2/2017 2:03 PM
163	A registrar was bullying me and other staff so I confronted her and she stepped back and after that apologised	12/2/2017 1:29 PM
164	None	12/2/2017 1:28 PM
165	-	12/2/2017 11:57 AM

Appendix G: What suggestions do you have for improving retention in Emergency Medicine?

#	RESPONSES	DATE
1	Improve staffing both medical and nursing. Facilitate training. Reduce pressure to see and refer. Ie get rid of 4 hour target. To allow EM doctors to actually treat there patients not just see and refer- this would reduce bed pressures in the long term.	2/3/2018 8:24 AM
2	There needs to be better staffing on night shifts. For the amount of work we do the pay seems pretty poor compared to other specialities including full salaried GPs. There is no private practice and yet we work twice as hard for less pay compared to other specialities. Patient volume is being unsustainable and it doesn't seem to be getting better. We are working under intense pressure with often half then staff numbers. Need more exam teaching within local hospitals	2/1/2018 2:06 AM
3	Better rotas compared to peers at the same level and same pay grade dedicated breaks with time out of the dept. Rarely get to switch off in EM - usually asked a question by someone in the dept every few minutes even on "breaks"	2/1/2018 1:37 AM
4	Better rota. More doctors.	2/1/2018 1:20 AM
5	make trainees feel valued and protected teaching time. appropriate pay for the work done	1/31/2018 11:45 PM
6	Improve rota Improve staffing Maintain flat hierarchy Consutlants dedicated to training	1/31/2018 11:41 PM
7	Recruit the right people in the first place. If people want to do RSIs all day, encourage them against EM.	1/31/2018 10:54 PM
8	Better placement as per locations , less intense Rota , supportive department, allow people to work part time	1/31/2018 10:34 PM
9	1) getting proper assurances that we will get decent support if we have problems, eg on nights as a reg. everyone is scared of ending up like Dr HBG. 2) improvement of rota and staffing issues (fixed leave etc)	1/31/2018 10:31 PM
10	Why not make ST4+ a four year program and make the maximum hours 38? Also, exam schedule is grueling. Especially with things like you can not apply for SAQ till your QIP has been submitted, and leaving OSCE and SAQ till your last year!	1/31/2018 9:34 PM
11	Ensure EM trainees are able to do the critical care that they want to be able to deliver - not having to phone the ITU reg because there's a queue in majors/minors or because their department does not support them in delivering critical care skills. See above re: productivity Appropriate remuneration for intensity and timing of work as well as amount	1/31/2018 9:08 PM
12	increase salary to reimburse OOH fairly, less on call burden and more time off between blocks of shifts	1/31/2018 8:38 PM
13	More flexible rota. Acknowledge hard work. Pay rise.	1/31/2018 8:21 PM
14	Act on comments from current trainees	1/31/2018 7:57 PM
15	More practical teaching and shorter working hours.	1/31/2018 7:43 PM
16	Better rota, more dedicated one to one Anaesthetic style teaching and support	1/31/2018 6:55 PM
17	Highest workload of any department needs to be adequately paid Better rotas for registrars - 1 in 3 weekends and frequent twilight and night shifts is unhealthy and not sustainable as a lifestyle Training needs to be much much better - we need to focus on generating exceptional emergency physicians who deliver exceptional levels of care in the emergency department - the structure of higher training needs to be changed as well as the exam system - five separate components to complete is simply ludicrous	1/31/2018 6:37 PM
18	Annualised/flexible rotas to make taking study/annual leave easier Regular rota'd and paid non clinical time for revision/eportfolio work/QIP etc	1/31/2018 5:24 PM
19	All those indicated in previous question should do it!	1/31/2018 5:21 PM

20	Rota improvement Decreased work load	1/31/2018 5:16 PM
21	In st1-3 keep bringing trainees back to teach them and fill their heads with EM. Support their needs while they are in other specialties. More paternalistic approach. Encourage thoughts of professional development and oop	1/31/2018 5:11 PM
22	Look after the trainees and listen to them ! Make them feel valued.	1/31/2018 4:41 PM
23	Aggressively support and reduce the burden of the WPBAs requirements to both trainees and consultants	1/31/2018 4:21 PM
24	Better training rotas	1/31/2018 3:59 PM
25	Better support	1/31/2018 3:42 PM
26	Reduced hours	1/31/2018 3:33 PM
27	Self rostering - consultants are doing them, as registrars I think we should be able to do that as well dedicated wellness programs Frequent social events.	1/31/2018 3:18 PM
28	Improved hours. Improved teaching for trainees. Ensuring that trainees get priority in seeing interesting cases in resus. More clinical skills time. More time for assessments with consultants. Better pay. In house GP services.	1/31/2018 2:42 PM
29	We need to look after each other and the consultants / managers need to ensure that doctors within EM feel appreciated. In the hospital I work in I feel we are the hardest working specialty in the hospital. i certainly feel appreciated by our department but not by the trust. Deaneries need to be flexible allowing LTFT and periods of leave from training, as well as allowing people to move to closer hospitals if it suits their circumstances.	1/31/2018 2:29 PM
30	Support of junior staff, ongoing spa and rota allowances	1/31/2018 2:26 PM
31	Govt needs to come up with perks for ED physicians like they have been trying to do for GPs.	1/31/2018 2:10 PM
32	Make portfolio less confusing and more user friendly	1/31/2018 2:08 PM
33	?	1/31/2018 1:19 PM
34	Treat 'junior' doctors as the adults that they are. Far more activity by consultants and RCEM to force Trusts to recognise that ED pressures are not an ED 'problem' but symptomatic that the rest of the hospital is not functioning. Far greater work among specialty team to break the myth and perpetuation that EM doctors are 'failed' physicians or surgeons. Far more effective and supportive rota / working practices that actively seek to prevent burnout and fatigue, reflecting the particularly strenuous workload in the ED compared with other specialties. Far greater efforts by consultants to support shop floor supervision and education	1/31/2018 1:15 PM
35	A lot of it is stress and work related politics. We ideally need more registrars, and better nursing and doctor staffing levels. We are very good for leave/SL etc. We need to provide more academic posts	1/31/2018 12:26 PM
36	Most commonly people complain about the rota but obviously the nature of the speciality is anti social. More staff so more days off after nights could help - eg ANPs and PAs would boost staff numbers and allow more post nights/lates days off	1/31/2018 12:16 PM
37	Better pay less awful rotas	1/31/2018 12:08 PM
38	I think run through training has helped, I think protected SPA days are invaluable, I think making OOPEs more easily accessible would help. I think 12 hour shifts are not easily workable/sustainable and night shift intensity are big issues	1/31/2018 11:52 AM
39	To increase work force	1/31/2018 10:47 AM
40	Treat trainees like humans not just service provision.	1/31/2018 12:22 AM
41	Payment for unsociable hours - given that we do not sleep on call and sheer volume of workload, or longer time off after unsociable hours More flexibility in being LTFT - can choose to be LTFT without reason (aware this has recently come in) Increased staffing levels Ability to take secondments in other specialities	1/30/2018 9:40 PM
42	I don't know	1/30/2018 8:37 PM
43	Support from seniors and faculty Better teaching - both on the shop floor and regional More protected time for teaching and portfolio	1/30/2018 7:59 PM

44	better work life balance - more stable rota	1/30/2018 6:46 PM
45	incentives to return to EM after time out of programme increased reg to reg support	1/30/2018 5:52 PM
46	At ST3 level, this role was a massive step up, in particular with management responsibility and role in ED. this change was made with very little preparation or teaching, and in addition, there is no regional teaching available, which aside from the actual teaching, is also a source of a lot of peer support. Protected teaching would be helpful, as would exam preparation courses/time. Consultants have a varied approach to mentoring, I have felt benefit in self appointing myself a shop floor mentor, who will go over my departmental management and difficulties that arise out of hours the option to train less than full time should be made available during training, as unsociable hours make up a significant proportion of our workload	1/30/2018 5:32 PM
47	Payment should reflect intensity of work, not just out of hours work. Or increase rest time to compensate. Increased training numbers and numbers on rotas.	1/30/2018 3:34 PM
48	as above	1/30/2018 3:15 PM
49	Less than full time Ability to do FRCEM exams over a longer period of time	1/30/2018 3:14 PM
50	I have enjoyed my time out of training for PEM. Constantly changing examination structure and ARCP structure has left a few bewildered.	1/30/2018 2:14 PM
51	Train consultants to be more encouraging/empathetic and not so Type A. Less weekends on the rota/ie more staff to spread the amount of weekends.	1/30/2018 12:59 PM
52	pay more work less hours	1/30/2018 12:52 PM
53	Improve rotas --> Help leave to be flexible and >12hours between shifts. More senior staff on night shifts. Support for trainees --> personal choice of mentor / supervisor.	1/30/2018 12:40 PM
54	A rota with fewer antisocial hours, better deparmental staffing, relief of bed pressures to enable better patient care, an ethos of teaching and professional development, the role of the emergency physicial being better valued and developed within the acute care setting.	1/30/2018 12:16 PM
55	Better planning for rotations - tell us in advance!	1/30/2018 11:58 AM
56	Rota's need to be improved. There is a wide variation in working patterns. Some trusts have excellent rota's whilst others are difficult to work without serious mental pressure. Training is good at a regional level but then locally becomes but trust specific.	1/30/2018 11:56 AM
57	listen and advocate trainee needs flexibility in career options	1/30/2018 11:21 AM
58	being valued, other specialty co operation, remuneration for unsocial hours	1/30/2018 10:20 AM
59	1. Annualised rota's for trainees. 2. All trusts should have local faculty groups for us to provide feedback/ suggestions. 3. Reduce exam requirements OR increase local study days. Having to do the number of exams we have to do plus management portfolio plus QIP plus USS, frankly is too much around the shift work we do. 3. Provide medical typists or similar eg dictation so we can see more patients which means we needs fewer doctors, which means better work conditions. 4. RCEM need to stop moving the goalposts on exams and the curriculum. The system you start on should be the system you finish on. I think I'm on my third of fourth curriculum and the exams have changed multiple times during my training. 5. RCEM needs to provide PROPER/ adequate training to supervising consultants. Hardly any in my department REALLY understand QIP- so how on earth can they guide me in mine? 6. Rotas need to be really looked at nationally- particularly start and finish times- they are not conducive to a family life (a human right...) 7.Night shifts should be short (8hours) not long. It's impossible to operate in a safety critical job otherwise. 8. There needs to be some decent work done on how we're treated by specialities. It's the single worst aspect of the job. Eg removing the referral system altogether. 9. Aim to make the service consultant delivered (like a anaesthetics). It would mean we are not relying on F2s who are only in the department for 4 months as our service delivery. 10. All ED trainees should be able to attend ED teaching/ OSCE practice/ exam practice during their a anaesthetics block. The anaesthetists unashamedly aim their teaching at passing exams (which is too much detail for our needs- I don't need to know how a vapouriser works) so why shouldn't we use that time to get ready for our exams (and keep in touch with EDs). 11. Introduce reverse ESLEs. Allow us to follow a consultant for 2 hours, supernumary, to learn off them and see how they do things. To chew the fat. To have a coffee. 12. Try and create rotas that mean we're on shift with the same team where possible. It'd be good for morale and increase cohesion, plus make it possible to socialise.	1/30/2018 6:07 AM
60	Appreciate your Trainees. Not sure the last time someone said thank you. Very rarely here about when we do well; Just when we don't.	1/30/2018 1:52 AM

61	.	1/30/2018 12:49 AM
62	8 hours shift - no more then 40h weekly. Better staffing, what would allow to concentrate better on one patient and deliver much better care under less pressure Higher payment for unsociable hours	1/29/2018 10:44 PM
63	More flexible transfer, embrace time out of programme	1/29/2018 10:06 PM
64	More flexibility to couple with oopy and oopt. Allow easy access to ltft without the need to justify through crazy regulations	1/29/2018 8:53 PM
65	Education education education More humane rotas	1/29/2018 8:17 PM
66	Improved Rotas to allow a better work life balance. Joint care in resus with ITU consultants to allow more advanced interventions in a supervised capacity	1/29/2018 7:06 PM
67	more opportunity for time out	1/29/2018 5:31 PM
68	Fewer hours to allow time to recover and work life balance. Protected time for completing assessments and ePortfolio requirements	1/29/2018 5:28 PM
69	Efforts to make rota more compatible with exceptable family/social life Efforts to make rota allow time for exam revision/courses/portfolio/audit expected as part of training High quality and regular departmental teaching Less reliance of locums to fill gap and more senior support particularly over nights and weekend - overwhelming for regs with lots of juniors (particularly F2s and inexperienced locums) to support plus look after busy department in these times	1/29/2018 5:10 PM
70	WORK-LIFE balance is key along with support in the department	1/29/2018 3:45 PM
71	Improve rotas. Give plenty of notice regarding rotas. Instigate more consultant led shop floor teaching. Give more feedback to trainees. LTFT training needs to be accommodated without dictating reasons to enable work life balance in an increasingly stressful workplace. Incorporate protected time for QIPs.	1/29/2018 2:34 PM
72	More flexibility within the training scheme for OOP/LTFT, changing placements	1/29/2018 1:55 PM
73	Improve the Rota. Perhaps make it mandatory for all coectors to do an em stint. More time off and less chopping and changing shifts would improve things. Pay us properly. How can it be fair for other specialities who work easier Rita’s or can do on calls deform home or a bed be paid the same.	1/29/2018 1:14 PM
74	Rumeneration plus time weekly for reflection	1/29/2018 12:25 PM
75	Improve staffing levels by making investments in departments, thereby reducing the need for locum doctors which is expensive and offers little towards developing a team atmosphere (constantly working with different faces)	1/29/2018 12:20 PM
76	Rota banding currently means EM trainees get paid the same for working majority evening and weekend shifts as those in other specialities working 1 late a week or less because we all work the same number of hours, after 3 or 4 years of missing every dinner or social occasion without any reward it wears you down. A day shift does not equate to a shift ending at 2am, particularly when it comes to childcare and paying for antisocial hours when we aren't paid extra for those hours.	1/29/2018 12:04 PM
77	Better pay, better hours, stop us feeling like we're constantly fire fighting, make us feel valued	1/29/2018 11:58 AM
78	Listen to our feedback instead of blaming the trainees themselves or giving us a shrug and saying that nothing can be done. Don't treat us as just service provision and don't ignore our training needs and our concerns for them. Don't call us "entitled" when we ask to be treated like trainees and not just people passing through. And most of all, remember that we are human and not machines.	1/29/2018 11:50 AM
79	loose stigma of triage specialty. Improve rotas and staffing levels (though this needs better retention in the first place). opportunity for OOPE, research etc flexibility of training with options for dual training.	1/29/2018 11:04 AM
80	Why aren’t those HSTs in training getting the difficult to recruit to pay bonus?! It seems like those of us actually sticking with it are getting shafted on the new contract and being ‘pay protected’ ie getting the same pay but no additional incentive to stay in the specialty. Continue with the LTFT trial where by you can choose to work LTFT - for some people it’s what they need.	1/29/2018 10:38 AM
81	Recognition of unsociable hours and the fact that an St7 has more skills and experience than an ST3 on new contract this is not reflected well	1/29/2018 2:10 AM

82	Improve payments. Improve number of doctors working per shifts (lessen burdens on limited number of doctors). Limit shifts to a maximum of 9 hours - including overnight (definitely not encouraging 12 hours - still being practised now). Improve flow of the hospital (to avoid frustration of doctors and the feeling of NHS being unsafe - patients waiting in ambulances for more than an hour). NHS and GMC need to be more protective of their doctors, especially now that we are working in such an environment with very limited resources.	1/28/2018 11:15 PM
83	ST2 - no contact with parent speciality feels very difficult to stay engaged with EM. within the department a wider solution to the obvious funding problem is outside our means. within the departments it is very frustrating to cover all of the out of hours work whilst substantive long term locums cover day shifts. If these doctors are working regularly in the department then they should be covering the out of hours work as well and reducing the burden on the "in training" doctors who clearly have less training time working late twilights. Out of program expereince should be easier to take many of my colleagues have left training to persue a year or two out of program expereince and have returned as staff grade Dr's they would have continued training if they had been allowed OOP	1/28/2018 11:05 PM
84	Better Rotas	1/28/2018 11:02 PM
85	Flexible staffing and innovative ideas to allow a work-life balance in this stressful but rewarding career	1/28/2018 10:09 PM
86	Not rocket science - pressure needs to be taken off the front door! I don't think anything clever needs to be done, do the basics right and address the key point	1/28/2018 9:52 PM
87	Ensure that we are valued in our department for our full skillset and allowed to use the valuable training that we have received during ACCS. Find a solution for the impossible balance between staffing and volume of patients	1/28/2018 9:08 PM
88	Better rotas Better teaching/investment in trainees - so far (ST1 EM) I have had no off the floor teaching and been given little study leave.	1/28/2018 9:06 PM
89	More renumeration for antisocial hours and intensity worked compared to other specialties. More junior doctors on the shop floor to ease the pressure on individuals. Easier access to OOPEs and time out of training to pursue other interests/experiences.	1/28/2018 8:50 PM
90	Improving staffing levels,has to be more rewarding,more support from specialty teams,the management and to independently manage the sickest patients without the help of ITU and to be trained in doing RSI,arterial lines and central lines and to not getting deskilled after learning them.	1/28/2018 8:35 PM
91	Improving Rotas Support to achieve work based assessments Opportunities to undertake procedures and keep skills up eg anaesthetics	1/28/2018 8:31 PM
92	I am worried that I will not be able to work on the shop floor when I am older. I am worried this will affect my pension so would like some safeguards in place so that EM is a viable career when I am older. As a trainee I have not always felt valued but my hospital/ rota. Every hospital I have worked in has SAS doctors/ trust grades. It would be brilliant if the college worked hard to get the hospitals to agree to regional training days off and not make it so difficult to get study/ exam leave. A bigger study budget would be nice. We have to be up to date on ALS/APLS/ATLS as ARCP requirements. These cost £500-700 each. My annual study budge is less than £600. Compulsory training should be in addition to our study budget. It is slightly offensive that we have to pay for our exams. It would be so nice if at least the first attempt was paid for (like the military). I will have to travel 60-90 minutes for 1-2 of the hospitals I will rotate through. It would be great if the hospitals could recognise this and offer free accommodation post night shifts/ long shifts (the hospital I am rotating to next week - Taunton- does and advertises this in their induction. I sometimes feel that my best years (late 20/ early 30) will be consumed with training, exams and commuting. I am doing this as I hope that my quality of life will be better as a consultant but sometimes I think it would be easier to quit training. Other than regional training days, and having to do ARCP i.e. forcing me to do the curriculum I sometimes wonder what the benefits are to being a trainee. I am planning my wedding and family around my career- thats quite a big ask that I think only occurs in medicine to this extent.	1/28/2018 7:35 PM
93	increase staffing levels, more workable rotas	1/28/2018 7:28 PM

94	More posts so better rota, out of hours should count for more as we work almost every evening regardless of if it's a night shift or not. Also regional teaching days need to be cross checked with the dates from RCEM to make sure there aren't exams/graduation etc, as there are only a few teaching days in ST3 and at least 2 if them have been flashings. Also eportfolio - so time consuming, have to repeat yourself and show same evidence multiple times. Also please can we get a way to print off the CBD form etc and scan it and link it so it views like the ones done on computer? Half my WBPAs are unfilled because waiting for consultants to sign them off.	1/28/2018 7:20 PM
95	expectations from practising clinicians should be appropriate to staffing levels and patient number	1/28/2018 6:58 PM
96	Pay more for the intensity and the antisocial hours of the work. Staff department's appropriately and safely	1/28/2018 6:33 PM
97	better staffing levels, better rotas, less pressure on eportflolio	1/28/2018 5:30 PM
98	Encourage LTFT and OOPE/pre-hospital/other medical interests out of work	1/28/2018 5:24 PM
99	Prioritise trainees learning and support colleagues in high-pressure sutuations	1/28/2018 4:46 PM
100	Better rotas	1/28/2018 4:08 PM
101	- provide better Rotas for senior trainees at national level. Current system allows hospitals to produce their own Rotas which differ widely across deaneries - very unfair for trainees working on more difficult Rotas. All EM trainees expect to work OOH and weekends, however doing specialty exams and trying to progress in the specialty whilst working an extremely demanding Rota will lead to senior trainees leaving the specialty.	1/28/2018 3:38 PM
102	Recognition that it is a higher-intensity specialty and adjustment of rota and training time to reflect this.	1/28/2018 11:03 AM
103	Self-rostering for registrars	1/28/2018 10:46 AM
104	Equitable work-life balance with other specialities. There is increasing workload on EM trainees, and minimal training. It is galling when other directorates do not see patients that clearly should be seen by them, increasing ED demand. Retention is not further helped when we get banded the same as other departments when do not do anywhere near the same out of hours or nights. The trainees rotating through the department are laughing when they see their new rotas.	1/28/2018 9:56 AM
105	Better staffing and realistic expectations from existing staff understanding everyone gets tired and burnt out	1/28/2018 8:15 AM
106	Increase pay and more support from managers consultants.	1/28/2018 6:13 AM
107	Better pay, better Rota	1/27/2018 11:48 PM
108	In Wales we get an spa a week its really important for my energy levels and helps me do my elearning and portfolio work and other assessments for juniors and revision. Its really important to me. Sensible rotas to allow for learning supervision and independence and also a good amount of normal social life!	1/27/2018 11:29 PM
109	None	1/27/2018 11:25 PM
110	The new contract is an utter disaster for EM. The FFP brings payment back in line with what the pay should be for later years without drs suffering a huge pay loss but if this goes (which would be good if EM is no longer a hard to fill speciality) then drs will be getting paid peanuts. There is no incentive to work in EM based on the new contract when your SHOs get paid nearly the same as you but you are expected to run the department and answer their questions whilst seeing patients of our own. I have serious concerns for the future of EM because of this contract. People won't want to be on a horrendous rota and get paid naffs all and not feel valued - they will just go to a 9-5 job which pays the same!	1/27/2018 10:37 PM
111	Shop floor teaching, making trainees feel like they aren't just service providers	1/27/2018 10:03 PM
112	Extra local teaching about EM specific things for ACCS trainees e.g. procedures, the 'EM approach' to situations	1/27/2018 7:43 PM

113	Trainees need to feel valued, I do not feel valued at all in my current job. Its a disgrace that we have so little say over where we work or when we get time off. We don't even get given a rota before we start and therefore can't make any future plans. This adds stress to my life and decreases morale among the entire group. We are seen as service provision and not people who need to be taught. The department teaching I have received has been of a poor standard and has happened either after night shift or on my days off. I learned more from listening to podcasts on my commute than when I have been there.	1/27/2018 7:05 PM
114	Currently we have the issues of 1) High work load - compared to all other specialties 2) High burn out 3) Unsociable hours As a result of the above nearly every doctor I have met has told me "I would consider EM if it was not for the unsociable hours or work load". As a result of the lack of ED doctors it means 1) Those doctors who are in ED have to deal with more work than usual 2) The few doctors dealing with more work load increase burn out 3) As a result of burn out less retention of ED trainees 4) Less new ED recruits 5) The above means longer patient wait times as less doctors 6) Paying for more locums who are not as skilled or safe 7) As a result of the above less ED consultants 8) ED consultants who have survived training leaving the UK to work abroad. 1) Study leave - I am not sure if this applies to all deaneries, but 5 days study leave for exam preparation has been taken away in the West Midlands deanery. I was a ST2 ED trainee last year in anaesthetics. During my anaesthetics placement 5 day study leave was given by the anaesthetics department for my MCEM part B exam, now i am a ST3 working in ED, yet my own specialty for which i am training will not grant study leave for my Part C exam This needs to change amongst all EDs throughout the UK, trainees need to be looked after and encouraged. To do an unsociable shift, frequent nights yet not be given time off to study for an exam which will make us into an Emergency Doctors is equivalent of Emergency Medicine 'shooting itself in the foot'. If this is a deanery decision, or a hospital decision, why cannot the ED depart make an exception for its own trainees and employ locums for the study leave period. We work unsociable hours we do not have the time to study for an exam at midnight or in the early hours. 2) Hours which should be made illegal - I convinced a FY2 doctor to take on ED as a career, upon doing his ED placement as an FY2 at Walsall Manor Hospital he has had to do nights and finish at 10am in the morning, then return to work the next day to start a day shift at 10am, now he has decided not to do ED. Why are doctors allowed to do these shifts, it seems like the Emergency Departments main priority is to make the most of doctors to provide a service but without realising they are harming future recruitment. Another example of ‘EM shooting itself in the foot’. 3) Break emphasis - In all the ED departments I have worked and from talking to colleagues, never has any ED consultant emphasised on how important it is to take a break during work and the right amount. Every time I have done a night shift we would only take 30mins break in the entire shift, I would see fellow doctors break down in front of me, yet nobody has made an emphasis to them that they are entitled two 30min breaks on a shift longer than 9 hours. I had to bring this up with my local consultant for it to be implemented for the first time officially at my current hospital ED. It does not matter how busy an ED is, it will always be busy. It does not matter how many patients are breeching, they will always breech. It is important doctors are rested. All other specialties have breaks as and when they want as they are not as busy as ED, hence they do not burn out. Therefore breaks must be emphasised no matter what the situation. It seems consultants only agree to this once the matter is raised, yet they are suppose to be managing the shop floor and are still not aware of how much break their juniors are entitled to? I truly believe consultants are aware of how much break juniors are entitled to but turn a blind eye so that the waiting times and 4 hour breaches are not compromised. - All consultants need to receive a memo from the Royal College emphasising the importance of correct break times no matter what the situation in the department. Juniors are terrified to bring this topic up with seniors as they worry they will be frowned upon. 4) Breaks - On the topic of breaks the law requires a 30min break every 4.5 hours. It is a much higher demanding career so normal break laws should be changed for this specialty. This will allow doctors to be refreshed, and improve their performance and reduce mistakes in turn increasing patient safety and of course reduce burn out. It seems ED's are so worried about breeches that they are happy to let doctors burn out, once again ‘EM shooting itself in the foot.’ - ED should have the provision of making it mandatory for breaks to be every 4 hours instead. 5) Annual leave - There should be an exceptional circumstance of annual leave for ED doctors. Doctors at my level of ST3 get 29 days annual leave. As this is a very unsociable specialty shouldn't it also be a specialty which is allowed more annual leave than usual? - Maybe from 29 to 34 days. Little things like this make the job more attractive, reduce burnout and improve retention. 6) Working too many days in a row - ED doctors should not be allowed to work more than a certain number of days in a row. I currently know of EDs who work doctors for 9 days in a row. This may be well for other specialties but when burn out is so common why is this allowed. - It should be mandatory for ED doctors not to work more than 7 days maximum in a row. 7) Unsociable rota - If junior doctors keep screaming out about the rota being the number 1 reason for not taking EM as a career they why is this not a priority. If this is improved then so will	1/27/2018 6:45 PM

	recruitment, in turn more doctors, more patients seen, and less burn out. - All hospital EDs which have advance nurse practitioners, advance clinical practitioner, and physicians associates should make it compulsory for these professions to be included on the weekend on night rotas, this will in turn mean everyone working including doctors will end up doing less weekends and nights, hence improving social hours and rest. 8) Pressure from numbers – Many EDs on induction inform their juniors they expect them to see 1 Major patient every 40 minutes and 1 Minor patient every 20 minutes. This is completely absurd. I tried doing this and discussed with my colleagues, we all agreed that as a result we have rushed our patients and made mistakes or missed things nor did we gain any learning from the experience due to how rushed we were. There should be no rule for numbers, it should be 'see your patients safely and complete everything you need to before moving on to the next'. Once again this queue busting pressure from consultants will result in burn out, poor training, higher dropout rate, less recruitment, and of course, a vicious circle where ED continues to collapse as it is. - A memo needs to be sent to all ED consultants that they need to be more understanding of the pressure they put on juniors by stating the numbers they want treating. 9) Mandatory training in our own time- Many of the doctors are asked to do their mandatory ED training in their own time not while they are working, yet this is a mandatory training, part of work? A classic example of this is the ABG training which takes 20minutes. Some of us are told by consultants that they would not want us to go for our ABG machine training while on the shop floor. So not only do we work unsociable hours and very hard, we now need to come to work earlier to complete training which our department requires from us? - All ED consultants and departments need to be sent a memo regarding this issue that they cannot ask for us to complete mandatory training outside of our working hours. I hope you understand that it is my passion for ED which makes me write to you regarding these issues. I am desperately trying to think of ways of improving the morale in our ED trainees, the retention rate and recruitment rate, but for the first time I am starting to feel it is not a career worth completing. The changes above can be implemented. If it is placed iv the next several editions of the EMJ, spoken about at every EM conference, email sent to all consultants and departments including juniors. The more awareness we can create the better the chance for change. We are fighting two fronts of a battle in ED, there is so much emphasis on exit block that we are completely losing the battled from within our departments.	
115	optional LTFT	1/27/2018 6:36 PM
116	Flexibility is key - some key changes addressing priorities above have taken place (the 20,000 boost and ability to go LTFT out of choice), however these are all for HST. But it is in ACCS (ST1-2) when people are struggling with an SHO rota, no interest/support from department and are considering options to shift focus and swap. I think keeping HST is imperative, but decisions are made before that time to leave. Now we have run through training, consider trainees as trainees you need to keep from ST1. Feel like I'm not really valued until I am >ST4	1/27/2018 6:32 PM
117	Allow more flexibility for time out of programme/transfers to develop other interests and break up an otherwise relentless programme	1/27/2018 6:32 PM
118	Better rotas- more say in Rota- being allowed to pick annual leave, weekends off etc. More time for teaching while at work, many medical trainees have designated teaching days/clinics we do not get opportunity for as service provision prioritised. More flexible working patterns inc LTFT training and ability to move between deaneries within such arrangements	1/27/2018 6:03 PM
119	Greater emphasis placed on training and teaching and dedicated time for extra activities such as research rather then a Rota that is purely about service provision	1/27/2018 5:51 PM
120	better rota, better pay. improvement of other parallel out of hours services to refer non urgent patients, improved staffing	1/27/2018 5:00 PM
121	.	1/27/2018 4:32 PM
122	Flexible rota, Correct payment for unsociable hours , Consultant support	1/27/2018 3:19 PM
123	Treat trainees better on rota, don't make trainees work worse rota than others such as GP trainees and other specialties. Show appreciation of workload with more days off even if this reduces salary. No obligation to work over the 40hour week, possibly opt out of increased pay for working 48 hours. Still be able to ARCP while working 40 hour week, despite this being LTFT according to the deanery.	1/27/2018 2:58 PM

124	1) Pay that respects and appreciates our time 2) Appreciation that people have a right to a family life 3) Appreciation that people should be able to take their annual leave when they want 4) Alleaviating people of the impossible task of finding cover for their annual leave, training etc. This is one item that will cause me to abandon EM altogether 5) Adjust the curriculum as it relates to ePortfolio. I mean the number of tick boxes, form fields etc. needs to be significantly reduced as EM doctors / consultants don't have time. For example, the venous access DOPS. Are you kidding me. It's putting a cannula in not rocket science. Surely a single question suffices. Can this trainee do it or not, end of. Instead there is a quagmire of irrelevent text and procedure and tick boxes. Far too many of the portfolio forms are like this when in reality they need to be optimised for speed. We are all very, very busy people, please make the portfolio respectful and reflective of this. 6)I'm sorry to say but whether one completes all parts of the exam or not does not reflect the quality of the doctor passing into ST4. I've seen very, very atrocious doctors who have passed all parts of the exam and likewise some of the best doctors I have ever worked with who have not yet are not permitted to move onto ST4. I think there are too many egoes within the organisation and this is preventing us as a group from being a really great specialty. 7) Reduce the cost. My study budget each year is 400 pounds. I have 2,000 pounds worth of course expenses each year. And a follow-on to this, in my opinion it is the hospital's business to ensure the shifts are covered whilst I am at training or on leave, not mine.	1/27/2018 2:34 PM
125	More trainees/doctors therefore spreading out the unmanageable workload leading to a better and less pressured working environment and allowing front loading of resources. This would lead to better care of patients and a better job sstisfaction. Better pay. More training/teaching. No one wants to feel they are not providing the best standard of care they are capable of.	1/27/2018 1:45 PM
126	Flexibility to maintain work life balance and overall good health. Job shares, timeout of programme, transfers and less than full time training. Good shift length and structure for day to day work.	1/27/2018 1:28 PM
127	Dedicated non-clinical time (1 day each week).	1/27/2018 1:10 PM
128	Flexibility for a gap year while in training	1/27/2018 11:36 AM
129	Make it clear what we are specialist in and really own it to define our role within a hospital.	1/27/2018 11:18 AM
130	Make trainees feel valued. Not service provision. Ensure they are involved with cases that will help their training not just help the department flow. Honest support and gratitude from seniors.	1/27/2018 11:12 AM
131	Better rota’s Pay reflecting antisocial hours Encouragement to take time out of programme/sabbaticals to broaden knowledge and experience	1/27/2018 11:08 AM
132	Improving rotas, so more chance of a better work life balance, opportunities to take time out of programme to build up other skills	1/27/2018 8:36 AM
133	positive attitude in staff members including encouragement and recognition of hard work. more time off. more respect for our specialty. lower burden from WBPA	1/27/2018 4:17 AM
134	Better rota. Don't treat trainees as mere service provision or just a number on the shop floor. Better training & valuing trainees will improve retention. Improve the ST1 rota, as the ST1 rota was horrendous and then things got so much better on anaesthetics in ST2, thus making it really tempting to leave EM.	1/27/2018 3:40 AM
135	Recognition of us as people and the horrible work life balance. There is no top down regard for us middle grade to senior trainees who are actually still slogging through in this country. All of my unattached (marriage or family) colleagues have left for the antipodes. This is NOT an exaggeration it is true. I am still here as I’m engaged with a fiancé with elderly parents but as I’m from abroad when his family is no longer with us I will leave as well. This is incredibly upsetting for me as I moved here 11 years ago to work in the NHS and I adore England but this is unsustainable.	1/27/2018 2:28 AM
136	More staff to improve rota. And increase pay for trainees.	1/27/2018 2:28 AM
137	Better hours of work, proper shop floor training, better pay as trainee.	1/27/2018 12:55 AM
138	I think more contact with trainees from st1-3 when away to do other specialities and away from their parent specialty’s	1/27/2018 12:33 AM
139	increase staffing levels increase department capacity proactive shop floor teaching from consultants	1/27/2018 12:09 AM
140	departments having responsibility for initial critical care	1/27/2018 12:05 AM

141	Make the environment nicer- if they are more staff/ less pressure and they feel valued people will stay	1/26/2018 11:09 PM
142	You know all of them	1/26/2018 10:34 PM
143	Be more flexible with rota / time out / which hospital placed in	1/26/2018 10:24 PM
144	Improve staffing in ED Dept (nursing), more audit&research and teaching days, encourage trainees to spend more time with really sick patients, improve bed situation in the hospitals (so ED beds can be freed up and we can have space to work)	1/26/2018 9:56 PM
145	less stressful rota - more flexibility	1/26/2018 9:53 PM
146	Employ a designated rota coordinator so as we don't have a fixed rolling rota with fixed annual leave of one week at a time. Aim to have two registrars on nightshifts together in departments. It can be very lonely on nightshift having to make decisions and calling other specialties to help with things that two EM registrars could do safely, i.e. safe sedation and fracture/dislocation manipulation. Get rid of the QIP - I know it is a new thing but it already seems to be failing. How are EM trainees who mostly get no non clinical time (only started coming into a few departments that I know about and is sporadic) be expected to complete a year long project in a department where they will only be in for one year (usually). It is completely unrealistic considering it takes at least 3 months to really get to know a place to see where improvements have to be made. We already have quite enough exit exams and this to me is something that adds unnecessary stress for not much gain to the individual practitioner! Or if you are adamant we must undertake a QIP then we need a full day of non clinical time weekly in order to realistically undertake this mammoth project.	1/26/2018 9:42 PM
147	redesign the HST training scheme with incorporation of time spent in other specialties such as critical care, dermatology, Paeds etc. protected time to involve in teaching and management	1/26/2018 9:34 PM
148	Better pay , better rota, better teaching	1/26/2018 9:26 PM
149	.	1/26/2018 9:07 PM
150	better out of hours payment and recognition	1/26/2018 9:07 PM
151	Most important issue is ratio of unsociable hours and rotas. Need to have more sociable hours before reaching senior registrar level.	1/26/2018 8:40 PM
152	Increase staffing levels. Improve Rota	1/26/2018 8:31 PM
153	Better payment, better Rota	1/26/2018 8:31 PM
154	4 hours targets being labelled as triaging doctors	1/26/2018 8:10 PM
155	Better staffing levels, less unsociable hours.	1/26/2018 8:10 PM
156	Better rotas, better pay	1/26/2018 7:13 PM
157	Improving rota Allowing more flexible working patterns	1/26/2018 7:10 PM
158	more flexibility, better pay, 8 hour shifts, more control over own department eg doing own RSI/lines etc and support from the department and wider hospital to do that	1/26/2018 7:10 PM
159	Fill rota gaps so that people get adequate time away from work and that time in work is supported by correct number of staff. Need adequate time with patients and not just fire fighting, and adequte time away to prevent burn out	1/26/2018 7:03 PM
160	Increased pastoral support	1/26/2018 6:57 PM
161	Improvements in rota especially being able to take study days or annual leave more flexibly	1/26/2018 6:48 PM
162	Less time pressures, encouraging staff to use skills such as nerve blocks, RSI and joint manipulation. Sabbatical placement options	1/26/2018 6:40 PM
163	Flexibility in rota	1/26/2018 6:30 PM
164	Drastically improving the rota, drastically improving staffing levels in the ED, much more public education at a younger age in schools, colleges, etc as to when to come to A&E or use other services, explaining thoroughly to trainees that things get better as you climb the training ladder, more breaks during the shift, improved teaching.	1/26/2018 6:29 PM
165	Adequate staffing Not working 1 in 2 weekend for 4 years of registrar/sub spec training	1/26/2018 6:27 PM

166	Staff morale is an enormous part of it and risk of burnout. Good, balanced rotas, with a degree of flexibility, is a must. Not having to fight for study leave is essential, even for 'desirable not mandatory' events. Being given sufficient time for personal development and admin. Protected teaching time. Not having to work alternate weekends and regular nights. Shifts less than 12h in length. Appropriate remuneration for the hard work taking place in EM. Current standards not sufficient.	1/26/2018 6:19 PM
167	Treat trainees with respect. Like human beings with lives and people who love them and who they love. Try to make life easier and more stable for them. Be kind to trainees.	1/26/2018 6:18 PM
168	Improve work environment, less bullying at work place and better rota	1/26/2018 6:09 PM
169	More flexibility in the training- allow for people with outside interests/activities to have the time to develop these, as this makes you more human. In addition, may well offer other skills and experience that ultimately make you a better doctor. We are not machines. We need time to recover from long hours of intense work; it is well recognised that people work much more safely and efficiently if they are rested, never mind the obvious factors of patient safety and safety for the physicians particularly when driving home after long shifts. In the UK we have a culture of work work work and we don't appreciate the importance of having time in your personal life outside of the ED, and how this makes you a better doctor.	1/26/2018 5:58 PM
170	Better SHO rotas	1/26/2018 5:56 PM
171	Up to ST3 year, the rotas are punishing and not conducive to life. Get better thereafter, but by then my colleagues are disillusioned and knackered	1/26/2018 5:31 PM
172	Vastly improve throughput through departments, improve staffing to make working the antisocial hours less arduous, pay adequately for our skills!	1/26/2018 5:28 PM
173	Better rotas	1/26/2018 4:50 PM
174	Consultant bodies and trusts that respect and value trainees Much greater recognition of the need to be properly remunerated and rested for the work done	1/26/2018 4:45 PM
175	Improved senior colleague awareness of trainee educational and personal needs	1/26/2018 4:44 PM
176	grip the rota situation - i have NEVER had my rota on time without changes and this massively affects our lives. My current post have tried to make a separate ST3 rota which is excellent however was not confirmed until two days after starting leading to less planning time. My family live elsewhere in the UK and flying up to see them can be expensive. Sort out the locum rates - it is appalling that nights are rarely covered as there is no uplift in payments for night shifts. No-one wants to do them and certainly not if they cost the same as a day shift yet are arguably more important to cover from a junior perspective with similar workload and less consultant cover!	1/26/2018 4:12 PM
177	Improved working conditions	1/26/2018 4:09 PM
178	improve the rota and pay - i get paid the same for working a much less strenuous and intense rota in anaesthetics/itu. provide teaching - have motivational and inspirational consultants who care about the specialty and their trainees. create respect amongst other specialties for ed - at the moment because we are encouraged to make referrals - sometimes inappropriately - ed has a poor reputation.	1/26/2018 4:04 PM
179	More fund to the NHS so we better care can be provided. Recognizing the hard work they do & pay them appropriately. Better staffing, improving the rota and other local department factors.	1/26/2018 4:01 PM
180	Improve rotas. Treat juniors with more respect. More respect from other specialties and hospital management.	1/26/2018 3:48 PM
181	Better Rota More staff More money for antisocial hours or more time off Keep doing practical procedures despite time pressures	1/26/2018 3:48 PM
182	Well balanced rota, ability to take annual leave when requested rather then rota'd in spots! Availability to take more than 5 days annual leave in a row (especially if want to go further afield!) less bad press in the media!!!	1/26/2018 3:41 PM
183	Local recruitment process	1/26/2018 3:29 PM
184	Better pay or more time in compensation for lost time with family. Allow trainees and departments to do the things that they have trained for rather than at times feeling like glorified triage	1/26/2018 3:25 PM
185	Better rotas, if that can't be achieved, better pay for heavy Rota with lots of unsociable hours. Unrealistic demands for ARCP with minimal spa time	1/26/2018 2:56 PM

186	Recognise that 75% of us are female/of parenting age. The ability to continue moving the whole family around annually is farfetched. one is very tempted to rely entirely on one's partner and work for a measly salary to make ends meet due to childcare constraints when the rota and annual moving causes formation of lasting, reliable relationships with care facilities very difficult!	1/26/2018 2:54 PM
187	ease of interdeanary transfer, ease of LTFT as the rotas are so tough ---- OR improved rota, more time off after nights etc. quality leadership-some consultants need teaching on leadership and how to motive and team.	1/26/2018 2:26 PM
188	increase anaesthetic rotation to 1 years and ITU to 1 year this will help in building airway skills for trainee.	1/26/2018 2:14 PM
189	Better rotas, improved pay, actually getting trained.	1/26/2018 2:12 PM
190	Improve the ST3 training year. This is the critical year to keep trainees in the program and it is very easy to feel overlooked and unsupported. There is a huge amount of work to be completed for ARCP with minimal/inaccurate guidance at a deanery and national level We are treated as neither SHO nor SpR on the rota. There is lack of agreement at a national and local level as to what we are expected to be able to do. There is no formal teaching to support us through the transition between ST3 and SpR 4 to be able to run the departments at night, that is entirely dependant on which department you work in. There is a huge emphasis on tick box training rather than individual focus or training needs.	1/26/2018 2:03 PM
191	Better staffing. Better rotas.	1/26/2018 1:53 PM
192	Improved funding of EDs to prevent staff burnout and crisis in rota numbers	1/26/2018 1:52 PM
193	Mentoring	1/26/2018 1:45 PM
194	Look after your staff-encourage them, teach them, don't over work them, allow time out of programme, include them. Make the workplace a friendly, supportive enviroment	1/26/2018 1:44 PM
195	It's going to be difficult whilst the pressures are going up and up. Support for registrars out of hours is hugely important, as is adequate rest periods. More flexibility with annual leave and not pressurising trainees to fill gaps.	1/26/2018 1:30 PM
196	Using skills developed during training throughout career. Remaining hands on as a consultant. Better staffing to allow better work life balance - self rostering	1/26/2018 1:07 PM
197	Proper teaching, proper leadership, careers advice, an area to rest, more supervision, less hoops to jump to get through training , 7 exams is insane	1/26/2018 12:15 PM
198	Better teaching, less focus on numbers and tick box exercises	1/26/2018 12:09 PM
199	It’s always about rotas and time out.	1/25/2018 3:45 AM
200	better pay to compensate for rota	1/23/2018 12:17 AM
201	Increase number of trainees to reduce work load/rota. Most people who experience EM love the job, but hate the rota. In my experience thats the number one issue that puts many doctors off of taking it up as a speciality. We are loosing many valuable doctors purely due to actual/feared burn out.	1/18/2018 3:00 PM
202	Treat our working time as for Consultants ie split into PA and SPA time. Recognise that we cannot answer emails, do audit etc etc whilst working on Shopfloor, the same as other specialties can. Self-rostering and flexibility around working time and pattern	1/17/2018 4:30 PM
203	More staffing More space! Even if for patients is not available a work environment for doctors has got to have an area which is theirs to be able to think and ensure good decisions are made without interruptions from patients, friends/relatives	1/13/2018 3:12 PM
204	Honestly? Improving the place of work — providing more funding so that patients don’t need to be seen in corridors.	1/13/2018 12:27 AM
205	Better pay. Improve regional communication and organisation of training programmes and teaching etc. Get rid of 4 hour target. It leads to pressure inappropriate transfer of patients and inappropriate admissions or discharges. Patient should be under A&E until clinician has completed their phase of care,not when a bed manager notices the clock says 3.45	1/12/2018 12:20 PM
206	The ability to work less than full time with no pressure to provide a reason such as having a child/health problems.	1/11/2018 7:58 PM

207	More pay (recognition that it is an intense specialty and hard to fill); being able to plan career and life in terms of location of training. Adequate rest between shifts; provision of appropriate rest facilities; staff health and wellbeing benefits e.g. Onsite gym; free/ subsidised meals; 24 hr canteen serving hot food	1/11/2018 4:39 PM
208	Better paid Than colleagues that don't work as many out of hours	1/11/2018 11:54 AM
209	more flexibility regarding less than full time / inter-deanary transfers / time out of programme. I know of colleagues who were denied time out of programme and this pushed them to leave their EM training.	1/9/2018 6:51 PM
210	Recruiting more staff to improve rotas and workplace conditions	1/7/2018 8:40 PM
211	improve rotas and improve the sense of moral distress in ED's, make occupational health of EM trainees a priority and ensure time is given forth to access services with regards chronic fatigue, counselling and allowing people to essentially have a family life.	1/6/2018 10:43 AM
212	Let people more easily take years OOP, they will return Fewer requirements at ARCP	1/5/2018 2:10 PM
213	=	1/4/2018 4:22 PM
214	Increased basic pay, increased unsocial pay, friendly rota	1/4/2018 3:24 PM
215	Human Factor, Good Salary	1/4/2018 2:57 PM
216	Regular time off shop floor. There are now many jobs being advertised in emergency departments for clinical fellows with 25% off shop floor. This is far more than the college training posts currently offer (I get one SPA day per month). It is no wonder that these are so popular as it is the day in day out intensity of shop floor work that causes me to burn out.	1/4/2018 2:16 PM
217	Less fatigue.	1/4/2018 2:25 AM
218	Proper teaching more akin to anaesthetics rather than current pbl approach	1/3/2018 6:16 PM
219	It needs a miracle, more nurses, more space, more doctors, more flow in the hospital more time, until we get that this job is unsustainable as it is at the moment	1/3/2018 5:25 PM
220	Needs more staff, more doctors and nurses at least, more rooms for seeing patients, more time to see patients, more flexibility for busy times, more integration with inpatient services - more approachable specialiies	1/3/2018 5:20 PM
221	Allowing all trainees to have OOPE/OOPT time Reducing hours Allowing time for para-EM activities e.g. education/PHEM etc as standard	1/3/2018 10:29 AM
222	Self rostering, improving training opportunities	1/3/2018 12:16 AM
223	Look after current trainees - avoid hostile ARCPs and overly onerous ARCP requirements, then focus on helping trainees improve!!	1/2/2018 11:33 PM
224	Improvements to rotas, If a department is well staffed it means more time with each patient, a feeling of better care giving and less stress. Also easier leave requests	1/2/2018 4:57 PM
225	More control over where we work and how many hours we work. I have family responsibilities which I cannot fulfil if I am commuting across the region. I have told my deanery (KSS) that I will only be able to work full-time if I work in Brighton and I will only be able to work LTFT at another nearby hospital. If they want me to work further afield then I will be forced to leave training...I have not had a response to this, nor do I know where I am expected to work come August!	1/2/2018 1:31 PM
226	I struggle to see new ideas to improve retention - it’s a difficult specialty that feels hard to sell at the moment as senior doctors clearly show their frustration at the system. And it is the system that is failing and being supported by staff with hearts of gold. Perhaps encouraging trainees to pick a sub specialty or reducing standard weekly hours due to the intensity of work.	1/2/2018 10:39 AM
227	better rota. better bedside/ moulage teaching. more consultant support. kinder junior / fy2 rotas. flexible LTFT and OOPTs.	12/31/2017 1:03 PM
228	Pay us full time rates for a lower hours job- the work is too intense to enjoy training at a full time pace. The LTFT offers need to continue as they did on the pilot scheme but I feel the wage needs to increase to reflect the necessity of the reduction of hours rather than it being treated like a luxury that we should happily accept a pay cut for.	12/31/2017 12:03 AM
229	Consultants must do shop floor discussions with senior trainee. Hand over sessions twice a day must be protected where some teaching can happen.	12/30/2017 10:04 PM

230	Improve conditions of the emergency department instead of continuing to ask ED trainees to do increasingly more work that is not suitable for ED	12/30/2017 7:01 PM
231	Teaching and training opportunities - help makes trainees feel more valued, gives opportunity to meet and talk to other trainees and provides a good support network as well as teaching Shop floor teaching - a good day with a supervisor providing one on one feedback to help learning and improvement. Flexibility - OOP/time out of training opportunities. More easily available, help develop skills and career break useful in such a hard working speciaility	12/30/2017 11:33 AM
232	More skills	12/29/2017 5:04 PM
233	Improve trainees work life balance, make rota workable, acknowledge the work done by EM doctor by paying more than other specialties and giving more off days.	12/29/2017 1:59 PM
234	Training should be based in one hospital as it is challenging to move a family from one city to another. This is seen in United States residency program where entire training is done in one hospital.	12/29/2017 10:05 AM
235	Very strict teaching protection. Needs to be very effective teaching. Mandatory ship floor teaching per student. Maximum hours and shifts for trainees. Arranged days for relief - ice breakers etc	12/29/2017 1:32 AM
236	Fight ruthlessly for more money and better work life balance for trainees in the context of a failing system to try to retain the current batch of trainees. In most shifts recently I am supporting burnt out trainees because of the appalling clinical and departmental circumstances in which we're having to work. By being part time I'm protecting myself mentally as I know each shift will be overloaded and unsafe and can recover in between, but I see my fulltime colleagues burning out.	12/28/2017 6:35 PM
237	Improving the rota and staffing levels so that each shift didnt feel like a battle	12/28/2017 4:08 PM
238	More opportunities for time out of programme and flexible working More time off between shifts- our normal days are like another specialities on-call days. We should have more zero-hour days included to reflect the sheer physical and mental exhaustion we feel after a shift. A lot of my colleagues in other specialties have clinic days or theatre days- we spend our entire day on our feet fire-fighting and then come back the next day to do it all again. The intensity is NOT the same as other specialties and our rotas should reflect this	12/28/2017 3:23 PM
239	More staff . Less random shifts . More skill use on the floor	12/28/2017 11:55 AM
240	Value trainees, let them pursue teaching and other academic interests	12/28/2017 10:07 AM
241	More flexible and less intensive rotas, with better work-life balance Better staffing, especially during times of winter pressures, would reduce the feeling of the department drowning under the flood of patients and providing an unsafe service; this would also allow docs to spend more time with each patient if necessary and feel like they are providing a better service individually Improved pay, especially compared to other, less intensive out-of-hours specialities Continued openness to LTFT training & out of program time	12/28/2017 12:21 AM
242	better rota, more annual leave days , easy to request annual leave to rest and recover from stress; more one on one consultant teaching like in anaesthetics, better remuneration than other specialities to offset the workload and stress. We do not sleep during night shifts and patients in ED are continuous, we need longer rest period at night (2 hours to sleep).	12/27/2017 6:40 PM
243	Reduce number of WBPAs and allow for greater 'global' assessments of competence.	12/27/2017 12:59 PM
244	flexible for time out of program, better staffing levels	12/27/2017 10:02 AM
245	Adequate time to rest to avoid fatigue and positive attitude on shop floor of seniors.	12/26/2017 2:31 PM
246	-	12/24/2017 4:36 PM
247	Flexibility in terms of time learning a different sub spec e.g . Ultrasound or paediatrics or cardiology etc...	12/24/2017 1:41 AM
248	More regular shift hours. Too much variability and too many twlight shifts grossly affects both physical and mental illness over period of time	12/23/2017 6:33 PM
249	largely down to negative press and hearsay throughout training, improve exposure to em physicians as part of medical training (through both structured clinical placements / group supervision / lecturing / clinical skills etc..), publicize a little better the great structure and training of accs programs, more options for subspeciality training / exposure, better remuneration / golden handshakes / packages as used in GP training for areas with particularly low retention	12/23/2017 5:05 PM

250	Work LTFT - just one extra day off a week has made a massive difference to my work life balance and it’s not much extra training time in the grand scheme of things	12/23/2017 10:43 AM
251	As above, I think the rota is the biggest problem as to why a port of people who enjoy EM don't pursue it. The hours are too unsociable and constantly changing with lots of weekends and nights making it difficult for life outside work. Also staffing levels makes a large difference and having competent colleagues (especially non-trainees) for congestion in the dept	12/23/2017 7:45 AM
252	Improve rota	12/23/2017 7:05 AM
253	.	12/23/2017 12:10 AM
254	Sort out the flow Pay us better Sleep and better Rotas	12/22/2017 10:43 PM
255	Facilitate easy, UK wide inter deanery transfer. Continue the easy part time plan. Facilitate simple hospital transfer. Reverse the trend to triage and involve in-hospital specialists early.	12/22/2017 9:11 PM
256	Better rota	12/22/2017 9:08 PM
257	Introduce more subspecialisation - ie like the Acute Medicine training scheme - you must acquire a special skill More support from senior staff - there can be days where while working in you dept you dont even see the consultant because its just too busy. What is the difference then with being a trainee and just service provision? Zero tolerance to abuse from patients Rota flexibility - it becomes more difficult to request for leaves the more senior you are	12/22/2017 7:19 PM
258	Interdeanery transfer availability Ltft	12/22/2017 7:04 PM
259	Given the number of anti social hours we do, maybe we should be entitled to more Annual leave days per year to allow some way of compensation with family.	12/22/2017 2:01 PM
260	The flexibility of training is key.	12/22/2017 11:12 AM
261	Allow trainees to do more and not refer everything on. Consider how use of ACPs may be deprofessionalising EM	12/22/2017 3:51 AM
262	Being made to feel valued is the main factor	12/22/2017 1:52 AM
263	More sustainable rotas, improved staffing, improvement in bed blocking, being facilitated to provide more critical care to the patients who require it	12/22/2017 12:32 AM
264	Increase pay More time off between shifts Employ more support staff	12/21/2017 11:52 PM
265	More protected teaching/training	12/21/2017 11:10 PM
266	improve rota, improve work life balance, recognise the stress and hardship people go through - evidenced by shorter life span. Renumerate appropriately.	12/21/2017 9:37 PM
267	Improve the flexibility of training (alternative percentages out of choice)	12/21/2017 8:33 PM
268	More flexible rota	12/21/2017 8:23 PM
269	More reasonable rotas taking into consideration that not all trainees are 24 and without committments. People are no longer willing to prioritise their training over their relationships and quality of life. Due to patients numbers and time pressure, (& rota gaps) working n the NHS can be a thankless task, I've worked 10 hour shifts where I had almost no interaction with any colleagues, meaning that there's no social or pleasurable element to being at work. If one is then unable to socialise with friends or spend quality time with partners, due to unsociable working hours, life can quickly become lonely & miserable.I	12/21/2017 8:09 PM
270	Improved Rota and staffing levels to allow for more time for recovery and less burn out	12/21/2017 3:26 PM
271	The intensity of work in emergency medicine is much higher than other specialties. This should be reflected by a decrease in hours without an associated decrease in pay. This would relieve stresses and pressures on staff and reduce burnout. Alternatively increased resources should be made available (staff, beds, specialty input) to allow us to spend the time we want with each patient as well as allow a more sustainable workload.	12/21/2017 3:13 PM
272	More focus on the trainee in training, as opposed to service provision. Protected SPA as well as protected shop-floor training time. Better rotas (I don’t mind working antisocial hours, but not when locums and specialty doctors are preferentially given the “social” hours)	12/21/2017 3:04 PM

273	Bigger, better Emergency Departments so that when we're at work, we enjoy being there and feel we can provide the best care we can. More staff in them - more doctors, more nurses. A sense that we are valued - guilt-free breaks, a rota that has some flexibility to allow annual and study leave, better pay.	12/21/2017 2:59 PM
274	Nursing provision Shop floor teaching Praise	12/21/2017 1:02 PM
275	Take the pressure off the trainees (frequently left in charge out of hours) - this means not blaming us when the wait times are long/saying we haven't seen enough patients. This doesn't happen in all departments but where it does morale is even lower and we just want to quit! Also the option for taking a 6-12month career break, even after CCT with potential for further breaks as a consultant, would make life planning easier and feel like it's something we could manage as a career	12/21/2017 10:31 AM
276	1. Rota needs to be adjusted as per normal human needs, an EM ST1 should not be expected to be healthy,productive and well rested under extremely stressful conditions with chaotic/random shifts in a zombie state. I have never seen so many people call in sick just because of fatigue in these 4 months.	12/21/2017 7:53 AM
277	Better rotas that allow for work/life balance and flexible annual leave. Improving staffing levels. Reducing high stress levels on trainees as work loads can be excessive and trainees can feel out of their depth. Increasing amount and quality of teaching- minimal teaching at present of variable quality and difficult to get time off to attend it!	12/21/2017 6:22 AM
278	Better pay and working hours and adequate staffing.	12/21/2017 2:58 AM
279	Better rota to sho / reg level. More diversity of working.	12/21/2017 1:50 AM
280	none	12/20/2017 11:11 PM
281	Rota and flexible training and ability to take a less than full time position. Support sub specialising	12/20/2017 11:02 PM
282	More interaction with other trainees going through similar More regional teaching Better shop floor teaching More normal hour days and less antisocial hours	12/20/2017 10:47 PM
283	EM needs to be more respected as a speciality, better relationship with other specialities - more support from ICU/anaesthetics/paediatrics/surgeons and interdepartmental relationships etc	12/20/2017 10:43 PM
284	1. Make training flexible ie. you can work at 20,40,60,80% and locum or do another job alongside (think this is being piloted) 2. Allow trainees to take time out at any point and as much as they want. In New Zealand you can do the training in a minimum of 5 years and a max of 10, it's up to the trainee. This allows people to have kids, travel, develop other interests....and not get burnt out! 3. Allow trainees to duel certify in a range of other less intense specialties which would balance EM out eg. Anaesthetics, GP, elderly care medicine, GUM, palliative care 4. Allow experience overseas in similar countries to count towards UK training eg time spent in Australia, New Zealand 5. Reduce the massive pointless burden of the ePortfolio - less tick box assessments 6. Do ARCPs locally so that the people that are assessing you know you (too many trainees are failed for incredibly pedantic reasons) 7. Improve rotas and training opportunities 8. Listen to trainees and value them	12/20/2017 9:47 PM
285	Improved LTFT availability. Better rotas. Better shop floor supervision. Better remuneration. Better teaching	12/20/2017 8:58 PM
286	Better rotas with chances to recover between shifts/less switching between days & nights, more training on the shop floor, more opportunities for WBAs and feedback, protected time for management/audit/portfolio/QIP etc, more flexibility with training	12/20/2017 8:02 PM
287	Improvement on the rota is essential to try and keep trainers in the specialty. Antisocial hours are a given but rest days should be incorporated with adequate staffing levels	12/20/2017 6:49 PM
288	LTFT as standard. Higher amounts of time to complete admin work. Improved pay. Better working conditions.	12/20/2017 6:17 PM
289	Improvement in the rota. I look at my rota and I look at the Consultants rota and think to myself that they would never rota themselves like this if they were working my rota.	12/20/2017 6:13 PM

290	More flexibility. I changed deanery between ST3 and ST4 in pre-run through era by reapplying however I know of good colleagues who have left since as they weren't afforded this flexibility and had family commitments, unnecessary loss! Good rotas! Non clinical time to do audit / management portfolio / QIP / eportfolio / teaching etc etc rather than doing this in our own time on top of a very full on rota. Being allowed to take bank holidays in lieu when we work them, non fixed leave, being able to take study leave rather than swapping non clinical time which makes 3 day conferences impossible to go to (all of these are things that are in place in my department despite being a trainee focused well thought of department and they do have a massive effect on morale). Increased study budget or in house life support courses - having to pay to do ALS/ATLS for 3rd time next year (due to mat leave and a LTFT period) is just a waste of money. As SpRs we practice to a higher standard than the courses yet its used up all my budget for past few years and I then cant afford the actually educational things that would be useful - aren't we supposed to be adult learners?	12/20/2017 6:13 PM
291	Better rota s	12/20/2017 5:02 PM
292	Protected time for doing audit/updating skills. Not being expected to do this on top of normal shift work. Allocate an hours break on night shift regardless of how the department is.... one person having a longer break won't make or break the department. Annualised rota.... I want to be able to attend my friends weddings etc without it being a battle. Less than full time training shouldn't be the answer, a full time job should be manageable, we shouldn't be forced to go part time because we're overworked. Max 4 days on 3 days off a week.	12/20/2017 1:10 PM
293	Money, better training, with flexibility to do other specialties for short periods of time. Keep CT1-3 as it is. ST4-ST7+ should be like Australian system. DO NOT SHORTEN TRAINING	12/20/2017 1:08 PM
294	Stick to the plan and curriculum, which is not the case. I payed all my courses and non of them were approved by the deanery.	12/20/2017 12:37 PM
295	Sustainable work hours - I feel each shift should be 8 hours only	12/20/2017 12:19 PM
296	rotas should have a less fluctuating pattern through the course of a week. regional teaching shouldn't be ridiculously far flung. In resus we should be allowed to use our skills within reasonable limits regardless of breach targets. Why refer for chest drains or CVC lines/art lines	12/20/2017 12:56 AM
297	Looking after junior staff and keeping their enthusiasm up	12/20/2017 12:47 AM
298	As above	12/19/2017 10:08 PM
299	Improved time off of shop floor work for proper spa and training	12/19/2017 9:30 PM
300	Improved pay for anti social hours Be kind to us, why all the exams (us, qip, etc etc) it's too much!	12/19/2017 8:58 PM
301	Acknowledging that hours are unsocial and in return give extra annual leave. Having not fixed leave, as per my rota, is also important.	12/19/2017 8:50 PM
302	Ensure adequate staffing levels and improve the rota once staffing levels are improved. Continue to approve OOPE where possible. Encourage a work life balance/encourage other interests than just medicine. Relax the four hour target so we can actually treat our patients rather than functioning as a triage machine.	12/19/2017 8:19 PM
303	Flexible rota even for regular trainees, improved payment	12/19/2017 6:15 PM
304	More staff	12/19/2017 6:09 PM
305	Able to rotate between deanery and work part time	12/19/2017 5:49 PM
306	Concentrating trainees in departments who excell at training	12/19/2017 5:46 PM
307	Promote the positives!	12/19/2017 5:28 PM
308	Don't pay staff grades more than trainees for equivalent or less responsibility	12/19/2017 4:56 PM
309	Improve flexibility for OOP. Better rotas.	12/19/2017 4:47 PM
310	Need to be more competitive with the hours, rota, pay and benefits of places like Australia	12/19/2017 4:05 PM
311	To include time spent on portfolio and online learning in the average rotated hours for EM trainee, allow study leave for exams and courses. Regional teaching hours included in the time of work for that day, as some of the trusts expects their trainee to come back for the late shifts if they are rotated after attending regional teaching- that could be more than 13 hrs for that given day.	12/19/2017 2:57 PM
312	Nil	12/19/2017 2:56 PM

313	Flexibility around working patterns to accommodate life outside of work.	12/19/2017 2:56 PM
314	1. Reduce the time pressure. 2. Provide opportunities to perform emergency procedures. 3. Improvement in the drastic changes in shifts patterns. 4. Protected time, at least 2 hours a week for study/ audit/ research/ follow up on patients etc. 5. Better pay scale.	12/19/2017 2:52 PM
315	Higher pay for recognised more intense work and anti social hours than ANY another specialty	12/19/2017 2:23 PM
316	More junior doctors (including Reg) Less number of hours and no deductions in salary	12/19/2017 2:18 PM
317	Better work life balance - more staff needed.	12/19/2017 2:13 PM
318	Higher pay.	12/19/2017 2:13 PM
319	More staff Better rota Better relationships with other specialties	12/19/2017 2:08 PM
320	I am in the process of understanding it by myself. Sorry! Couldn't tell you as of now	12/19/2017 1:10 PM
321	.	12/19/2017 12:55 PM
322	Renumeration for pay/ unsocial hours I prove rota for trainees. Non trainees/ locum can cover rota gaps. Change culture for bedside teaching and consultant teaching and not just a service provision.	12/19/2017 12:54 PM
323	Remove exit block, improve recruitment of doctors (= less reliance on alternatives e.g. ACPs), acceptable SpR rotas (my current rota is fair and makes a massive difference to my quality of life, mood at work, which I suspect means I give my patients an overall better experience)	12/19/2017 12:29 PM
324	Improve the way that rotas are designed so that doctors' lives can be planned in advance. In my current dept we now get our rota a year in advance, but in other rotations it is common to not know whether I will be free on a given week/weekend more than a month in advance, making it impossible to plan holidays, family occasions etc. The process of applying for annual leave is convoluted and often marred with uncertainty. This is even more marked when rotating around specialties/hospitals. It has a massive impact on work/life balance and general happiness!	12/19/2017 12:24 PM
325	Rota's more amenable to a life outside of work Being able to work in departments under less service pressure, to enable time to properly see and treat patients, and enable adequate training time	12/18/2017 5:56 PM
326	I feel that giving ENPs all of the "minor" work, and thus taking the variety away from the training juniors is a mistake as it feels a lot like a repetitive medical job, whereas a lot of us entered the speciality for its diverse workload. The rotas often feel very heavy, especially with the nature of the shift work, and this can have a negative impact on family life. Having more influence and notice in where you are placed year on year would improve quality of life.	12/18/2017 4:04 PM
327	More staff, better paid. More staff will enable better rotas and ensure more people are on the 'shop floor' at any one time. The number of patients using EDs has dramatically increased in recent years. Levels of staffing need to reflect this.	12/18/2017 4:01 PM
328	n/a	12/18/2017 3:36 PM
329	Better pay for unsociable hours Improved rota e.g. Allocated management time on rota to complete all necessary assessments etc	12/18/2017 3:18 PM
330	Improving rota by improving number of trainees.	12/18/2017 2:45 PM
331	More flexible training options. Feeling better supported and valued by your seniors. Less rota gaps, so when you are there, the works isn't as hectic.	12/18/2017 12:54 PM
332	More non-clinical days to focus on education, management and audit and to take some of the stress away from how heavy the workload is being on the shopfloor all the time. Prioritising EM trainees on the shopfloor so we can do more chest drains, airway skills, etc.	12/18/2017 12:26 PM
333	Better work life balance. More flexibility with placements, more respect	12/18/2017 11:42 AM
334	Treat trainees better! recognise that EM is busier and more stressful and antisocial than ever before. work towards more liveable rotas and more spa time. STOP MAKING TRAINEES RESPONSIBLE FOR THE MAJORITY OF SERVICE PROVISION. and more ultrasound training	12/17/2017 3:46 AM
335	Protected time for training instead of service provision. Being treated as a human being instead of a rota number	12/16/2017 4:28 PM
336	I think it needs more study to try and really understand what allows doctors to stay and thrive in emergency medicine.	12/15/2017 10:14 PM

337	More focus on well-being. The ability to train LTFT. More flexible working and training. The ability to develop specialist interests. Having non-clinical time from ST1	12/15/2017 7:19 PM
338	Solve crowding Solve retention of nurses A culture where we try to inspire Foundation doctors with the benefits and merits of EM rather than being self deprecating and consuming any positive feelings they have for the speciality by putting them on awful rotas. We would be swimming in trainees with not enough work to do if every doctor who uttered the phrase "I loved A&E , but I couldn't do that kind of rota for the rest of my career!" Was magically enlisted into an EM career. The interest is there but we are still too far away from the critical mass needed to be a genuine option for most people Better streaming away of patients not requiring the knowledge, skills and attitudes of an emergency physician Protected non clinical time to pursue other interests instead of doing management work in our own time Reward for thorough, high quality work instead of being encouraged to find the lowest threshold to refer Protected time for discharge summaries Easier inter deanery transfers so people can live their life free of the fear of resigning a number	12/15/2017 2:25 AM
339	Better rota. I accept anti social hours but must have improvement in the rota. Payment should be appropriate for out of hours worked. Value the doctors on the shop floor who are actually seeing the patients rather than focusing on the 4 hour rule and working us to exhaustion	12/14/2017 8:39 PM
340	Doing ITU/anaesthetics in ST1, ensuring ST3s are not treated as SHOs and have a more protected rota, RCEM teaching out and interacting with trainees (not just for exams). Mentorship prgaramme to start for ACCS trainees	12/14/2017 12:17 PM
341	Recognising the job em doctors do Do not undervalue this by making ACP's able to take on responsibilities within 2 years which it takes us 10 years to do. SPA time to do portfoilio Allow us to treat pts rather than just referring on	12/14/2017 3:06 AM
342	Increase staffing levels. Allow more time per patient. Allow more procedures especially airway management.	12/14/2017 2:30 AM
343	Improve the morale Inject more money in NHS Improve the social care	12/13/2017 9:25 PM
344	Supporting less than full time or making full time rotas 40 hours (like they used to be) rather than 48hrs.	12/13/2017 8:33 PM
345	Better Rota More teaching Reducing exit block	12/13/2017 2:27 PM
346	Allow us to dual-train in anaesthetics Improve working conditions via increased staff numbers	12/13/2017 2:19 PM
347	Improve the eportfolio! The RCEM have "simplified" higher training by making it more complex. I.E. the CRT (which could be banged out at home) is now the QIP (involving lots of my own time spent unpaid in work over s year). The management viva is now portfolio based and a huge amount more work - again this generally involves attending things in my own time. Not treating senior trainees like another SHO would help; awful rotas and feeling like you're just being used to filter the shit. And we were shafted with the new contract. The hours are crazy. The workload is immense. The responsibility is huge. This should be recognised and we should either work fewer hours or receive increased pay.	12/13/2017 2:14 PM
348	Individual tailored trading programme strutted already - eg. Ultrasound fellowship, toxicology, expedition etc etc like Paeds and phem. Paying a higher rate to trainees to make training more attractive than being a mediocre Locum. Not allow people to work in EM middle or consultants position to “fill a slot”. Should be a competent Registrar/ Consultant in EM. Consultants should have FCEM for credibility	12/13/2017 1:20 PM
349	Improve the rota	12/13/2017 12:13 PM
350	Better rotas, better staffing, protected teaching time, less crowded departments (appreciate this is impossible!)	12/13/2017 11:57 AM
351	Rota and respect for juniors and their time. If we see them as cannon fodder they are not going to stay	12/13/2017 11:56 AM
352	Improving teaching and increasing time with patients.	12/13/2017 11:52 AM
353	Improve the rota. Introduce non clinical days so we can catch up on admin, reading and studying more. This would improve our knowledge and improve clinical care. Also improving the rota would help us maintain our relationships outside of work which would give us more of a work life balance and make us happier people. And happier people work better.	12/13/2017 11:50 AM

354	The above question of questionable value; interrelational ranking is a better tool than sequential ranking for key issues. Deanery transfer will, for example, be the MOST important issue for someone leaving post because their IDT has been refused, but irrelevant for other doctors. You're trying to "rank" most important issues - but all these are important.	12/13/2017 11:43 AM
355	OOPEs are good, sabbaticals to other teams eg anaesthetic/ medicine during HST, sometimes just need a breather or to refresh skills as doing anaesthetics in ct2 doesn't mean you remember it in ST5!	12/13/2017 11:42 AM
356	Better rota, more shop floor training	12/13/2017 11:19 AM
357	Dual training - more emphasis on this! Vary the career slightly. Maybe dual train in EM and GP?	12/13/2017 10:32 AM
358	Stop tolerating poor logistics and inadequate funding / staffing.	12/12/2017 10:14 PM
359	Invest in the people, don't treat ED as the triage dept	12/12/2017 10:07 PM
360	Study leave budget for EMTA and RCEM events. My local school do not fund any of these or any of thelife support instructor courses. More respect for trainees. Some consultants treat trainees like slaves! Early retirement age (55?)	12/12/2017 9:08 PM
361	Filling rota gaps. Allowing more people to work LTFT and take time out if needed. In other countries (eg. NZ) they specifically cap the number of hours/ wk in ED at 40 and are not allowed to make you work four days in a row.	12/12/2017 7:02 PM
362	Improve rotas - introduction of annualised rotas Make it more attractive from F2 Encourage OOPE and LTFT.	12/12/2017 6:47 PM
363	Addressing rota gaps so the lifestyle becomes more sustainable.	12/12/2017 2:58 PM
364	Limit weekend working and anti social hours	12/11/2017 8:41 PM
365	Improved ?annualised rotas respecting personal or other professional commitments	12/11/2017 5:25 PM
366	1) Make Emergency Medicine proper Emergency Medicine in more than just a few centres of excellence. Empower EM trainees (time and consultant support) to deliver comprehensive care to sickest patients. ?add 2nd ICM block in HST. 2) Widespread adoption of annualised rotas at registrar and SHO level. 3) Adoption of Welsh EM supernumary 8hrs / week - most EM trainees know what they're weak in and would love time to address this.	12/11/2017 1:15 PM
367	Continue the excellent LTFT pilot (as above, doesn't work for or help me personally but is brilliant for the specialty). Simplify paperwork - eportfolio is labyrinthine and not fit for purpose. Take a long hard look at rotas and construct them according to local conditions to work for staff rather than HR.	12/11/2017 10:31 AM
368	Better rota and pay. Better hours and teaching	12/10/2017 3:59 PM
369	More flexible training Reward people for being in training - give them fewer nights or more supernumerary time than the staff/Trust grade doctors. Currently in my dept the trainees work worse rota than non-trainees (most of whom work ltft/fixed days). Feels like being punished for training, not a big incentive to continue!	12/10/2017 1:00 PM
370	Better Rota's and for the college to mandate this/set standards. For example, not to work more than 1:3 weekends, 1 day SPA per week for all trainees CT3 and above. Easy access to sessions in other specialities (e.g. anaesthetics/ICM) in order to keep a hand in. Better support/staffing at night and weekends - departments are increasingly busy at night and we need more staff to cover these. Its also bizarre that there are frequently fewer consultants around at weekends despite often being busier. Continue to encourage LTFT training	12/9/2017 9:57 PM
371	1) Better staffing levels- so that you can take your breaks and not feel guilty for sitting down. 2) Improved rota- less weekends. 1 in 2 weekends for a whole year as an ST3!- no wonder there is such a high drop out after ST3. 3) Include more SPA time to allow us to achieve all our work based assessments within work time without having to spend hours of our own time at home.	12/9/2017 7:32 PM
372	Self rostering, more clinical fellow jobs for F3s, better training/teaching/supervision on the shop floor. Male trainees feel valued and they will stay	12/9/2017 2:16 PM
373	Ability to choose where you work . Less costly RCEM fees and exam fees . More emphasis on teaching .	12/9/2017 8:42 AM
374	Better training opportunities Generally treating your trainees well	12/8/2017 10:19 PM
375	Structured departmental teaching	12/8/2017 5:08 PM

376	Integration of special interests/accreditation within the specialty as a part of training I. E. Fellow years built into training leading to formal accreditation in USS/Simulation/Research etc.	12/8/2017 1:32 PM
377	Increase staffing levels, more time for training opportunities, more time with patient, more flexible work schedules	12/8/2017 3:23 AM
378	Expanding the LTFT pilot. Expanding the annualisation of rota used in Brighton to all EDs and grades. Better pay for out of hours.	12/8/2017 12:03 AM
379	Make it flexible, easy to do self directed skills upkeep (such as one list of anaesthetics a month for central access and rsi), free exams and exam revision/learning resources, easy to return after time out	12/7/2017 5:56 PM
380	Better rotas, better pay, more flexibility in choosing hospitals for rotations rather than moving every 6 to 12 months, more opportunities for learning and development - out of program opportunities	12/7/2017 2:03 PM
381	-LTFT needs to be accepted as a right -Full rotas -Not being made to feel bad/guilty for not covering gaps -More learning opportunities	12/6/2017 5:29 PM
382	improve facilities and staff number	12/6/2017 5:51 AM
383	Better rotas, more flexible, better training and experience.	12/5/2017 9:57 PM
384	Transfer interdeanery access Less geographical distances travelled adn movement between hospitals	12/5/2017 5:54 PM
385	Improved rota design eg annualisation, being made to feel valued and supported, positive role models	12/5/2017 1:07 PM
386	Don't move us as far or as often. So long as had exposure to teaching hospital/dgh/major trauma centre and peads how does forcing people to do 3hour commutes help anybody? If partners work or there are caring responsibilities you can't just move house every 12 months	12/5/2017 9:45 AM
387	Pay us properly Allow us to manage our patients in resus properly	12/4/2017 11:28 PM
388	Better pay for unsocial hours is the main factor as well as appropriate days in lieu post unsocial working hours	12/4/2017 8:57 PM
389	.	12/4/2017 8:17 PM
390	Non clinical days on rota	12/4/2017 8:05 PM
391	Protected SPA time similar to Wales and Australia Actual protected breaks OOH - if staffing was improved e.g. two seniors per night, I wouldn't mind doing them so much. Ability to accredit other specialty time - to accumulate experience Competency-based training Reducing the burden of WPBAs More flexibility to training - dual accreditation with GP Improved centralised admin via. HEE (as in it should be improved, have no affiliation to HEE at all)	12/4/2017 7:05 PM
392	Respect the ed trainees . They are not there for service provision. We are humans and would also like to have a normal family life like every one else. Stop increasing the hours we work and pay us what we should be earning for working so hard and all the time	12/4/2017 5:07 PM
393	Continue easy access to gain LTFT training..encourage out of program.time. make inter deanery transfer easier	12/4/2017 4:44 PM
394	Improve rota flexibility. Ensure doctors are able to do there job as opposed to doing jobs that could be done by other professionals - i.e. fixing IT, moving beds, taking blood. Ensure EM doctors are able to get the variety they want - fixed in the training contract, they don't just want to work purely in Adult Majors.	12/4/2017 4:25 PM
395	Flexibility in rota Passion in trainers to teach and not just service delivery LTFT	12/4/2017 12:04 PM
396	Better local mentorship and support networks, opportunity to work less than full time with opportunities to develop other skills	12/4/2017 11:36 AM
397	Need inspiring consultants to show that it can be done and that there is a light at the end of the tunnel	12/4/2017 10:32 AM
398	Dual anaesthetics/EM route Allowing continuation of 80% LTFT tier 3 Better deanery understanding of individual issues and more flexibility on their side - I love my job but I seriously considered resigning with the whole childcare issue I've been fighting about with them - showed a complete disregard for my circumstances. Doesn't make you feel valued by speciality	12/4/2017 10:21 AM
399	Respect each other	12/4/2017 10:10 AM

400	Need to feel valued Need to be doing worthwhile work to give up evenings and weekends A hard rota can be soul destroying and exhausting Flexibility is important- EM is tough so allowing people to plan around family life is important.	12/4/2017 9:41 AM
401	Better rota, annualised rostering, weekly CPD time, more ownership of patients in department especially around critical care,	12/4/2017 3:32 AM
402	Better rotas. Trying to improve relationship with other specialties instead of having a 'us' against'them' attitude	12/4/2017 3:23 AM
403	EM needs to be limited as to what it IS. We need barriers - not to be a dumping ground for a health service unable to cope. We are not the right answer for chronic management of problems, it is not why we chose the specialty, and hence I believe it is one of the major reasons that people are leaving	12/4/2017 12:56 AM
404	SPA weekly, better flow, proper rest facilities. Acknowledge ment for our work	12/3/2017 11:36 PM
405	More sociable Rota	12/3/2017 11:07 PM
406	Better rota design (eg. annualised rota, no fixed annual leave), "admin" time built into rotas for audit/research/simulation. More in-situ simulation and shop-floor teaching. Dedicated resus shifts in ST1. Having an opportunity to go back to ICU/Anaesthetics/Acute medicine for a period of time in HST to keep up to date with skills. Having more formalised Resuscitation or Ultrasound fellowships (as an OOPT ideally).	12/3/2017 10:59 PM
407	Work life balance - remuneration for out of hours with time off Improve quality of training by putting more Emphasis on quality and delivery of training from expert trainers. Ensure that trainees are placed in centres with competent enthusiastic trainers. Allow development time of specialist interests.	12/3/2017 10:52 PM
408	I think its summed up by tow things for me. Firstly to get some time off for a holiday and time with my family I have ended up working 5 weekends in a row and 24/27 days in Januray. Secondly is the value of trainees and building in time for education rather than everything having to be done in your own time. A suggestion would be having protected education time like ST4 above get but all trainee levels. You could then plan with your supervisor how to best use this time.	12/3/2017 10:30 PM
409	Flexibility in training, greater support for trainees during exams	12/3/2017 10:20 PM
410	1) Bigging it up a bit more 2) Less emphasis on seeing patients fast - definitely intimidates the juniors	12/3/2017 9:59 PM
411	Value our speciality.	12/3/2017 9:34 PM
412	More out of programme opportunities	12/3/2017 9:20 PM
413	Improve Rotas - top down guidance on this.	12/3/2017 8:35 PM
414	Introduction of SPA time - at least 1 day a week. Limitations on weekends and frequency of nights. Able to flexi/self rota. NO FIXED LEAVE - I'm not longer at school. Treat me as the adult and future colleague that I am. Intensity payments to recognise intensity of work - appreciate FFP - but that is to set to be long term. Ability to OOP and also choose hospitals go to - like the Australia system - an option to choose departments to work in - even move around country. Appreciate most will want to remain in one area once have house, but I'd love an option to be able to just create my own HST and approach departments in a "have training number, will travel" manner!!	12/3/2017 8:29 PM
415	More funding in early years of training, more encouragement to do OOPs, better shop floor mentoring and coaching from consultants rather than service delivery.	12/3/2017 8:00 PM
416	more pay and earlier retirement age. Also have 1 SPA day per week as part of training.	12/3/2017 5:18 PM
417	Ltft Fellowships	12/3/2017 3:26 PM
418	Non clinical time mandatory. There are so many new skills/ wba to keep up it cannot be done during busy clinical shifts.	12/3/2017 3:17 PM
419	EM trainees and consultants spend far more time outside normal office hours and this has a significant impact on family and social life. Payment matters not in itself but because it gives me more time and opportunities to do other things e.g. research teaching innovation management. I have the opportunity to move somewhere where my knowledge and skills will be valued and I will have a better quality of life. Not to do this at this stage of my life would be stupid.	12/3/2017 2:48 PM
420	More time for training	12/3/2017 2:36 PM

421	Protected non-clinical time every week to do self-directed learning, teaching, ES meetings etc.	12/3/2017 2:33 PM
422	Show more strength as a college, follow the lead of the RCOA protectionist attitude towards trainees. Improve working hours for trainees and staff grades. Better access to study leave. Promote research and make involvement easier for trainees. Reduce assessment burden	12/3/2017 1:45 PM
423	Train trainees don't just put them to work and hope they learn something. 1 ESLE per week for example.	12/3/2017 1:20 PM
424	Need to make training a worthwhile sacrifice vs CESR programmes: CESR frequently offering improved consistency, less moving, higher remuneration, less restriction on when exams can be taken, easier to deliver QIPs. I am only a trainee for dual accreditation: if I only wanted to do EM I would have quit training.	12/3/2017 12:43 PM
425	SPA time for admin, QIP, reflection. 8 hours per week should be mandatory. Would prevent feeling infantilised and enslaved by rota. Would allow better work-life balance as free time not spent on development.	12/3/2017 12:42 PM
426	More flexibility about where we train and taking time out	12/3/2017 12:22 PM
427	Lots of focus on LTFT but currently lots of us are working 'more than full time' on 46/47/48 hour rotas because there is no requirement to ask trainees before making them work more than the basic 40 hours required by the GMC for a full time training programme. 40 hours should be the maximum unless trainees agree to up to 48	12/3/2017 10:37 AM
428	Improve rotas	12/3/2017 8:58 AM
429	Flexibility throughout training. Good start with some of the HST changes (money, LTFT) but people decide on ACCS if they're going to continue. Invest early and provide a better QOL for all trainees. Much can be done by attitude of departments towards trainees, but using fixed leave/SHOs on same rota as F2/refusing study leave/OOPE or career breaks are not good. Teaching and training also poor/non-existent.	12/3/2017 2:09 AM
430	Flexibility to take up posts abroad and move in/out of training with ease. Recognition of this as training. Less tick boxing. More shop floor teaching (eg; all depts to have a teaching consultant everyday). Taking ownership of resus. Less absurdity (eg; paying for emergency life support courses as an emergency trainee).	12/3/2017 1:41 AM
431	Protect the role of EM and actively train for it. Not just resuscitation but also musculo-skeletal injuries. Too many trainees get used and abused by departments practicing a triage and refer model of EM that lacks any authority in resuscitation of the sickest patients. For many trainees end of CT2 marks a career highpoint of competence and practice that can only be re-created by leaving the specialty.	12/2/2017 11:55 PM
432	Better quality teaching More Trainjbg SPAS - equivalent to Wales	12/2/2017 11:03 PM
433	R	12/2/2017 11:02 PM
434	Let people do emergency medicine I.e. manage the sickest patients. Remove burden of non essential tasks from senior clinicians. Rota's and remuneration have to be compatible with lofe.	12/2/2017 11:02 PM
435	Annualised rota or possibility to select shifts that fit with our lives	12/2/2017 11:02 PM
436	More senior doctors to identify and encourage juniors that show potential to apply to emergency medicine	12/2/2017 10:46 PM
437	20% of people nationally did mot acheive outcome 1 at ARCP. I think the process is in some cases poorly handled and adversarial. I think trainees almost invariably are hard working and some of the form filling (and seeming inability of our consultants to do so can be waring) I think offering time out of programme and support to juniors would be useful. Improving rotas where there are gaps and offering training on how to deal with the pressures of heading the dept. (You never get taught this its more 'feel free to cope') would be useful	12/2/2017 10:06 PM
438	Improving rota	12/2/2017 9:42 PM
439	Reduce amount of service provision compared to teaching.	12/2/2017 9:26 PM
440	Have a proper training programme in emergency medicine for ST4 TO ST6...Right now HST programme is absolutely useless...make more fellowships like prehospital...for example ultrasound, toxicology,	12/2/2017 9:20 PM
441	Increase staff and improve rota	12/2/2017 9:13 PM

442	Better rotas, better highlighting of consultant career	12/2/2017 8:47 PM
443	Make working in Emergency Medicine happy, not dreadful as it is now!	12/2/2017 8:20 PM
444	Ensure formal local delivered structured teaching and training program that takes away the need for attendance at courses and so much personal study. Reduced the number of exams.	12/2/2017 7:44 PM
445	To be honest I think we need to wait for a lot of current consultants to phase out before the current generation who have much better all rounded training to significantly influence retention. There are far too many consultants who have questionable ALS skills, questionable decision making, and have incredibly atrocious management and people skills.	12/2/2017 7:15 PM
446	Actually have teaching! In the northwest have regional teaching for one day every two months which the trainees have to organise. It's a complete joke compared to anaesthetics who have lots of formal teaching, excellent supervision and masses of consultant support. EM trainees are left to do it for themselves and feel completely under valued. Allow some flexibility in choosing hospitals as part of rotations. Improve the rota. Pay better.	12/2/2017 6:53 PM
447	Better rotas for ST1-ST3 staff. Night shifts that finish before rush hour (eg 8pm-6am) to allow staff to drive home prior to high volume traffic.	12/2/2017 5:59 PM
448	Get rid of the time pressures. Get primary care sorted so I don't have to see any of their patients	12/2/2017 5:17 PM
449	Promote LTFT training. Improve salaries and pay scales in line with other countries. Allow OOPE placements in the earlier training years.	12/2/2017 5:16 PM
450	Reward trainees Not those who are regular locums. Give them teaching and time off for private study. Pay could definitely be better. Rota is a massive factor for quality of life.	12/2/2017 5:14 PM
451	More management days. It is impossible to achieve all frcem requirements when FT	12/2/2017 4:36 PM
452	Pay more and make rotas better and make us less of the "joke" speciality within UK hospitals	12/2/2017 4:20 PM
453	Pre-payment by deanery for all courses required for progression (e.g. atls, apls etc.), greater remuneration for unsociable hours, make the LTFT pilot permanent.	12/2/2017 4:18 PM
454	Improve working conditions. Look at what trainees are getting in Australia/NZ and this will tell you what you need to do to stop people going there.	12/2/2017 4:10 PM
455	Need better rotas. Think the ltft pilot is a great way to help get some balance back because we do so much ooh work. Need ct3 doctors to be given better recognition of their seniority	12/2/2017 4:01 PM
456	More time at work not on the shop floor in HST would be good. This can't be vague like our non clinical days, but rather a bespoke educational programme for each trainee to go and do some RSIs or some C-sections, or sit in fracture clinic, or hand clinic for a bit, or do some nerve blocks. Much like the anaesthestist's training days. People who say there isn't space for this becuase of service pressure are short sighted, most rolling rota could accomodate a week like this without affecting shop floor coverage.	12/2/2017 3:56 PM
457	Consistent application across the country of training, rotas Inc spa timr	12/2/2017 3:37 PM
458	Ability to provide emergency care rather than ie routine medical clerking	12/2/2017 3:17 PM
459	Recognising the challenges faced by trainees in EM. Highly stressful, constant workload. This can be alleviated with 20% rota time as SPA/non-clinical. Support from admin and consultants when rota problems arise (ie not expecting us to swap but helping arrange cover/locum). Teaching.	12/2/2017 3:16 PM
460	Complex issue. No easy fix I can suggest. I think a lot of EM trainees that I know really like the resus part and maybe improving the EM skill set in more than just the major centres to include RSI etc and stopping it being solely intensivists and anaesthetists that come and perform the most involved procedures might help EM physicians feel more valued. Also less ACPs that work at registrar level would stop middle grades feeing undervalued.	12/2/2017 2:57 PM
461	From speaking to colleagues who left at my stage or plan to, unless the whole health service sees a dramatic increase in staffing and beds little we do will aid retention. However, better appreciation of our skill set from our colleagues in anaesthetics and itu and encouragement and support to take some of their burden in resus in our region, I appreciate it is different elsewhere would be invaluable in retaining those who do want to do more for critical patients.	12/2/2017 2:50 PM
462	Increase pay. People leave due to being disenfranchised and realising that they can have a better lifestyle and similar pay in other specialties.	12/2/2017 2:45 PM

463	Better Rotas. To do this you'll need more people. Attract them initiallynwith better pay and an earlier retirement age.	12/2/2017 2:34 PM
464	Allowing switching of specialities during ACCS. Improving rotas and improving flow.	12/2/2017 2:25 PM
465	Better funding! A clearer consensus of what care an emergency medicine consultant should be providing. Does this include intubations, art lines, central lines etc (it should!) Currently a wide variation in practice and ideas of what emergency medicine is/should be.	12/2/2017 2:11 PM
466	Treat senior trainees as professionals- give dedicated, protected time for further development with non-mandatory opportunities to develop further interests (eg study for exams, go to theatre to practice RSI, prehospital, med ed)	12/2/2017 2:05 PM
467	We need to be paid better. Why would you choose to take a training post when you could locum in the same department for twice as much and pick and choose when you work? This in turn will improve retention which will improve rotas and morale. People like emergency medicine itself but it's not financially worthwhile compared with other specialities such as anaesthesia where the workload, especially on nights, is so much less but you get paid the same	12/2/2017 2:03 PM
468	Better working condition - more staff, less crowded depts, time to do the job properly and not spend the whole shift firefighting	12/2/2017 2:02 PM
469	Dual qualification as GP to enable us to have a share of the private work and short shifts. Consultants to realign themselves with the Hippocratic oath and training of the fellow 'physician' as a priority. Juniors make huge sacrifices in training that AHPs do not neeed to do, they also take on huge financial burden... the doctors at the top need to be reminded of that.	12/2/2017 1:55 PM
470	Make Rotas better. Allow more flexibility-why can't we have split time as in fellowships eg with med ed or poem, but for every year of training. Will delay CCT but the individual will know that when they start.	12/2/2017 1:25 PM
471	It needs to be easier to take time out and transfer deaneries. We need to be able to train less than full time if we want to.	12/2/2017 1:23 PM
472	Make sure the trainees feel they are supported , valued and trained in the way they deserve. We are not just service providers and we should not be made to fell that way	12/2/2017 1:19 PM
473	Make out of program experience easier	12/2/2017 1:17 PM
474	Too many	12/2/2017 1:17 PM
475	Give more confidence to trainees give them more responisbilities allow them to have room to make mistakes	12/2/2017 12:35 PM
476	Finaical insentive, support for projects/research/ dual speciality/ time out of programe	12/2/2017 12:08 PM
477	Increase study leave by 50% (to 45 days) have 30 mandatory study leave days built into the rota leaving 15 days for courses. Make all regional teaching automatically a day off that is coordinated by the deanery and the rota coordinator - trainees should not be begging for access to mandatory teaching. Increase study budget by £1000. Get departments to pay locums to work the antisocial hours. Get rid of paying locums to work 9-5 on a regular basis (as an emergency is obviously fine). Protected Internal teaching time. Additonal 3-6 months of critical care in ST5. Fewer weekends. Fewer nights.	12/2/2017 11:54 AM
478	Better rostering eg. Brighton model, so it is the norm for all trainees, protected time to pursue special interests (within reason), reduce variability in trainee experience between hospitals and regions (risk of creating great departments for trainees by pooling best teachers and best practice, at the expense of other departments).	12/2/2017 11:45 AM
479	Focus on respect and appreciation of trainees. Feeling cared about as a person and seniors knowing who you are and knowing what your competencies are makes a huge difference in terms of feeling valued. Greater flexibility in rota planning and annual leave/study leave requests. More protected SPA time to develop portfolio.	12/2/2017 10:39 AM

Grit and Burnout in UK Emergency Medicine Trainees

Jon Bailey[1], Carrie Thomas[2] and Almuth McDowell[3]

On behalf of the Emergency Medicine Trainees Association (EMTA)

1. Higher Specialty Trainee in Emergency and Intensive Care Medicine, PEM and PHEM dual subspecialist, Thames Valley LETB. Immediate Past President EMTA.
2. ST4 in Emergency Medicine, South London LETB. EMTA Executive committee & #EMTA18 Conference Lead.
3. Department of Organizational Psychology, Birkbeck University of London, UK

Objective:

"Grit" can be defined as the passion and perseverance for long term goals, and it can be measured using a validated 12 item scale. Grit has been shown to correlate with seniority amongst ENT surgeons in the UK. Emergency Medicine trainees consistently report high levels of burnout, and amongst UK trainees, doctors working in Emergency Medicine posts are more likely to rate the intensity of their work in these posts as "very heavy" than other medical training posts. As is the case with ENT surgeons, it might be expected that grit is necessary to progress through training. This study aimed to examined the relationship between grit and progression through training years in Emergency Medicine, and the relationship between grit, burnout, anxiety and depression.

Design and Setting:

This was a prospective, survey based study, using four validated tools:

1. **Short Grit Scale**
2. **Oldenburg Burnout Inventory**
3. **Generalised Anxiety Disorder Assessment (GAD7)**
4. **Patient Health Questionnaire (PHQ-9).**

These tools formed part of the wider annual Emergency Medicine Trainees' Association survey from 2017.
The study was conducted upon UK based trainees in Emergency Medicine (EM), working as part of a nationally recruited training programme leading to the award of a CCT in Emergency Medicine.

Measuring Burnout and Grit:

Burnout is a described at "physical or mental collapse caused by overwork or stress", and has been shown to be commonplace amongst the medical workforce both in the UK and overseas. The Oldenburg Burnout Inventory measures both disengagement and exhaustion over sixteen items, and gives a score of between 16 and 64.
Participants scores indicate the risk for developing burnout:

Low	Average	High
<26	26-36	>36

The Short Grit Score measures a single score derived from 12 questions to provide a measure of likelihood of task completion.
Grit scores are between 1 and 5.

Participants and Results:

A total of 432 trainees completed the study, split across 6 years of training from ST1 to ST6, the normal end-point of UK EM training.
Progression through training by grade is associated with increased grit scores ($r = 0.49$, $p < 0.05$).
Burnout scores were high in all stages of training, averaging "high or very high" risk of burnout. ***No respondent scored low risk of burnout.***
Trainees who undertook additional locum work alongside training had significantly lower burnout scores than those who didn't ($p < 0.05$), **but no significant difference in Grit scores.**
There was no significant correlation between Grit and PHQ9 or GAD7 scores, nor between burnout and PHQ9 or GAD7 scores.
GAD7 and PHQ9 showed a strong correlation of 0.74, consistent with previous comparisons.

Grit Score vs Training Grade

OBI vs Grit Score

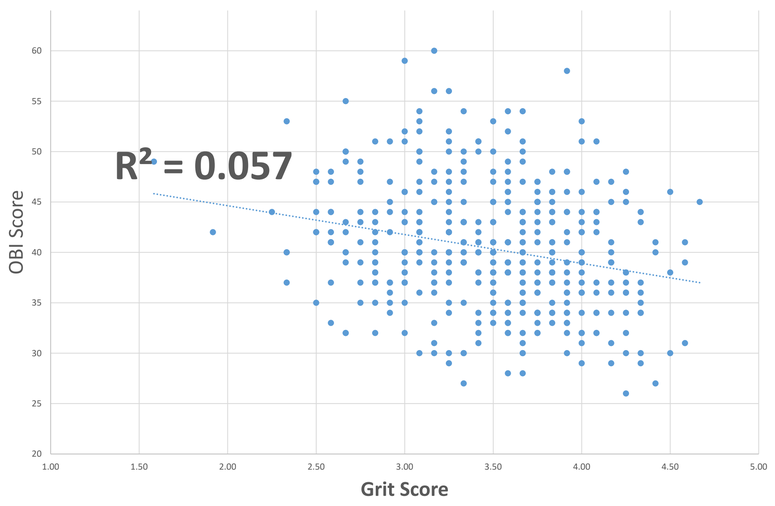
Conclusions:

Grit is an important feature in progression through training in Emergency Medicine. Burnout in Emergency Medicine is so prevalent that the Oldenburg Burnout Inventory used in this study may no longer discriminate effectively in this cohort, and alternative inventories such as Copenhagen and Maslach may be more effective.

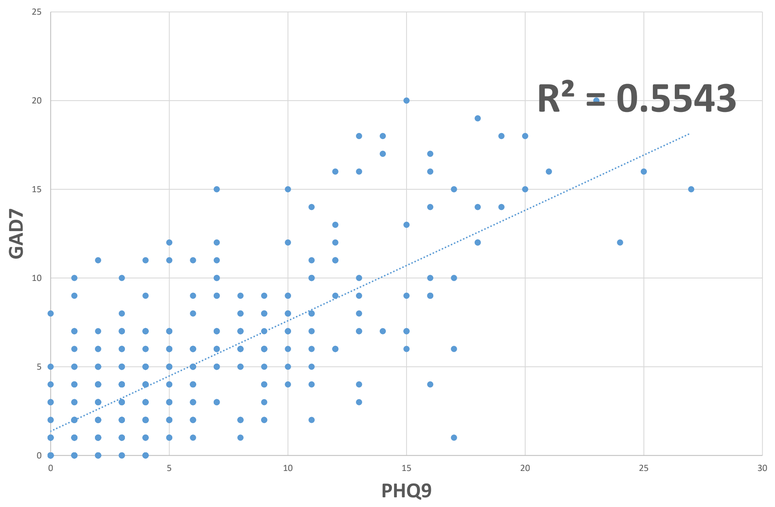
Burnout scores appear to decline from CT3-ST6, perhaps indicating a growing level of comfort with the practice of Emergency Medicine as training progresses. A spike at ST6+, for those beyond the normal end point of formal training, may represent participants who are taking additional training in PEM, PHEM or ICM, OOPE outside of formal training, or those who have yet to complete fellowship examinations. All of these additional undertakings are potential contributors to burnout.

Grit scores amongst consultants and non training grade doctors may provide further insights, and a robust process for examining Grit amongst applicants to the profession may help to identify doctors who have a high likelihood of completing training.

OBI vs GRIT Score:



GAD7 vs PHQ9 Score:



References:

1. General Medical Council (2017). Training environments 2017: Key findings from the national training surveys. Code: GMC/NTS2017KF/1117
2. Halbesleben, J.R., Demerouti, E. The construct validity of an alternative measure of burnout: investigating the English translation of the Oldenburg Burnout Inventory. Work Stress. 2005;19:208–220.
3. Duckworth, A.L., Quinn, P.D. Development and validation of the Short Grit Scale (GRIT–S). J Pers Assess. 2009;91:166–174.
4. Survival of the Grittiest? Consultant Surgeons Are Significantly Grittier Than Their Junior Trainees, Walker, Abigail et al. Journal of Surgical Education , Volume 73 , Issue 4 , 730 - 73