2017

EMERGENCY MEDICINE TRAINEES' ASSOCIATION

Emergency Medicine Trainees Annual Survey 2016

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on behalf of the EMTA Committee

Introduction and Design

This survey builds on the data collected in the EMTA Survey 2015, and provides the first year on year comparative data available outside of the GMC survey.

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 with 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.

Questionnaire design and distribution

The questionnaire from the EMTA Survey 2015 served as the basis for this year's survey. 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 3rd November 2016 to 7th December 2017, running for a total of 35 days. 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 628 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	53	46.09	8.44	62	53.91	9.87	115
ST2	52	44.07	8.28	66	55.93	10.51	118
ST3	76	55.47	12.10	61	44.53	9.71	137
ST4	52	59.09	8.28	36	40.91	5.73	88
ST5	30	38.96	4.78	47	61.04	7.48	77
ST6	21	45.65	3.34	25	54.35	3.98	46
ST6+	12	63.16	1.91	7	36.84	1.11	19
OOP for research, experience or training	10	50.00	1.59	10	50.00	1.59	20
OOP for maternity or paternity leave	0	0.00	0.00	8	100.00	1.27	8
Total	306			322			628

Table 2: Respondents by LETB

LETB	Number	Percentage of total	Census numbers	Percentage of Census total
Defence	11	1.75		
East Midlands	20	3.18		
East of England	31	4.94		
East of Scotland	7	1.11		
Kent, Surrey, Sussex	13	2.07		
North Central and East London	53	8.44		
North East	16	2.55		
North of Scotland	4	0.64		
North West	40	6.37		
North West London	38	6.05		
Northern Ireland	24	3.82		
South East of Scotland	37	5.89		
South London	54	8.60		
South West	42	6.69		
Thames Valley	40	6.37		
Wales	17	2.71		
Wessex	43	6.85		
West Midlands	22	3.50		
West of Scotland	30	4.78		
Yorkshire and the Humber	86	13.69		
Total	628	100.00		

Theme 1: Personal Factors

Dependent Children

Of 628 respondents, 196 (31.21%) had dependent children. Of female respondents, 85 of 322 (26.40%) had dependent children, compared with 111 of 306 male respondents (36.27%).

LTFT

Of 628 respondents, 74 declared themselves as LTFT (11.78%). Of female respondents, 64 of 322 declared themselves LTFT (19.88%), compared with 10 of 306 male respondents (3.27%).

Choice of Specialty

Those who choose to train in EM state the specialty is attractive on the basis of the variety of work, the wide case mix and access to practical skills, and the tempo of work. Absence of ward rounds and team ethos remain significant positives too. The vast majority of trainees report that these reasons hold true now. Full comments are available in **Appendix A**. Those who don't feel their reasons for choosing EM persist frequently cite a lack of dedicated training time, excess workload, excessive low acuity work felt suitable for general practice, and reduction of variety due to specialist teams operating in the Emergency Department and use of ANPs/ACPs. Several comments allude to feeling unable to deliver high quality care due to service pressures. Senior trainees report de-skilling of critical care procedures because of service pressure. Full comments in **Appendix B**.

Theme 2: Workplace

Currently, 331 of 586, or 56.5% of trainees have actively chosen to work in the hospital where they are working. ***There is wide variation in accommodation of choice, from 100% in East of Scotland to 22.7% in the West Midlands.*** There is no extant data available to trainees to decide on which LETB to apply to based on the predilection to accommodate their preferences.

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

	Male	% of total	Female	% of total	Total
Yes	144	24.57	187	31.91	331
No, but I'm ok with it	117	19.97	108	18.43	225
No, and I'm not ok with it	22	3.75	8	1.37	30
Total					586

Workplace facilities

Of 586 respondents, 45 (7.68%) reported that there was a canteen selling hot food open 24/7 at their current hospital.

Of 586 respondents, 88 (15.02%) reported having a facility to allow sleep following a night shift before travelling home at their current hospital.

Of 586 respondents, 195 (33.28%) reported having child care facilities at their current hospital.

Of 586 respondents, 244 (41.64%) reported having a library open 24/7 at their current hospital.

Of 586 respondents, 368 (62.80%) reported having a place to securely store coats and bags in their place of work.

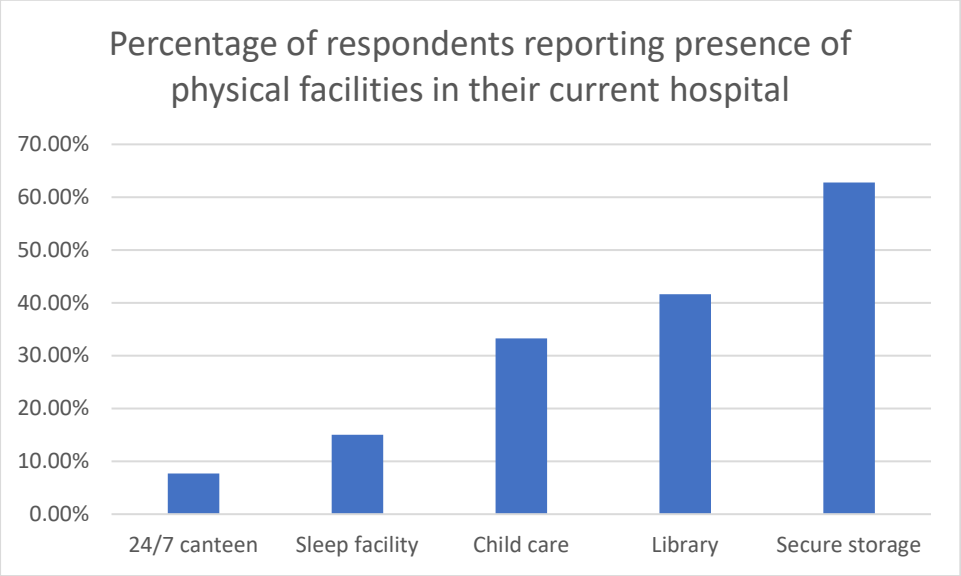


Table 4: “Did you choose to work in the hospital where you are currently based” by LETB, ranked by provision of choice

LETB	LETB Total	Yes	% of LETB total	No, ok	% of LETB total	No, not ok	% of LETB total
East of Scotland	7	7	100.00	0	0.00	0	0.00
Defence	11	10	90.91	0	0.00	1	9.09
North of Scotland	4	3	75.00	0	0.00	0	0.00
South London	54	38	70.37	10	18.52	3	5.56
North West	40	28	70.00	10	25.00	1	2.50
North West London	38	23	60.53	12	31.58	2	5.26
East Midlands	20	12	60.00	5	25.00	2	10.00
East of England	31	18	58.06	8	25.81	2	6.45
North East	16	9	56.25	5	31.25	0	0.00
Thames Valley	40	22	55.00	15	37.50	0	0.00
North Central and East London	53	29	54.72	14	26.42	5	9.43
South East of Scotland	37	20	54.05	15	40.54	1	2.70
Wessex	43	23	53.49	17	39.53	1	2.33
Northern Ireland	24	12	50.00	10	41.67	0	0.00
Wales	17	8	47.06	4	23.53	2	11.76
South West	42	18	42.86	19	45.24	2	4.76
Yorkshire and the Humber	86	32	37.21	46	53.49	5	5.81
West of Scotland	30	11	36.67	15	50.00	1	3.33
Kent, Surrey, Sussex	13	3	23.08	7	53.85	1	7.69
West Midlands	22	5	22.73	13	59.09	1	4.55
Total	628	331		225		30	

Commute

Training involves a good deal of moving from one hospital to another. Anecdotally, this is viewed positively as exposure to a range of hospitals is felt to be beneficial; the survey does not contain data on this specific question, and the lead author is not aware of any data to support the anecdotal view. A consequence of changing training location is variability in the commute to work, since it is not practical or financially viable to move house annually.

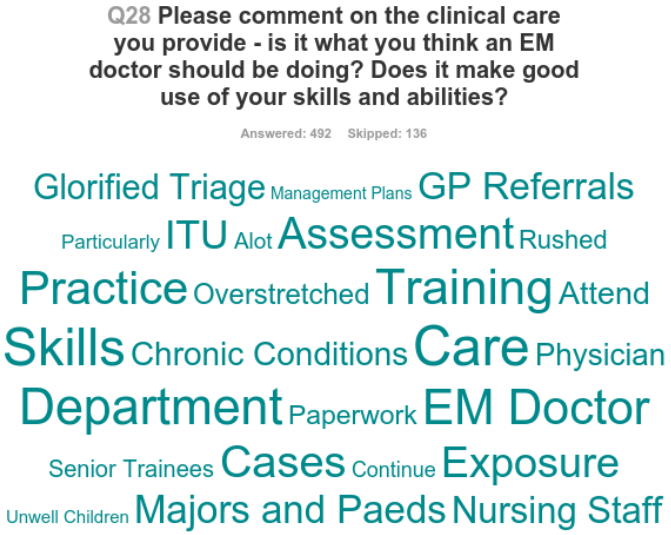
The average EM trainee has a round trip commute of 28.6 miles, taking an average of 69 minutes to do so.

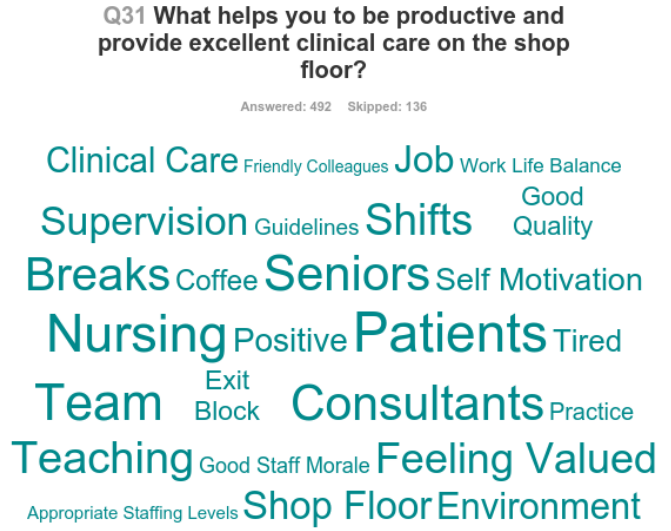
Commute seems to play a role in trainees choice of training location, particularly where commute is by car. Those who actively choose their hospital commute for less distance and time than those who are happily allocated, who in turn commute for less time than those who are unhappily allocated. The unhappily allocated travel 23 miles further, and commute for an average of 36 minutes longer than those who choose where they work. On the basis of 5 shifts per week over 40 working weeks (after study and annual leave), this amounts to amounts to an extra 4600 miles over 120 hours per year - a significant financial impact.

Table 5: Average commute by distance and time compared by choice

		Car, Car share or Motorbike		Cycle, Walk or Run	
		Distance	Time	Distance	Time
Choosers	Average	31.23	65.72	5.50	35.87
	Standard deviation	29.15	43.92	7.15	20.48
Happy allocated	Average	40.93	81.77	4.48	33.29
	Standard deviation	35.59	43.45	4.03	22.45
Unhappy allocated	Average	54.46	101.72	6.25	60.00
	Standard deviation	47.88	58.91	6.13	45.46

Theme 3: Working Environment in EM



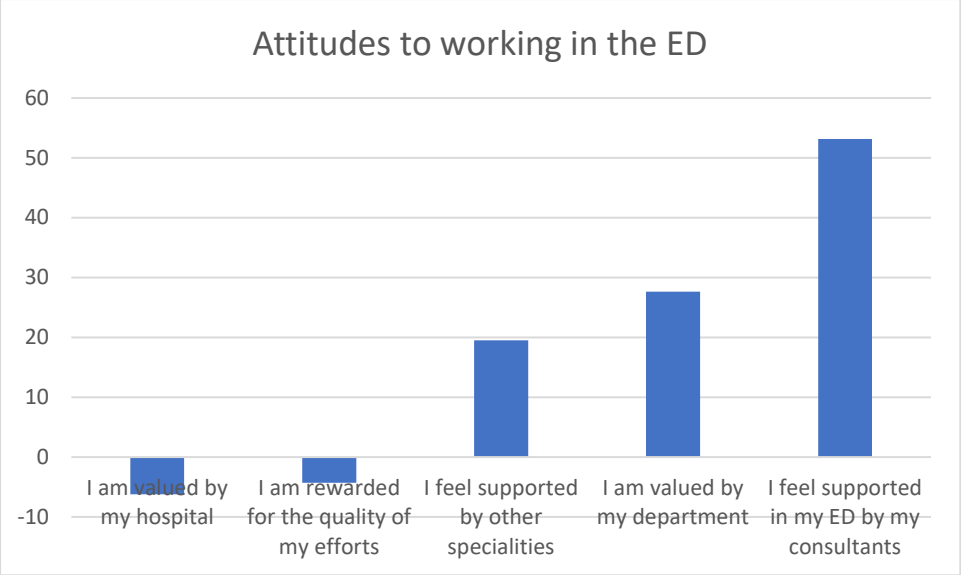


The clinical care provided in ED often doesn't match with trainees' expectations of what they thought they would be doing when they applied for the job. Trainees cite low acuity, particularly in paediatrics, and specialty team input – notably Anaesthetics and ITU in resus, and ANPs/ACPs in minors – reducing the proportion of procedures undertaken and true emergencies seen. Appendix C contains all comments on this topic.

Productivity and excellent clinical care were felt to be promoted by adequate time for training and rest, senior supervision, supportive feedback and team, and a sense of value. Several comments allude to frustration with inadequate IT systems. Full comments are in Appendix D and Appendix E.

Attitudes in the Emergency Department

492 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.


Attitudes to working in the ED
60
50
40
30
20
10
0
-10
I am valued by my hospital
I am rewarded for the quality of my efforts
I feel supported by other specialities
I am valued by my department
I feel supported in my ED by my consultants

Theme 4: Training Efficacy

How well does this post meet your training needs?

338 trainees rated their current training post out of 10, giving an average score of 6.57; the ST4+ respondents, numbering 166, rated their posts 6.69 on average. By way of contrast, the small number of trainees in OOP at the time of response, 11, reported an average of 7.36.

Returning to the theme of choice shows that of 338 respondents, those working in hospitals they chose to work in were most likely to feel post met their training needs:

	Number	Average Score
Yes	190	6.89
No, but I'm ok with it	133	6.35
No, and I'm not ok with it	15	4.33

None of these scores match that seen for OOP, however – suggesting that the best posts are "off menu" for regular training.

Shop floor supervision

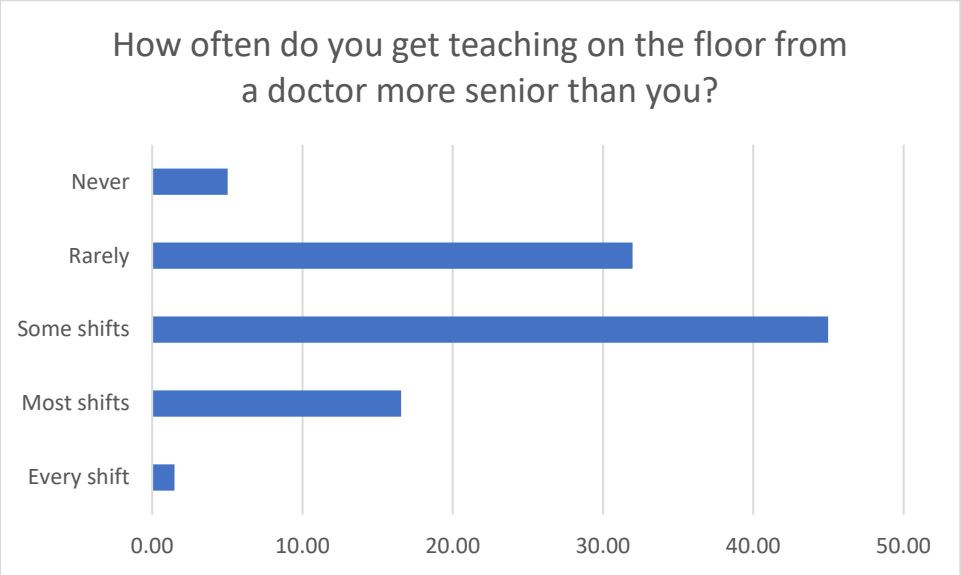
Of 338 trainees, 102 (30.18%) felt they were supervised by doctors more senior than them that they felt are not operating at the clinical level expected for their grade. This figure is broadly consistent across all training grades within the survey, but is significantly lower for those on OOP at only 1 of 11 respondents (9.1%).

Once again, a strong correlation with choice is seen:

	Number "yes"	Total responders	Average Score
Yes	54	190	28.4
No, but I'm ok with it	39	133	29.3
No, and I'm not ok with it	9	15	60.0

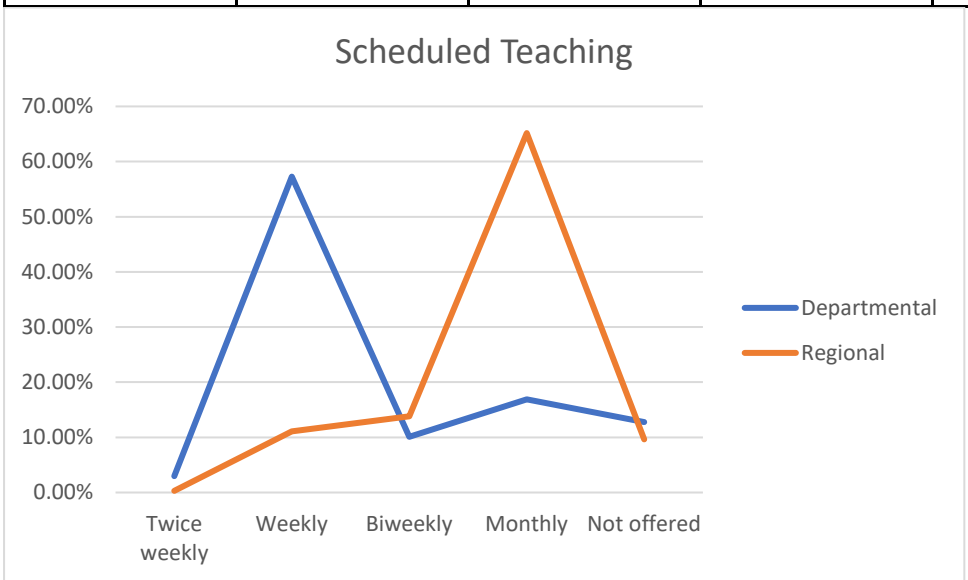
Access to Training

Shop floor teaching



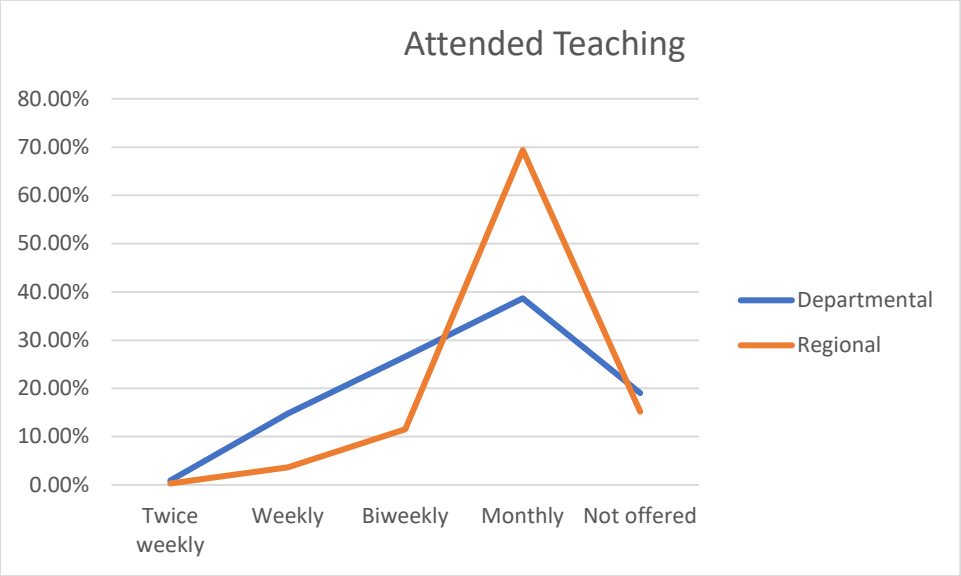
How often are you scheduled to receive teaching – percentage of respondents by frequency.

	Departmental		Regional	
Twice weekly	10	2.97%	1	0.30%
Weekly	193	57.27%	37	11.11%
Biweekly	34	10.09%	46	13.81%
Monthly	57	16.91%	217	65.17%
Not offered	43	12.76%	32	9.61%



How often are you able to attend teaching – percentage of respondents by frequency.

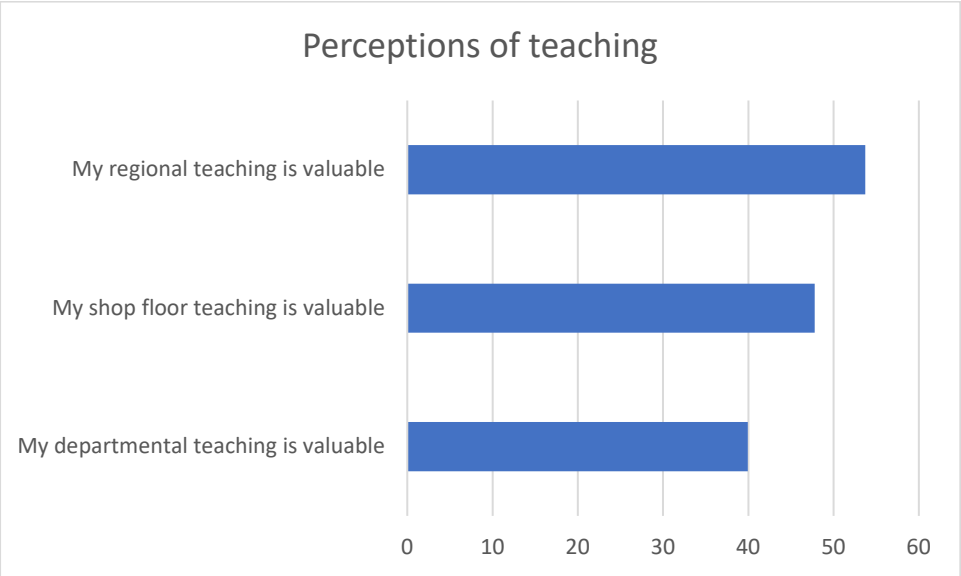
	Departmental		Regional	
Twice weekly	3	0.91%	1	0.30%
Weekly	49	14.80%	12	3.64%
Biweekly	88	26.59%	38	11.52%
Monthly	128	38.67%	229	69.39%
Not offered	63	19.03%	50	15.15%



It is worth considering the maximum achievable attendance for teaching. HST registrars have 32 days leave, and 30 days study leave. Study leave in its entirety is seldom realised as this allocation is trimmed for regional and local teaching. An EM registrar works a high proportion of evenings and nights (typically 50%+ unsocial hours), which departments are often unable to release trainees from due to service pressure and higher cost due to out of hours premia.

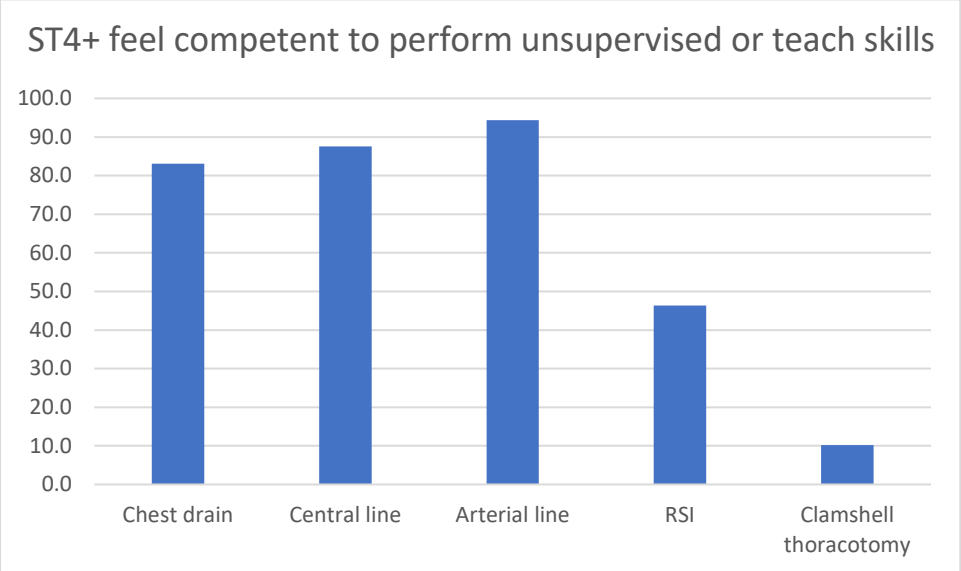
Perceptions of training modalities

338 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.

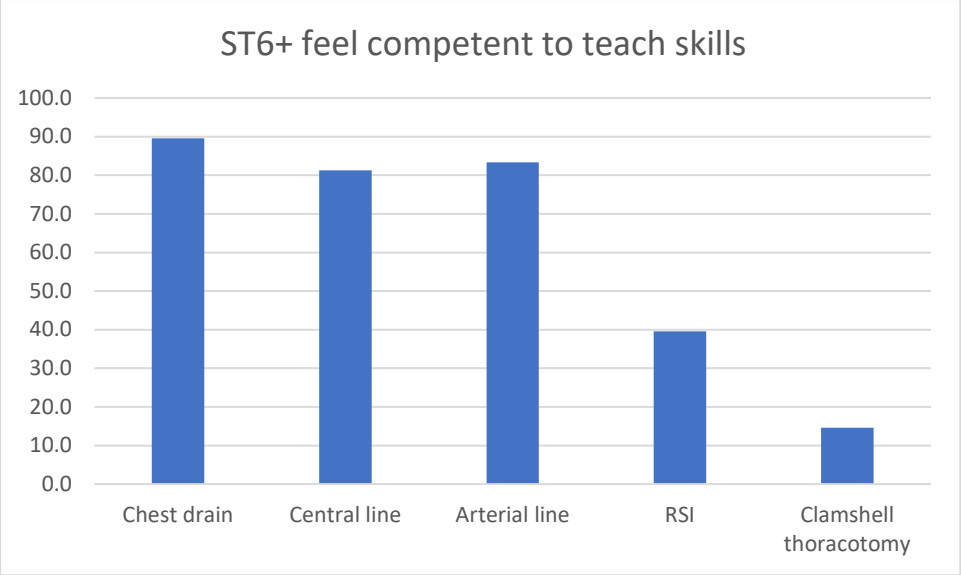


Key Technical skills

5 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 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. Of the ST4+ respondents, 16.9% did not feel competent to insert a chest drain unsupervised, yet could find themselves single handed in a major trauma centre.



Completion of ST6 marks eligibility for CCT in standard Emergency Medicine training. This suggests that trainees within 12 months or less to completion of training do not consistently feel confident to teach the chosen indicative resus skills.

Theme 5: Readiness for Progression

OOP

The survey tells us that 87 of 476 respondents (18.3%) have already taken OOP. Post-ST3 remains the most popular time to take OOP (37.8%), followed by ST4 and ST5. OOP is not common during core training. OOP was most commonly used for OOPE (53.66%), OOPT (29.27%), OOPC (21.95%) and finally OOPR (2.88%).

OOP is clearly a growth industry, with 245 of 470 respondents (52.13%) planning to take OOP in the future. Post-ST3 remains the most popular time to plan OOP (46.12%), again followed by ST4 and ST5. Fewer are planning OOP in core training than have already training, suggesting there will be a proportionally greater impact on the ST4+ tier. OOP is most commonly planned for OOPE (64.49%), OOPT (28.98%), OOPC (16.33%) and finally OOPR (7.76%). Pre Hospital (PHEM) is by far the most popular planned OOPT sub or dual training option (66.27%). There are currently 112 people planning to train in PHEM from Emergency Medicine alone - there were just 21 places nationally this year.

Locum work

From 460 respondents, 156 (33.91%) declared that they undertake locum work. They do so for extra money (89.1%), to help out their department (44.87%), or for education (12.18%). The majority locum in their current hospital (64.74%) or hospitals where they have previously worked regularly (54.49%). Few locum nationally (8.33%). The majority, 111 of 156 respondents (71.15%) told us there was no objective difference in the level of supervision and support received whilst locuming in comparison to their normal work. Furthermore, 113 of 156 (72.44%) told us they would be in favour of being able to count locum hours towards training.

This cohort is likely to pick up some of the work generated by the LTFT pilot proposed by HEE/BMA.

Study Budget and Costs of Training

Please refer to the EMTA costs of training survey, published in 2016.

End of training – next position after CCT

From 492 respondents, 254 (51.6%) plan to take a substantive consultant post as their next position, with 76 (15.5%) expecting to take up a locum consultant position. 42 (8.5%) are planning to work overseas, whilst 30 (6.1%) are considering working in a different specialty.

This survey would suggest that 14.6% of trainees are planning to leave the UK or the specialty, even if they finish training, which is a future timebomb for sustainability.

ARCP

Respondents were asked “How constructive did you find your last ARCP?”, with a graded response from 1-10.

	Number	Average Score
All	338	5.05
ST4+	166	5.50
ST6+	41	5.12

338 of respondents completed a “tick all that apply” question, “Regarding your last ARCP”. These questions match those in the BOTA Census, to allow us to make direct comparison with orthopaedic trainees as part of the their “Hammer-It-Out” campaign.

Statement	Number	Proportion
I attended in person	216	63.9%
My ePortfolio account was open and probed	212	62.7%
I was treated with respect by the ARCP panel	149	44.1%
My waypoint checklist (ST4, ST5, ST6 etc) was used	135	39.9%
There was opportunity to give feedback about my current post	130	38.5%
My performance in regional or national exams was reviewed	98	29.0%
I was able to discuss my training needs going forward	82	24.3%
I was able to discuss my future career plans	82	24.3%
None of the above	55	16.3%
There was opportunity to give feed about my current educational supervisor	47	13.9%
My patient numbers were scrutinised	46	13.6%
My research activity and output was evaluated	37	10.9%
I could identity the external liaison member for my region	28	8.3%
I felt belittled or demoralised	27	8.0%
I felt unable to raise concerns about my training	26	7.7%
The atmosphere was aggressive or intimidating	11	3.3%
I was not listened to when raising concerns about my training	9	2.7%
I was required to do a presentation	6	1.8%

Theme 6: Sustainability and Welfare

From 628 respondents, there is data available using the Generalised Anxiety Score (GAD7), the Patient Healthcare Questionnaire 9 (PHQ9), and the Oldenburg Burnout environment.

GAD7 of moderate or severe, or a PHQ9 of moderate severe or severe both indicate anxiety and depression that may need clinical intervention. These scores show significant geographical variation, with some regions exhibiting a prevalence 3 times higher than the general UK population. The number of responses from some regions is too low to draw meaningful conclusions.

The Oldenburg Burnout Inventory provided a headline figure on rates of burnout last year; this year we have been able to break it down further to provide more granular detail in the form of average burnout scores by region and by grade.

Grade	Respondents	GAD7 Average	PHQ9 Average	GAD7 Mod and Severe	PHQ9 Mod Severe and Severe
ST1	115	3.8	4.6	7.8%	3.5%
ST2	118	4.3	5.3	5.9%	4.3%
ST3	137	4.7	4.6	8.0%	5.2%
ST4	88	4.2	4.6	4.5%	2.6%
ST5	77	5.5	6.0	14.3%	7.8%
ST6	46	5.0	5.7	10.9%	3.5%
ST6+	19	5.3	6.2	10.5%	0.9%

OLBI GRADE 2016	Respondents	High to Very High risk	Proportion high risk burnout	Average	Max	Min	St Dev
ST1	82	45	54.9%	36.1	48	23	5.4
ST2	85	61	71.8%	37.7	46	24	5.2
ST3	106	80	75.5%	38.9	53	23	6.1
ST4	61	33	54.1%	36.1	50	24	5.5
ST5	61	35	57.4%	36.7	56	20	6.7
ST6	30	22	73.3%	37.7	43	28	3.9
ST6+	11	6	54.5%	36.7	40	27	5.5
Total	436	282					
Proportion		64.7%					

LETB	Respondents	Average	Average	GAD7 Mod and Severe	PHQ9 Mod Severe and Severe
West Midlands	22	6.6	6.8	18.2%	15.0%
East Midlands	20	5.1	5.0	15.0%	14.3%
East of Scotland	7	4.7	7.3	14.3%	13.6%
Northern Ireland	24	4.1	5.9	12.5%	9.7%
South West	42	5.0	4.0	11.9%	9.1%
Yorkshire and the Humber	86	5.0	5.8	11.6%	8.3%
East of England	31	5.0	4.7	9.7%	7.7%
Wessex	43	5.6	4.9	9.3%	7.1%
Kent, Surrey and Sussex	13	4.4	5.4	7.7%	6.7%
North, Central and East London	53	4.2	4.5	7.5%	5.9%
South London	54	4.6	4.8	7.4%	5.7%
West Scotland	30	4.7	4.4	6.7%	5.4%
North East	16	4.1	5.0	6.3%	5.0%
Wales	17	3.4	4.9	5.9%	4.7%
South East Scotland	37	3.4	4.9	5.4%	2.5%
North West London	38	4.0	5.2	5.3%	2.3%
North West	40	4.2	4.8	5.0%	1.9%
Thames Valley	40	4.1	4.7	5.0%	0.0%
Defence Postgraduate Medical Deanery	11	2.8	5.0	0.0%	0.0%
North of Scotland	4	4.8	5.0	0.0%	0.0%

OLBI LETB 2016	Respondents	High to Very High risk	Proportion high risk burnout	Average	Max	Min	St Dev
North West London	26	21	80.8%	40.7	51	23	6.8
Wales	9	8	88.9%	40.1	56	31	7.5
Kent, Surrey and Sussex	11	8	72.7%	39.6	45	29	5.4
East Midlands	14	9	64.3%	39.3	50	29	5.7
North Central and East London	38	28	73.7%	38.7	46	25	5.0
South London	43	32	74.4%	38.6	53	24	6.3
West Midlands	14	11	78.6%	38.2	47	25	5.4
Thames Valley	26	17	65.4%	37.8	47	27	5.3
South West	29	19	65.5%	37.2	45	24	5.8
West of Scotland	24	16	66.7%	36.8	45	26	5.1
Yorkshire and the Humber	70	40	57.1%	36.8	50	25	5.9
Wessex	33	19	57.6%	36.3	48	20	5.7
North West	28	16	57.1%	36.3	48	23	6.0
Defence Postgraduate Medical Deanery	10	6	60.0%	35.7	41	27	4.6
East of England	22	14	63.6%	35.6	41	25	4.4
South East of Scotland	27	16	59.3%	35.1	39	24	3.8
Northen Ireland	13	6	46.2%	34.8	42	24	5.2
North of Scotland	2	1	50.0%	34.7	34	31	2.1
North East	11	4	36.4%	32.9	36	26	3.3
Total	450	291					
Proportion		64.7%					

Undermining, Bullying and Harassment

From 432 respondents, the following were reported at least once in the 4 weeks prior to the survey:

68 (19.88%) felt bullied at work

231 (53.47%) felt undermined at work

90 (20.82%) witnessed a colleague being harassed

62 (14.35%) witnessed a colleague being bullied

95 (21.99%) had been harassed at work

178 (41.20%) witnessed a colleague being undermined

These figures are again to allow direct comparison with the Hammer-It-Out campaign. By way of comparison, in the 2016 BOTA Census, 43% of trainees stated that they had witnessed a colleague being bullied in their T&O post. However only 7% reported that they themselves had been the victim

of bullying. 70% of trainees had witnessed a colleague being undermined and 25% reported having felt undermined themselves in the last 4 weeks.

More details related to specific events are contained in Appendix F; the comments are edited for anonymity.

Theme 7: Rota

Gaps

From a sample of 513 respondents, the average responder is on a rota with 9.2 slots (SD 4.7); from 403 respondents, the average number of gaps reported was 2.1 (SD 2.4). In response to the question "In the last four weeks, how many times have been asked to work additional hours or change shift to cover sickness, leave or rota gap?", 418 respondents provided an average of 3.5 (SD 5.6).

Shift length

Respondents told us shifts should be 10 hours in duration or less, 397 of 433 (91.69%).

Breaks and compliance

43 of 433 (9.93%) always got their breaks; 72 of 433 (16.63%) rarely or never got their breaks.

10 of 431 (2.32%) always finished their shift on time; 79 of 431 (18.33%) rarely or never got their breaks.

191 of 433 (44.11%) have fixed leave on their rotas.

169 of 433 (39.03%) received their rota with more than 6 weeks notice; 66 of 433 (15.24%) received less than 2 weeks notice.

186 of 433 (42.96%) have protected SPA time in their rota.

Many of these measures are included in the new contract, which comes to EM this year. Failure to comply with shift length, breaks and rota notice carries a potential financial penalty – trusts and departments, as well as trainees, will need to become familiar with these new procedures.

The most common themes consistently centre around rota, work life balance, training opportunities and remuneration: all ultimately a function of rota design and staffing. See **Appendix G**.

Discussion

Theme 1: Personal Factors

A third of trainees have dependent children, and meeting family needs play strongly into the preferences of many trainees. LTFT is 6 times more common amongst the female workforce in comparison to the male workforce, and changes to this disproportionately impact women.

EM continues to attract trainees for its pace, variety, and "hands on" work approach; the majority feel that these attributes remain.

Theme 2: Workplace

Workplace choice is an important concern for many trainees, and the impact of commuting should not be underestimated.

Trainees who choose the hospital they work in commute an average of 4600 miles less and spend 120 hours less commuting per year compared with those who are allocated a hospital they don't want to work in.

Trainees are likely to have sound reasons for not wanting to be placed in certain hospitals, and the negative impact on morale of placing trainees against their will extends beyond the specific trainee to the cohort of which they are part, as the threat of adverse placement is present on an annual basis. Those regions with the lowest rate of accommodation of preference, and the highest rate of allocational against preference also have the highest OLBI scores.

The presence of workplace facilities impacts differently throughout the workforce. For EM, with a high proportion of OOH working, poor access to hot food and sleep facilities both contribute to fatigue. High levels of fatigue contribute to increased error rates, and increased risk both for patients and doctors. Motor vehicle accident rates in shift workers are 30% higher than those working 9-5, as per the HSE. Mitigating this with rest areas is a prudent investment, particularly when trainees are potentially given no alternative mechanism to avoid commuting long distances at unsocial hours.

Theme 3: Working Environment in EM

It seems trainees feel valued by their consultants and their departments, but that this sense of value does not extend further into the hospital.

There are consistent themes amongst trainees who feel EM isn't what they were expecting. The level of variety is threatened by area specific domination by medical and non-medical clinicians: ENPs are frequently cited in minors; anaesthetics/ITU in resus. A high proportion of non-emergency presentations, which is perceived to be increasing, is also demoralising to these entering emergency medicine with the concept of the speciality as a branch of critical care. It feels as if there is a degree of expectation/reality mismatch for many trainees that causes them to re-evaluate their enthusiasm for the speciality.

Theme 4: Training Efficacy

Hospitals do not have to compete for trainees, particularly in regions where trainees are unable to express a preference as to where they work. Hospitals can however compete to offer OOP jobs to attract high calibre applicants, and more teaching and supervisory resources are potentially being directed into these programmes. This can appear as if more of a finite teaching resource is being invested outside of HST, but in a virtuous cycle, trainees in these departments may find themselves operating in a more completely and consistently staffed working environment.

Trainees are most likely to think that their training posts are meeting their needs if they have chosen the posts – the more they are involved in choosing them, the more they feel their needs are met. Quite what this means in reality is difficult to interpret without a firm outcome measure such as perhaps ARCP success rate.

Nearly a third of trainees reported being supervised by senior doctors operating below the level expected for their grade. This is a troubling proportion, and suggests significant lack of confidence; comparative data from other specialties would provide an interesting comparison.

Data suggests that less frequent teaching is more likely to be highly attended, which would give better delivery for unit consultant time, and reduce administrative burden for those tasked with organising teaching. Regional teaching on a monthly basis matches well with potential attendance. Regional teaching is more likely than local teaching to be organised by consultants (21.88% compared with 4.11%); the majority of local teaching is organised by registrars (both training and non training).

Technical skill competence is incomplete despite competency sign off for 3 of the 5 skills chosen at core training level; though trainees pass their ARCP as competent, they do not feel confident.

Theme 5: Readiness for Progression

There is significant appetite for prolongation of training with OOP. Using this data to forecast suggests a minority of trainees will complete the 'bare bones' EM training package, with most trainees seeking to use OOP to gain additional experience.

Approximately a third of the workforce undertakes locum work, mostly at hospitals where they have worked full time and mostly for financial gain. Locum shifts are broadly the same as training shifts, and it does not seem unreasonable in principle that equivalently supervised locum work in equivalent settings to regularly rostered training shifts should see trainees progress more rapidly through training; indeed, depending on the rota structure of a given department, this is likely to be effectively happening in some regions.

It is concerning that less than 1 in 4 trainees were invited to discuss their training needs or future career plans during their ARCP. Less than 2 in 3 trainees had their e-Portfolio examined during ARCP, which seems a waste given the time that goes in to preparing it – both for trainees and trainers. Less than 4 in 10 were offered the opportunity to give feedback on their current placement, which is a quick win in terms of improving placement quality.

Theme 6: Sustainability and Welfare

The Oldenburg Burnout Inventory data continue to show high rates of burnout in Emergency Medicine. Burnout inevitably contributes to difficulties in recruitment and retention; the data offers some ideas of what may contribute to burnout, but the most influential factors are likely to be highly personalised.

Psychological markers in the GAD7 and PHQ9 show significant regional variation, but peak around examination time. Widening the time frame in which examinations may be taken, to allow FRCEM examination when the trainee feels ready, may reduce this peak.

Further understanding of regional practices would help define best practice to minimise these risks; that said, it is very likely that trainees empowered to choose their work place and work practices will

make changes in such as to reduce their burnout risks, and therefore empowering choice consistently would be an easy win.

Theme 7: Rotas

Data suggest that staffing of departments is highly variable, which may be due to physical size or footfall of department, but the average shortfall is consistent regardless of rota size. This means that proportionally, the bigger rotas are better staffed, as the proportional shortfall is less. Within standard deviation movement, a small rota with 5 slots may be 4 short at 20% fill, whilst the same shortfall on an average rota would equate to 44% fill.

The implication is that the workforce pressure is higher in smaller departments, which has implications for delivery of supervision and training. Most HSTs will spend no more than 1 year in an MTC, which is usually a surrogate marker of size of department – the majority of their training is delivered in the hospitals with higher workforce pressure.

High variability in last minute rota changes may suggest benign differences in workforce management practices, or it may be a strain gauge for high sickness rates or high rates of unfilled shifts.

Fixed leave has been consistently highlighted as damaging to morale, and is not necessary. It should only be included on a rota by mutual agreement under the 2016 contract terms and conditions.

Protected SPA is likely to be worked in to work schedules under the new contract; breach of work schedule will also be a reportable contract exception.

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

#	Responses	Date
1	personal favourite	12/6/2016 8:17 PM
2	I have always preferred the acute aspects of medicine. Enjoy the variety and practical aspects of the job.	12/6/2016 6:32 PM
3	I like the variety of cases. I like treating unwell/resus cases and working with multiple teams. 9-5 is hard work. I like trauma. I wanted to deal with sports injuries. I thought it would be a good team to work in.	12/6/2016 4:49 PM
4	The variety, the acuity, the unpredictability, the team-working, the lack of clinics and ward rounds, the high pace.	12/6/2016 4:43 PM
5	Change of career, relatively easy recruitment process, good regional programme not requiring excessive commuting, only other discipline I'd ever considered working in	12/6/2016 3:46 PM
6	Team atmosphere, broad range of patient presentations, fast pace.	12/6/2016 2:50 PM
7	Love A&E Broadness of cases Treat everyone without regard for whether they can pay or not	12/6/2016 2:31 PM
8	Did not see myself working in any other department	12/6/2016 11:45 AM
9	Learning multiple skills as a doctor. Exposure to variety of aspects of patient care	12/6/2016 6:54 AM
10	loved it as a student. varied. high turnover. lots of proceedures. managing emergencies	12/6/2016 1:34 AM
11	High acuity, fast paced, broad range of clinical conditions/scenarios	12/5/2016 11:21 PM
12	pace n breadth	12/5/2016 11:17 PM
13	Acute speciality and practical. Work in team.	12/5/2016 10:37 PM
14	variety of clinical presentations, diagnosing and communicating with patients rather than ward jobs, procedures such as chest drains and joint relocations	12/5/2016 9:12 PM
15	It was the only rotation in my Foundation years that I was awake in! The variety and the pace. Also, the specialty support if needed is more prompt than on the wards. You get to hear the most meaningful 'Thank you' from patients You get to reassure the worried You get to save lives, literally!	12/5/2016 8:58 PM
16	Varied, team based, no ward rounds, could wear trainers	12/5/2016 8:54 PM
17	Liked the variety / challenge Interest in pre-hospital EM	12/5/2016 8:43 PM
18	Variety of things to do in EM. Job availability.	12/5/2016 6:12 PM
19	Dynamic, fast paced, varied, mix of practical skills. Hate ward rounds.	12/5/2016 5:45 PM
20	Thought it will provide the variety with the right challenges I had dreamt of.	12/5/2016 5:29 PM
21	Never gets boring. Constant stimulus. Rapid key decisions based on incomplete evidence and balanced probability and risk assessment. Clinical problems I find stimulating.	12/5/2016 5:21 PM
22	Because of the immediate management difference you make in patients management when it's needed the most.	12/5/2016 5:09 PM
23	Variety of patients and conditions seen, large team to work within. Fast pace.	12/5/2016 5:06 PM
24	"Hands on" specialty, get to see and do a lot for undifferentiated and a variety of patients and turn them around quickly, rapidly developing and expanding specialty - more to do, never a dull moment. Get to learn life saving skills and feel your work really made a difference. Loads of research opportunities.	12/5/2016 4:56 PM
25	I enjoyed it in F2 and as a student and I enjoyed the teamwork. I liked looking after acutely ill people	12/5/2016 4:30 PM
26	variety, procedural, shift work, team work	12/5/2016 3:49 PM
27	Offered me a job in the location I wanted. Like front line, trauma and a variety of procedures	12/5/2016 3:30 PM
28	Variety, teamwork, practical skills, being a generalist, diagnostic challenges	12/5/2016 2:49 PM

29	I love the range of things that we see in Emergency medicine, ortho, paeds, O&G, geriatrics, psychiatry, we see it all. I love that we are often the first contact with a patient and we can truly influence their patient journey by how we work in those first few hours. I love the team in ED; there is always hard work by all members of staff together.	12/5/2016 2:33 PM
30	Variety, lack of ward rounds, encouragement from the speciality during F2 placement	12/5/2016 2:17 PM
31	I likethe fast pace of a&e and variety of patients we get, dealing with situations from different specialties	12/5/2016 2:06 PM
32	Job pattern. Case mix. Team. Hospital working. Working with adults and children. Circumstances.	12/5/2016 1:20 PM
33	variety, flexibility (eventually...), to be a generalist, research	12/5/2016 12:54 PM
34	I enjoy working in a high paced and varied job with exposure to many different specialities and medical/surgical presentations. I love working as part of a team and I enjoy the problem solving and diagnostic skills which are needed for this career. I also dislike ward rounds and clinics.	12/5/2016 12:09 PM
35	Specialist in many areas, wouldn't be able to pick a single field to concentrate on, enjoy being able to manage all conditions	12/5/2016 11:39 AM
36	Exciting and good learning experience as you get to see anything and everything. You learn something about everything and often you can change people perception about hospitals and doctors as emergency physician is the first contact some patients have with hospitals.	12/5/2016 11:32 AM
37	Enjoyed the variety and the team work and lack of ward rounds	12/5/2016 10:41 AM
38	Sick undifferentiated patients, procedures, no bleeps, no ward rounds, no clinics	12/5/2016 10:14 AM
39	Started F2 in Emergency Medicine. Hated it at first but then all of a sudden started to love it! Brilliant case mix. A variety of children and adults. Supportive consultants. Enjoyed the department i was working in and the MDT.	12/5/2016 9:40 AM
40	I wanted to be able to deal with medical and trauma emergencies	12/5/2016 9:03 AM
41	Variety of cases/skills needed. Hands on. Teamwork	12/5/2016 8:00 AM
42	Varied, multi specialty, procedures, important for the patients and hospital, real team.	12/5/2016 7:09 AM
43	love the variety, love treating acute presentations, interest in portfolio career that em can provide, bored very easily when repeating the same thing	12/5/2016 3:10 AM
44	I was able to obtain a training post in London where I wanted to stay and the dreem programme meant that my 2 years working in a&e as a trust doctor did not go to waste and I jumped straight to st3	12/5/2016 2:17 AM
45	I like the work diversity: diversity in demographics, in presentations, in areas of work, and in rota hours. I enjoy the resusc room and the possibility to sub-specialise.	12/5/2016 1:17 AM
46	Challenging Diversity of patients No 24 hours calls No long term followup Trauma and critical care	12/5/2016 1:07 AM
47	Love the dynamic aspect F the specialty and the ability to make a difference patient's lives but contributing to the initial management in a vast number of emergency conditions.	12/5/2016 12:56 AM
48	For the broad range of pathology and variety, fast pace and team work.	12/5/2016 12:32 AM
49	Interest in dealing with unknown and to be able to deal with any emergency.	12/4/2016 10:33 PM
50	It's a speciality I see myself enjoy working	12/4/2016 10:20 PM
51	Most interesting job I did during Foundation Training. Best team spirit. Varied cases.	12/4/2016 10:00 PM
52	Strong desire to peruse career in critical care and keen interest in Trauma and resuscitation	12/4/2016 9:57 PM
53	Job enjoyment; working in the best team in the hospital, stabilising acutely unwell patients, helping people at a time of crisis, fixing wounds and minor injuries. Variety. Everything!	12/4/2016 9:38 PM
54	I enjoyed the fast paced nature of EM, the broad MDT team working particularly in an acute and dynamic situation, I take satisfaction from practical skills.	12/4/2016 9:08 PM
55	Variety, thinking on you feed, practical, fast-pase, ' exciting/acute pathology',	12/4/2016 8:53 PM
56	I enjoy the broad range of undifferentiated cases and the opportunity for practical procedures.	12/4/2016 6:22 PM
57	Variety of cases, more "hands on" experience, quick turnover of patients, scope for doing research, flexibility of shift work	12/4/2016 5:51 PM
58	Enjoyed F2 job Variety Broad spectrum of skills and knowledge	12/4/2016 5:17 PM

59	Challenging interesting specialty, where teamwork with the ED MDT is essential, and you have the opportunity to help people in their most dire moments in life. The challenge of diagnosis, and the opportunity to achieve a series of small victories in a shift in minors.	12/4/2016 3:37 PM
60	Variety	12/4/2016 2:48 PM
61	Variety of cases, mix of patients and diseases	12/4/2016 2:07 PM
62	To see everything, but focus on Emergencies: The most critically unwell patients	12/4/2016 12:52 PM
63	I loved the variety of cases and the mix of thinking through medicine and doing practical procedures	12/4/2016 12:34 PM
64	Variety, teamwork	12/4/2016 11:02 AM
65	Breadth of presentations irrespective of age, comorbidities.	12/4/2016 10:47 AM
66	enjoy the job - no ward rounds or clinics fast pace broad skills and knowledge set practical skills	12/4/2016 7:45 AM
67	An inspiring mentor	12/4/2016 7:41 AM
68	Acute specialty, variety	12/4/2016 2:35 AM
69	variety acuity procedural patient centred	12/4/2016 1:44 AM
70	The varied nature of the medicine and potential to treat people when they are undifferentiated, potentially at their most sick and you are in a position to try and diagnose them and make an initial difference. The people - people drawn to EM are hard working, dynamic and form part of an incredible team.	12/3/2016 11:08 PM
71	Variety, acuity, access to PHEM training	12/3/2016 5:51 PM
72	Variety in workload, Enjoy dealing with acute medical problems	12/3/2016 5:26 PM
73	Variety, acute pathology, session based.	12/3/2016 4:21 PM
74	Diversity of care. Patient interaction. Opportunity for care of seriously unwell.	12/3/2016 3:19 PM
75	Unselected population Team based Acuity of patients Variety of ages Fun Make a big difference to lots of people	12/3/2016 1:30 PM
76	Variety, cameraderie.	12/3/2016 11:02 AM
77	It was my favourite rotations in foundation, i like the work, it suits my personality	12/3/2016 10:11 AM
78	Diversity, Diagnostic challenge	12/3/2016 6:46 AM
79	Exciting career Fully suited to my personality Brilliant experience as FY2 and took another locum year to confirm specialty was for me I am a good ED doctor above other specialties I thrive in high pressure settings I love the support and structure that a&e when done well has as it's core	12/3/2016 4:27 AM
80	It is a challenging specialty and it is where I can do the most for my patients. It is satisfying to see patients change for the better when we have resuscitated and treated them.	12/2/2016 10:12 PM
81	I don't have the patience for anything else. Better team than anywhere else in the hospital. Generally the only specialty I could see myself doing.	12/2/2016 8:18 PM
82	Managing emergencies Variety Team Efficiency of departments Procedures Teaching Enjoyable	12/2/2016 7:56 PM
83	I like the variety of presentations you see, the practical skill elements, the ability to travel with the speciality, and the fact it isn't ward or clinic based	12/2/2016 7:11 PM
84	Variability of the work.	12/2/2016 6:50 PM
85	Love it, love being the first responder and making a difference	12/2/2016 5:19 PM
86	Diagnosis, Acute conditions, Learning about all aspects of medicine and wide variety of skills both required and learnt	12/2/2016 4:27 PM
87	Exciting job, very hands on, dealing with the sickest patients, interesting and varied work, believed there was a real skill in managing undifferentiated patients	12/2/2016 2:59 PM
88	broad, multiple skills	12/2/2016 2:43 PM
89	Variety of cases,males and females,all ages The need for management skills	12/2/2016 12:48 PM
90	- flexible hours - varied work - fun, interesting - team work	12/2/2016 12:47 PM
91	Variety	12/2/2016 12:31 PM
92	I did not want to do cliché stuff	12/2/2016 12:18 PM

93	because of the variety, the practical procedures and I'd enjoyed it as as F1	12/2/2016 12:11 PM
94	variety, acute issues, rapid treatment and resuscitaion, short duration of attending individual patients.	12/2/2016 11:58 AM
95	I like the breath of knowledge and skill, while being able to act autonomously but keep a strong team ethic	12/2/2016 11:50 AM
96	The variety, quick turnover and teamwork.	12/2/2016 11:44 AM
97	Because I love working in all areas of medicine - I.e. Fractures, children, adults, The elderly etc.	12/2/2016 11:36 AM
98	Variation, acute nature of job, team spirit. The consultants seems 'a bit like me'	12/2/2016 11:24 AM
99	All encompassing, exciting and a route to sports /Pre hospital medicine	12/2/2016 11:23 AM
100	I couldn't really do anything else. You could say I love teamworking in a high pressure environment, or something like that but the truth is medics are boring with crippling ward-rounds, most surgeons are complete tools, the intensivists and anaesthetists are ok but honestly a bit wierd, and the psychiatrists are even more underfunded and undervalued than we are. Oh, and GP?! NOPE.	12/2/2016 11:05 AM
101	Love for critical care in resus	12/2/2016 10:59 AM
102	To enable a career in pre-hospital medicine, humanitarian relief and to maintain a broad skill set	12/2/2016 10:47 AM
103	I enjoy acute care, dealing with multiple sick patients simultaneously + practical procedures	12/2/2016 10:45 AM
104	Seemed fun at the time	12/2/2016 10:27 AM
105	Enjoy the medicine	12/2/2016 10:09 AM
106	Variety	12/2/2016 9:45 AM
107	Variety, working in a great team, ability to have a subspecialism.	12/2/2016 9:17 AM
108	Kinetic, no ward rounds, variety	12/2/2016 8:56 AM
109	Colorful work where you can makes real impact on patient care.	12/2/2016 8:37 AM
110	Diverse speciality and good team work. shift work actually fits in better with having 4 kids.	12/2/2016 8:24 AM
111	Variety	12/2/2016 8:17 AM
112	Big variety of medical conditions conditions to treat meaning lots of opportunities to develop. Dynamic environment.	12/2/2016 7:43 AM
113	Team working, Variety of cases, less hierarchy	12/2/2016 6:51 AM
114	Fast paced, varying patient presentations. No ward rounds. Lots of practical work.	12/2/2016 4:03 AM
115	Acute specialty variety enjoy making diagnoses enjoy sick patients	12/2/2016 1:59 AM
116	Enjoy the variety. Ability to perform procedures. Diagnostic challenges. Ability to "fix" a patient and send them home.	12/2/2016 1:31 AM
117	I enjoy diagnosing and treating acute illnesses	12/2/2016 12:42 AM
118	variation, resus, team	12/2/2016 12:31 AM
119	dynamic, fun and interesting speciality. no two days are the same. I liked the autonomy as a junior doctor when I could make my own decisions and act on them without harming patients	12/2/2016 12:14 AM
120	Variety of patients Teamwork Flexible rota, shift work	12/2/2016 12:11 AM
121	Interested in being at the front lines, enjoys lots of hands-on procedures and also variety of cases	12/1/2016 11:53 PM
122	Very hands on, dynamic and exciting work atmosphere	12/1/2016 11:41 PM
123	Generalised medicine, trauma, rapid diagnosis and treament.	12/1/2016 11:13 PM
124	Because I genuinely loved the speciality. I loved the practical skills you're able to learn,the fact you can treat incredibly unwell patients and see them get better in front of your eyes,the variety of presentations,the diagnostic skills,the fast paced nature of a department and the fact you spent your time seeing communicating with and treating patients not paper pushing on a ward performing a series of admin tasks	12/1/2016 11:11 PM
125	Variety, job satisfaction, opportunity to do an intervention which makes an immediate difference, ongoing learning	12/1/2016 11:02 PM
126	Enjoy the specialty, suits my personality and interests.	12/1/2016 10:52 PM

127	I have non-medical career interests, but felt pressure to choose some form of training in order to still have a medical career. On balance, I felt EM was the least-worst option. It offers a fair amount of independence and clinical autonomy for juniors, a wide range of pathologies, and its position as the main entrance to the hospital makes it interesting from a management perspective. There is also scope for technical innovation within A&E.	12/1/2016 10:44 PM
128	less boring than other specialities more exciting cases Hate word rounds Variety of cases	12/1/2016 10:32 PM
129	I like the variety and pace. I like the team environment. I like shift work and get bored in a 9-5 post. The opportunities for travel also appealed. I don't like ward work or clinics.	12/1/2016 10:19 PM
130	Variety of workload, diagnostic challenge, don't enjoy ward rounds	12/1/2016 10:12 PM
131	new patients every day. autonomy	12/1/2016 10:09 PM
132	broad experience	12/1/2016 9:47 PM
133	Short attention span Broad range of skills Developing medicine	12/1/2016 9:37 PM
134	Wanting to work in prehospital medicine, working within a team, a fast paced environment and busy engaging work.	12/1/2016 9:36 PM
135	Variety of presentations, procedures, fast pace, acutely unwell patients, good team atmosphere.	12/1/2016 9:01 PM
136	Variety, challenge, enjoy working as a team on the front line.	12/1/2016 8:57 PM
137	Excitement, variety, unpredictable case mix. Generally fun colleagues.	12/1/2016 8:53 PM
138	Acute specialty Range of patients Practical skills No ward rounds No bleeps	12/1/2016 8:43 PM
139	I liked emergency medicine and felt comfortable in it as I have been working in it since 2015.	12/1/2016 8:37 PM
140	It's awesome	12/1/2016 8:20 PM
141	It's breadth of medicine and surgical components	12/1/2016 8:17 PM
142	For the variety in cases, acute nature, shift patterns ie working in set shifts, getting to do the best first hour of every specialty	12/1/2016 8:14 PM
143	Really enjoyed the fast pace and variety, I get bored too easily. Liked the hands-on aspect. Left surgery for EM.	12/1/2016 8:14 PM
144	Good variety of skills and patients. Working in a team Enjoy working with unwell patients Good for travel and work Abroad	12/1/2016 7:58 PM
145	1) Diverse range of patients and conditions. 2) Team spirit 3) Challenging environment	12/1/2016 7:55 PM
146	Im interested in emergency medicine and I have a lot of experience	12/1/2016 7:54 PM
147	Simply because I love EM. I have already been trained in EM in my own country before applying to training in EM in UK. So the choice was made earlier.	12/1/2016 7:48 PM
148	Love the challenge in helping acutely ill patients and the diversity of patients that presents to ED.	12/1/2016 7:45 PM
149	To be a rounded clinician	12/1/2016 7:42 PM
150	I do like Emergency medicine practice with few years overseas experience	12/1/2016 7:38 PM
151	Diversity of workload. Enthusiasm of ED staff.	12/1/2016 7:35 PM
152	dynamic changing never get bored also	12/1/2016 7:29 PM
153	Variety of patient presentations Acuity of patient presentations Practical elements of work - e.g. suturing, POCUS etc	12/1/2016 7:20 PM
154	Resuscitation Variety	12/1/2016 7:18 PM
155	Broad range and I like the acutely unwell patient, it's a different job each day!	12/1/2016 7:14 PM
156	Varied and engaging work. I enjoy major trauma, resuscitation and managing acutely unwell patients. I enjoy working with lots of different team members and meeting patients and their families.	12/1/2016 7:01 PM
157	Broad specialty with exposure to many different medical, surgical, o&g, paeds and mental health conditions. I enjoy working at high pace and love the problem solving and diagnostic side of the work. I enjoy working as part of a team and under pressure and I loathe ward rounds and clinics!	12/1/2016 6:56 PM
158	Fast pace, variety, Hands on, no clinics/ward rounds, ED staff usually more likely to be good team players	12/1/2016 6:54 PM
159	Enjoy the work the most	12/1/2016 6:50 PM
160	Specialty with most patient contact Specialty where you can learn the most Opportunity to see and treat pathology at its worst Enjoy resuscitation	12/1/2016 6:48 PM

161	It's fun I enjoy it I don't like wards	12/1/2016 6:38 PM
162	variety of the job	12/1/2016 6:37 PM
163	Dynamic Exciting	12/1/2016 6:29 PM
164	Love it	12/1/2016 6:25 PM
165	Variety, acuity	12/1/2016 6:23 PM
166	Jack of all trades Master of some !	12/1/2016 6:18 PM
167	Enjoy the field - variety of medicine, reputation	12/1/2016 4:59 PM
168	Exciting , workload ,	12/1/2016 4:14 PM
169	The wide range of medical presentations and team working	12/1/2016 3:57 PM
170	Variety practical procedures	12/1/2016 3:32 PM
171	Through placements in Med School. High turn over of patients. No clinics/ward work. Seriously unwell patients needing quick life or death decisions. Manamgement of trauma. Able to do prehospital medicine. Allows opportunity to work easily anywhere in the world and a lot of subspecialities within the job are available.	12/1/2016 2:56 PM
172	Broad knowledge and skill base. Job satisfaction. Excitement. Lack of take home baggage.	12/1/2016 2:53 PM
173	interesting and varied case load; managing very ill patients but also able to make an obvious difference; able to leave work at work; good opportunities for managing and running a Department rather than just clinical work; varied opportunities alongside practicing clinical medicine.	12/1/2016 2:29 PM
174	I enjoy the casemix and variety of Emergency Medicine	12/1/2016 2:20 PM
175	I liked the diversity, the act of truly diagnosing, the possibility of 'high octane' situations, eg Trauma. It also seemed to me that the reg's and consultants were quite down-to-earth, and generally seemed happy and content.	12/1/2016 2:06 PM
176	Flexible Variety Job availability	12/1/2016 1:55 PM
177	Varied workload, emergency and acute care, good group of people with similar interests .	12/1/2016 1:41 PM
178	The chance to do a mix of critical illness, injuries and adults/paeds	12/1/2016 1:32 PM
179	I enjoy the fast pace and variety of patients.	12/1/2016 1:12 PM
180	broad focus, exciting, good collegues	12/1/2016 12:44 PM
181	Variety of patients alongside a good mix of practical procedures Less of the mundane side of medicine - clinics, ward rounds etc.	12/1/2016 12:31 PM
182	Variety and exposure to different fields of medicine	12/1/2016 12:07 PM
183	Variety, skill mix, opportunities to sub-specialise, excellent overal knowledge base of medicine.	12/1/2016 11:37 AM
184	Always wanted to do emergency medicine. The boar spectrum of patients. The very ill/ trauma patients. The option to sub specialise in pre hospital care	12/1/2016 11:33 AM
185	Variation, no clinics, opportunity to make huge differences in short time.	12/1/2016 11:28 AM
186	Variety of experience, procedures, versatility to be able to get a job	12/1/2016 11:21 AM
187	Always been a speciality that I was interested in from Medical School. I enjoyed it again as an F2. Ward work is not something I will enjoy over a longer career and like the faster pace nature of work in the ED, the strong team aspect and the opportunity to make the worse day of someones life a little bit better.	12/1/2016 11:18 AM
188	Variety of pathology, clinical skills, team working	12/1/2016 11:12 AM
189	Exciting. Less menial tasks than other specialities (like list of patients, theatre booking procedures etc). General speciality allows me to do a bit of everything.	12/1/2016 11:03 AM
190	The acute nature of the job, the variety and the teamwork.	12/1/2016 10:55 AM
191	liked the acuity of patient care and environment	12/1/2016 10:50 AM
192	Because I like it.	12/1/2016 10:45 AM
193	Variety of clinical presentations, challenging, combination of diagnostics and procedures, team approach	12/1/2016 10:42 AM
194	Very hands on, not boring	12/1/2016 10:18 AM

195	Broad speciality. Useful abroad. Options for pre hospital. Not a lonely speciality. Run through available.	12/1/2016 10:09 AM
196	I like it	12/1/2016 9:56 AM
197	Patient mix Practical skills	12/1/2016 9:51 AM
198	Variety of cases and acute pathology	12/1/2016 9:48 AM
199	Wide scope of practice and dealing with acutely unwell patients especially Trauma and Resus	12/1/2016 9:39 AM
200	Variety of patients and cases. In control of own development and progression. Suited my strengths	12/1/2016 9:01 AM
201	Exciting, interesting can work part time.	12/1/2016 7:59 AM
202	I wanted to be generalist but wanted to do more than a GP	12/1/2016 7:42 AM
203	Enjoy the variety	12/1/2016 7:35 AM
204	I enjoy the work, I hated ward rounds.	12/1/2016 7:34 AM
205	Varied pathologies. Unpredictable. Frequent use of practical skills.	12/1/2016 6:51 AM
206	Variety, short attention span, cameraderie, team work, PHEM opportunities	12/1/2016 6:15 AM
207	Variety of presentations Interesting case mix - get to see a bit of every other specialty I enjoy team work	12/1/2016 5:58 AM
208	varied presentations of patients, wide skill set required, excellent team spirit	12/1/2016 4:36 AM
209	good variety, interesting career	12/1/2016 3:21 AM
210	Varied Fast pace Exciting	12/1/2016 1:24 AM
211	ACCS - good training programe generalised speciality team work practical skills making decisions leave work on time no ward rounds	12/1/2016 12:41 AM
212	Variety, decision based specialty, hands on	12/1/2016 12:35 AM
213	always wanted to work in EM. Varied, fast paced, unwell patients.	12/1/2016 12:32 AM
214	I hate wards, I enjoy the fast turn over, I like being able to do resus one day and minors the next. What I do when a sick patient first comes into A&E matters...I may not be very good at it, but it certainly matters, which is why I must be the best.	12/1/2016 12:01 AM
215	Variety, Generalist, Acute and Emergency Care. Making a difference.	11/30/2016 11:52 PM
216	Wide range of patients Trauma	11/30/2016 11:40 PM
217	Always enjoyed it since medical school.	11/30/2016 11:39 PM
218	unknown nature of the disease in patients coming to ED, to get better in hands on skills, multiple trauma patients.	11/30/2016 11:38 PM
219	Didn't get into anaesthetics ACCS r	11/30/2016 11:35 PM
220	Team environment, generalist, work in resuscitation and emergency procedures	11/30/2016 11:35 PM
221	The broad scope (a generalist in an increasingly specialised career) and it's applicability to my wider interests- remote and expedition medicine, pre-hospital and resource poor environments.	11/30/2016 11:25 PM
222	Broad knowledge requirements and ability to treat all patients in some manner. Working in ED is the place I have had most fun and being part of a busy ED team is great.	11/30/2016 11:11 PM
223	I like the patient mix, the team working, it's fun	11/30/2016 11:08 PM
224	Like working in a team.	11/30/2016 11:05 PM
225	I like EM	11/30/2016 10:53 PM
226	The variety of pathology that presents to the ED, the fast-pace of the work and the care of the most critically ill patients. Also the opportunity to work in a pre-hospital environment.	11/30/2016 10:44 PM
227	I like it. Fast paced, incredibly varied. Practical procedures on a daily basis Great teams, that work well together We are the resuscitationists, we never turn away a patient, when patients have a problem, they look to us	11/30/2016 10:30 PM
228	Enjoyed the job as an F2 and later as a locum.	11/30/2016 10:28 PM
229	Like the pace	11/30/2016 10:19 PM
230	Variety, unpredictability, undifferentiated patients, team work.	11/30/2016 10:16 PM

231	I enjoy the variety of cases and the rewards of working with critically unwell patients as well as the challenge of working through undifferentiated presentations. For personal reasons, I opted out of training to take a specialty doctor post in EM for a few years but reapplied to training and don't regret it.	11/30/2016 10:15 PM
232	I thought it was exciting and I may enjoy it	11/30/2016 9:45 PM
233	I enjoy the variety of work, the fact in ACCS training you also get to do anaesthetics and ITU, the many different skills i am and will learn. Mostly working in a big team of friendly people every day and never being bored.	11/30/2016 9:43 PM
234	Variety	11/30/2016 9:38 PM
235	I did a placement in ED as a F2 and found it, to my surprise, to be the most satisfying job that I had done.	11/30/2016 9:27 PM
236	Varied and acuity	11/30/2016 9:23 PM
237	rewarding career with adrenaline rush at times. Good mix between practical skills and medicine	11/30/2016 9:14 PM
238	To make a significant difference to patient care at hospital door step. Did not find looking after chronically ill patients for extended periods of time to be so fulfilling.	11/30/2016 9:10 PM
239	I've always wanted to do A&E, it is the specialty that suits me best Diversity and challenging nature of presentations Ability to work across paeds and adults, prehospital and in-hospital, resus, minors, majors, cdu, paeds Do not like ward medicine at all, do not like involved with the same patient for days on end Job security - irrespective of here or somewhere else and irrespective of what happens to the NHS, there will always be jobs for A&E doctors I want to do as much humanitarian work as possible and A&E is the best specialty for that I prefer shift pattern of working (including nights), I'd slowly die inside in a 9-5 job People rarely die in A&E It's a practical specialty, it's about doing something rather than endless theoretical discussions There's no other specialty that requires and rewards you with such a diverse set of skills (airway, injuries, resuscitation, invasive procedures, paediatric skills)	11/30/2016 9:10 PM
240	exciting, fast paced, changing quickly. Lots of patients very quickly and very sick patients with nothing known about them. No clinics or ward rounds.	11/30/2016 9:03 PM
241	Enjoy the team working environment. I enjoy the varied skills that are required and the need for adaptability and high energy. Huge interest in trauma. One of the last general medical specialties.	11/30/2016 8:58 PM
242	Patient interactions Shift patterns Fast paced	11/30/2016 8:49 PM
243	Enjoy acute assessment and management of patients in hospital environment. Enjoy breadth of patients seen encompassing all specialties. Ability to undertake procedures. Resuscitation and the critically ill. Team working and friendly non hierarchical approach. Educational opportunities- chance to influence future career choices of junior Drs. Flexibility of working and shift working	11/30/2016 8:32 PM
244	I enjoy the pace and sense of teamwork in the ed.	11/30/2016 8:26 PM
245	Acute presentations. Variety and pace	11/30/2016 8:23 PM
246	I wanted to combine a sessional career with academic	11/30/2016 8:00 PM
247	Exciting specialty	11/30/2016 7:43 PM
248	The acute nature of the job, the team work and the variety.	11/30/2016 7:42 PM
249	Variety of cases, get a buzz from shop floor, enjoy resus and procedures	11/30/2016 7:25 PM
250	I want to work flexibly and part time as a registrar.	11/30/2016 6:55 PM
251	It's my dream career as it has a bit of everything. Also it's where I can develop and deliver my clinical experience in critical care.	11/30/2016 6:55 PM
252	The variety of presentations	11/30/2016 6:39 PM
253	Varied medical conditions Portfolio career Fits my personality	11/30/2016 6:34 PM
254	Always wanted to from day 1. Enjoy the variety and the chance to be there for patients who are scared and poorly.	11/30/2016 6:32 PM
255	Varied, interesting, fast paced	11/30/2016 6:31 PM
256	Enjoyable work. Varied patient population	11/30/2016 6:29 PM
257	Interest in trauma. Fast paced working environment Welcoming specialty that encourages an independent mind and a varied career.	11/30/2016 6:28 PM
258	Hands on, leadership, prehospital	11/30/2016 6:16 PM
259	Variety	11/30/2016 6:15 PM

260	Variation of cases, shift pattern	11/30/2016 5:58 PM
261	I liked working in ED.	11/30/2016 5:56 PM
262	Variety, constant challenges and ability to intervene with patients at their most unwell period. Also one of the most human specialities requiring us to deal with every character in difficult situations	11/30/2016 5:53 PM
263	For the variety and my special interest in Prehospital Care and Battlefield Med	11/30/2016 5:44 PM
264	Very interesting and dynamic specialty	11/30/2016 5:40 PM
265	The variability in patient presentation, the camaraderie of the specialty, the acute adrenaline rush of the job.	11/30/2016 5:40 PM
266	I've aleays wanted to do A&e Diversity of presentations and clinical challenges (mixture of majors, resus, paeds, minors, cdu) Shift pattern of working Paeds & Adults presentation People rarely die in the ED Don't have to see patients for a very long time, would lose interest on a ward scenario It is based on doing something rather than endless theoretical discussions It is still an emergent speciality in the UK so it's not saturated Job security- regardless of where you are (here or abroad) and what becomes of the nhs they'll always need A&E docs Quick job satisfaction	11/30/2016 2:25 PM
267	Enjoy the specially and work/variety	11/30/2016 1:20 PM
268	Best fit for me. Like variety. Like acute. Don't like ward rounds.	11/30/2016 1:19 PM
269	I liked the diversity of different illness and injuries that you can see in Emergency Medicine . i also think it is one of the few places in the medical field that has such a good sense of team work.	11/30/2016 9:58 AM
270	Variety, team approach, adults and children , multiple specialities, resuscitation, trauma	11/30/2016 9:23 AM
271	Good teaching, a good mix of patient group and specialities, no ward rounds	11/30/2016 8:54 AM
272	I love the variety and application of practical skills. The teamwork and atmosphere in a and e is unlike any other area. I love it. I enjoy the complex patients and the problem solving and interactions with other specialities.	11/30/2016 7:12 AM
273	Variety of patients, acute nature of the work, team atmosphere	11/29/2016 10:03 PM
274	Exciting field.	11/29/2016 9:43 PM
275	Variation, no ward rounds, old/young/sick/trauma/simple/complex. I like resuscitating patients, not worried about long-term treatment plans or chronic disease. I like handing over my patients at the end of my shift and not worrying about what I will do with them tomorrow	11/29/2016 9:12 PM
276	Variety Sessional specialty Opportunity for events/phem etc... Exciting	11/29/2016 8:03 PM
277	Changed from surgery. Run through training - more stable career path.	11/29/2016 5:31 PM
278	I enjoy the variety, challenge, team work and being on the front line.	11/29/2016 2:39 PM
279	Variety	11/29/2016 1:33 PM
280	Varied workload Want to do HEMS ultimately	11/29/2016 1:12 PM
281	Variety and being at the front door.	11/29/2016 12:45 PM
282	Depth and breadth of skills and knowledge required, to become a versatile doctor	11/29/2016 2:52 AM
283	Acute care, variability of clinical cases, good banter	11/28/2016 5:45 PM
284	Challenging and exciting ,making a difference and not needing to do ward rounds	11/28/2016 5:24 PM
285	I have worked in EM for a while, found it to have interesting and varied clinical problems, I like doing procedures and not having to do follow up or ward rounds is good.	11/27/2016 10:51 PM
286	Variety, fast pace, MDT working with the same agenda, lack of hierarchy, acutely unwell patients, no ward rounds!	11/27/2016 10:20 AM
287	I enjoy the varied nature of the work load and the challenges associated with making diagnoses and iniating treatment.	11/25/2016 8:15 PM
288	Variety & team work	11/25/2016 7:24 PM
289	Like minded individuals, people who 'get-it', flatter hierarchy than other specialities, differentiates workload, supportive bosses that lead by example	11/25/2016 6:01 PM
290	To look after sickest and be the only real generalist left.	11/25/2016 5:54 PM
291	Enjoy the variety Fast paced Enjoy working within a team Enjoy caring for critically unwell patients	11/25/2016 4:24 PM
292	I tried it as a Foundation doctor and really enjoyed it. I could see it as a career for myself. I like the variety of it, the challenges, seeing the sickest, kids.	11/25/2016 9:38 AM

293	I enjoy EM the most of all specialities	11/25/2016 3:52 AM
294	Case mix, pace of work, team comradeship	11/25/2016 1:37 AM
295	Variety of patients, acutely unwell patients, team work	11/24/2016 10:40 PM
296	Broad skill base, variety of cases, high acuity, hospital based rather than primary care	11/24/2016 10:25 PM
297	variety, unwell patients, practical procedures	11/24/2016 6:01 PM
298	Broad range of clinical areas involved, high acuity.	11/24/2016 12:56 PM
299	Didn't I answer this last year? Variety.	11/24/2016 10:36 AM
300	Variability, enjoyment of the type of medicine you see, ability to continue to be hands on and primarily clinical as a consultant	11/23/2016 4:04 PM
301	Its fast paced and engaging	11/23/2016 12:36 PM
302	-Simply you get to do a bit of everything, including paeds	11/23/2016 9:01 AM
303	Love the teamwork and variety of work and early level of responsibility	11/22/2016 8:21 PM
304	Acute, fast paced. Enjoyed looking after critically ill patients. Team dynamic.	11/22/2016 6:20 PM
305	Variety. Acuity of patients. Interested.	11/22/2016 5:12 PM
306	It was the only specialty I rotated through as a junior where I looked forward to coming to work. I love the variety and hate the idea of "specialising", the fast pace, the team environment and the acute nature of the work/medicine.	11/22/2016 4:11 PM
307	Enjoy the variety Enjoy the resuscitation Enjoy working in close knit team	11/22/2016 4:10 PM
308	Variety Surgical medical mix	11/22/2016 1:51 PM
309	ER show To be different	11/22/2016 12:56 PM
310	enjoyed working there, good challenge and range of medicine, no ward rounds!	11/22/2016 12:06 PM
311	Practical. Felt part of a team. Good role models when I chose to apply for ST1.	11/22/2016 11:13 AM
312	Variety of patients, good team spirt, opportunity for hands on skills, no ward rounds that last all day.	11/22/2016 9:51 AM
313	The team The work Only job where I've left everyday feeling satisfied with my work	11/22/2016 9:07 AM
314	Variety of cases Opportunity to do practical procedures Teamwork	11/22/2016 5:55 AM
315	Varied patient load, hands on practical skills, interface with different specialities, quick turnaround	11/22/2016 4:00 AM
316	I enjoyed the variety. I didn't enjoy clinics or ward rounds. I enjoyed the critical illness patients, trauma, paeds and elderly and was the speciality that fit	11/22/2016 3:44 AM
317	Variety of skills gained, combination of acute presentations and practical skills	11/22/2016 2:20 AM
318	Managing critically ill patients Seeing a variety of undifferentiated presentations covering all specialties, Fast-paced, supportive and fun environment, Working in a team, feeling a true sense of camaraderie Having a good working relationship with Consultants and seniors Developing practical skills - advanced airway skills, chest drains, etc Leading cardiac arrests/trauma calls	11/22/2016 12:58 AM
319	Varied and plenty of diverse opportunities to challenge myself	11/22/2016 12:50 AM
320	Fast pace, interesting and variable work. Advanced skill in resuscitation of acutely unwell and trauma patients. Short attention span	11/21/2016 3:24 PM
321	Variety Teamworking Ability to make a difference to a large number of patients	11/21/2016 11:14 AM
322	Variety, fast paced, good team	11/20/2016 8:04 PM
323	The variety of presentations Dealing with sick surgical and medical patient in the Resuscitation setting Dealing with trauma Minor injuries	11/19/2016 11:26 PM
324	Varied speciality, suits my interests, allows me wide contact with patients	11/19/2016 1:41 PM
325	i like it and i didnt get an anaesthetic post	11/18/2016 1:40 PM
326	I love shift working, variety and emergencies. I also love working in a team. I get bored easily and that is why I like variety.	11/18/2016 8:38 AM
327	I like the variety, inparticular resus. I enjoy the management of the department. I am also interested in paediatric EM	11/18/2016 8:34 AM

328	Fast pace Enormous range of clinical presentations Limited chronic disease management	11/18/2016 12:00 AM
329	diversity of patients	11/17/2016 10:04 PM
330	Variety of work. Team-based working. Being the first person to see a patient, to come up with a diagnosis and management plan of my own. Ideal mix of using knowledge as well as practical skills.	11/17/2016 8:48 PM
331	variety of work high end resuscitation	11/17/2016 6:57 PM
332	Only area of medicine I enjoy. Rewarding & challenging. Can be directly transferred to departments all around the world offering a flexible, variable career.	11/17/2016 3:33 PM
333	Variety of patients, exposure to acutely unwell patients, fast paced and interesting.	11/17/2016 3:02 PM
334	The variety and amazing team work. No matter how hard the staff always work together.	11/17/2016 2:53 PM
335	I LIKED THE VARIETY, THE MIX OF CRITICAL CARE, PAEDIATRICS, MINORS AND SOCIAL MEDICINE	11/17/2016 2:34 PM
336	I changed from Peadiatric surgery as there were very few jobs in this specialty. EM had always been appealing and I felt it was a positive move to this specialty. I like the variety and the teamwork.	11/17/2016 1:38 PM
337	Variety. Adult and Paediatric practice. High acuity speciality with awake patients	11/17/2016 12:20 PM
338	I enjoyed the cardiac arrest calls during foundation year and thought I could make them better. Enjoyed lots of things but wasn't obsessive over one.	11/17/2016 11:30 AM
339	High acuity case mix Opportunity to develop strong interprofessinal relationships and work in a dynamic team The comraderie Practical procedures The challenge of providing the best care you can with what resources you have Maintaining and developing the broad base of knowledge and skills of a generalist Easier than some other specialties to separate professional life from life outside of work (I.e. Robust handover practices)	11/17/2016 9:40 AM
340	Variety, resuscitation, adults and paediatrics, team specialty	11/17/2016 8:47 AM
341	Variation in presentations Interest in resus and prehospital	11/16/2016 11:13 PM
342	it is unpredictable	11/16/2016 10:59 PM
343	Variety of medicine encountered, urgency of care required and stimulating environment.	11/16/2016 10:44 PM
344	Teamwork. Resuscitation, Critical Care, Trauma.	11/16/2016 10:10 PM
345	I have an interest in trauma.	11/16/2016 9:54 PM
346	I enjoyed it as a F2, I liked the variety, and the team atmosphere	11/16/2016 9:15 PM
347	Variety of presentations. Team working.	11/16/2016 9:14 PM
348	Diversity of presentations Undifferentiated patient - interesting diagnostic challenges Procedural competencies Multidisciplinary team working with great camaraderie	11/16/2016 8:51 PM
349	- diverse specialty - job security of run through programme - team based working - transferable skills	11/16/2016 8:31 PM
350	Variety of acute presentations.	11/16/2016 7:24 PM
351	No call shifts! No bleep. Mix of anaesthetics procedures and front-door community engagement.	11/16/2016 7:04 PM
352	variety, exposure to procedures, team working, enjoyed working with the acutly unwell patient	11/16/2016 6:01 PM
353	Exciting and varied speciality	11/16/2016 5:13 PM
354	Mix of patients, great team spirit, interesting case mix.	11/16/2016 4:22 PM
355	Wide variety, Practical skills, Set hours, potential for PHEM	11/16/2016 3:53 PM
356	Suits my lifestyle and interests, varied presentations. Good contact with patients.	11/16/2016 9:39 AM
357	Variety of patient presentations Enjoy treating critically ill patients	11/16/2016 8:19 AM
358	Enjoy providing immediate care for acutely unwell patients.	11/16/2016 1:42 AM
359	suits me, worked in ED across the world. Inspired by FOAMed	11/15/2016 10:27 PM
360	Varied, team working aspect, enjoy managing acute life threatening presentations.	11/15/2016 8:59 PM
361	Broad skill set, unpredictable, team work and fun	11/15/2016 3:15 PM
362	Enjoy quick turnover and variety	11/15/2016 2:19 PM

363	I had never considered it as a career until I did 4 months in FY2. Very quickly, within a few weeks, I realised it was for me. It is the truest form of medicine. We have to know a little about every part of medicine. There is no excuse to becoming 'deskilled' in EM as there is in other specialties. The variation from minors to majors, medical to surgical and of course the big trauma means we do it all.	11/15/2016 1:21 PM
364	Variety of presentations and critical care	11/15/2016 12:39 PM
365	Variety. Procedures. Enjoy making diagnoses.	11/15/2016 12:17 PM
366	To be a generalist, for the variety	11/14/2016 6:42 PM
367	I like the pace of the ED, variety of case mix and procedural skills.	11/14/2016 4:28 PM
368	flexibility variety excitement	11/14/2016 2:43 PM
369	Career choice. The wide spectrum , Jack of all trades, One department where working LTFT is more feasible.	11/14/2016 1:38 PM
370	Love the fast pace and enjoy the case mix we encounter. I actually enjoy shift work as well, it suits the erratic sleeping pattern I have always had	11/14/2016 1:01 PM
371	Variety of casemix/skills, no ward rounds, no outpatient clinics	11/14/2016 12:53 PM
372	It is the speciality I am most interested in.	11/14/2016 12:27 PM
373	Variety of workload Looking after acutely unwell patients	11/14/2016 12:17 PM
374	I enjoyed my f2 placement in EM	11/14/2016 9:30 AM
375	Mixture of case presentation Mixture of working hours 6 year to CCT	11/13/2016 5:17 PM
376	Variety, practicality, team	11/13/2016 3:58 PM
377	The variety, first two years of broad training, ability to work abroad, practical skills	11/12/2016 7:09 PM
378	Diversity, flexibility, exciting	11/12/2016 3:34 PM
379	I liked acute care, I liked the way teams work together to reverse a bad situation. I have an aptitude for it.	11/12/2016 2:26 PM
380	Variety	11/12/2016 2:45 AM
381	Jack of all trades, master of none. (Well, master of ED! There was no one organ system or specialty that I could see myself being interested in the minuti of for a whole career. With ED i get to be interested in many many things).	11/12/2016 12:16 AM
382	Fast turnover Great exposure to many illnesses including polytrauma	11/11/2016 7:06 PM
383	Highly skilled and demanding job. Variety of patients and illness. Front line medicine.	11/11/2016 6:24 PM
384	The acute nature of the speciality and the fact that it is not monotonus (each day and each p is different).	11/11/2016 10:17 AM
385	For the variety in patient demographic and variety in the required skills set. Possibility of team working	11/11/2016 4:57 AM
386	You see everything, and everyone. No two shifts are the same and you are constantly learning and developing skills. The ACCS program itself: you get out of the training what you put in, and each rotation offers it's own challenges, but builds on skills gained in the one before.	11/11/2016 3:31 AM
387	Varied patients, teamwork, leadership role, shiftwork	11/10/2016 7:29 PM
388	Enjoy: - contact with lots of patients - contact with lots of staff - busyness - perceived opportunities to teach	11/10/2016 4:54 PM
389	Enjoy the challenge of treating acutely unwell patients Enjoy the diversity of different presentations and patients	11/10/2016 4:21 PM
390	Due to opportunity to treat a broad range of patients and conditions and become adept at managing acutely unwell patients. Also due to the strong team dynamic in EDs.	11/10/2016 4:01 PM
391	Fitted my personality and interests more than any other specialty.	11/10/2016 3:52 PM
392	Variety of workload, team working environment, acute presentations.	11/10/2016 3:05 PM
393	Varied work, interesting cases, critically ill patients.	11/10/2016 12:20 PM
394	Always wanted to do this since house jobs - variety, being able to treat everyone and every thing	11/10/2016 12:11 PM
395	Diversity of patients.	11/10/2016 11:02 AM
396	Varied work load, quick turn around, acute patients, good team atmosphere	11/10/2016 9:57 AM
397	Variety, team working, turnover of patients problem solving	11/10/2016 9:48 AM
398	variety teamwork	11/9/2016 5:29 PM

399	Broad variety of patients and pathologies. No ward rounds.	11/9/2016 4:11 PM
400	I love the variety every day. I started my career thinking that I wanted to be an orthopaedic surgeon, but I missed the medicine. I love the way that the team works in the ED and that there is no hierarchy like on some wards. I love meeting many people every day and trying to impact their lives in a positive way, however small, in what is often a very distressing time. I have a very short attention span and I love the fact that I have to deal with many things at the same time.	11/9/2016 3:33 PM
401	Variety, team work, starting from the beginning with patient care, practical procedures.	11/9/2016 12:33 AM
402	dynamic, diverse	11/8/2016 11:24 PM
403	Enjoy it	11/8/2016 9:13 PM
404	Completed year out from anaesthetic/ICU training to be able to apply for PHEM training in future and decided to switch to EM training.	11/8/2016 7:57 PM
405	varied presentations, never know what will come in therefore remains interesting, resuscitation and acute medicine, like the team atmosphere within the department	11/8/2016 7:39 PM
406	Variety Good training programme Wanted to train in an acute specialty	11/8/2016 5:23 PM
407	Fast paced, forward looking speciality which acknowledges the managerial side to being a consultant and is the only college that actively trains you in managerial and leadership skills.	11/8/2016 4:52 PM
408	The frontline Variety High clinical component	11/8/2016 4:39 PM
409	because I love it	11/8/2016 2:15 PM
410	Variety of cases. Sick people. Team environment	11/8/2016 12:12 PM
411	Varied, shift work, widespread of cases. Ability to travel and apply to prehospital setting. Ability to apply global health practice. Team working.	11/8/2016 11:55 AM
412	Fun, enjoyable, challenging speciality.	11/8/2016 11:15 AM
413	I didn't like other specialties enough to work in them for a whole career.	11/8/2016 11:10 AM
414	variety of specialities mainly and not knowing what each shift might have in store	11/8/2016 11:06 AM
415	Dynamic speciality	11/8/2016 10:56 AM
416	Variety, mix of practical skills, good career prospects for going abroad	11/8/2016 10:50 AM
417	Enjoy the varied, fast paced work. Get satisfaction from treating the undifferentiated patient.	11/8/2016 10:24 AM
418	excitement high acuety complex problems every patient is different teamwork	11/8/2016 10:19 AM
419	Busy, varied, exciting, work By environment, professionally stimulating, opp to sub spec	11/8/2016 10:11 AM
420	enjoy seeing a variety of patients with different presentations wanted to see adults and children enjoy managing the 'sick' and trauma patient like not knowing what will happen each day at work	11/8/2016 10:10 AM
421	Enjoyed working as Clinical Fellow in EM (but had hated FY2) and felt ACCS offered a great grounding in acute training. Also wanted to stay in London for family reasons and didn't get surgery in this region.	11/8/2016 10:06 AM
422	To look after acutely unwell and injured patients and to be eligible for PHEM training	11/8/2016 9:57 AM
423	- exciting speciality with huge exposure to a wide variety of patients - lots of clinical skills and hands-on practical skills - exposure to acutely unwell patients and trauma patients - enjoyed placements/F2 in it - opportunity to subspecialise in PHEM	11/8/2016 9:54 AM
424	- Fast-paced work, no time to get bored - Wide range of patients - A truly 'generalist' specialty - I don't mind shift work! - Exposure to both the very sick and walking wounded makes for great variety - Highly translatable skills on a global scale	11/8/2016 9:24 AM
425	Enjoy the patient contact, enjoy acute management and the clinical decision making and constant stimulus.	11/8/2016 7:19 AM
426	I like to see acute medical, surgical and trauma cases.	11/8/2016 4:48 AM
427	acute pathology, trauma, no ward rounds, no drug kardexes, job flexibility	11/8/2016 12:46 AM
428	Most interesting field of medicine and love the dynamic nature of it	11/7/2016 10:19 PM
429	Liked the type of work, no clinics, no ward rounds, varied	11/7/2016 6:14 PM

430	Because I enjoy the job, it's variety and the practical and intellectual challenges it poses. Also because I feel the training and skills I will gain are valuable and will make me a better doctor.	11/7/2016 5:17 PM
431	The job appealed	11/7/2016 5:11 PM
432	Love trauma and prehospital medicine. Variety of patients, variable working time Team work ethic	11/7/2016 4:30 PM
433	INteresting case load, variety of skills and knowledge. Rapid patient turnover	11/7/2016 4:29 PM
434	Broad spectrum of presentations, excellent range of skills required, teamwork, MDT approach	11/7/2016 3:36 PM
435	Broad variety of cases with practical, theoretic, intelligent and pragmatic approaches. Rapid turn-over of patients matched personality	11/7/2016 1:04 PM
436	Variety during a shift, flexibility of carer pathways, large skills base and you work part of a very large team!	11/7/2016 12:58 PM
437	Broad range of patients and disease. Acutely unwell patients and mixture of medical management and procedural work (reductions, chest drains etc)	11/7/2016 12:23 PM
438	The variety of presentations and being able to see and treat patients of all ages.	11/7/2016 12:16 PM
439	I enjoy the variety and fast pace of EM, and have done well when working there. Dislike ward medicine	11/7/2016 12:14 PM
440	The variety of work, the immediacy.	11/7/2016 11:54 AM
441	Variety, job satisfaction, previous work experience, ability to continue to work pre-hospitally	11/7/2016 11:17 AM
442	I just enjoy the speciality like no other. Everyday is busy and exciting.	11/7/2016 11:14 AM
443	I enjoy the challenge presented by the undifferentiated patient. The scope and breadth of work is interesting. I've always enjoyed the team approach so entrenched in the EM psyche.	11/7/2016 10:42 AM
444	Variety of presentations. High acuity. Dealing with unwell patients	11/7/2016 10:20 AM
445	I enjoyed the case mix- young to old, Gynae to Dermatology to ENT. No Bleep, shift work, scrubs! The most exciting part of the job for me is the diagnostic challenge and never quite klnowing what my day will entail. Working as part of a team and always learning and working with the specialities.	11/7/2016 8:45 AM
446	Enjoy being on the front line of medicine The variety The skills that you learn Opportunities to have other specialist interests such as pre hospital, paeds, ICU, MSK	11/7/2016 8:25 AM
447	To be a generalist with a focus on acute illness	11/6/2016 8:03 PM
448	Exciting, fast-paced, short attention span	11/6/2016 6:31 PM
449	A Placement in the ED as an F2 encouraged me to research the career. The variety, option to combine with PHEM and other family commitments made it appealing	11/6/2016 6:28 PM
450	always been interested	11/6/2016 6:21 PM
451	Variety, challenging environments, great teams	11/6/2016 6:16 PM
452	Variety, acuity, camaraderie	11/6/2016 5:40 PM
453	Diversity and no ward rounds!	11/6/2016 4:59 PM
454	Variety of patients seen. Good team aspects. Established dual CCT in ICM, and paeds or pre hospital training	11/6/2016 3:31 PM
455	Wide variety of work. Opportunity for earlier independent practice whilst being well supported by seniors. Wide range of practical procedures. Management of critically ill patients.	11/6/2016 3:15 PM
456	-Dynamics of EM -You see pt: treat them and come back home with no further stress or jobs	11/6/2016 2:57 PM
457	Wide casemix, quick turnover, inclusive team working, scope for subspecialty/special interests	11/6/2016 2:42 PM
458	I enjoy the variety, team work and humanitarianism of emergency medicine.	11/6/2016 12:50 PM
459	Variety and skills	11/6/2016 12:33 PM
460	Variety Opportunity for portfolio type career in view of a sessional specialty e.g PHEM/event medicine/exoedition The best	11/6/2016 10:23 AM
461	variety of work and varied days, use of practical skills and existing surgical knowledge as I changed specialty training from OMFS SpR to DRE-EM training in August 2016	11/6/2016 4:17 AM
462	Diversity of the speciality Team work	11/5/2016 11:48 PM
463	Variety, help acutely ill patients, can tell the best stories, fast pace	11/5/2016 3:50 PM

464	Area of interest Variation in daily activity. Exciting speciality/acute	11/5/2016 3:31 PM
465	Enjoy the team working, variety and it suits my skillset	11/5/2016 2:25 PM
466	I worked in Emergency Medicine service jobs for relatively long time , I like the quick turnover, seeing variety of patients, decision making , working as a bigger team with other staff	11/5/2016 11:28 AM
467	The variety and pace of work	11/4/2016 10:30 PM
468	Like to manage emergency cases	11/4/2016 7:09 PM
469	Variety, interest, not too admin heavy, team working	11/4/2016 6:32 PM
470	No long ward rounds Variety of cases and conditions Acute management of conditions - not requiring to spend too much time on one issue Did not get offered an NTN for O&G	11/4/2016 5:58 PM
471	variation acuity teamwork	11/4/2016 5:49 PM
472	Variability in presentation, Most interested in the immediate needs/treatment of patients, No focal interest in a specific other specialty	11/4/2016 5:13 PM
473	Enjoy seeing patients as they come through the door, enjoy the working environment, enjoy the high turnover of patients	11/4/2016 3:49 PM
474	I like being a generalist, hand-on with practical procedures and the fast pace and turnover. I enjoy structured shift work which gives me flexibility with my time. Run through training was a bonus too. I also worked in emergency medicine for 18 months in Sydney post F2 which was a fantastic experience and increased my wish to train in this area.	11/4/2016 2:14 PM
475	Broad range presentations Shift Work Trauma	11/4/2016 1:59 PM
476	exciting, varied, practical	11/4/2016 1:55 PM
477	I love the variety (head to toe from 0 to 100) and challenges posed. No 2 days the same and not knowing what weird and wonderful surprise is lurking behind the next case card. It's an exciting and dynamic field to work in!	11/4/2016 1:48 PM
478	It was exciting dealing with sick patients during my FY2 EM job. Working within a team. Well supported.	11/4/2016 1:22 PM
479	Working in a team. Shift work which fits in with having alit of small children. Interesting case load and ability to conduct interesting clinical activities outside the hospital setting .	11/4/2016 1:14 PM
480	My skills and knowledge best suit this specialty	11/4/2016 12:55 PM
481	1. Different clinical presentations over different range of specialities 2. Training can be tailored to interest, special interests like simulation, paediatrics and pre hospital 3. Dynamic working environment with team based work	11/4/2016 12:20 PM
482	Personal preference. like working in busy environment	11/4/2016 11:54 AM
483	EM was my reason for going to med school. I love the variety and the challenge and enjoy the hands on stuff.	11/4/2016 11:47 AM
484	Was unable to progress in surgery and so Emergency Medicine was the next best speciality as it still involves suturing, seeing surgical patients and I will get to do many more practical procedures. My interest is trauma.	11/4/2016 11:42 AM
485	Acuity, variety, team working with a flat heirachy	11/4/2016 11:40 AM
486	Enjoy the variety, enjoy looking after undifferentiated unwell patients especially in resus. Excited about opportunities for portfolio career and combining EM with interests in global health and medical education.	11/4/2016 11:24 AM
487	Patients from varied medical and surgical specialities. More satisfaction. Training programme and development is excellent.	11/4/2016 10:47 AM
488	I enjoy the variety of people, the challenges, feeling like I make a difference and the diagnostic challenges. I like the practical procedures the specialty incorporates.	11/4/2016 10:45 AM
489	Variety, challenge	11/4/2016 10:34 AM
490	Variety in cases seen, rapid turnover-see patients on arrival and make decisions rather than seeing same patients for weeks on a ward	11/4/2016 9:58 AM
491	Variety	11/4/2016 8:36 AM
492	I love the immediacy, variety, ability to keep learning, team element to working, ability to help people in short space of time. lack of ward rounds	11/4/2016 7:53 AM
493	Variety. Ability to keep broad scope of clinical skills and knowledge. Interest in resus and acute care.	11/4/2016 1:23 AM
494	Excitement, treating critically sick pts,	11/4/2016 1:17 AM

495	Practical, consultants still see undifferentiated patients, variety, attracts fab nurses and genuinely has a relatively flat hiarachy, off time actually off (not worrying about your long term patients), retain skills from all specialities, challenging, opportunity for specillist intreasts to change over course of consultant career, job security, critical care - occasionally even get to save a life!, able to think outside guidelines, culture of training/continued development (eg foamed), college proactive politically,	11/3/2016 11:52 PM
496	Variety, unpredictable nature.	11/3/2016 11:35 PM
497	Like the variety and high acuity	11/3/2016 10:59 PM
498	varied, fast pace, constantly changing. Lots of opportunities for practical procedures	11/3/2016 10:31 PM
499	Variety of cases and good skill exposure	11/3/2016 9:43 PM
500	Diversity, multispecialty case mix, first responders	11/3/2016 9:20 PM
501	It is fun.	11/3/2016 9:17 PM
502	Flexibility	11/3/2016 9:00 PM
503	Enjoy seeing acute patients and trauma Like variety it contributes Enjoy being the front door of medicine Friendly environment and relaxed team work	11/3/2016 8:36 PM
504	Enjoy the variety of patients that you see, the fact that you can perform surgical procedures, work in a team, enjoyable group of pepole to work with, can take a sick patient and make them better	11/3/2016 8:33 PM
505	Best for having tried a few specialities	11/3/2016 8:10 PM
506	Teamwork Ability to build and develop personal/unique skill base	11/3/2016 8:07 PM
507	The most exciting speciality and it works with my personality. Camraderie in most EDs are excellent.	11/3/2016 8:04 PM
508	Variety of patients. Independent practitioner with support as needed from higher trainees/consultants. Procedures. Clear ability to make a difference to individual patients.	11/3/2016 7:52 PM
509	Enjoyed the variety and dealing with major trauma	11/3/2016 7:30 PM
510	Variety of patients Work with children and Adults No ward rounds!!	11/3/2016 7:08 PM
511	Variety of workload. I like sick people! I can see a patient and sort their problem/reassure them several times a day.	11/3/2016 6:36 PM
512	Enjoyable work	11/3/2016 6:34 PM
513	Variety Resuscitation cases Practical procedures High turnover	11/3/2016 6:29 PM
514	I really enjoyed the challenges of emergency medicine, and the team work involved. I also enjoyed that when a shift ended, I left.	11/3/2016 5:35 PM
515	Mix of all specialties Quick turn around No inpatients	11/3/2016 5:32 PM
516	Cutting edge of medicine where you can make the most difference. Being a real doctor. Having a worthwhile job	11/3/2016 5:28 PM
517	Variety of work/ sessional/ team	11/3/2016 5:26 PM
518	No day the same, adults and paediatrics, undifferentiated presentations, mixture of resus/critical care and minors. Last true team in hospital.	11/3/2016 5:18 PM
519	I enjoy the variety of the work, the practical skills involved, the fast turnover and pace of work... and I get to wear scrubs all day	11/3/2016 5:05 PM
520	Fast pace of work Variety of clinical cases Demanding and dynamic working environment	11/3/2016 4:15 PM
521	Working with people at there most vulnerable. Enjoyment of resuscitation and critical care	11/3/2016 4:11 PM
522	Variety of work, close contact with patients, enjoy working in a team	11/3/2016 3:43 PM
523	-Enjoy it -Broad speciality	11/3/2016 3:22 PM
524	Variety of cases you see Team environment	11/3/2016 2:57 PM
525	Variety of work and skills	11/3/2016 2:53 PM
526	I liked EM and always wanted to do it because of its versatility.	11/3/2016 2:53 PM
527	Dynamic speciality. Variation in clinical presentations. No ward rounds.	11/3/2016 2:39 PM
528	I enjoyed it as an FY2. Ability to work part time in the future.	11/3/2016 1:55 PM

529	I love the variety of patients I get to see and treat on a daily basis. I like the fact that I can make a genuine difference to patients and their lives.	11/3/2016 1:38 PM
530	Varied Enjoyed the emergency bits of all the specialities I had done before.	11/3/2016 1:22 PM
531	Enjoy it	11/3/2016 1:20 PM
532	Variety. Looking after unwell patients	11/3/2016 12:26 PM
533	Enjoyed practical skills, teamwork, problem solving, fast paced working environment	11/3/2016 12:20 PM
534	I enjoy the variety of EM	11/3/2016 12:16 PM
535	- By far, the best job in the hospital; there is never a boring day at work. - As a specialty we get to complete a far wider variety of procedures than any other in the hospital. We have lots of autonomy allowing lateral thinking and independence. - The flat hierarchy in EM means that you have an excellent relationship with your patients, bosses and nurses that is far ahead of its time compared with traditional medicine. - No bleep and not having to scribe on a post take ward round	11/3/2016 12:12 PM
536	The familial athmosphere	11/3/2016 12:05 PM
537	Enjoyed FY2 post, liked the variety and excitement at work, no other rotation I had tried I enjoyed that much	11/3/2016 11:40 AM
538	Acuity of patients, diverse caseload, flexible career, no ward rounds	11/3/2016 11:38 AM
539	Variety, high acuity resus patients, procedures	11/3/2016 11:28 AM
540	I like rapid diagnosis and management with lots of procedural skills, management skills and care of trauma and critically ill patients.	11/3/2016 11:04 AM
541	Variety, excitement, challenging, teamwork	11/3/2016 11:03 AM
542	Unpredictable working day Trauma and emergencies	11/3/2016 11:03 AM
543	Desire to be a generalist Desire to deliver excellent care as early as possible in disease process Lack of ward rounds, MDTs and clinics	11/3/2016 11:03 AM
544	Being at the front line of medicine and managing patients at a time when clinical decision making has a massive impact on patient outcomes. Because being good at a small area of medicine/surgery is relatively easy. Being a good emergency physician and managing a vast number of different areas of medicine and surgery well is a much more rewarding challenge.	11/3/2016 10:58 AM
545	Variety, procedures, resus, no responsibility after shift ends	11/3/2016 10:53 AM
546	Fast paced, hands on speciality. Enjoy working under pressure, pracitcal skills and have a short attention span so it fits me well. Did F2 in ED and loved it. Very team orientated.	11/3/2016 10:51 AM
547	Broad, varied, unpredictable, stimulating, front-line	11/3/2016 10:48 AM
548	I enjoy dealing with emergencies in a time-dependent fashion and it was important for me to work in teams	11/3/2016 10:38 AM
549	Love the variety and not knowing what's next. Lots of practical skills and opportunities to manage complex patients	11/3/2016 10:35 AM
550	Acutely unwell patients Being the first doctor to see patients and so have to be decisive Team work/spirit in a and e departments	11/3/2016 10:27 AM
551	Varied and interesting workload. Working in a great team	11/3/2016 9:52 AM
552	Liked it	11/3/2016 9:46 AM
553	I wanted to be a generalist but not a GP and I enjoy the teamwork and atmosphere of emergency departments	11/3/2016 9:44 AM
554	Variety. Paeds/adult/elderly, medicine/trauma, simple vs complex. I also like being able to sort the simple and make a difference to the complex and then pass them over to the relevant specialty for ongoing care	11/3/2016 9:43 AM
555	I hate it now. It's all 100% service provision and there's no education or training and lots of bullying. ED is the worst specialty in medicine and the Wales Deanery are very unsupportive to me	11/3/2016 9:37 AM
556	Exciting dealing with critically ill patients Variety Diagnostic process	11/3/2016 9:24 AM
557	I like the emergency part of each specialty. I like the breadth that emergency brings. I like the resuscitation and the way of working: no ward rounds, clinics or bleeps and the ability to have your own patient workload and make decisions.	11/3/2016 9:23 AM
558	Varied patients, procedures, team working, fast paced	11/3/2016 8:39 AM
559	Designated programme, interest in emergency and critical care, like working in teams, like variety in day to day job	11/3/2016 8:33 AM

560	Exciting. Team work. People based. Different day every day. Personally I felt like myself when working in ED.	11/3/2016 8:29 AM
561	Variety, Team environment Mix of practical procedures and acute presentations	11/3/2016 7:34 AM
562	My temperament doesn't really suit much else. I like distractions, I enjoy chaos, hate routine. I like seeing a variety of patient groups and ages, and I like dabbling in all specialities from anaesthetics to urology.	11/3/2016 7:31 AM
563	Varied, options for portfolio career. No ward rounds.	11/3/2016 5:08 AM
564	Varied case load. Treating the critically ill. No ward rounds of clinics.	11/3/2016 4:17 AM
565	Variety, dynamic & changeable; wide range of procedures, ability to make a differences to patients & families in short term with visible results; working as part of a team and interacting with all specialties.	11/3/2016 3:37 AM

Appendix B: Are those reasons you chose EM still valid now? If not, why not?

#	Responses	Date
1	yes	12/6/2016 8:17 PM
2	Yes	12/6/2016 6:32 PM
3	ENPs cover minors so our experience is pretty poor! 10-12 hour shifts are ridiculously tiring and the continuous feeling of jet lag is horrendous- but I still don't want to work 9-5. ED is over run with non-emergencies and sometimes the job of the job is lost because of this. ED can be very lonely when you don't work with the same people every day and especially on your days off.	12/6/2016 4:49 PM
4	Yes, but often overshadowed by politics/bed/organisational/workload pressures	12/6/2016 4:43 PM
5	Yes	12/6/2016 3:46 PM
6	Yes	12/6/2016 2:50 PM
7	Still valid	12/6/2016 2:31 PM
8	yes	12/6/2016 11:45 AM
9	Yes Still valid	12/6/2016 6:54 AM
10	no, less emergencies, fewer proceedures, little support	12/6/2016 1:34 AM
11	no anps,advanced physios, lack of variety due to service delivery and NO one to one training delivered by consultants on a consistent basis. pathetic disgrace vs other specialty training programmes.	12/5/2016 11:17 PM
12	Partly but the opportubity to actually do things and treat patients has diminished due to demand and time pressures with patient numbers/lack of staff and need for definitive location within 4 hours	12/5/2016 10:37 PM
13	Workload so high that seniors not proactive in letting me see new things - would rather I carry on in majors with medical patients as the patient volume so high they don't take me to resus if they have something interesting going on	12/5/2016 9:12 PM
14	Yes, they are still valid now.	12/5/2016 8:58 PM
15	Yes	12/5/2016 8:54 PM
16	Yes	12/5/2016 8:43 PM
17	Yes	12/5/2016 6:12 PM
18	Less so. I am getting married, the ED lifestyle is getting less appealing	12/5/2016 5:45 PM
19	No. Pressure of unsafe rota with no training from trainers could not make up from pain of poor family-work balance.	12/5/2016 5:29 PM
20	Yes.	12/5/2016 5:21 PM
21	No because I do more of GP work in A&E than proper EM WORK.	12/5/2016 5:09 PM
22	Yes	12/5/2016 5:06 PM
23	Yes they are	12/5/2016 4:56 PM
24	Yes	12/5/2016 4:30 PM
25	yes, but less so	12/5/2016 3:49 PM
26	Yup	12/5/2016 3:30 PM
27	Yes on the whole- practical skills is a smaller part as departmental management has taken over	12/5/2016 2:49 PM
28	Yes	12/5/2016 2:33 PM
29	Yes	12/5/2016 2:17 PM
30	Yes	12/5/2016 2:06 PM
31	Yes. Even more so.	12/5/2016 1:20 PM

32	eventually I hope for a better rota and flexibility...	12/5/2016 12:54 PM
33	Yes	12/5/2016 12:09 PM
34	Yes	12/5/2016 11:39 AM
35	Still valid	12/5/2016 11:32 AM
36	Yes	12/5/2016 10:41 AM
37	Mostly	12/5/2016 10:14 AM
38	Absolutely. Still the career for me.	12/5/2016 9:40 AM
39	Still valid	12/5/2016 9:03 AM
40	Yes	12/5/2016 8:00 AM
41	Yes	12/5/2016 7:09 AM
42	yes still valid, although lifestyle has recently become more important to me	12/5/2016 3:10 AM
43	Yes as above	12/5/2016 2:17 AM
44	Yes	12/5/2016 1:17 AM
45	Yes	12/5/2016 12:56 AM
46	These reasons are still valid however there are many contributing reasons that put me off.	12/5/2016 12:32 AM
47	Yes	12/4/2016 10:33 PM
48	Yes	12/4/2016 10:20 PM
49	Yes	12/4/2016 10:00 PM
50	Yes	12/4/2016 9:57 PM
51	Yes	12/4/2016 9:38 PM
52	I had enjoyed the fast paced nature of EM, particularly working pre-training in NZ, but this has now changed as our system feels overwhelmed and dangerous. There is no flow within the hospital, and so attention is divided by the many patients in the department.	12/4/2016 9:08 PM
53	Yes	12/4/2016 8:53 PM
54	Yes.	12/4/2016 6:22 PM
55	Variety of cases is not applicable as different specialty teams handle their own things for eg airway is taken over by Anaesthesia, minor trauma is taken over by ENPs, stroke team do thrombolysis. We are getting deskilled. There is stagnation of patients in the department and hence no beds or cubicles to see new patients. The rotas are really tough with no flexibility and burn out is common.	12/4/2016 5:51 PM
56	Yes	12/4/2016 5:17 PM
57	Yes	12/4/2016 3:37 PM
58	Yes	12/4/2016 2:07 PM
59	I hardly seem minors and can't focus on sick patients because I have to run the depth.	12/4/2016 12:52 PM
60	Where are increasingly becoming a triage service. I find that time pressures mean that I can't give great care to patients. I feel that exit block me I have very little time to try and make patients better. I've just finished a nightshift with between 80 and 130 patients in department with 35 beds. It is becoming increasingly unsafe and while I still look forward to work I am worried that Departments are going to become more dangerous places for both patients and doctors	12/4/2016 12:34 PM
61	Yes but slightly less	12/4/2016 11:02 AM
62	Yes.	12/4/2016 10:47 AM
63	yes but slowly being overtaken by the negatives of the job	12/4/2016 7:45 AM
64	No!!	12/4/2016 7:41 AM
65	yes	12/4/2016 2:35 AM
66	They are, but the strain on the whole team is very apparent	12/3/2016 11:08 PM

67	Yes	12/3/2016 5:51 PM
68	Yes still valid	12/3/2016 5:26 PM
69	Yes but the stresses on departments has increased dramatically taking away from learning opportunities particularly in adult and general EM	12/3/2016 4:21 PM
70	Yes. See more primary care pts in ED now than have done throughout my career.	12/3/2016 3:19 PM
71	It is harder and harder to deliver the quality of care I would like my colleague and I be be able to deliver despite our hard work. The expectations of the public generated by political statements like "world leaders", "£10bn more", "seven day NHS" cannot be matched. The fun is going when the hardest part of your job isnt clinical but trying to find space to see someone who is either sick or who has been waiting a long time.	12/3/2016 1:30 PM
72	Yes.	12/3/2016 11:02 AM
73	yes	12/3/2016 6:46 AM
74	Yes.	12/3/2016 4:27 AM
75	Yes	12/2/2016 10:12 PM
76	Yes it's the only thing that keeps me in the job.	12/2/2016 8:18 PM
77	Yes	12/2/2016 7:56 PM
78	Yes, but I have found the training in London vey dissapointing with limited shopfloor teaching, next to no practical skills teaching and no support for welfare	12/2/2016 7:11 PM
79	Yes	12/2/2016 6:50 PM
80	Yes	12/2/2016 5:19 PM
81	Yes	12/2/2016 4:27 PM
82	No, focus now on dealing with vast swathes of primary care patients with often complex social issues, minimal contact with critically ill patients as ITU are often called immediately by nursing staff - very little support from consultants to manage these patients and often sent straight back in to deal with high volume low acuity patients while ITU/anaesthetics manages resus.	12/2/2016 2:59 PM
83	yes	12/2/2016 2:43 PM
84	Yes	12/2/2016 12:48 PM
85	yes	12/2/2016 12:47 PM
86	They are valid but now since i am planning to get pregnant I am not sure how it is going to affect my personal life and career.	12/2/2016 12:18 PM
87	yes	12/2/2016 12:11 PM
88	yes	12/2/2016 11:58 AM
89	yes	12/2/2016 11:50 AM
90	No. Limited variety in last job. Little enjoyment of specialty.	12/2/2016 11:44 AM
91	Yes	12/2/2016 11:36 AM
92	Yes	12/2/2016 11:24 AM
93	Yes	12/2/2016 11:23 AM
94	Well, yes, they are - because I chose essentially selfishly to do something I felt I could do for the rest of my working life, even if it shortens my life a bit in the process. This is heavily countered by the indifference of my college and lead provider to my training and the government's genteel loathing of my profession.	12/2/2016 11:05 AM
95	Very dissapointed as I enter ST4. Reality of ED in UK with exception of a few high acuity centres, as ED doctors we do very few critical care procedures in resus and are consumed by majors and minors. We learnt anaesthetics and ITU skills in ST2 but are rarely allowed to use these skills in resus whereas my preconception was that we as ED would do all airway and critical care interventions.	12/2/2016 10:59 AM
96	I do not feel the training I have had in emergency medicine has developed my skills. I was a service provider rather than a trainee. I feel now as though anaesthetics offers more to me for all of the above reasons and am considering switching. This is not a decision I am making lightly nor is it one I really want to make.	12/2/2016 10:47 AM
97	Yes but less pronounced	12/2/2016 10:45 AM

98	Mainly	12/2/2016 10:27 AM
99	Yrd	12/2/2016 10:09 AM
100	Yes and no tired intense rota	12/2/2016 9:45 AM
101	Yes, absolutely!	12/2/2016 9:17 AM
102	Yes except variety as typically see the same things daily	12/2/2016 8:56 AM
103	Partially. In resus yes but the UCC part of the job is draining far to much energy and time.	12/2/2016 8:37 AM
104	yes	12/2/2016 8:24 AM
105	No. I never see minor injury except in paediatrics throughout any of my jobs.	12/2/2016 8:17 AM
106	Yes	12/2/2016 7:43 AM
107	yes	12/2/2016 6:51 AM
108	Yes	12/2/2016 4:03 AM
109	yes	12/2/2016 1:59 AM
110	Yes.	12/2/2016 1:31 AM
111	Sometimes - it feels like emergency medicine isn't really a critical care specialty at the moment. There isn't the time to focus on patients in that way, and so often we refer interesting patients on rather than managing them acutely ourselves. Ambulances arriving with unwell patients are seen by other teams as soon as possible and we go back to the shop floor to see more routine cases.	12/2/2016 12:42 AM
112	yes	12/2/2016 12:31 AM
113	yes	12/2/2016 12:14 AM
114	Yes	12/2/2016 12:11 AM
115	Yes	12/1/2016 11:53 PM
116	yes	12/1/2016 11:41 PM
117	Yes	12/1/2016 11:13 PM
118	It still is,but my experience of training in London has been so disappointing. The training on the shop floor was limited and I felt like I was there to provide service provision not develop as a learner and doctor. I feel I have de-skilled since moving to London and entering s training programme compared with the training I was provided as a clinical fellow and foundation doctor in the West Midlands	12/1/2016 11:11 PM
119	yes	12/1/2016 11:02 PM
120	Yes	12/1/2016 10:52 PM
121	Not really. I am very fortunate to work an excellent department, but there just isn't a real culture of innovation in the NHS, and I don't feel I am able to explore my other interests in the way in which I hoped.	12/1/2016 10:44 PM
122	i feel that Emergency medicine speciality is changing to Primary health care service in a gradually increasing percent every year. This makes me think twice weather I really want to practice this as a future carer	12/1/2016 10:32 PM
123	I probably won't be able to travel easily with small children	12/1/2016 10:19 PM
124	Yes	12/1/2016 10:12 PM
125	ywa	12/1/2016 10:09 PM
126	yes	12/1/2016 9:47 PM
127	Yes	12/1/2016 9:37 PM
128	Yes	12/1/2016 9:36 PM
129	Not really. I do very few procedures (lines and drains in resus mostly get done by specialties, minor injuries by ENPs), most of the patients I see aren't actually sick, I spend most of my time essentially as an OOH GP, the atmosphere in the departments I've worked in recently hasn't been particularly positive.	12/1/2016 9:01 PM
130	Yes, but questioning at times whether antisocial hours and rigid training structure are worth it.	12/1/2016 8:57 PM
131	Mostly but I am becoming a little tired of the worthless work I/we do. For example semi paperless documentation. Meaning duplication. I'm also bored of the number of "new ED redirection" schemes we have get enthused about.	12/1/2016 8:53 PM

132	I'm honestly just exhausted. Every day I'm either at work, or recovering from being at work. My days "off" are often spent sleeping off a night shift or a twilight, and there is never enough time to recover. I am unable to adjust my sleep patterns quick enough to keep up with the ever changing shifts on my rota which leads to me making difficult decisions at work when I am do tired I can barely think. I thought I could manage the lack of work/life balance for six years of training but now I feel I need time out of training just to regain my life/sanity for a year!	12/1/2016 8:45 PM
133	I feel sometimes those specialist skills are taken over by other specialties i.e airway skills	12/1/2016 8:43 PM
134	No, I am not sure if a career is sustainable in EM .	12/1/2016 8:37 PM
135	No. It's less awesome. No training. Just another majors number cruncher	12/1/2016 8:20 PM
136	Yes	12/1/2016 8:17 PM
137	Definitely	12/1/2016 8:14 PM
138	Yes	12/1/2016 8:14 PM
139	Yes	12/1/2016 7:58 PM
140	Yes	12/1/2016 7:55 PM
141	yes	12/1/2016 7:54 PM
142	After seeing Airway to be taken care off by the Anaesthetists in UK, I was quite disappointed as I have been trained differently in my own country, where airway is taken care by the ED physicians. In addition, the way EDs are getting busier and ED physicians are being overworked, it looks like things are getting worse. Lastly, thanks to CQC review, a lot of A&Es being shut down and the remaining A&Es are finding it difficult to sustain the added pressure. It's funny how it works! Can we stop shutting down underperforming A&Es and start supporting them by building bigger A&Es with better staffing!	12/1/2016 7:48 PM
143	Yes	12/1/2016 7:45 PM
144	Yes	12/1/2016 7:42 PM
145	Yes	12/1/2016 7:38 PM
146	Yes	12/1/2016 7:35 PM
147	n	12/1/2016 7:29 PM
148	Yes	12/1/2016 7:20 PM
149	Less so. The realities of the day to day are different to the above.	12/1/2016 7:18 PM
150	In part, lack of training, departments only care about service provision, they don't care about trainees	12/1/2016 7:14 PM
151	Yes	12/1/2016 6:56 PM
152	Yes	12/1/2016 6:54 PM
153	Too tired to be able to enjoy it	12/1/2016 6:50 PM
154	Yes	12/1/2016 6:48 PM
155	Yes	12/1/2016 6:38 PM
156	not so much. get a lot of rubbish/patients that should not be seen in A&E	12/1/2016 6:37 PM
157	Yes	12/1/2016 6:29 PM
158	Yes	12/1/2016 6:25 PM
159	No, senior registrars increasingly not seeing patients and doing lead shifts	12/1/2016 6:23 PM
160	Yes	12/1/2016 6:18 PM
161	Yes	12/1/2016 4:59 PM
162	No, burn out , lack of resources	12/1/2016 4:14 PM
163	yes	12/1/2016 3:57 PM
164	yes	12/1/2016 3:32 PM
165	Yes	12/1/2016 2:56 PM
166	Yes	12/1/2016 2:53 PM

167	Yes, but the clinical workload is less interesting with less time available to devote to patients and feels very much like a conveyor belt system to perform tests before they arrive on a Medical ward.	12/1/2016 2:29 PM
168	Yes	12/1/2016 2:20 PM
169	Yes, but being a reg, I don't feel very happy. I'm not so keen on the 'high octane' stuff any more.	12/1/2016 2:06 PM
170	Yes	12/1/2016 1:55 PM
171	Yes	12/1/2016 1:41 PM
172	The current climate at my hospital barely reflects it	12/1/2016 1:32 PM
173	Yes	12/1/2016 12:44 PM
174	Yes	12/1/2016 12:31 PM
175	Yes - but the work demand is pushing people from learning into service provision.	12/1/2016 12:07 PM
176	Yes.	12/1/2016 11:37 AM
177	Yes	12/1/2016 11:33 AM
178	Yes	12/1/2016 11:28 AM
179	Yes	12/1/2016 11:21 AM
180	Yes, very much so.	12/1/2016 11:18 AM
181	Yes	12/1/2016 10:55 AM
182	yes	12/1/2016 10:50 AM
183	Yes	12/1/2016 10:45 AM
184	Broadly, yes	12/1/2016 10:42 AM
185	Yes	12/1/2016 10:18 AM
186	Specialty is too broad and training feels insufficient. Now I feel a more specialised job would give me more confidence in the decisions I made	12/1/2016 10:09 AM
187	Yes	12/1/2016 9:56 AM
188	Yes	12/1/2016 9:51 AM
189	Yes	12/1/2016 9:48 AM
190	Yes	12/1/2016 9:39 AM
191	Yes	12/1/2016 9:01 AM
192	Yes	12/1/2016 7:59 AM
193	Still valid, but struggling to cope unsocial hours i need to do with family. Even after finishing the shifts, i can only rest than enjoy with family for the rest of the day	12/1/2016 7:42 AM
194	Yes	12/1/2016 7:35 AM
195	From a nursing, support staff and medical point of view the departments I've worked in have been and are, dreadfully understaffed. The work is feeling les enjoyable and more dangerous.	12/1/2016 7:34 AM
196	Yes	12/1/2016 6:51 AM
197	Yes	12/1/2016 6:15 AM
198	Yes	12/1/2016 5:58 AM
199	yes but increasing time pressures in department mean at times I do not feel I am truly doing the patients justice	12/1/2016 4:36 AM
200	yes, but rota pressures make the job much less appealing	12/1/2016 3:21 AM
201	No. I'm tired of the stress. I could earn more money for 10% of the stress I have of sending patients home every day and then spending hours worrying about them	12/1/2016 1:24 AM
202	yes	12/1/2016 12:41 AM
203	Yes	12/1/2016 12:35 AM

204	Yes	12/1/2016 12:32 AM
205	Yes	12/1/2016 12:01 AM
206	Yes	11/30/2016 11:52 PM
207	Yes	11/30/2016 11:40 PM
208	Yes still valid	11/30/2016 11:39 PM
209	to some extend, as unfortunately everyday there is more and more patients who do not need to be in ED	11/30/2016 11:38 PM
210	.	11/30/2016 11:35 PM
211	Yes although the work in resuscitation and those who need immediate medical attention is dwarfed by a mass of less urgent cases	11/30/2016 11:35 PM
212	To a degree, though having chosen for the reasons stated above there is a degree of frustration, which I realise is not widely applicable, in that my scope to practice in these fields is necessarily limited during training in spite of having used my OOPE allocations to the limit. In addition, the volume of patients often so limits our abilities to perform that I have on more than one occasion thought back longingly to my erstwhile dalliance with anaesthetics.	11/30/2016 11:25 PM
213	Yes, but being pushed to the limit by the pressure of service provision in a system that is struggling. There is little time for supported training when the department is being overrun.	11/30/2016 11:11 PM
214	Mostly but the joy has gone as the patient volume is overwhelming.	11/30/2016 11:08 PM
215	yes	11/30/2016 10:53 PM
216	I found that the majority of cases were perhaps more suited for primary care. I felt that I got more opportunities in England (West Midlands deanery) to work pre-hopsital as an F1/F2 than I did as an ST1/ST2 in Northern Ireland.	11/30/2016 10:44 PM
217	Still enjoy Emergency Medicine but life as a trainee is poor. Dreadful work life balance. Makes being a parent almost impossible.	11/30/2016 10:28 PM
218	Not valid	11/30/2016 10:19 PM
219	Reasons still there, but enjoyment is taken away by stresses, fact we are letting patients down, too overrun to work patients up and essentially ED has become triage monkeys.	11/30/2016 10:16 PM
220	Yes.	11/30/2016 10:15 PM
221	Yes	11/30/2016 9:45 PM
222	yep	11/30/2016 9:43 PM
223	Yes	11/30/2016 9:38 PM
224	Yes.	11/30/2016 9:27 PM
225	Generally feels like just sorting out social issues instead of real medicine most of the time	11/30/2016 9:23 PM
226	Yes	11/30/2016 9:14 PM
227	Yes and yes	11/30/2016 9:10 PM
228	Yes, they still are, though the UK A&E training is doing a disservice to all of them, it's taking all the fun and the inspiration out of it	11/30/2016 9:10 PM
229	yes	11/30/2016 9:03 PM
230	Still valid	11/30/2016 8:58 PM
231	Yes	11/30/2016 8:49 PM
232	Yes Although anti social working is sometimes a challenge with a mix of pre and school age children at home. Although it has its advantages as well!	11/30/2016 8:32 PM
233	Yes. I work in a brilliant department they support my training and make me excited for my future career	11/30/2016 8:26 PM
234	Yes	11/30/2016 8:23 PM
235	No - I still want to be an academic but it is much easier and much better supported in other specialties and so I am leaning towards working more in my other specialty.	11/30/2016 8:00 PM
236	Yes	11/30/2016 7:43 PM
237	Yes	11/30/2016 7:42 PM

238	Yes	11/30/2016 7:25 PM
239	Yes	11/30/2016 6:55 PM
240	Yes	11/30/2016 6:55 PM
241	Yes	11/30/2016 6:39 PM
242	Yes	11/30/2016 6:34 PM
243	Yes, to an extent. I think that there is too much emphasis on triaging patients to the correct speciality or for discharge and not enough time to actually usefully diagnose or treat them.	11/30/2016 6:32 PM
244	Yes	11/30/2016 6:31 PM
245	Yes	11/30/2016 6:29 PM
246	yes.	11/30/2016 6:28 PM
247	Yes	11/30/2016 6:16 PM
248	Yes	11/30/2016 6:15 PM
249	N/a	11/30/2016 5:58 PM
250	I'm more interested in pre hospital medicine now.	11/30/2016 5:56 PM
251	Yes	11/30/2016 5:53 PM
252	Yes	11/30/2016 5:44 PM
253	Yes.	11/30/2016 5:40 PM
254	They are, however not happy at all with A&e training in the UK and with the way the job of an A&e doctor is understood and seen. Yes, it's up to our generation to change things for the better, but there's a lot of resistance and lack of imagination amongst those with the power to change things.	11/30/2016 2:25 PM
255	Yes	11/30/2016 1:20 PM
256	Less so. I'm getting married and the rota is awful.	11/30/2016 1:19 PM
257	Yes.	11/30/2016 9:58 AM
258	Yes	11/30/2016 9:23 AM
259	Not with teaching, the only teaching we get is the regional teaching, it's too short on the ground for ED based teaching opportunities	11/30/2016 8:54 AM
260	Yes and no. I am currently on mat leave and whilst I love my job I am struggling to work out a way to return to such a antisocial rota with childcare. I am sole responsibility for childcare due to my husband being away min 90 percent year with military. I love my job and would hate to leave it.	11/30/2016 7:12 AM
261	Yes	11/29/2016 10:03 PM
262	Breach time constraints gives us less time to manage patients.	11/29/2016 9:43 PM
263	Yes	11/29/2016 9:12 PM
264	Yes	11/29/2016 8:03 PM
265	Yes.	11/29/2016 5:31 PM
266	I sometimes question whether the antisocial hours are worth it.	11/29/2016 2:39 PM
267	Yes	11/29/2016 1:12 PM
268	Yes.	11/29/2016 12:45 PM
269	Yes	11/29/2016 2:52 AM
270	NO- ACP ENP have hugely narrowed the cases trainees are exposed to and in my experience deminish the quality of training in favour of service provision. More of this will just lead a to an even more demoralise and deskilled work force over time.	11/28/2016 5:45 PM
271	Yes	11/28/2016 5:24 PM
272	yes	11/27/2016 10:51 PM
273	Yes.	11/27/2016 10:20 AM

274	Yes	11/25/2016 8:15 PM
275	Yes	11/25/2016 7:24 PM
276	Yes	11/25/2016 6:01 PM
277	Less so as we are often too busy mopping up the failings of general Medicine and primary care	11/25/2016 5:54 PM
278	Still valid	11/25/2016 4:24 PM
279	Yes, they are. But as time went on, having kids, the nights, the random shift pattern, the intensity of the work makes it much more challenging then when I chose it.	11/25/2016 9:38 AM
280	Yes	11/25/2016 3:52 AM
281	Yes	11/25/2016 1:37 AM
282	Yes	11/24/2016 10:40 PM
283	Yes. If anything, EM is becoming more broad.	11/24/2016 10:25 PM
284	partially, often anesthetics/direct referral e.g. PCI take unwell patients. less time to be taught practical procedures due to pressures	11/24/2016 6:01 PM
285	yes	11/24/2016 10:36 AM
286	To a degree - pressure to be a triage service but currently still manage not to be	11/23/2016 4:04 PM
287	Yes. Though the stresses of EM make me not want to be full time.	11/23/2016 12:36 PM
288	-yes	11/23/2016 9:01 AM
289	Still valid	11/22/2016 8:21 PM
290	Have been seeing less and less acute patients and more GP presentations. Shame as not what I signed up for.	11/22/2016 6:20 PM
291	Less so...the interest is being muted by the rubbish hours sometimes. That said, I don't know what other specialty would actually interest me instead.	11/22/2016 5:12 PM
292	Yes, all of them!	11/22/2016 4:11 PM
293	Yes	11/22/2016 4:10 PM
294	Yes	11/22/2016 1:51 PM
295	Nope Reality is disappointing but have to continue	11/22/2016 12:56 PM
296	yes mostly	11/22/2016 12:06 PM
297	More or less.	11/22/2016 11:13 AM
298	Yes	11/22/2016 9:51 AM
299	Yes they are	11/22/2016 9:07 AM
300	Yes	11/22/2016 5:55 AM
301	yes	11/22/2016 4:00 AM
302	Yes	11/22/2016 3:44 AM
303	Yes	11/22/2016 2:20 AM
304	Yes	11/22/2016 12:58 AM
305	Yes	11/22/2016 12:50 AM
306	yes	11/21/2016 3:24 PM
307	yes	11/21/2016 11:14 AM
308	Yyes	11/20/2016 8:04 PM
309	Yes	11/19/2016 11:26 PM
310	Yes. Although the hours are jading me	11/19/2016 1:41 PM
311	i have had three episodes of sickness after being run ragged by the junior rota.. the myth that "this is the worst 5 months then you get over it" is of little use when you cant lift your head off the pillow.	11/18/2016 1:40 PM

312	Yes	11/18/2016 8:38 AM
313	yes	11/18/2016 8:34 AM
314	Yes	11/18/2016 12:00 AM
315	yes	11/17/2016 10:04 PM
316	Yes.	11/17/2016 8:48 PM
317	yes although we see less 'emergencies' than originally expected	11/17/2016 6:57 PM
318	In the NHS, the low staffing levels and increasing service demand are making the job challenging beyond satisfaction and less and less rewarding as we are forced to survive by giving lower levels of care..	11/17/2016 3:33 PM
319	Yes	11/17/2016 3:02 PM
320	Yes	11/17/2016 2:53 PM
321	YES, BUT THE PRESSURES ON THE SYSTEM ARE MAKING IT GENERALLY LESS ENJOYABLE.	11/17/2016 2:34 PM
322	Yes it is still very varied and teamwork has to be good in the current climate.	11/17/2016 1:38 PM
323	yes	11/17/2016 12:20 PM
324	Yes	11/17/2016 11:30 AM
325	In general yes.	11/17/2016 9:40 AM
326	Yes	11/17/2016 8:47 AM
327	yes	11/16/2016 10:59 PM
328	Yes	11/16/2016 10:44 PM
329	Yes	11/16/2016 10:10 PM
330	Yes.	11/16/2016 9:54 PM
331	Yes	11/16/2016 9:15 PM
332	Yes	11/16/2016 9:14 PM
333	Yes	11/16/2016 8:51 PM
334	Yes	11/16/2016 8:31 PM
335	No. I feel like a glorified GP / acute geriatrician most of the time. This is primarily due to poor patient education of what constitutes an actual medical emergency, a detrimentally high proportion of "111 referrals," woefully inadequate community care, ridiculous ambulance service policies bringing too many patients to ED when they don't need to as well as slowing down discharge home and an overall crumbling system that increasingly cannot cope .	11/16/2016 7:24 PM
336	The concern re excessive working hours is not a problem here in the UK - because you are EWTD compliant! (did not have this where I trained - 36hr standard call shift - knew lots of people doing this 1 in 3)	11/16/2016 7:04 PM
337	yes but at times feels like service provision rather than a training programme	11/16/2016 6:01 PM
338	Yes	11/16/2016 5:13 PM
339	Yes	11/16/2016 4:22 PM
340	Yes	11/16/2016 3:53 PM
341	Yes. However pace and intensity of job is getting a bit wearing.	11/16/2016 9:39 AM
342	Yes	11/16/2016 8:19 AM
343	yes	11/16/2016 1:42 AM
344	more or leww	11/15/2016 10:27 PM
345	Yes	11/15/2016 8:59 PM
346	No	11/15/2016 4:55 PM
347	Broadly yes	11/15/2016 3:15 PM
348	yes	11/15/2016 2:19 PM

349	Yes but already starting to get a bit annoyed about how much primary care stuff comes to ED. Tired already of how most of my day is spent telling people why they don't need to be in hospital and why they didn't need to come to us in the first place. It's still for me though, every job has it's downsides.	11/15/2016 1:21 PM
350	Yes	11/15/2016 12:39 PM
351	Yes	11/15/2016 12:17 PM
352	Yes	11/14/2016 6:42 PM
353	Yes	11/14/2016 4:28 PM
354	yes	11/14/2016 2:43 PM
355	Except for not a very well paid position particularly if you work LTFT. Being in training puts you at disadvantage as far as rota and finances are concerned.	11/14/2016 1:38 PM
356	yes	11/14/2016 1:01 PM
357	Kind of - Ward rounds and clinics aren't totally off the table!	11/14/2016 12:53 PM
358	yes	11/14/2016 12:17 PM
359	Not really. My ST1 placement in EM was the opposite experience from previous.	11/14/2016 9:30 AM
360	yes	11/13/2016 5:17 PM
361	Only negative don't see much minor patients as often seen by ANPs or nurses	11/13/2016 3:58 PM
362	Yes	11/12/2016 7:09 PM
363	yes	11/12/2016 3:34 PM
364	yes.	11/12/2016 2:26 PM
365	Still valid.	11/12/2016 12:16 AM
366	Feel over worked, exhausted Unable to plan life with Rotas being prepared approx 2 weeks before start of rotation	11/11/2016 7:06 PM
367	Yes	11/11/2016 10:17 AM
368	Yes	11/11/2016 4:57 AM
369	Yes.	11/10/2016 7:29 PM
370	- teaching opportunities - def still valid but there is more pressure on me as a registrar so I am inevitably more stressed at any given time	11/10/2016 4:54 PM
371	No - most patients seen in ED aren't very unwell Yes - still good variety of patients and certainly lots of complex patients with multiple problems	11/10/2016 4:21 PM
372	Yes	11/10/2016 4:01 PM
373	Yes	11/10/2016 3:52 PM
374	Yes	11/10/2016 3:05 PM
375	Becoming less so. I find that the primary care workload (especially in paeds EM) is increasing exponentially. This holds very little interest for me. Also, as consultant numbers increase I suspect that the amount of critical care/seeing unwell patients that we do as individuals will decrease as it will become more diluted. I am concerned that moving towards a consultant led service will be a consultant delivered service.	11/10/2016 12:20 PM
376	yes	11/10/2016 12:11 PM
377	yes	11/10/2016 11:02 AM
378	Yes	11/10/2016 9:57 AM
379	Yes	11/10/2016 9:48 AM
380	yes	11/9/2016 5:29 PM
381	Yes	11/9/2016 4:11 PM
382	Yes	11/9/2016 3:33 PM
383	Yes	11/9/2016 12:33 AM
384	yes	11/8/2016 11:24 PM

385	Yes	11/8/2016 9:13 PM
386	Yes	11/8/2016 7:57 PM
387	Yes, however they are overshadowed by the rota and the huge amount of hours	11/8/2016 7:39 PM
388	Yes	11/8/2016 5:23 PM
389	Yes	11/8/2016 4:52 PM
390	Yes	11/8/2016 4:39 PM
391	yes	11/8/2016 2:15 PM
392	Yes	11/8/2016 12:12 PM
393	Yes	11/8/2016 11:55 AM
394	Tough with bed pressures, but still wouldn't consider another job.	11/8/2016 11:15 AM
395	Yes	11/8/2016 11:10 AM
396	yes,	11/8/2016 11:06 AM
397	Yes	11/8/2016 10:56 AM
398	Yes	11/8/2016 10:50 AM
399	Yes although there is more GP type stuff these days. Departments are so busy that you can feel you don't spend as much time with each pt as you would like.	11/8/2016 10:24 AM
400	yes	11/8/2016 10:19 AM
401	mostly	11/8/2016 10:10 AM
402	Yes	11/8/2016 10:06 AM
403	Yes	11/8/2016 9:57 AM
404	yes	11/8/2016 9:54 AM
405	To some extent, yes	11/8/2016 9:24 AM
406	Yes	11/8/2016 7:19 AM
407	yes mostly but deaneries aren't supportive of OOP training opportunities	11/8/2016 12:46 AM
408	Yes	11/7/2016 10:19 PM
409	Yes	11/7/2016 6:14 PM
410	Yes	11/7/2016 5:17 PM
411	Yes	11/7/2016 5:11 PM
412	Yes	11/7/2016 4:30 PM
413	Yes	11/7/2016 4:29 PM
414	Majority are However rota's are very difficult to sustain for 6 years	11/7/2016 3:36 PM
415	Yes	11/7/2016 1:04 PM
416	Yes	11/7/2016 12:58 PM
417	Too many patients using dept inappropriately.	11/7/2016 12:23 PM
418	yes	11/7/2016 12:16 PM
419	Yes	11/7/2016 12:14 PM
420	Not much in the way of job satisfaction	11/7/2016 11:17 AM
421	Yes	11/7/2016 11:14 AM

422	To a degree. Emergency medicine in the UK has been degraded by a consistent move away from intervention towards triage and referral. The role of the EM physician now seems to be to keep the hospital moving. A lot of the skills we are trained to use have been degraded by the fact that we are expected to refer to other specialties and then move back to the ever lengthening queue. The team work is still there but the service demands are cheapening the role of the EM physician	11/7/2016 10:42 AM
423	Yes	11/7/2016 10:20 AM
424	Yes!	11/7/2016 8:45 AM
425	Yes	11/6/2016 8:03 PM
426	Mostly - but managing a huge amount of 'worried well' patients who do not require emergency care services is draining	11/6/2016 6:31 PM
427	Yes	11/6/2016 6:28 PM
428	yes	11/6/2016 6:21 PM
429	Yes	11/6/2016 6:16 PM
430	Yes	11/6/2016 5:40 PM
431	Yes although much more pressurised	11/6/2016 4:59 PM
432	Yes	11/6/2016 3:31 PM
433	Yes.	11/6/2016 3:15 PM
434	Not, my wife mentioned on numerous occasions that i am constantly under stress and bring it home. I am feeling like my family is neglected because of my unsocial hrs and stressful training. No social life exist anymore.	11/6/2016 2:57 PM
435	Yes	11/6/2016 2:42 PM
436	Yes	11/6/2016 12:50 PM
437	Yea	11/6/2016 12:33 PM
438	Yes	11/6/2016 10:23 AM
439	yes	11/6/2016 4:17 AM
440	Yes still valid but also accompanied by a great deal of bureaucracy	11/5/2016 11:48 PM
441	Majority of patients are not acutely unwell	11/5/2016 3:50 PM
442	Partially still valid but now doing a lot more 'GP' work. Spend most of time looking after patients who would be better managed by other services	11/5/2016 3:31 PM
443	Yes but weathered and tired.	11/5/2016 2:25 PM
444	yes they are	11/5/2016 11:28 AM
445	Yes	11/4/2016 10:30 PM
446	Yes	11/4/2016 6:32 PM
447	Yes	11/4/2016 5:58 PM
448	Mainly. Proportion of patients seen who require intervention has dropped vastly / diluted with those that require 'consultation' only.	11/4/2016 5:13 PM
449	Yes	11/4/2016 3:49 PM
450	Early on in my training and reasons are still valid.	11/4/2016 2:14 PM
451	yes	11/4/2016 1:59 PM
452	i am drained and broken	11/4/2016 1:55 PM
453	Yes	11/4/2016 1:48 PM
454	I feel, more and more, I am looking after the worried well, rather than patient that actually need emergency medicine.	11/4/2016 1:22 PM
455	Yes	11/4/2016 1:14 PM
456	Yes	11/4/2016 12:55 PM
457	Yes	11/4/2016 12:20 PM

458	Could fluctuate some times because of the way we practice some times. Its mainly because of the pressures that take our attention away from practicing like a good physician	11/4/2016 11:54 AM
459	Yes	11/4/2016 11:47 AM
460	Yes	11/4/2016 11:42 AM
461	Yes	11/4/2016 11:40 AM
462	To some extent. I think at present the stress of working in the emergency department with no capacity in the acute care system nationwide outweighs the benefits. But hopefully my time out-of-programme will refresh and reinvigorate my energy for ED.	11/4/2016 11:24 AM
463	Yes	11/4/2016 10:47 AM
464	I don't feel I make a difference in the way I should as there is such time pressure. People are often frustrated by the time they see you and you end up trying not necessarily to make the best decision but the most expedient.	11/4/2016 10:45 AM
465	Yes, but I didn't realise how much managerial stuff was involved with being a more senior doctor	11/4/2016 10:34 AM
466	Yes	11/4/2016 9:58 AM
467	Yes	11/4/2016 8:36 AM
468	to some extent although volume of parients and intensity of work as wella sout of hours despite being senior trainee has made me decide to leave training	11/4/2016 7:53 AM
469	Yes they are	11/4/2016 1:23 AM
470	Yes	11/4/2016 1:17 AM
471	Yes	11/3/2016 11:52 PM
472	Yes	11/3/2016 11:35 PM
473	Yes	11/3/2016 10:59 PM
474	yes, I am really enjoying the ACCS training programme	11/3/2016 10:31 PM
475	Yes	11/3/2016 9:43 PM
476	Not really, tired due to work hours and commute	11/3/2016 9:20 PM
477	Yes	11/3/2016 9:17 PM
478	Yes	11/3/2016 9:00 PM
479	Work life balance is compromised Rota has multiple weekends away from family Teaching opportunities are limited due to service provision.	11/3/2016 8:36 PM
480	yes	11/3/2016 8:33 PM
481	Yes. Some days can be very tough and disheartening but I learn everyday.	11/3/2016 8:04 PM
482	Yes	11/3/2016 7:52 PM
483	No - the ACCS programme is perfectly designed for burnout and to kill any love a trainee had for ED	11/3/2016 7:30 PM
484	yes	11/3/2016 7:08 PM
485	Yes, but loadload is far higher than I anticipated	11/3/2016 6:36 PM
486	Sometimes	11/3/2016 6:34 PM
487	Service provision and busy departments often take away training opportunities to be in resus/perform procedures	11/3/2016 6:29 PM
488	I feel EM nowadays is considerably more chronic medicine and social care, which I am not particularly interested in if I'm honest	11/3/2016 5:35 PM
489	Yes	11/3/2016 5:32 PM
490	Definitely	11/3/2016 5:28 PM
491	Yes	11/3/2016 5:26 PM
492	Yes! Except the paediatric bit as current job is only adults.	11/3/2016 5:18 PM
493	Yes... except i've been given scrubs which i'm expected to wash which takes away from the job a little....	11/3/2016 5:05 PM

494	Yes	11/3/2016 4:15 PM
495	Reasons are valid, however less exposure to resus and more of a focus on service provision.	11/3/2016 4:11 PM
496	Yes	11/3/2016 3:43 PM
497	Yes mainly	11/3/2016 3:22 PM
498	yes	11/3/2016 2:57 PM
499	Yes but becoming increasingly overshadowed by workload and burnout	11/3/2016 2:53 PM
500	Yes	11/3/2016 2:53 PM
501	Yes	11/3/2016 2:39 PM
502	Yes	11/3/2016 1:55 PM
503	Yes	11/3/2016 1:38 PM
504	Yes	11/3/2016 1:22 PM
505	Less due to immense pressures and workload	11/3/2016 1:20 PM
506	Yes	11/3/2016 12:26 PM
507	Yes	11/3/2016 12:20 PM
508	Yes (although some presentations are often seen direct by specialty which reduces my exposure)	11/3/2016 12:16 PM
509	All the reasons I decided to study emergency medicine are still as valid now as the day I started. Having worked in the specialty some time I see things which I would change if I could however I would not choose to do anything else.	11/3/2016 12:12 PM
510	Yes	11/3/2016 12:05 PM
511	Still valid points	11/3/2016 11:40 AM
512	Yes.. although the work load is much higher with less staffing and poor morale	11/3/2016 11:38 AM
513	Certainly the job is very demanding, as s trainee i want more exposure to resus cases. Teaching non existent, demoralising when you see locums being placed in resus above you	11/3/2016 11:28 AM
514	Yes	11/3/2016 11:04 AM
515	yes	11/3/2016 11:03 AM
516	Yes	11/3/2016 11:03 AM
517	Yes	11/3/2016 11:03 AM
518	Yes, and more. Emergency medicine is a changing specialty. It is even more exciting and rewarding now. We are gaining more skills and expanding our knowledge base more so than most specialties I observe creating subspecialty allocations at earlier stages of training.	11/3/2016 10:58 AM
519	Procedures get referred to specialties as they will breach and I need to see more patients. ENPs see all the simple minors cases and I see the non-specific back pains. I reduced 3 shoulders in 6 months, how do I get proficient when the focus is on me seeing anyone a nurse can't see? There is no priority to training over service, ever.	11/3/2016 10:53 AM
520	Yes	11/3/2016 10:51 AM
521	Yes	11/3/2016 10:48 AM
522	I find I am dealing more with medical or social problems	11/3/2016 10:38 AM
523	Yes	11/3/2016 10:35 AM
524	Yes	11/3/2016 10:27 AM
525	Yes	11/3/2016 9:52 AM
526	Fed up with the pressures	11/3/2016 9:46 AM
527	Yes	11/3/2016 9:44 AM
528	Yes	11/3/2016 9:43 AM
529	Yes	11/3/2016 9:37 AM
530	Yes, although dealing with the critically ill would not now be my first reason	11/3/2016 9:24 AM

531	Yes	11/3/2016 9:23 AM
532	Mixed area, interesting	11/3/2016 8:43 AM
533	Yes, less procedures as increasing patient demand means more service provision and delegating procedures to specialities	11/3/2016 8:39 AM
534	All are valid, but the specialty is becoming much harder to love, down to the rota being so demanding as an SHO and due to the political pressures on the department	11/3/2016 8:33 AM
535	Yes.	11/3/2016 8:29 AM
536	Yes	11/3/2016 7:34 AM
537	Yes, they are still valid now. I very much enjoy my job, being there half as much as everyone else helps. Also having more downtime helps too...	11/3/2016 7:31 AM
538	Yes	11/3/2016 5:08 AM
539	Yes	11/3/2016 4:17 AM
540	Yes	11/3/2016 3:37 AM

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	yes	12/6/2016 8:25 PM
2	Not always. The influx of patients attending with general practice type problems takes away from the emergency medicine aspect.	12/6/2016 6:47 PM
3	ED is over run with non-emergencies so a lot of time is spent educating the public. But that takes time. It can make you feel resentful about your job as it isn't quite what you signed up for. In this current role I do not always get to make good use of my skills as ED trainees are not picked out to do some of the practical skills such as sedation, drains or suturing. ED doctors are often very practical but some of the practical skills are taken up by ENPs and our love of injuries and minors is now lost to inexperience.	12/6/2016 5:04 PM
4	Paeds- mainly primary care. Not the best use of my skills. Could be done by a GP with time to observe patients e.g. repeat obs post inhalers/fluid challenge, or an experienced paeds nurse. Rapid assessment - good in small doses but not for endless shifts, not very educational.	12/6/2016 4:53 PM
5	Currently working on ICU - I do not feel my skills are being used to their fullest however I hope I am learning new skills which I can transfer back into EM	12/6/2016 3:56 PM
6	Many patients attend with problems that would be better sorted by the GP or pharmacist. However, the majority of my working day is spent with patients who need to be in the ED.	12/6/2016 2:58 PM
7	Wish I could tube more otherwise do most things	12/6/2016 2:38 PM
8	yes but too little minors	12/6/2016 11:52 AM
9	Yes	12/6/2016 7:08 AM
10	consultants mainly in resus, not trainees, especially during paeds cases and arrests. consultants often doing proceedures.	12/6/2016 1:40 AM
11	Sometimes. As an ED ACCS CT1, I spent 1 in 4 shifts in the ED in triage, doing obs, ECG's and cannulas. Did not feel like training or what an EM Dr should be doing	12/5/2016 11:28 PM
12	I spend my time cleaning cubicles. doing bloods. explaining why patients can't access gp services. I am expected to give advice to GPS and ENPS and ANPs and physios with extended practice despite my educational needs not being met or supported.	12/5/2016 11:28 PM
13	Good experience in district general. Lacking in procedural skills and supervision from ED trainees (mostly middle grades that are not trainees)	12/5/2016 11:25 PM
14	No Emergency medicine has turned into a triage service and the provision of good quality care has no longer become the domain of the emergency medic despite their wishes to do so. Focus is on getting patient to another specialty or location rather than diagnosing and treating patient.	12/5/2016 10:53 PM
15	I often feel I'm triaging to specialty rather than doing as much as I can for the patient - this is because of high patient volume and pressure to see more patients. It leads to becoming deskilled.	12/5/2016 9:21 PM
16	Some times yes, and others no. The 4 hours target affects some of what we do in our department.	12/5/2016 9:14 PM
17	Mostly yes but probably too much primary care related problems, also seeing too many people who want a 'specialist ' opinion and consider EM doctors more specialised than GP even though it's not specifically a EM type problem. Not enough minor injuries.	12/5/2016 9:14 PM
18	?	12/5/2016 8:50 PM
19	Core ACC's specialties could make more allusion to trainee stream - ie not be used for service delivery only. Feels inadequate training experience across the board.	12/5/2016 6:41 PM
20	I provide emergency care as well as non emergency and non urgent care to patients.	12/5/2016 6:27 PM

21	As an EM ST1 my job is very very similar to when I was an FY2. At my level there is very little to distinguish. Sometimes a consultant will say - oh you're a trainee - you should go to resus, or do you want to do X - but this is extremely hit and miss. Mostly we just clerk in majors, which is fine, but it is a grind - and most of the FY2s hate it, and almost none of them in the current crop are choosing EM. There is little connection between consultants, reg's and juniors. Juniors should be inspired, and it is nice to feel included in a workplace. ED is all too often just turn up, work, then leave. EM is not a 'touchy feely' specialty, but at times departments do little to encourage curiosity and desire to train in EM. I think trainees (as opposed to trust grade docs) should get priority for resus time, minors time, and should have timetabled portfolio time regularly (not once per rotation) to do Mini-Cex, DOPS etc, supervised learning events, get feedback, do portfolio etc	12/5/2016 5:58 PM
22	Yes.	12/5/2016 5:54 PM
23	We have just become clerking doctors. The fun part of EM has been taken away which were the incentives in the first place for doing the gruelling shift work. Instead, there is loads more pressure, bad rota and early burn out. Airway skills are lost as we do not intubate ourselves. Minor trauma seen by ANPs and ENPs, stroke team takes over thrombolysis, ITU team takes over procedures. Not much hands on. Time constraints put pressure on communication and resuscitation skills.	12/5/2016 5:26 PM
24	Inpatient care to acute medical patients with occasional clerking of new medical patients. I feel it provides useful education in optimal medical management which I can use when back in ED. Prolonged ward rounds of chronically ill patients makes less use of EM specific skills.	12/5/2016 5:24 PM
25	At the moment, this job is why I bought the ticket clinically.	12/5/2016 5:23 PM
26	No	12/5/2016 5:17 PM
27	I do a lot for my patients but I like efficiency and helping them to get out the door quicker. Urine dips, IV meds, toilet trips and cups of teas. I do feel that sometimes I do to much and my time would be better spent do things that others are unable to do. But sometimes the department is just busy. Best to get on with it.	12/5/2016 3:56 PM
28	Good variety, however ED acts as too much of a catch all. i.e. patients who have been failed by the wider NHS end up in ED and recieve substandard care (i.e. primary care issues, palliative, chronic disease management)	12/5/2016 3:53 PM
29	A lot of the patients I see have problems that could have been seen by a GP. I also have to coordinate a team of junior doctors at night. The latter is important. The former is difficult- I'm not a trained GP (I'm an em-icm joint trainee). I'm not best placed to manage these problems and it takes me away from managing sicker patients. I feel that this is a problem.	12/5/2016 3:07 PM
30	Generally yes, but there is a lot of relying on other specialties to sort out certain things that I feel I as an EM doctor should be doing, e.g leading cardiac arrests, procedural sedation.	12/5/2016 2:42 PM
31	I currently work in Paeds ED and the workload we have is varied and seasonal. An urgent care centre run by GPs now takes most minor ailments and injuries which means although our time can be focussed on more unwell children, we also miss out on many minor injury presentations which can be useful for training. As a department we have very few people trained in ketamine sedation so most procedures have to be undertaken in theatre or off site. We have a lot of doctors on the rota which means that we can provide our best for each patient and give them the time and care they need. In the summer months it did mean that we were not seeing many patients each day.	12/5/2016 2:39 PM
32	Yes. Think uss should be used more and encourage more in a&e as well as different nerve blocks. Not only femoral but supeaclavicular or interscalene block have a role in a&e and they are not used.	12/5/2016 2:19 PM
33	Work in a variety of clinical areas, UCC majors resus paeds. I would like to spend more time in resus to have opportunity to develop procedures and skills with sick patients	12/5/2016 1:05 PM
34	YES.	12/5/2016 11:55 AM
35	Yes but overstretched	12/5/2016 10:47 AM
36	.	12/5/2016 10:18 AM
37	Overall, i think that the clinical care i provide is good. Patients' expectations are forever rising and we will never please everybody. If you come into ED and it is a real emergency, that's how you will be treated no matter whether it is a Wednesday afternoon or a Sunday night.	12/5/2016 9:57 AM
38	Mostly general practice	12/5/2016 9:10 AM
39	Diagnosis and management of minor and major ailments - yes appropriate for EM doctor and makes good use of skills	12/5/2016 8:13 AM
40	Pressured- always. Quality of patient contact deteriorates as workload so high. Signposted care often means minimum done to get a patient to a specialty or decision whether to admit or not. Although skills from training still used. Central and arterial lines frequent, niv almost daily, occasionally RSI. sedation daily. Constant risk stratification.	12/5/2016 7:26 AM
41	I think there is more of an emphasis on service provision and getting through the numbers than there is on training.	12/5/2016 3:27 AM

42	I feel that as an em doctor we are made to work as a glorified triage service..we are not allowed to use and enhance our medical skills despite having had the training. We are expected to quickly push to other specialties and ensure waiting timestaff did not breach with patient care becoming secondary	12/5/2016 2:28 AM
43	Yes and No the 4 hour limit does not allow us to properly assess patients at times or redirect them with good counselling to the appropriate services. It is essential to educate patients when they present inappropriately to AE however this takes times in itself.	12/5/2016 1:26 AM
44	At [a London MTC] I was absolutely not allowed to do anything. I always felt that I am losing my skills and thinking and my confidence was getting shattered because of the consultant behaviour.	12/5/2016 1:16 AM
45	My clinical knowledge and skills are utalised daily during my duties	12/5/2016 1:09 AM
46	I always strive to provide the best clinical care I can however feel let down both by my limited experience, poor teaching opportunities and lack of structured feedback from my seniors.	12/5/2016 12:44 AM
47	Good supervising role and good team leader. To some extent my skills can be more helpful if I get more supervised feedback.	12/4/2016 10:53 PM
48	Yes	12/4/2016 10:35 PM
49	Partly. When undertaking a clinical fellow year in [a London MTC] last year I felt we were providing excellent patient care despite pressures of footfall and 4 hour wait. Frustrations were managing primary care problems that didn't need an ED. Even worse was chronic conditions presenting to the ED as you were powerless to do anything; no investigation or treatment hadn't already been tried and all these people actually needed was community support rather than a 4 hour wait to be told you couldn't help them. Currently on acute medicine rota in [a London DGH]. Feel this is a waste of time. Doing the same jobs as FY1s, still making no decisions and getting very little teaching.	12/4/2016 9:52 PM
50	Anaesthetics block should be more focussed to RSI and basic airway skills. Managing an elective theatre list should not be an EM trainee's end point for anaesthetics training. Little exposure to Ketamine, vast majority of anaesthesics are with Propofol.	12/4/2016 9:20 PM
51	on average you see and treat a variety of pathology and should be able to use your practical skills (like: Pulling joints, basic airway management, cardiac arrest etc). however, due to lack of senior trainees/staff there is often "no time" to put these into practice and other specialties will therefore take over many tasks.	12/4/2016 9:02 PM
52	It think it is good experience for an EM doctor. Due to pressures on time however, I do not feel that I get enough feedback and bedside teaching from my seniors which would make this placement much more useful.	12/4/2016 6:37 PM
53	Yes I feel that in my ED job I was the clinical care i should be doing and I have opportunities to use skills I have developed in over the years and in other specialities. However my clinical care can be limited by the amount of space, time with patients, nursing staffing levels, and equipment available.	12/4/2016 6:29 PM
54	Mostly	12/4/2016 5:23 PM
55	Yes	12/4/2016 3:47 PM
56	Spend lots of time on GP appropriate cases	12/4/2016 2:55 PM
57	Don't do enough airway and critical care. Don't do enough injuries and minors.	12/4/2016 1:00 PM
58	Yes. Critical Care is making very good use of my skills. Being on the outreach team is highly relevant to emergency medicine.	12/4/2016 10:52 AM
59	no - not much skills or knowledge on shop floor - purely service provision	12/4/2016 7:52 AM
60	Critical Care in the ED	12/4/2016 2:51 AM
61	to some extent.	12/3/2016 11:21 PM
62	For the vast majority of the time, yes, however, there is still a lot of care that could be delivered by GPs	12/3/2016 11:15 PM
63	Predominately yes, although the OOH GP workload is getting bigger and bigger	12/3/2016 5:57 PM
64	There are patients often seen in EDs that are more appropriate to be seen in primary care, once an assessment is made and this is identified time must be spent to communicate this with the patient. I feel this does not make good use of my skills or abilities as an EM trainee dealing with primary care issues	12/3/2016 5:45 PM
65	Yes.	12/3/2016 4:33 PM
66	At times. Seeing a lot of patients better served by a GP.	12/3/2016 3:26 PM

67	My interests lie more in resuscitation than minor injuries and illnesses. I accept that is all under the banner if A&E. We are exploring co location of services which we hope to reduce 30% of what comes through ED which will help. Often there are more doctors available to see patients than places to see them which adds another layer of constant stress and expectation management. The department is good at providing weekly half day teaching but on the floor there are not many teaching opportunities beyond observing a senior review because all grades are firefighting.	12/3/2016 1:53 PM
68	Mostly. We are well supported by highly skilled nursing staff who do a lot of basic tasks before our assessment (bloods, ecgs)	12/3/2016 11:09 AM
69	Yes, most of the time. Winter pressures, bed blocks and overwhelming of services can restrict your ability to provide the level of care you would hope for sometimes	12/3/2016 6:56 AM
70	I was constantly diverted as an st1 to paediatrics and minors as I had disporportionate experience there from the fu2 and was criticised when I insisted on going to resuscitate during the day because I was 'so good' at clearing paeds. New locum stayed in majors because the consultants wanted to watch them. Unbelievable.	12/3/2016 4:48 AM
71	We see all medical, surgical and traumatic emergencies, including paediatric emergencies and the walking wounded. It gives us the opportunities to keep our knowledge and clinical skills up to date.	12/2/2016 10:31 PM
72	On the most part	12/2/2016 8:32 PM
73	Most shifts leading department Managing resus and majors cases	12/2/2016 8:07 PM
74	I would like to spend more of my time seeing patients and treating them clinically. Sometimes I feel like I spend too much time with paperwork, and making multiple phonecalls.	12/2/2016 6:58 PM
75	Yes	12/2/2016 5:28 PM
76	EM doctors should be managing acute emergencies (both minor and major). This should involve acutely managing minor injuries, mental health emergencies, and acute major emergencies. Not grinding through hundreds of primary care cases or acting as a house officer for the specialty teams. EM trainees are not being utilised appropriately, there is a lack of respect generally from the inpatient specialties and this is exacerbated by the fact that we are essentially being driven into a glorified triaging service	12/2/2016 3:22 PM
77	No- I feel EM should include a focus on critical care and time to treat patients rather than refer and move on	12/2/2016 3:18 PM
78	good exposure but sometimes too much emphasis on service provision rather than training	12/2/2016 2:50 PM
79	I think the EM doctors can provide more than what they are currently doing. We have learnt the skills but do not get to use the skills often because of lack in time for patient being in the dept or a busy dept. I think a skills day should be introduced as part of the rota where 4 days in a month the training helps doing the procedures in the dept.	12/2/2016 1:23 PM
80	At times it can be very satisfying and fullfilling,unfortunately, not always.	12/2/2016 1:03 PM
81	Spend a lot of time clerking majors patients - not enough time in resus.	12/2/2016 12:47 PM
82	Most of my time is spent seeing patients who can't/ won't see their GP. I rarely make use of my skills as a resuscitationist.	12/2/2016 12:46 PM
83	I feel a lot of what i enjoy has been taken away by advanced nurse practitioners (e.g minors and musculo skeletal medicine). I feel a lot of practical procedures that should be delivered in the department with safe sedation are being sent to speciality doctors and done under GA just because of time pressures and lack of available people in the department leading to a general deskilling and lack of experience in the department of things like safe paediatric sedation.	12/2/2016 12:37 PM
84	yes. there is a lack of minor injuries exposure due to this section being taken away by UCCs and ENPs	12/2/2016 12:06 PM
85	good mix, currently working alongside pad's trainee so big skill mix. However, single person on nights which may be ST3 ED trainee or ST7/8 Paed's trainee.	12/2/2016 12:00 PM

86	Again this is a challenging question. I've always been something of an evangelist for A&E. I think, in part, a lot of our problems are of our own making; My opinion (only that) is that perhaps a decade ago we were allowing ourselves to de-skill on an enormous basis; we have allowed ourselves, at our worst, to become rota-crippled referral merchants. However, we shouldn't BE triage specialists; we should be swiss-army-knives (who can do a little of everything) and expert resuscitationists. This is seldom true. In answer to the question, with the astounding pressure exerted on emergency departments due to decades of sequential underfunding in primary care and public and mental health by successive governments, coupled with the perpetual dilution of my training and value by the DoH, HEE and my college, it can be said that I DO provide what my hospital needs - I work my backside off and stop disasters. But NO, I do not think this is what an EM doctor "Should" be doing. It makes use of only a portion of my skills and abilities. This is further evidenced, in fact, by YOUR approach to formulating the question which follows this one - in that you have selected challenging procedural skills as some sort of representative snapshot of how well we can "Do" things. This is colossal faulty syllogism. If you want to survey us on the value of our clinical care you need to think deeper about the origins and also meet the reality of the service provision challenge. Oh, and I learned three out of the five below skills on a pre-ED stand alone post.	12/2/2016 12:00 PM
87	I care for all areas in the emergency department. Currently I am not able to do as many central lines or chest drains etc as I would like as the department is too busy	12/2/2016 11:46 AM
88	Speaking to more senior doctors, we lack clinical /procedural skills and spend most of our time doing paperwork.	12/2/2016 11:33 AM
89	On the whole, yes, however exit block has made us alos provide ward level care	12/2/2016 11:31 AM
90	I am basically acting as a hospital GP. Plenty of majors and minors work. In resus if patients require critical care or airway interventions, these are quickly taken by ITU/anaesthetic with no scope for us to take lead. For me this is very unsatisfying. ED Consultants quickly redirect us to hit the queues for 4hr targets and let specialty teams do most procedures.	12/2/2016 11:24 AM
91	I do not feel I have the time to provide good clinical care. I am either a GP service for well people or a referral service. I rarely felt as though I managed sick people and instead would be pushed to refer early rather than decide and enact my own management. I found this very frustrating. I want to take ownership of patients, not just refer.	12/2/2016 10:57 AM
92	I feel I strive to provide good care however the demand of the department occasionally leads to me being frustrated that the sheer demand of patients may impact on this	12/2/2016 10:51 AM
93	Not always. We seem to have to delegate emergency skills to other specialities as we are too bust with majors instead of resus	12/2/2016 10:31 AM
94	Mix of clinical presentations, generally less 'emergency care' and more routine/nonurgent cases.	12/2/2016 10:23 AM
95	No. Actively discouraged from engaging in critical care management of our patients and told to just refer.	12/2/2016 10:17 AM
96	Yes and no I'm seeing a lot of people who shouldn't come in to ED	12/2/2016 9:51 AM
97	In bigger centres where they do RSI etc yes. If I was not forced to due to training I would never work in a DGH as that is becoming worse and does not use skills.	12/2/2016 9:33 AM
98	Yes, I mainly run the shop floor but also am involved in any seriously ill cases and have plenty of time in minors etc.	12/2/2016 9:23 AM
99	Limited range of clinical presentations seen. Time pressures, 4hour rule affects care	12/2/2016 9:03 AM
100	Mixed sometimes yes, sometimes no.	12/2/2016 8:37 AM
101	Yes its been good to work on a busy amu to help me understand what the medics require and the importance of good initial clerking of patients in the ED. Good exposure to acute elderly medicine also.	12/2/2016 8:34 AM
102	The clinical care that I and my colleagues provide is to a high standard but the delays for patients in receiving such care is the problem. There needs to be a better streamlined systems for directing patients to the appropriate location. A&Es should be given the ability to say No to patients who inappropriately attend the department so that a message goes out that if they repeat and attend the dept again then they would be waiting unnecessarily.	12/2/2016 8:09 AM
103	There is no minors exposure. Little practical teaching.	12/2/2016 4:16 AM
104	Assist managing the department, supervising juniors and managing patients. Makes good use of my skills and abilities.	12/2/2016 1:42 AM
105	I spend a lot of time taking handover from ambulances and supervising junior collaegues	12/2/2016 12:27 AM
106	Good use of clinical & practical skills however also a fair bit of portering skills!	12/2/2016 12:20 AM
107	Yes I think I am making a difference by utilising my abilities as a doctor to help the community	12/1/2016 11:59 PM

108	I feel the intensity of work has drastically increased in the last 7 years. Patients are either more unwell or did not need to come to ED at all. At the same time the number of senior trainees has decreased. I work frequently with Locums who have never worked in the department and those regular trainees and substantive juniors are often approaching burn out. We repeatedly see the same elderly patients who are admitted and return within a few days due to a lack of social support/input. This impacts on my quality of care as I am having to deal with non emergent problems and cannot dedicate my time to the sickest patients.	12/1/2016 11:42 PM
109	.	12/1/2016 11:31 PM
110	I spend the majority of my time on the phone requesting scans and chasing reports not reviewing sick patients with senior staff being taught how to managed unwell people. I also don't spend enough time performing procedures	12/1/2016 11:30 PM
111	For the most part it does but there are quite a lot of "social" cases and things that should be handled by GPs which can both feel as a waste of ED time and resources.	12/1/2016 11:26 PM
112	Make rapid assessment of undifferentiated patient. Identify and perform interventions or investigations needed immediately in ED, and determine need for admission. Reassure patients where nothing is needed.	12/1/2016 11:20 PM
113	1. the way other specialities look at and deal with EM doctors. 2. Non social hours 3. Seeing regular attenders/Alcoholic/ Drug seeking / malingerers/ personality disorder and homeless people who create a load in department and compromise sick people care 4. the fact that half of what we see in adult E medicine and more that 90 % what we see in paediatric A&E are primary health care cases. very disappointing and frustrating as if I wanted to do that I would have become a GP (Three years study with one exam) 5. Payment (when compare with other more comfortable specialities) has no correlation with the type of hours or stress we are under 6. Fact that I have to do membership and fellowship exams .First one has 3 parts and second one has 5 parts.Why ? I don't know . Are they easy to pass or straightforward exams ? No .Are they cheap ? ,No , they are bloody expensive and their courses are more expensive than them.	12/1/2016 11:03 PM
114	terrifyingly overstretched. just not physically possible to keep every patient safe.	12/1/2016 10:58 PM
115	I am essentially a GP with a direct line to a medical SpR and other specialities. Less than 10% of my work is truly acute or emergency medicine. I don't mind this too much, but I do mind that it isn't acknowledged by the NHS, Deanery and College, and that our training isn't adjusted appropriately.	12/1/2016 10:44 PM
116	I think anaesthetics is an essential part of our training but the rotation itself is not ED focussed. The department is very core anaesthetics trainee and exam focussed. I would like more guidance for which aspects of anaesthesia are ED relevant.	12/1/2016 10:29 PM
117	Consultant dependent on the current trust - some see ED as a triage service and actively discourage ongoing management within the department which is very frustrating as a trainee. No capnography in the dept therefore anaesthetics come down with theirs to do our sedation therefore deskilling. Priority calls and cardiac arrest calls put out for the department which gets medics and ITU to come and manage our sick patients - again not ideal for training. This is a different experience to that which I have had within other departments	12/1/2016 10:26 PM
118	not a lot at present	12/1/2016 10:19 PM
119	N/A	12/1/2016 9:53 PM
120	Generally speaking I feel I can deliver good clincal care, however I often feel tired and feel this impacts negatively on my work	12/1/2016 9:45 PM
121	Service provision Minimal learning	12/1/2016 9:43 PM
122	Currently on my ST2 6 month rotation on ICU and finding it refreshing to do a job that actually has time for teaching and learning. I finally feel as if I'm on a training job rather than merely service provision as I did last year on acute medicine and EM.	12/1/2016 9:32 PM
123	Currently in acute medicine. Generally all knowledge is useful knowledge. However there is a lack of acuity/urgency in the nature or approach to care given	12/1/2016 9:23 PM
124	EM docs should be able to suggest initial differential diagnosis, and perform immediately useful procedures.	12/1/2016 9:19 PM
125	As I have progressed in the past year i have realised my gaps in knowledge and therefore relatively poor clinical care. There are certainly departments where the service need is so high that training is definitely given less priority. However, having to sit the exams and with an increasing portfolio of experience, I am confident that the training programme provided will enable me to provide better clinical care. I like that I am rotated through ACCS specialties to gather a variety of knowledge and experience. However, on the shop floor, there can be nursing staff that consider hitting the four hour targets as utmost priority, and this affects the care that I provide. I certainly aim to see and treat as efficiently as I can, but I think it is important for senior doctors AND nurses to try to incorporate training with this as well because we are the next generation of consultants.	12/1/2016 9:14 PM

126	No - Need to see and treat patient with urgent and emergency conditions instead of having to call specialties to assist with unwell patient do the ED doctors can quickly see and discharge patients with chronic problems/primary care issues.	12/1/2016 9:09 PM
127	No. there is more stress on pushing patients out and preventing breeches than making sure patients get the treatment they need early. Its difficult yo use all the skills one has due to time constraints.	12/1/2016 8:55 PM
128	I started EM training to deal with emergencies but frankly, that makes up so little of my workload. I feel let down and am now considering switching to ICM which may be a better fit.	12/1/2016 8:54 PM
129	Sometimes i feel all i am doing is triaging and sometimes specialties interfere with my management plans.	12/1/2016 8:53 PM
130	Most of the time I am reassuring patients that they are fine. This is an important aspect of EM that is often forgotten because it is not as exciting as a cardiac arrest. Good communication skills is not just for GP's.	12/1/2016 8:39 PM
131	Alot of the time it's seeing slightly unwell medical patients who often could have been seen straight by medics. No trauma. No kids	12/1/2016 8:32 PM
132	Most of the time the care we are providing is appropriate. However we do have to cover a lot of nursing duties which reduces our efficiency.	12/1/2016 8:19 PM
133	Usually my job is to supervise being a senior trainee. However, I still manage to get some experience to see patients myself. Somehow, I do feel that I am being utilised more to see/supervise patients more in Minors or Majors and get less experience while working in Resuscitation & PEM. Because of paucity of Resus and PEM work experience, getting deskilled is a major concern altogether.	12/1/2016 8:07 PM
134	I think EM doctor should have time to treat his patients and be able to review after treatment and should be allowed to do more procedures in A&E regardless of the 4 hours breach time.	12/1/2016 8:06 PM
135	Not always . Limited in the clinical care I provide when administrative issues hamper patient flow.	12/1/2016 8:06 PM
136	Currently little clinical time as in acute medicine. Mostly paperwork, phone calls and requesting.	12/1/2016 8:01 PM
137	EM is in the very early steps in UK with very slow progression if we compared it to Australia , NZ , South Africa and for sure USA and Canada. Blunt and un useful assessments tools , Unqualified consultants trained only to run after juniors with Rota for the 4 hours target and very dependent to other specialities. Poor hand on practice up to deskilled practice . Lack of the sub-speciality training varieties and opportunities. Long hours and underpaid if we count the stressful atmosphere. No power to control the A&E follow , still up to specialities to decide who will accept/admit an who will not . All of this bring the sense of professional un satisfaction	12/1/2016 8:01 PM
138	Yes, it does but not frequently. But I feel like I am being used as a part of service provision and target demands.	12/1/2016 8:00 PM
139	acceptable at present	12/1/2016 7:57 PM
140	In a large hospital working as an ST6 - feel I have less responsibility than in smaller hospitals in less experienced role. In post abroad we had registrar in charge shifts which improved management skills. Feel I could be more active but dept is "consultant heavy"	12/1/2016 7:52 PM
141	s	12/1/2016 7:37 PM
142	Doing more for patients would be nice. Handing over procedures to the specialty trainees is frustrating and is bourne out of the rush to avoid a breech.	12/1/2016 7:37 PM
143	Some inappropriate GP referrals to A&E rather than direct to speciality, some that do not require secondary care at all, and some that are inappropriately diverted to A&E by the speciality registrars. Not huge numbers though. Quite a number of patients requesting primary care type consultations as they were unable to get appointments. The majority of patients are what one would expect at a DGH emergency department. Notably we don't see children under one, as they are always referred direct to speciality.	12/1/2016 7:34 PM
144	Yes, we have a broad range of presentations, it's difficult when a lot of the time you feel like you are doing GP work	12/1/2016 7:22 PM
145	I often spend time bargaining for trolleys space to assess patients, this is a waste of time Feel like I don't have enough energy on return home to read for exams Spend unnecessary time wirting coroner reports at home, not permitted to do these at work	12/1/2016 7:18 PM
146	Good training, and service provison	12/1/2016 7:16 PM
147	I'm training in anaesthetics placement at present, its boring but I feel it will improve my training in EM.	12/1/2016 7:16 PM
148	I feel more and more that I'm becoming a 'triagist' and that I'm a replacement for a broken primary care service	12/1/2016 7:12 PM
149	Practical skills combined with clinical and communication	12/1/2016 6:57 PM
150	D	12/1/2016 6:50 PM

151	I feel like I am providing clinical care as well as social and emotional care. It is what an EM dr should be doing- to a certain extent. But I don't think they should be answering the need for every patient which walks into the department who DOES NOT HAVE AN EMERGENT PROBLEM, and whose clinical care can be best served in another clinical settng.	12/1/2016 6:48 PM
152	No - a lot of time being asked to manage GP or chronic conditions.	12/1/2016 6:42 PM
153	Minimal clinical care when on leave shifts. Over reliance of older consultants on specialties as they are not trained like the current registrars and so do not support us in keeping skills up to date. Active deskilling.	12/1/2016 6:36 PM
154	Yes	12/1/2016 6:33 PM
155	Sometimes	12/1/2016 6:33 PM
156	Resuscitation Treat injuries See sick kids Manage trauma	12/1/2016 6:32 PM
157	Major lack of exposure to minor injuries	12/1/2016 5:12 PM
158	Mostly what I thought I would do. Many GP issues attend which are more than I expected. Would like more resus exposure	12/1/2016 4:05 PM
159	yes excellent use of EM skills huge variety regularly go to minors, majors and recus	12/1/2016 3:40 PM
160	Overwhelmingly clinical job. Yes, what EM doctor should be doing. Actively involved well in resus situation.	12/1/2016 3:14 PM
161	Currently on acute med. Providing the ongoing care for patients admitted to hospital. Becoming de-skilled in the sense not managing trauma/anything non medical.	12/1/2016 3:03 PM
162	There is simply not enough time to assess, examine, order appropriate tests and then receive the results to allow appropriate decisions to be made. Many people are admitted under in-patient teams essentially to wait for results but because of the system they end up staying a day or two which then blocks up the system and leads to the vicious cycle we are in. Furthermore, patients no longer believe doctors, are unwilling to accept that they have chronic health problems, often of their own creation, and are unwilling to cope. This is across medicine as a whole but, along with General Practice, we are the ones who see this the most and it prevents us from actually providing clinical care for those that need it.	12/1/2016 2:44 PM
163	Yes in my current placement I feel that I have been able to improve upon my emergency clinical care skills by seeing patients in resus and being involved in traumas, as well as dealing with common medical and surgical emergencies and minor injuries.	12/1/2016 2:40 PM
164	I think the care we provide at the front door is what is required, and is appreciated by patients. Done well, by signposting patients to the correct service first time, you can vastly improve the patient's journey. More and more, we seem to be an emergency palliation service, which is unfortunate for patients, and stressful for me personally - to have to very swiftly decide that someone is dying, and to be sure that you are not wrong or could/should be doing something more, whilst at the same time juggling a full 8 bedded resus with 2 red calls incoming; it is very stressful. I don't feel we are respected by the internal specialities enough; when I say - I think this patient needs a laparotomy - I am never acknowledged, even though I am always right. Our notes are never looked at again once the patient is admitted. I sometimes wonder what the point is.	12/1/2016 2:30 PM
165	I do best I am able.	12/1/2016 2:06 PM
166	Far too many GP cases and triaging of patients due to lack of senior cover.	12/1/2016 1:52 PM
167	Assessment of patients, initiation of management plans, practical procedures. Managing resuscitation cases. Reviewing juniors patients and teaching both to peers and juniors	12/1/2016 1:23 PM
168	When in ED clinical care provided is good	12/1/2016 12:52 PM
169	Most of the work we do is relevant but we do it in increasingly time pressured manner (often referring on to avoid breach is more important than good clinical care). Some areas I know trainees feel they are becoming deskilled in - Minors for example.	12/1/2016 12:41 PM
170	Often due to sheer number of patients that need to be seen and reviewed I feel that I can not provide the level of care that I want to and the department borders on being unsafe.	12/1/2016 11:43 AM
171	I am doing what an EM trainee should be doing. However it can be very difficult to get into ruses to see the most unwell patients.	12/1/2016 11:40 AM
172	99% is very low-acuity work. Too many well patients with GP-type problems. Lots of back pain, mild abdo pain, chronic problems. Not enough resus-type care.	12/1/2016 11:40 AM

173	I spend the vast majority of my time in Majors and Minors seeing a wide variety of patients, I have very little opportunity to spend time in resus and in a rota of 24 other people (although I am the only ST1 EM trainee) I find it very difficult to compete with everyone for those experiences. I wish there was more emphasis on training of trainees.	12/1/2016 11:30 AM
174	Majority of the job is service provision. Limited direct supervision to ensure improvement.	12/1/2016 11:22 AM
175	Yes.	12/1/2016 11:12 AM
176	Yes, I am given an acceptable level of responsibility, I see a wide variety of presentations and regularly undertake procedures such as RSI, conscious sedation and fracture manipulation. I am also able to participate in pre hospital care.	12/1/2016 11:07 AM
177	AMU rotation improved my clinical and communications skills	12/1/2016 11:04 AM
178	Broadly speaking, yes. I think the role of the emergency physician needs to be realigned slightly to meet the needs of the current population, e.g. elderly patients with multiple co-morbidities.	12/1/2016 10:56 AM
179	I should be making an initial diagnosis and commencing treatment. However time pressures are so great we no longer get to use any skills and only act as a triage monkey. Any suturing goes to max fax, sick prople go to anaesthetics, retained products go to gynae. I want to treat these people - it's the only part of the job I enjoy- but I'm not allowed.	12/1/2016 10:30 AM
180	Sometimes	12/1/2016 10:24 AM
181	Yes	12/1/2016 9:59 AM
182	Yes, overall it is very good and a nice pattern of work due to the department being relatively small	12/1/2016 9:59 AM
183	It's getting worse due to long queues. I miss doing minors	12/1/2016 9:24 AM
184	Some skills being lost such as central lines, chest drains, more complex wound care due to time pressures.	12/1/2016 9:11 AM
185	Major proportion of patients can be seen in GP/Walk in center. But they are not able to get appointment at GP or walk in center is far than nearest A&E.	12/1/2016 7:59 AM
186	Entirely service provision. No real ability to teach on the shop floor due to patient workload.	12/1/2016 7:45 AM
187	Mostly	12/1/2016 7:40 AM
188	Would prefer 24 hr CDU and paeds sedation which we currently don't do.	12/1/2016 6:22 AM
189	Currently on ICM rotation	12/1/2016 6:04 AM
190	Yes but I spend a too much time bleeping people and trying to track down the plastics SHO or some antibiotics etc.	12/1/2016 1:33 AM
191	I think we see alot of regular reattenders / pts who could have been seen GP / awaiting OP speciality apts	12/1/2016 1:07 AM
192	A lot of it is day to day running of the unit. Insight into ongoing critical care and some skills related to this.	12/1/2016 12:45 AM
193	Currently in CT2 I not allowed to look after sick patients myself, this is solely the responsibility of anaesthetic trainees. I feel it is a very poor use of my skills in both ICU and anaesthetics. I feel I should be doing everything the other trainees are doing	12/1/2016 12:33 AM
194	As a trainee, am I a better EM doctor than most middle grades? Probably. Does this mean that I'm a good EM doctor? Not really. Will I become a super EM doctor any time soon? If the training continues as it is (i.e. it's pants), unlikely.	12/1/2016 12:26 AM
195	In general yes.	11/30/2016 11:53 PM
196	Most shifts have been the registrar in charge for majors which is predominantly giving advice to more junior doctors and reviewing their patients with less opportunity than previously to manage own patients. Shifts in resuscitation are much rarer but provide excellent training opportunities with a heavy consultant presence any of these shifts have sadly lead to be being swapped to majors in charge due to Rota gaps where I am the only permanent middle grade staff member on shift and so 1st choice to run the rest of the dept.	11/30/2016 11:52 PM
197	that is the main problem, more and more every day people coming to emergency department who do not need to be there, roughly 80 to 90% of what I do clinically is not what an EM doctor should be doing and this leads to bad use of the skills which I have been trained .	11/30/2016 11:47 PM
198	I enjoy working in ED but find that service provision takes away from learning and maintaining skills. There seems to be a culture of asking anaesthetics/ITU to gain central access, transfer to scan, intimate etc when these are all skills that I have been trying for through the ACCS curriculum.	11/30/2016 11:29 PM
199	No. This is why I find ICM more attractive because the majority of my workload was providing primary care. And I see the role of an EM consultant to be more a bed manager than a clinical role.	11/30/2016 11:22 PM
200	It's mainly very rushed! I'd like to do it properly but I often skimp on notes/ plans esp at night due to pressure of time	11/30/2016 11:21 PM

201	yes	11/30/2016 11:12 PM
202	yups but I can do more	11/30/2016 11:01 PM
203	Apart from the wider issues of patients shouldn't go straight to the ED for non emergency problems, the care I provide in my current hospital isn't any different to any other hospital in northern Ireland. It does have more than its fair share of pathology and trauma. My skills have certainly been tested and developed	11/30/2016 10:41 PM
204	Unfortunately the ED is the only route into the hospital so we see everything! GPs can't/don't always access outpatient clinics easily so send patients with chronic conditions or patients who are stable but awaiting specialist investigation etc. We also get patients with post-op complications as there is no access to inpatient teams. We see these patients, try to expedite investigations and outpatient appointments etc as well as seeing minor injuries (particularly out of hours, doing review clinics, seeing children, working in resus/majors and seeing all patients who 'walk in')	11/30/2016 10:40 PM
205	No	11/30/2016 10:28 PM
206	Like most departments the ED physician has become a triage monkey and chasing the 4 hour target.	11/30/2016 10:26 PM
207	yes	11/30/2016 10:02 PM
208	Feel like a FY-1 at Reg level,,, I get treated as shit by Sho's of other specialty	11/30/2016 9:52 PM
209	At times clinical care is optimal with time to thoroughly assess a patient, diagnose and commence treatment but often this is not the case due to time constraints which is frustrating and leads to a feeling we are mearly a triage system	11/30/2016 9:49 PM
210	It is frustrating when having to deal with increasing numbers on cases that are neither accidents nor emergencies.	11/30/2016 9:46 PM
211	Yes, currently on anaesthetic/ICU	11/30/2016 9:27 PM
212	A lot of trauma which is very interesting however often no ortho reg in hospital at night and have on occasion refused to attend hospital for a patient with a dislocated shoulder who had neurological deficit which had failed to be manipulated. No trauma network set up as yet so I was disappointed in that as I had come from a trauma unit in England. There is a very good consultant body at the unit but sometimes too involved hence registrars had to take a back seat. Expected a lot of communication out of hours e.g. If patient requiring anaesthetics or iTu then consultant expects patient to be discussed with them. Could be distracting and time consuming. Otherwise due to poor social economic status of population were many very sick patients with multiple comorbidities. Very interesting patient group.	11/30/2016 9:15 PM
213	Clinical care based on area involved also review of patients and support of juniors and auxiliary staff members. Yes, this is the work a registrar should do.	11/30/2016 9:12 PM
214	At [a hospital] there are lots of proformas e.g. Chest pain, NOFs, Sepsis, Ambulatory Care, Short Stay etc. Whilst there is a place for proformas, or certainly guidelines, it is so time consuming to complete all the paperwork that it stops your clinical time.	11/30/2016 9:11 PM
215	We provide front line care, often to people most in need but quite often to those who don't understand healthcare and the most appropriate ways to seek help. We see the best and worse of people, work in teams through the most traumatic and funniest moments and I'm honoured to work with the team I currently have.	11/30/2016 8:37 PM
216	Initial assessment. Diagnosis and management of acute presentations Sign posting non urgent referrals to other places in the hospital	11/30/2016 8:28 PM
217	Yes We face the same challenges as any other department in the country, but the consultant tier is determine to make this placement not only a service job post	11/30/2016 7:52 PM
218	Unsure	11/30/2016 7:35 PM
219	Yes indeed.. It's essential for you to practice EM.	11/30/2016 7:07 PM
220	Yes	11/30/2016 7:01 PM
221	Glorified triage is not why I went into EM. That happens when the dept is too busy and consultants / nurses are pushing for a decision to prevent breaches. It isn't in the patients best interests to be admitted when they didn't need to be or go to the wrong speciality.	11/30/2016 6:47 PM
222	Yes	11/30/2016 6:47 PM
223	Currently not working in EM, but see previous answer - I think it is more about triage and less about diagnosing and treating. So no, not good use of skills and abilities. Also seeing patients in minors is difficult as we do not have much training in this area.	11/30/2016 6:44 PM
224	I'm doing anaesthetics so not that related but obviously very useful. Very relevant and enjoyable skill acquisition.	11/30/2016 6:40 PM
225	Currently in a senior led intensive care. Managing unwell patients. New skills learnt. Less autonomy than in EM	11/30/2016 6:37 PM

226	I believe there is a problem in this system. While it is good to get doctors rotating in different departments, as a result there is increased reliance on ENPs and ANPs. Teaching nurse practicioners seems to be a preference for departments because they end up with someone doing the job at the same role for many years. Number of patients seen per shift seems to rank higher than quality of care given!	11/30/2016 6:26 PM
227	Yes	11/30/2016 6:21 PM
228	The pressures for EM doctors to deliver high quality care in time Andy resource poor situations leads to a deskilling. I am learning to intimate patients yet may never do this again apart from on dire circumstances. We as EM doctors should Ben the most skilled in the hospitals yet constantly sell ourselves short by asking others to do the jobs we are capable of doing.	11/30/2016 6:02 PM
229	Population in each deanery Is different. Currently I feel that up to 40% of patients I'm seeing should not present to EM which does sometimes make me feel a little fed up. Currently in east of England - a lot of elderly patients who are non-acute; and psychiatric patients. Not enough trauma patients. Also, triage staff aren't allowed to ask patient to see GP instead even if they come in with a simple cough! Previous work in scotland - good population cases, and trauma. Senior nurse(with consultant at hand if needed for consult) at triage and could ask non-acute patients to see emergency Gp the next day.	11/30/2016 5:53 PM
230	In Acute Medicine - no. Feels more like service provision and noone really knows what to do with you in terms of your training. But it is supposed to be an important part of the training process.	11/30/2016 5:52 PM
231	I think it is very sadifactory, apart of acute medical rotation which is terrible.	11/30/2016 5:44 PM
232	Churning through patients in majors for 80% of the time	11/30/2016 1:24 PM
233	I think due to the 4hr target and how busy the department is; my opinion is that as an EM doctor should be doing more but instead we refer to in-patient specialties as we don't have the time to do extra stuff (for example I have seen orthopaedic SPr called down to reduced a dislocated ankle as it was too busy for 2 doctors to be available to do this (1 for sedation,1 for manipulation)	11/30/2016 10:18 AM
234	Too many GP patients, whom couldn't get appointments or whom 111 told to go to ED. Departments are so busy with sometimes no exit to wards causing back logs , unsafe ratio of patient to staff, leaving no where to see new patients.	11/30/2016 9:44 AM
235	A mixture of social care and real ED cases. Some frequent flyers come in for a chat, and make up problems, a rise in psychiatric cases over the last few years, a lot could be siphoned off by gp services	11/30/2016 9:05 AM
236	Yes, varied including paeds and resus, lacking opportunities caring for minor injuries due to presence of ENPs in our department	11/29/2016 10:10 PM
237	No. I feel I could do more.	11/29/2016 9:47 PM
238	I think there is a good variety and given the frequent lack of beds we often have the luxury of time with patients to put lines in, play with drug infusions/NIV etc	11/29/2016 9:26 PM
239	Good use Assess start treatment	11/29/2016 8:16 PM
240	Minors is covered by ENPs so they get to do all the real minor injuries. (Doctors see headaches and back pains and suicidal ideation). A large part is service provision with focus sometimes more on 4 hr target than teaching / training on the job.	11/29/2016 5:57 PM
241	Sometimes due to breach pressure and pressure from management, I am not able to complete the care to a standard I feel should be achieved in the ED as the patient is moved etc.	11/29/2016 1:39 PM
242	Yes although I feel that my minors training could be better as I'm still not very confident with eyes and some wounds	11/29/2016 1:20 PM
243	At present I am assessing airways and maintaining this for operations and cardiac arrests. Very important skills for the EM medic.	11/29/2016 1:00 PM
244	Yes	11/29/2016 2:58 AM
245	We continue to see a large number of cases which should be seen in GP but aren't for various reasons including access to appointments and inappropriate 111 referrals	11/28/2016 5:59 PM
246	There could be more nurses and NA´s to take most general blood samples, label them, walk them to the pods and other such tasks. I would however like to do more procedures, fx. set colles fractures in the ED instead of having to call orthopaedics to do that.	11/27/2016 11:08 PM
247	On my 'acute med' rotation, I am doing lots of admin, typing for others during ward round and lots of discharge letters. It is not good use of my time or skills and does not help me advance my clinical acumen.	11/27/2016 10:46 AM
248	Currently in ITU	11/26/2016 2:09 PM

249	By and large yes although due to pressure on the department to meet 4 hour target and exit block there is an increased pressure to refer patients that the emergency unit could manage with an appropriately sized and staffed Clinical decisions unit, this can be very frustrating at times	11/25/2016 8:35 PM
250	Most of the time	11/25/2016 7:38 PM
251	I am able to provide reasonable care but time and bed pressures prevent excellent care frequently.	11/25/2016 6:12 PM
252	No I spend far too much time looking after cases which should be managed elsewhere or not in EM setting.	11/25/2016 3:59 AM
253	In paediatric ED, lot of GP work through the week	11/24/2016 10:47 PM
254	Too much primary care work, far too many people in their 20s and 30s with coughs and colds coming through triage and wasting time and money with excessive testing. Nurse led triage results in ordering too many tests we don't need, whilst omitting those we do need. Needs senior clinician led triage to thin the crowd. Better consultant leadership on the shop floor would deliver this.	11/24/2016 10:39 PM
255	yes, the majority of my time is. however, quite a lot of time is spent on patients already referred to specialties who either haven't seen the patient or are not in the department	11/24/2016 6:09 PM
256	I wish I had more time for patients, more time to supervise juniors and more time to go and learn new skills. I think I don't get enough exposure in minors to make use of the considerable skills I have in that area, and due to this and previous placements I also worry that some of my critical care skills may have slightly atrophied - I havent put a central line in over 1 year and have only done 2 chest drains in 6 months. In general however my dept has good mix of presentations to make use of my abilities.	11/24/2016 12:01 PM
257	Primarily and frequently yes. Very rarely feel pressured to simply triage or carry out primary health care but this is unusual	11/23/2016 4:24 PM
258	Much of the time in the ED is spent in triage doing tasks that could easily be performed by a phlebotomist and a clinical support worker. This is not what we are being paid to do and is in no way useful to training. I do not feel that in my ED placement I had any form of training and I felt like I was there for service provision.	11/23/2016 12:42 PM
259	The pressure to get people seen, the lack of physical space and equipment means I do not feel like I am doing a good enough job sometimes and I miss out on important learning experiences	11/23/2016 9:10 AM
260	Mostly fair.	11/23/2016 8:58 AM
261	Overstretched and understaffed.Generally supported to do the right thing for patients and use my skulls well.less pressure to just move patients on in this job and we'll supported to do the right thing for patients.	11/22/2016 8:32 PM
262	I, like many others, applied for Emergency Medicine as I loved dealing with the critically ill patient. Sadly the bulk of my work seems to be seeing inappropriate presentations, or things that should be seen in GP. It doesn't feel like my day to day job is what I'm trained for. I loved my ITU rotation and the skills I gained but have not been able to put them into practice back in the ED. I'm now considering dual CCT or switching to ICM.	11/22/2016 6:38 PM
263	A lot of primary care. Detracts from seeing genuinely sick children	11/22/2016 5:21 PM
264	Overall yes, however I have noticed in recent years that the increased use of ENPs, ACPs and subspecialty trainees is reducing my scope of practice.	11/22/2016 4:32 PM
265	Yesterday's	11/22/2016 4:24 PM
266	Yes. But constant high demand means you don't have as much time to follow through each patient as you would like	11/22/2016 2:09 PM
267	No	11/22/2016 1:17 PM
268	currently in ICU and feel it is a lot more admin and less medicine. Looking forward to doing proper medicine again.	11/22/2016 12:14 PM
269	Yes	11/22/2016 9:13 AM
270	discussion of cases with trainees, resuscitation, initial assessment and management This is what EM doctor should be focused on and provide	11/22/2016 6:12 AM
271	Generally yes - initiating management and making appropriate referral or discharges	11/22/2016 4:05 AM
272	I think the care is good but time pressured. We don't get to do as many anaesthetic skills as I'd like too. (Tubes, lines etc)	11/22/2016 3:53 AM
273	See patients presenting to A&E. The presentations aren't always necessary	11/22/2016 2:30 AM

274	I feel I can do my best and provide a good level of care when the ED is appropriately staffed. Overcrowding in the ED has now become the norm and makes it very difficult to provide good care, especially when there is more pressure on meeting targets and service provision rather than training and providing good care. The 4-hour target, whilst in principle seems good and helps maintain flow in the department, can often lead to quick and incomplete assessment/management and create more conflict between EM and other specialties. There's a lot to be learnt from our EM counterparts in countries like the US/Australia, where many doctors are flocking to in order to train/work. Better work-life balance and more emphasis on training/learning would attract and retain more doctors in the specialty. There is still far too much reliance on Anaesthetics for intubations, which EM doctors are becoming increasingly more de-skilled in. After obtaining some experience in intubation in ST2, it appears many trainees find it difficult to maintain these skills in the ED and then become de-skilled later in their training and even in becoming Consultants. This needs to be addressed if we want to create a culture change and catch up to our counterparts in the US/Australia, where intubations are done by ED docs!	11/22/2016 1:30 AM
275	There is a danger of flow compromising optimal care. 95% does not mean shifting unwell or incompletely sorted patients of our the department for nonclinical reasons.	11/22/2016 1:00 AM
276	We provide a wide range of care for all sorts of patient. We do not use our advanced skills maybe as often as we should for various reasons - predominantly prevented from using airway/critical care/advanced sedation skills.	11/21/2016 3:44 PM
277	Often feel that i can't provide the care i would like to. Particularly in resus with multiple sick patients where you are so busy you don't get a chance to review patients as often as you should etc	11/21/2016 11:20 AM
278	Initial assessment and management, including specialty tests and onward referrals. Delivering critical care in ED. Some pre-hospital.	11/20/2016 8:11 PM
279	Yes - provide history taking, examination, investigations and management plan with referral to appropriate speciality as patient requires. Yes it makes good use of the skills I have been taught throughout my training.	11/19/2016 11:32 PM
280	Full assessment and treatment	11/19/2016 1:45 PM
281	i have limited minors and resus experience because i service provide mostly in majors and paeds. i havent reduced a fracture or a dislocation since i started in august.	11/18/2016 1:53 PM
282	No. I think the vast majority of patients that I see would be more appropriately managed by a GP.	11/18/2016 8:48 AM
283	assessment of patients, reviewing other peoples patients, treatment plans, venepuncture, sedation for manipulations or cardioversions, manipulations of joints, running resus, chest drain insertions, intubations yes	11/18/2016 8:39 AM
284	Fast and efficient care to patients Supervision of juniors Using skills that I expected to be using at this level of training	11/18/2016 12:11 AM
285	round the clock emergency care management of life threatening injuries management of minor injuries	11/17/2016 10:11 PM
286	When I did my EM attachment as an ST1, more often than not I felt that my job was service provision and that training took a back seat. I'm currently on ICM and I'm very much enjoying it. I feel like I learn something everyday and it does make good use of my skills and abilities.	11/17/2016 8:58 PM
287	yes although becoming more frustrated with failing social care and increased expectation on EM for social and primary care (GPs are as over stretched as we are). Failure of society to adequately manage their own health/well being has meant that GPs and EM are now the go to for any minor complaint or element of stress in peoples lives.	11/17/2016 7:05 PM
288	I often enjoy my work. However the pressure on our department from the number of presentation means I do not do my job to the standard that I would like to do. When the number of patients and volume of staff make the work manageable, I love using my skills to look after a wide variety of patients, do procedures and teach others I am also able to spend time with my patients which is rewarding. When busy or understaffed (especially nights & weekends) it can be more a matter of damage limitation - seeing people as quickly as possible so not to miss things left waiting but moving people on as quickly as possible - essentially glorified triage. This is frustrating and upsetting that in times like this we cannot provide the care we are more than capable of providing. You finish shifts like this exhausted & often nervous that you've missed something or not done something properly - a horrible feeling when you've worked as well and as hard as you can whilst also supporting an overworked department of colleagues.	11/17/2016 3:51 PM
289	Yes. Patient variety is a little limited but good exposure to all aspects of EM - majors, minors, Paeds. Encouraged to undertake practical procedures.	11/17/2016 3:14 PM
290	Yes. However poor flow through hospital means holding patients for periods awaiting beds. Therefore we take on prolonged care of these patients that should be done by specialities.	11/17/2016 3:07 PM
291	Yes on the whole, but the system is overstretched and we are often a medical ward at night, with an overburdened resus and holding ambulances out the door. With the additional breakdown of local mental health services we are increasingly under pressure making the job stressful and no enjoyable. Though on the whole I would not choose to do anything else currently - I can see this being unsustainable on a full time rota - it is exhausting and not allowing enough time to recover.	11/17/2016 2:47 PM

292	Generally yes, but can be wasting time arguing with specialties about who is going to take a patient who clearly needs to come in which is waste of time.	11/17/2016 1:54 PM
293	Often my clinical skills are marginalised due to time pressures and need for quick decision making in a time pressured, multi-distractional dynamic environment. The need to be a 4 places at once to effectively review patients seen by juniors as well as cover resus rooms etc and see sick patients increases as you get more senior. Exit block is also a big problem in some hospitals I have worked in. As a doctor I am there to look after patients full stop. However, when there are multiple pt awaiting admission who have already been clerked and initial treatment started, time is then spent re-reviewing these patients, writing up further doses of antibiotics as they are physically in the ED still and the Medical teams are often overstretched. Hence the ED patients which are yet to be seen / still in a queue in the corridor/ambulance can then be relatively neglected as they are still an undifferentiated (specialty-wise) and have not fully come to attention. This is a dangerous situation and the potential risk involved is huge - who are the ones taking responsibility for this? In such a polarised specialty with smaller DGH's far less busy, how is our medicolegal standpoint to be assessed when compared with large DGH's and tertiary centres where footfall is far greater, should there be an error.	11/17/2016 12:40 PM
294	Hah. Yes and no. The 4 hour target makes a mockery of what I hope to achieve.	11/17/2016 11:38 AM
295	Yes	11/17/2016 11:02 AM
296	There is a high volume of 'convenience' presentations that would be better dealt with in a primary care setting (both in terms of the cost to the NHS of ED attendance and the fact that GPs would be better skilled at managing these presentations). Although ED doctors are often poorly positioned to deal with these presentations it is often challenging to redirect patients to alternative services when they are already in the ED, and hence we see them anyway, which exacerbates this behaviour. I feel we need to more effectively co-locate services in the ED if we want to take this unnecessary pressure off EDs and ED doctors. Fundamentally it should be quicker to redirect inappropriate ED presenters to alternative services than it should be to manage the complaint yourself, which in my experience is rarely the case.	11/17/2016 10:43 AM
297	Generally less. I would prefer less time pressure to use skills i.e. Central lines, nerve blocks, suture etc.	11/17/2016 9:00 AM
298	No, there's too little time to be thorough or safe enough	11/16/2016 11:25 PM
299	No. the emergency physician has been turned into a glorified triage doctor	11/16/2016 11:11 PM
300	Variety of majors and resus. Occasional exposure to minors and paeds. Yes- good variety. Hard to keep up skills in minors though,	11/16/2016 10:51 PM
301	At present I don't think the jobs I am doing at work should be done by an ACCS EM ST1. Writing large volume of dishcarge letters or taking routine bloods at regular basis or doing daily ward rounds or doing outlier cover are going to benefit my training. I don't feel I am learning what I should be learning on my job, neither do I think I am utilising my skills. I feel deskilled on my current job.	11/16/2016 10:28 PM
302	Do and should do: Resuscitation, training/supervision, critical care, problem-solving, team/department leadership. Tasks that are a poor use of skills: administrative tasks, routine bloods, running a rota.	11/16/2016 10:25 PM
303	The job is increasingly pressurised and time driven, there is less satisfaction from doing a good job, less focus on good treatment. It often feels like advanced triage, particularly in majors.	11/16/2016 9:30 PM
304	Yes	11/16/2016 9:25 PM
305	In ED I feel I can provide adequate clinical care but not always the standard I would like owing to the time pressures	11/16/2016 8:57 PM
306	In ED, in [two hospitals] no it is not what an EM doctor should be doing a lot of the time. My skills and abilities are not used to the fullest because of the non-emergency dross that continually presents to ED.	11/16/2016 7:39 PM
307	At triage we are literally used as gofers for the triage nurse - doing cannulae, bloods, ECGs, obs - and get admonished for engaging clinically. Complete waste of specialist trainees	11/16/2016 7:16 PM
308	yes at times but becoming more and more primary care orientated which is not what I have trained for and is taking resources away from genuine accidents and emergencies which require prompt treatment.	11/16/2016 6:16 PM
309	Most of the time yes but we don't turn any patients away so often we are seeing patients with more chronic or less appropriate presentations	11/16/2016 5:23 PM
310	Mostly, large mix of primary care/not needing of any medical care patients, but these are mostly triaged to OOH GP or discharged from the department.	11/16/2016 4:26 PM
311	Daily review and admission of patients onto an intensive care unit. Discussion and teaching at bed side. Ability to pracitce practical skills I.E CVC, Art line, gain experience in inotropes. Yes develops wider range of skills	11/16/2016 4:03 PM
312	yes	11/16/2016 8:25 AM

313	YES	11/16/2016 2:06 AM
314	most of the time is appropriate	11/15/2016 10:33 PM
315	Unable to comment on the ED setting as on acute medicine, but the placement is worthwhile and will contribute becoming a better ED clinician largely. I feel ward covet (non acute Med) is not particularily beneficial or relevant	11/15/2016 9:05 PM
316	Mostly paperwork. Mostly on a computer. I could do the same job for a bank and make proper money.	11/15/2016 5:20 PM
317	Mostly	11/15/2016 3:25 PM
318	Resus, minor injuries - appropriate In paediatrics - occasionally things are over investigated in ED and often these tests could be deferred to rapid response. Too many inappropraite GP referrals are seen, they have to wait 4+ hours to be seen by a junior doctor and sent home with no intervention. Then the next time parents just cut out the GP as they think he will just send them to ED anyway. THis did not seem to happen as much when I worked in a DGH, but it is really bad in the tertiary Paeds ED.	11/15/2016 2:48 PM
319	No, like i said alot of my time is spent doing things outside my training. I tell patients all the time that I am an accredited ATLS provider so it's my job to treat the big trauma and other true emergencies but not always to find the reason for them feeling 'not right.'	11/15/2016 1:29 PM
320	Yes	11/15/2016 12:48 PM
321	Get very fed up seeing primary care pts on the ED.....	11/15/2016 12:28 PM
322	Mostly, although perhaps some skulls eg blood letting, checking obs and doing ecgs at triage could be done by others	11/14/2016 6:53 PM
323	as expected	11/14/2016 4:39 PM
324	our rota is stretched too thin. staff are demoralized. i usually feel rushed and under pressure to see as many patients as quickly as possible. however, opportunity for independent practice and exposure to resus cases is good	11/14/2016 2:58 PM
325	-	11/14/2016 1:48 PM
326	Depending on the area within the department we spend a shift we can see more minor or sicker resus patients. We rotate around these departments during a given week so it all balances out	11/14/2016 1:09 PM
327	Yes	11/14/2016 12:59 PM
328	Being in a purely Paediatric Hospital, my skills are well used and I feel highly appreciated.	11/14/2016 12:41 PM
329	yes however as is probably well noted i feel a lot of the skills we learn in our year in anaesthetics and ICU are lost when we return to the ED	11/14/2016 12:34 PM
330	Currently I'm doing anaesthetics and ICU, I feel much more supported and the teaching is substantially better.	11/14/2016 9:42 AM
331	yes less trauma at this hospital due to short distance to major trauma centre	11/13/2016 5:30 PM
332	Yes	11/12/2016 7:17 PM
333	Emergency medicine can be very rewarding and very frustrating at times. In order to be content in emergency medicine you have to accept that you are continuously expected to perform tasks that HCA's, ward clerks or nursing staff should be doing. This includes photocopying, faxing, dipping urines, changing beds, moving beds, getting drinks organising food for patients that have been waiting excessive hours, answering phones, picking up rubbish. If you can accept this you can continue to provide good care, but when you are overwhelmed with clinical decisions and then expected to perform these roles to it can be disheartening. This is no through a lack of team support it just appears that everybody is overstretched and patient volumes in the department are intense.	11/12/2016 3:47 PM
334	I end up doing the work of lazy General Practitioners a large percentage of the time. This infuriates me as I was a GP trainee who obtained MRCGP and as a GP trainee I worked hard to find alternative routes to treatment other than through ED. I believe it is partly our fault for having an open door policy and I believe this has to change. Why should GPs get money for local enhanced services if they are just going to refer to ED anyway? As a senior ED physician I should have time to concentrate on emergency presentations as this is my chosen field of expertise.	11/12/2016 2:56 PM
335	Yes. Our dept is quite independent - do more procedures in current dept than i have in different depts ive worked in.	11/12/2016 12:33 AM
336	Yes	11/11/2016 7:16 PM
337	Most of the time the clinical care I provide is what has brought me to EM, however there are still a proportion of pts who need to be seen by GPs, but they come to ED as they can not get appointment with GP or find it easier just to attend ED with minor problems. Most of the time working in ED makes good use of my skills.	11/11/2016 10:47 AM
338	Time spent with the patient is often limited due to bed shortages. Examinations/history taking can be difficult in corridors and often patients are in the department for long periods during peirods of bed shortages making managing care difficult.	11/11/2016 5:11 AM

339	Yes.	11/10/2016 7:34 PM
340	Not doing enough resuscitation, hence de-skilling especially in critical care procedures e.g. ETT, arterial line, chest drains etc. I am providing a large amount of supervision and training to juniors. I am happy to do it as its something I enjoy, but I often regret not having more as a junior myself - feel like there are various procedures or presentations I shouldbe more comfortable with	11/10/2016 5:05 PM
341	It does feel like we only provide minimal care to our patients. I often want to provide better care but time pressure to either admit or discharge patients prevents this. Care is good to unwell patients but often more well patients do get rushed care.	11/10/2016 4:38 PM
342	I think that EM doctors should be initiating more of the intensive management of patients in Resus, for example, intubation, central lines, arterial lines etc.	11/10/2016 4:09 PM
343	Often the care can feel forced and half-baked because of time/resource pressures to refer onto a specialty especially when the patient has not been seen by a doctor for sometime but they are within the four hour window.	11/10/2016 4:02 PM
344	Yes in general.	11/10/2016 3:15 PM
345	Currently, in paeds EM my role is exceptionally primary care heavy. This is good and bad - it gets us used to working with children	11/10/2016 12:29 PM
346	treating patients - yes to both above	11/10/2016 12:19 PM
347	yes.	11/10/2016 11:18 AM
348	I think we provide appropriate care with good senior support.	11/10/2016 10:06 AM
349	Too much gp type illness or non emergency care. Too many people accessing it as 1st port of call. An overwhelmed service.	11/10/2016 9:58 AM
350	I feel more like a friefighter at times especially on nights fighting corridor battles, constant battle with specialties - I go home feeling sometimes like ive not made any difference.	11/9/2016 5:49 PM
351	To the greater extent yes, but there are a significant number of patients who should not be attending a&e who have minor illness/injuries that could be self cared for, chronic conditions that they should see their GP about or alcohol intoxication with no illness/injury. This can be very frustrating when the dept is busy.	11/9/2016 4:26 PM
352	A large part of my work load is seeing people that could/should have gone to their GP, also patients referred directly to specialities, often have to come to the ED due to lack of beds and my work load is increased as they all need to be assessed along with the patients arriving without referral. I do not feel that this should be part of my work load. Also, due to waits for beds in the hospital, part of my work load is often reviewing patients that should have been transferred to wards or other hospitals, but are still in the department. I do not feel that I am able to teach the juniors or offer the care that I should, due to the time pressures to see every patient within 4 hours (even the people that should have gone to the GP or the minor injuries).	11/9/2016 3:47 PM
353	Often sole used as service provision - a role for a more junior and less skilled member of staff	11/8/2016 11:31 PM
354	Yes although ED attended by lots of parents unable to get appointments with GP or don't know where they should attend.	11/8/2016 8:06 PM
355	yes, generally it is appropriate.	11/8/2016 7:51 PM
356	Increasing amounts of primary care problems presenting to emergency departments	11/8/2016 5:29 PM
357	No, the four hour wait stops is treating and dealing with simple cases that just need say, 6 hrs to sort out. Our anaesthetic department are against EM doctors sedating preventing the use of ketamine and propofol sedations. We struggle to do our own RSI's.	11/8/2016 5:09 PM
358	Far too much bed Management due to bed blocking. No management OOHs so left to Reg and Senior sister	11/8/2016 4:50 PM
359	yes	11/8/2016 2:28 PM
360	Overall excellent opportunities. See too much primary care type presentations, but this is a national problem	11/8/2016 12:23 PM
361	Generally good care, but sometimes to busy to be able to perform critical care skills. Plenty of sedations. Majority of airways etc done by ICU/anaesthetics. Traumas are consultant led.	11/8/2016 12:11 PM
362	Mostly, but there is a lot of care that could be provided elsewhere.	11/8/2016 11:21 AM
363	Yes. Yes.	11/8/2016 11:18 AM
364	I clerk patients in the acute admissions unit, there is no autonomy as everything has to be run by a senior/consultant and it is very repetitive. I am not learning to do any procedures and my supervision is very varied day to day.	11/8/2016 11:12 AM

365	I feel like we are just holding back the tide; We have to practice defensively as mistakes by trainees often lead to sanctions	11/8/2016 11:09 AM
366	When the department gets overwhelmed (weekly, usually weekends), we are unable to provide as good or safe a service as we should. We end up having to clerk patients in the corridor and send home patients for manipulations when we are quieter. It's sometimes not an acceptable standard of care.	11/8/2016 10:58 AM
367	More often being used for service provision rather than being trained. Training opportunities are often missed out on due to busy department (e.g. Consultant leads Trauma and sent to Paeds to queue bust on allocated resus shift!) Somehow there needs to be more teaching opportunities identified and prioritised rather than focusing on the four hour wait.	11/8/2016 10:32 AM
368	I enjoy resus and minors cases but struggle with majors - it seems like an all commers acute care of the elderly take a lot of the time.	11/8/2016 10:29 AM
369	Always lots of stuff that isn't us/ doesn't need ED.	11/8/2016 10:26 AM
370	No. very low acuity patients predominate	11/8/2016 10:08 AM
371	I work in an ED where we do our own critical care - own intubations, central access, lines, trauma, cardiac arrests etc so I feel like I get good exposure to this. Inevitably there are a lot of patients that do not need to be in the ED (and often could have either gone to GP or pharmacy) which is frustrating but I think this is a national problem and not just with us.	11/8/2016 10:05 AM
372	My current working pattern makes absolutely the most of my skills and abilities and leaves practically no space for anything else (eg. teaching, training, studying, research, QI etc). I feel I am stretched to somewhere near the limit of my capacities.	11/8/2016 9:50 AM
373	I think I would like more experience of skills below. Many I am able to do well but have not had the experience in the last 12 months so would be reticent to do these without support initially. I do feel I spend a lot of time doing menial and clerical jobs and for example checking things that more junior people could review bit the dept requires registrar sign off for.	11/8/2016 7:33 AM
374	I see a lot of acute medical patients during the regular work and on call days. Ward cover on call is not particularly helpful.	11/8/2016 4:59 AM
375	too much time is spent doing nursing duties (administering drugs, repeating observations, calling patients in) as the workload is too heavy or nursing staff just plain lazy	11/8/2016 1:02 AM
376	.	11/7/2016 7:09 PM
377	Very pressured "be quicker and less thorough" Not ideal - should really allow time to thoroughly assess patients and follow up tests (better referrals and plans and more discharges etc)	11/7/2016 6:24 PM
378	The care I provide is extremely variable, depending on the needs of the patient in front of me. In an average shift it can vary from resuscitation in an arrest, management of the acutely unwell, to reassurance and health promotion for the worried well. While I know there is often a feeling in ED departments that caring for patients who are not acutely unwell is not part of the job description, I disagree. It is my privilege to care for anyone who walks through the doors, whatever their needs. That said changes need to happen to encourage more appropriate care-seeking behaviour, but this needs to happen before the patient arrives at A&E.	11/7/2016 5:35 PM
379	I think it is good, within the confines of a massively overworked NHS	11/7/2016 5:15 PM
380	NHS [region] has an excellent redirection policy in place whereby Primary care problems are redirected to primary care. I believe this should be the norm. As an ED physician I should not be involved in chronic problems or several week old problems. Had I an interest in this I would have applied to be a GP. My resuscitation / orthopaedic / toxicology abilities are utilised and this is what an ED physician should be doing on a day to day basis.	11/7/2016 4:47 PM
381	Yes but to a degree. Have a level of training in advanced airway managment and anaesthetics which is rarely used. Rarely spend time in Minors.	11/7/2016 4:37 PM
382	currently alot of primary care, occassional trauma, alot of geriatric care in this particular area	11/7/2016 3:46 PM
383	I feel that my current exposure to the critically ill patient will be invaluable when I will be working in ED resus. Also skills like RSI, central lines and arterial lines will be helpful in these circumstances. I feel that I will have a better idea how and when to refer to my critical care colleagues.	11/7/2016 1:21 PM
384	I am aware of a number of departments who deal with spill-over from full admitting wards or patients who are unable/decide not to present to primary care. This does not happen in my ED but I feel it has a negative impact on workload and often gets left to junior/foundation doctors who do not receive the necessary guidance and will be put off the specialty.	11/7/2016 1:15 PM
385	Shadowing on ITU - improving knowledge of critically ill patients and there management.	11/7/2016 12:30 PM

386	Currently providing most appropriate care, however often having to provide ongoing medical care as patients can remain the ED for many hours.	11/7/2016 12:20 PM
387	On the whole yes. Department has good senior support and a robust redirection policy for primary care presentations.	11/7/2016 12:10 PM
388	Currently in ICM, personally I feel it's very appropriate for EM trainees in terms of skills and patient population	11/7/2016 11:25 AM
389	50% of what I do I feel it does. There is a staff shortage and therefore I am getting comodes for patients and taking routine bloods and giving medications as nurses are stretched and busy too. However when there is a resus patient or somebody genuinely unwell I feel like a doctor again!	11/7/2016 11:23 AM
390	In many respects, we provide protocol driven automatic care. With the current emphasis on sepsis especially, we are providing a less than perfect service as it seems that any sick patient is immediately considered to have sepsis, gets given antibiotics and then referred. EM is being dumbed down by the combination of protocol driven medicine and service pressures. Despite working with a number of excellent colleagues, I don't think EM currently provides the sort of challenges and working environment that the vast majority of us entered the profession to take on.	11/7/2016 10:52 AM
391	For the most part, yes. There is a high incidence of primary care problems.	11/7/2016 10:29 AM
392	Yes, however sometimes I feel that I provide a more primary care service than I am trained to do. However this is due to patient demand and presenting with primary care problems.	11/7/2016 8:52 AM
393	The clinical care I currently provide is ward based. The care I am providing is what I would expect to provide - continuity of care and provision of on call cover.	11/7/2016 8:35 AM
394	sometimes	11/7/2016 7:37 AM
395	Emergency care for patients with acute illness, abnormal physiology, resuscitation skills	11/6/2016 6:36 PM
396	-	11/6/2016 6:35 PM
397	not working in ED but did not feel well supported by seniors when I was, not much experience of critical patients due to staffing levels	11/6/2016 6:28 PM
398	Currently work in a department where I see minor injuries and ailments, majors and resus patients - including major trauma. All advanced airway management is done by anaesthetics which is a great shame, similar with lines. Other skills used well.	11/6/2016 5:56 PM
399	No. Minors is a glorified GP practice. Pressures mean that in paeds ED only see minor illness and injuries, and very rarely get experience with sick children as paeds team see them directly. Have lost most of the higher skills I developed during ICM / anaesthetics	11/6/2016 3:47 PM
400	The care I provide is consistent with what I think an EM doctor should be doing. Sometimes patient volumes and department overcrowding means I cannot utilise my skills and patients are referred to inpatient teams for care I would be able to provide had I more time/space.	11/6/2016 3:29 PM
401	Ideally EM doctors can do more for sick pts which is difficult on occasions	11/6/2016 3:22 PM
402	More comprehensive work up in paediatric ED than in other units, e.g. Septic screen for babies under 3 months, including LP before referral to inpatient team; full biochemical work up for new diabetic undertaken in ED. Consultants are paediatricians primarily. Time could sometimes be better utilised seeing new patients, with inpatient paediatric team who could compete these investigations	11/6/2016 2:55 PM
403	My hospital has a good variety of work. We do plenty of core EM work - majors, minors and resus and plenty of critical care in resus. Its a great learning job, the only downside is not much paeds.	11/6/2016 1:09 PM
404	Yes	11/6/2016 12:46 PM
405	the patient is always first, if not sure able to ask and learn,	11/6/2016 4:31 AM
406	More senior you become in the department, less direct clinical care of acutely unwell/emergency treatment. Manage the department or see lower acuity patients "to get through the numbers"	11/5/2016 4:13 PM
407	Too much GP style care provided. Many patients would be better managed by a GP Also spend a lot of time looking after patients who have already been referred to specialities who are still in the department (due to lack of beds)	11/5/2016 3:45 PM
408	Yes varied in paeds ed with mix of minors and majors	11/5/2016 2:31 PM
409	I am happy with the care we provide , I hope all ED departments do LPs in ED, USS for DVT and miscarriages (above 14 weeks)	11/5/2016 12:06 PM
410	Limited by time and resource restraints	11/4/2016 11:41 PM
411	We are doing at some points a triaging services	11/4/2016 7:22 PM

412	Leadership and advice at night; direct clinical care during day. Few (but some) opportunities to experience management activity. Too much time spent writing clinical notes due to inefficient computer programmes but otherwise yes, makes good use of my time	11/4/2016 6:41 PM
413	Not always - managing social issues on EAU (under ED).	11/4/2016 6:13 PM
414	too much primary care and breach preventing	11/4/2016 5:55 PM
415	Acutely unwell children. Yes	11/4/2016 5:04 PM
416	At ST1 in ICU I currently have an excellent rota with easy flexibility for study days and altering shifts.	11/4/2016 2:30 PM
417	Yes however due to time pressures some important aspects are often rushed.	11/4/2016 2:03 PM
418	The rota means i'm not tired to do a good job and my mental health is suffering	11/4/2016 2:01 PM
419	I have become disheartened by patients that present to A+E without emergency problems. More and more of what I see could be dealt with in primary care, or self care by patients. The training that I have gone through, anaesthetics, ICM, isn't being put to use often enough for my liking.	11/4/2016 1:36 PM
420	Feels like a conveyor belt and feel really under pressure to see and manage patients faster and faster thus leaving me very wide open to conduct potentially unsafe care. This makes me feel very uncertain about working in the U.K. Due to increasing population demands. Patients often present with very complex multi comobidities.	11/4/2016 1:27 PM
421	Yes.	11/4/2016 12:30 PM
422	Most of the time , yes	11/4/2016 12:02 PM
423	It's so mixed, real Acute problems fit my skill set and training. The difficulties arise when 'primary care' problems present to the ED, they don't match my skills or the pathways available (eg TWW or planned outpatient review).	11/4/2016 11:56 AM
424	I think from working the rotas in some hospitals and from listening to the other EM trainees in my cohort, quite a few of the rotas are on the borderline of becoming illegal ie. If you work 15 minutes more than you should then the hours worked are classed as illegal.	11/4/2016 11:53 AM
425	It's what I expect	11/4/2016 11:47 AM
426	I often feel I don't have time to deliver the standard of care I would like, or that I cannot be involved in the care of the most interesting or unwell patients as the pressure is to refer early, often without even initial investigations.	11/4/2016 11:35 AM
427	As an SHO the responsibility and duties are correct for my level of training.	11/4/2016 10:59 AM
428	It depends - if the attendees are appropriate (i.e. they do actually need to be there). The problem is, many of the patients do not need to be there (primary care attendances) and so we are providing a GP service.	11/4/2016 10:42 AM
429	In current dept it is single point of access so have to see gp referrals which is not what i think we should do	11/4/2016 10:04 AM
430	Generic skills	11/4/2016 8:41 AM
431	yes I enjoy this and am keen to continue it which I think will be easier as a staff rade than as a consultant potentially	11/4/2016 8:01 AM
432	At times. Working in triage is often a service provision and if simply doing venflons and ECGs to aid quicker throughput isn't a valuable use of my skills and abilities. Working in minors, majors and resus is in keeping with my expectations of an EM doctor	11/4/2016 1:35 AM
433	Generally	11/4/2016 12:00 AM
434	Due to exit block, patients are getting adequate care. But this should be better but due to increased pressure it is very difficult to give the care as EM doctors we should be.	11/3/2016 11:42 PM
435	Yes and yes no	11/3/2016 11:07 PM
436	yes in general. In ICU i was looking after critcally unwell patients and reviewing patient's in resus. I have just moved to anaesthetics where I am still learning but I am able to learn new practical skills which will be of use when I return to ED	11/3/2016 10:47 PM
437	Work as resuscitationist	11/3/2016 9:49 PM
438	Yes	11/3/2016 9:23 PM
439	Some patients would benefit from seeing a GP. Not enough GPs in the department.	11/3/2016 9:11 PM
440	Provide care in majors paeds and minors which I expected. Have to cover CDU a lot which as a core trainee is a waste of my training and skills but understand someone must work it. Cover resus which is a brilliant learning environment	11/3/2016 8:51 PM

441	Have to refer to specialities often as I'm the only one in the department (at night) with the skills - eg sedation / manipulation of a joint	11/3/2016 8:38 PM
442	No - often glorified triage to undifferentiated medical patients who are kept in ED due to exit block.	11/3/2016 8:16 PM
443	Can't comment	11/3/2016 8:12 PM
444	Currently doing anaesthetics to develop skills, these are useful in ED.	11/3/2016 8:02 PM
445	There's a lot of things we do that a doctor shouldn't i.e. Portering, testing urine, ecgs, helping patients change etc but due to the lack of staff it is necessary for patient flow. It is a waste of doctoring skills and slows the number of patients youcould be seeing	11/3/2016 7:45 PM
446	--	11/3/2016 7:15 PM
447	Our department is good for critical care and minors.	11/3/2016 6:45 PM
448	No, often used as a GP	11/3/2016 6:40 PM
449	Need more doctors so we can spend more time with patients Need space/ bed flow to be able to examine and treat patients. Need more nursing staff to administer treatments	11/3/2016 5:56 PM
450	A significant amount of time working in EM involves placating patients views and managing expectations. Arguably not what I went in to the specialty for and it does not make good use of my skills. I should add that I have explored branching out into prehospital/expedition medicine with the intention of dividing my time between EM and PHEM	11/3/2016 5:45 PM
451	The majority of my work is social and chronic illness. Unfortunately after maternity and sick leave I am struggling considerably to regain my skills to manage true emergencies, and my confidence.	11/3/2016 5:44 PM
452	Yes	11/3/2016 5:33 PM
453	Mostly - maybe 20% inappropriate presentations by patients or referrals by gps for either minor illness or unchanged chronic conditions. Rest of the time, challenges my abilities	11/3/2016 5:33 PM
454	Yes, although the pace of work is very slow in ITU, and a much higher ratio of doctors to patients, I often feel my time is wasted. Instead, I find lots of time for study/practical procedures that you often don't get in ED	11/3/2016 4:34 PM
455	Currently working in paediatrics emergency department. Mainly working twilight and night shifts. Very little training or focus on learning needs (due to predominantly out of hours work) Little opportunity for being involved in resuscitation.	11/3/2016 4:21 PM
456	Yes, although we often share tasks traditionally done by nurses because of high workload	11/3/2016 3:54 PM
457	-yes but twice the work load to allow me to feel like I am doing a good job at it. All documentation rushed and probably inadequate. Sometimes poor handover to specialities as too busy and need to see next patient	11/3/2016 3:30 PM
458	I do think the care I provide is what an emergency medicine trainee should be providing. I have had a good exposure to many clinical presentations that have enabled me to use the skills I've acquired so far in my training	11/3/2016 3:26 PM
459	I see a good mix of patients needing adequate skill sets. Less traumas though..	11/3/2016 3:06 PM
460	A lot if unnecessary work...patients who shouldn't be in a&e and social admissions	11/3/2016 3:05 PM
461	Lots of minor ailments/injuries that don't need to see a doctor at all	11/3/2016 3:01 PM
462	I am enjoying anaesthetics and learning airway skills. However a lot of the time is spent working with anaesthetics machines and giving anaesthetics which I will not be doing as an ED doctor- I suppose you could argue this is not the best use of my time.	11/3/2016 2:06 PM
463	I try to provide the best care to all my patients. I encourage more junior staff to have high standards and provide excellent care. I spend a lot of time firefighting and sorting out problems rather than seeing my own patients from start to finish. There also seems to be more and more people that don't need the emergency department for their problems. I'm not the best person to be seeing GP problems or to be seeing GP referrals to acute medicine or surgery- they need medics and surgeons not me.	11/3/2016 1:34 PM
464	Too many inappropriate attendances	11/3/2016 1:28 PM
465	Too many people missing ED therefore taking clinicians time away from people who actually need it	11/3/2016 12:31 PM
466	On the whole although we do spend a lot of time seeing attendances that are not appropriate for the ED and could be seen elsewhere (primary care).	11/3/2016 12:29 PM
467	Yes - no concerns.	11/3/2016 12:27 PM

468	Last year I worked at a hospital that I felt provided mainly emergency care. The people I saw were generally sick enough to need to see a doctor so I felt that I was performing my job as an emergency physician. In my current hospital I see a lot of patients who are not unwell or who should have sought help via their GP. It may be the patient demographic which surrounds my current hospital but I am increasingly finding that patients are attending the ED because they want immediate advice and treatment for chronic or minor illness which they feel they don't get if they see their GP. As a result I am seeing a lot of patients with relatively trivial problems that I would not personally classify as emergencies.	11/3/2016 12:12 PM
469	Currently working in a nice environment, in a smaller ED than I have worked in previously. Providing good clinical care with supervision, except overnight sometimes when there is much less senior cover and have to make a lot of decisions independently.	11/3/2016 11:49 AM
470	The clinical care is massively affected by how busy the department is, how few beds are available and how long the waiting time is. Most procedures are deferred to the admitting teams meaning patients wait longer for treatment. Trauma calls and pre-alerts are very often 'over-called'. All admissions to medicine need to be discussed which means normally waiting for all results before making a referral which adds delays and wastes time. Many cases involve failure of social care e.g. Falls in the elderly and do not require EM skills but take up a lot of time because the families are understandably anxious and concerned.	11/3/2016 11:21 AM
471	When department is quiet and well staff, quality of care provided feels good. When department is busy and understaffed, time spent with patients and communication all goes down; and risk of making wrong decisions due to stress / pressure/ bias increases. Sadly, the latter is the norm increasingly.	11/3/2016 11:21 AM
472	Sometimes yes depends where you work - some consultants don't want you to get involved and move on others don't mind. It's annoying when you can't continue to get stuck in	11/3/2016 11:14 AM
473	A range of clinical conditions from the life threatening to the sublime. Cases which could be managed by GPs in the community and cases which need specialist critical care skills. This is the beauty of the unpredictable nature of emergency medicine.	11/3/2016 11:11 AM
474	No, we should be treating and discharging more patients, we refer when there is anything that is even vaguely time consuming. This isn't as much from a consultant in EM, but a manager who sees us not as trainees but as people to prevent breaches.	11/3/2016 11:05 AM
475	Sometimes. When the department is busy with low nursing numbers I do sometimes end up doing a lot of HCA, porter and nursing work to get stuff done.	11/3/2016 10:51 AM
476	I am on a variety of anaesthetic lists, some more useful than others. I don't really see how being able to do a spinal helps my practice. Often feel like we are there to provide a service not learn	11/3/2016 10:44 AM
477	I'm on itu with some transferable skills for a and e	11/3/2016 10:37 AM
478	Heavily focussed on 'majors' with significant competition for involvement in resuscitation work.	11/3/2016 10:21 AM
479	I can do anything I need to do and have access to specialists if I can't do it. Some of my skills are getting rusty, mostly anaesthetics related and airway but I know I can do things if I need to	11/3/2016 10:06 AM
480	No	11/3/2016 9:52 AM
481	Yes, we are involved with UTC, majors and paeds. There is support to investigate patients as required under ED rather than just admitting if they are close to breaching.	11/3/2016 9:47 AM
482	Refer, triage	11/3/2016 9:42 AM
483	Generally it's appropriate but -we see far too many patients that are not an emergency just because everyone else has said no -the resus patients that we should be looking after with the critical care skills we are trained in are often taken over by ICM teams very early in the process, often because of a lack of willingness in EM to push for us to retain these skills or a lack of willingness of anaesthetics to give them up. I think departments are unwilling to allow us to practice critical care skills as much due to the time it takes from the rest of the shop floor.	11/3/2016 9:36 AM
484	Too much primary care/acute medicine rather than emergency care.	11/3/2016 9:28 AM
485	No. [An MTC ED] has evolved into a "triage" service. Due to time pressures and targets we often don't have the luxury of even knowing the diagnosis before referring patients into hospital under a specialty. I spent a large proportion of time arguing with specialties over these referrals as a result, something that puts me off continuing with ED hugely. Also, we often ran out of time to deliver gold standards of care such as performing fascia iliaca blocks, meaning our skill set wasn't being used and the patient was often left in pain prior to transfer.	11/3/2016 8:50 AM
486	.	11/3/2016 8:48 AM

487	I think you have to be motivated and keen. Some people are surprised that they have to work when they have chosen to go into a job in an area that is open 24/7! I think trainees should get a good mixture of seeing minors patients, majors patients and resus patients. Being stuck in trolleys al day is not using my skills and can wear you down.	11/3/2016 8:37 AM
488	Depends, often it's not that your skills have atrophied it's that other specialities don't take your opinion or skill level seriously.	11/3/2016 7:44 AM
489	I the workload is appropriate and I have never been asked to work beyond my competence. Minors is entirely ENP run so there's no exposure for that until they come and ask you a difficult question	11/3/2016 7:43 AM
490	The 4 hour rule is not only bad for patients but also bad for doctors. I did not go into EM to do glorified triage. Having longer to complete all the tasks for the patient would provide better clinical care in a timely manner as well as being more enjoyable for the clinician.	11/3/2016 5:41 AM
491	In my current hospital, yes. Plenty of resus time treating the patient from start to finish. Still frustrating at the lack of availability of GPS and the abuse of ED for minor problems.	11/3/2016 4:32 AM
492	Mostly yes, but I don't feel it helps that we also assess GP referrals to specialties	11/3/2016 3:53 AM

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

#	Responses	Date
1	more staffs	12/6/2016 8:25 PM
2	Adequate staffing and rest breaks. Working technology. Support from seniors and other specialties.	12/6/2016 6:47 PM
3	Encouragement. Constructive feedback. Good team spirit. Good interaction with the bosses, learning opportunities, asking questions to engage learning. Recognition of my skills. Our kitchen staff are lovely and offer us drinks to keep us going.	12/6/2016 5:04 PM
4	Feeling valued and appreciated Feeling part of a team rather than working in isolation	12/6/2016 4:53 PM
5	Constructive feedback to help me improve and guide my decision making, seniors looking out for cases that are of benefit to training and then letting me know about them so I can get involved/manage the case	12/6/2016 3:56 PM
6	Supportive consultants, good nursing team, friendly colleagues, flexible rota for leave etc.	12/6/2016 2:58 PM
7	Camaderie, respect for how hard our job is	12/6/2016 2:38 PM
8	regular breaks, sensible schedules which give me time to recover after night shift (which i currently do not have)	12/6/2016 11:52 AM
9	Team working. Adequate staff.	12/6/2016 7:08 AM
10	feeling supported, seniors taking interest in my education, timely breaks. not being pushed to take on too many patints	12/6/2016 1:40 AM
11	Exposure to clinical scenarios. Teaching and recognition of role as ED trainee	12/5/2016 11:28 PM
12	my own perseverance. my seniors don't care about my wellbeing or progress as long as I provide service	12/5/2016 11:28 PM
13	Currently supernumerary for paeds block	12/5/2016 11:25 PM
14	Adequate number of juniors/ nursing staff. Patient flow to other departments/access to investigations	12/5/2016 10:53 PM
15	Good team work, enough rest between shifts	12/5/2016 9:21 PM
16	Full staffing, both medical and nursing. Working equipment. Training.	12/5/2016 9:14 PM
17	Enough sleep Opportunity to have a break/eat/drink Opportunity to discuss cases with consultant Being allowed time to concentrate on high acuity /complicated patients	12/5/2016 9:14 PM
18	Support, Time, understanding of what is important to trainees Teaching, not just being 'service provision'	12/5/2016 8:50 PM
19	Prior systematic teaching on ED specific conditions Supervision from seniors whose opinion i can trust	12/5/2016 6:41 PM
20	Feedbacks	12/5/2016 6:27 PM
21	Engagement by others in my work and in me. Rests. Good support and senior decision making. Feedback.	12/5/2016 5:58 PM
22	Personal determination	12/5/2016 5:54 PM
23	The ED team working alongside especially if they are inspiring and encouraging, self motivation, education, making sure I have slept well and not hungry before my shift	12/5/2016 5:26 PM
24	Supportive team.	12/5/2016 5:24 PM
25	Consultant-level support	12/5/2016 5:23 PM
26	Proper delegation of work and constant support from consultants.	12/5/2016 5:17 PM
27	Enough doctors so not to feel pressured to be quick	12/5/2016 3:56 PM
28	Breaks, senir presence	12/5/2016 3:53 PM
29	Firstly, having a team of doctors that include a few who are independent decision makers. Secondly, time for training. Time to work towards exams. Our ED Rotas are invariably full of unsociable hours. This means that 'time off' is often only a sleep day or two after nights. This is unsustainable and makes exam revision or cpd (vital for delivery of good care on the shop floor) extremely difficult.	12/5/2016 3:07 PM

30	Supportive consultants, enough break times, annual leave when we want it as opposed to fixed annual leave	12/5/2016 2:42 PM
31	Having a good work/life balance. I currently work 50% hours and this enables me to give my best at work, and at home without becoming exhausted or resentful that I am neglecting one or the other. Time with my family is very important to me. Support from seniors and consultants, and good teaching on shop floor or structured study sessions are all helpful.	12/5/2016 2:39 PM
32	Feeling supported specially by other specialties. Think often a&e doctors are seen as the worse by other specialties and that we dont know what we are doing. I believe they fail to understand the time pressures and lso that we cannot have a definitive diagnosis some times in a&e.	12/5/2016 2:19 PM
33	good leadership, pleasant colleagues, regular breaks	12/5/2016 1:05 PM
34	Being in a position where you are responsible for whole department and juniors working with you so that they feel supported and not get stressed.	12/5/2016 11:55 AM
35	More nurses and other members of the team	12/5/2016 10:47 AM
36	.	12/5/2016 10:18 AM
37	A supportive and good team behind you. Effective flow coordinators and visible managers on the shop floor. Specialities behaving themselves and taking responsibility for those patients who should be managed by them. The support to be able to take breaks and have lunch at appropriate times.	12/5/2016 9:57 AM
38	Opportunity to practice during emergencies Being able to ask for help when needed	12/5/2016 9:10 AM
39	Good team, encouraging seniors and supportive seniors	12/5/2016 8:13 AM
40	Breaks, support, governance framework, hospital support, enough staff to cope with demand. Teaching- esp bedside	12/5/2016 7:26 AM
41	Appropriate breaks and senior support when needed	12/5/2016 3:27 AM
42	When I'm working with a supportive kind consultant	12/5/2016 2:28 AM
43	Breaks - which my hospital encourages Good interaction with consultant Informal teaching time Time available on shop floor to practice leadership roles.	12/5/2016 1:26 AM
44	Having a better communication with people...working with people who listen and don't have there egos and pride...not being bullied by consultants	12/5/2016 1:16 AM
45	My personal drive, determinations and genuine love for my specialty	12/5/2016 1:09 AM
46	Better hospital management and patient flow. Appropriate staffing levels. Supportive seniors	12/5/2016 12:44 AM
47	Regular breaks and more senior support.	12/4/2016 10:53 PM
48	Working colleagues and trainees helping out each other. And my clinical supervisor who has been excellent in helping the trainees	12/4/2016 10:35 PM
49	Attitude of consultants- always striving for greatness regardless of pressures. Encouragement and praise for good work done. Positive relationships built with specialities	12/4/2016 9:52 PM
50	Well staffed department - I feel that staff numbers need to be significantly increased to match the intensity of work in ED. (Other oncalls rotas have similar numbers to ED on overnight, but their work intensity is much lower.)	12/4/2016 9:20 PM
51	it's a team effort	12/4/2016 9:02 PM
52	Support and feedback from senior staff, adequate nursing staff, availability of equipment.	12/4/2016 6:37 PM
53	Time with patients, good levels of nursing staff to carry out observations and treatments, space to perform procedures and examinations, good quality equipment available	12/4/2016 6:29 PM
54	Adequate nursing provision, good senior clinical support	12/4/2016 5:23 PM
55	Adequate staffing,who are well rested, have their efforts praised, have enough opportunity and encouragement for training.	12/4/2016 3:47 PM
56	Because I want to do my job well	12/4/2016 2:55 PM
57	Having more doctors	12/4/2016 1:00 PM
58	Appropriate senior support. Adequate breaks.	12/4/2016 10:52 AM
59	feedback and teaching a non-hostile work environment motivated by learning new things/performing new procedures	12/4/2016 7:52 AM
60	Time and supportive team	12/4/2016 2:51 AM

61	suitable working environment.	12/3/2016 11:21 PM
62	A very open attitude in the department for continued suggestions to improve flow / clinical care	12/3/2016 11:15 PM
63	Consultant support	12/3/2016 5:57 PM
64	good patient flow, full staffing levels (nursing/medical) within the ED	12/3/2016 5:45 PM
65	Regular breaks. Appreciation of workload.	12/3/2016 4:33 PM
66	Effective triage. Diversity of work areas in ED (specific resus and trauma shifts)	12/3/2016 3:26 PM
67	Spaces to see people My nursing and porter colleagues in particular Clinical equipment	12/3/2016 1:53 PM
68	Lots of staff, good flow through hospital. When dept is blocked you can't move for relatives asking questions or waiting patients needing assistance.	12/3/2016 11:09 AM
69	My own determination. CEMbooks is an excellent resource and for out of hours and Doctors consistently changing around protocols etc all on there.	12/3/2016 6:56 AM
70	My own knowledge of my skills, specialties support, nursing colleagues and on nights when my seniors let Me run arrests and resus etc! That is beollownt	12/3/2016 4:48 AM
71	Looking after patients and seeing the difference I make. Helping and teaching junior doctors.	12/2/2016 10:31 PM
72	Nursing staff.	12/2/2016 8:32 PM
73	Great nurse in charge. Enough doctors. Enough space to see patients. Proactive and helpful specialties.	12/2/2016 8:07 PM
74	Support from seniors. Experience.	12/2/2016 6:58 PM
75	Excellent team members	12/2/2016 5:28 PM
76	A feeling of progression, and feeling like we are adding value. reasonable teaching on the shop floor. Supportive consultants who protect trainees (currently almost non existent)	12/2/2016 3:22 PM
77	Good rotas A fully staffed department Good teaching Helpful specialties	12/2/2016 3:18 PM
78	feeling like a valued member of the team	12/2/2016 2:50 PM
79	1. Good feedback from colleagues on doing a good job and maybe positive criticism. 2. Properly working IT system. 3. Space to see patients (most of the time there are exit blocks and no space to see patients)	12/2/2016 1:23 PM
80	Better rota Better teaching and access to courses.	12/2/2016 1:03 PM
81	- good support from nursing staff - not being rushed - full discussion with consultants about pros and cons of investigations/diagnosis/admission or not.. so that i learn from each case and can be better the next time	12/2/2016 12:47 PM
82	supportive/ friendly colleagues. being well rested.	12/2/2016 12:46 PM
83	Engaged consultants	12/2/2016 12:37 PM
84	good nursing staff, available equipment, a department that is not over saturated with patients who have been awaiting a bed for 12+ hours.	12/2/2016 12:06 PM
85	being able to take breaks not having fixed annual leave	12/2/2016 12:00 PM
86	There are two answers to this question. I am assisted by having a good team with a strong work ethic and good communication skills, furthered by the support of an excellent nursing and HCSW team (who are wholly undervalued for their efforts by my trust). This helps me to hold my care to the highest standards available by removing frustrations and indifferences, and by enabling me as a worker. However, it is hindered and indeed ruined by underfilled rotas, a lack of pastoral time in training, and morale lowering approaches from governing bodies.	12/2/2016 12:00 PM
87	Good support from consultants if needed but also the ability to work on your own. I am concerned by the number of patients coming through the 'front door' meaning we are often overworked.	12/2/2016 11:46 AM
88	When there are enough of us we can in a timely manner.	12/2/2016 11:33 AM
89	Adequate staffing (medical, nursing and support) which is not present most of the time. Space to see patients (i.e no exit block)	12/2/2016 11:31 AM
90	opportunities to take lead and use ym skills.	12/2/2016 11:24 AM
91	Being autonomous and having time to diagnose and treat as apposed to triage and refer. More emphasis on clinical judgement than protocol based care.	12/2/2016 10:57 AM
92	less overall demand on the service	12/2/2016 10:51 AM

93	Variety of work	12/2/2016 10:31 AM
94	Time for assessment of time critical patients.	12/2/2016 10:23 AM
95	Excellent nursing staff	12/2/2016 10:17 AM
96	Coming back after time off	12/2/2016 9:51 AM
97	Feeling valued. Not having a ridiculous shift pattern that fits "the contract" so tired all the time.	12/2/2016 9:33 AM
98	Beds in the hospital! We have an excellent nursing team which helps hugely. Motivated juniors.	12/2/2016 9:23 AM
99	Sufficient staff (dr and nurses). Sufficient time for patients	12/2/2016 9:03 AM
100	Sensible specialities.	12/2/2016 8:37 AM
101	good feedback, supervision. teaching and learning opportunities of which are becoming so limited.	12/2/2016 8:34 AM
102	Being able to provide more time to my patients	12/2/2016 8:09 AM
103	An effective team stimulates high quality work. It gets frustrating when you ask for things to be done many times and still nothing happens.	12/2/2016 4:16 AM
104	Good support from seniors and peers, motivated work force, adequate rest, good flow through the department.	12/2/2016 1:42 AM
105	having hard working and motivated colleagues	12/2/2016 12:27 AM
106	Good teamwork, effective triage	12/2/2016 12:20 AM
107	Being appreciated and respected	12/1/2016 11:59 PM
108	On site primary care facilities to redirect inappropriate attendances. Efficient access to appropriate imaging such as CT. Medical teams reviewing long waiting patients in the department. Community beds to discharge social/mobility problems rather than admitting them.	12/1/2016 11:42 PM
109	.	12/1/2016 11:31 PM
110	At my previous hospital in the [region] it was a combination of feedback and support from both the consultant body,the experienced middle grades and the.m nursing staff. Since moving to [region] I have found a lot of staff across a lot of levels burnt out and just don't want me to be a problem and I feel like I've been left to just get on with it	12/1/2016 11:30 PM
111	Clinical teaching, support and encouragement from Consultants. Rapport with nursing staff and positive, grateful patients who remind you why I am doing what I am doing.	12/1/2016 11:26 PM
112	Enjoying my job. Finding it interesting and rewarding. Support from colleagues.	12/1/2016 11:20 PM
113	perhaps more decision maker doctors over night More computers, phones,and place to sit in the department	12/1/2016 11:03 PM
114	support from excellent nursing staff	12/1/2016 10:58 PM
115	Supportive culture	12/1/2016 10:44 PM
116	Being interested, motivated and wanting to be at work because I feel valued and supported. Having a flexible rota that is available well in advance. Being allowed to attend study days and have annual leave.	12/1/2016 10:29 PM
117	Want the SHOs to have a good experience of working within the ED and consider it as a career option.	12/1/2016 10:26 PM
118	less emphasis on 4 hour target, and more on being able to deliver quality care to patinets	12/1/2016 10:19 PM
119	A good team	12/1/2016 9:53 PM
120	Good senior support, lots of breaks, access to refreshments	12/1/2016 9:45 PM
121	Full staff Quality triage Being able to trust nurses	12/1/2016 9:43 PM
122	Supportive and approachable seniors. Effective team.	12/1/2016 9:32 PM
123	Acknowledgment of safe practice and dexterity in care giving	12/1/2016 9:23 PM
124	Space to see patients (this is a big problem in current department). Easily available and functional computers. Enough nurses (not having to spend ten mins trying to find someone to give antibiotics because we're not allowed to). Getting to take breaks. Positive and supportive consultants. Not spending too many shifts in a row in one part of the department (eg 5 shifts in a row in majors makes me lose the will to live).	12/1/2016 9:19 PM

125	Good leadership from the in charge doctor and nurse. If the in charge doctor is a registrar, he or she should work with the confidence that the consultant will have their back. When number of cases are way beyond capacity it is hard not to have to compromise various aspects of care, but I believe good leadership will still enable excellent and SAFE clinical care despite the numbers.	12/1/2016 9:14 PM
126	Quieter departments and more time to be available to treat patients appropriately	12/1/2016 9:09 PM
127	The desire to have good feedback and have a smooth shift.	12/1/2016 8:55 PM
128	A good night's sleep! Space to see patients which is evening more and more difficult to achieve.	12/1/2016 8:54 PM
129	No longer than 10 hour shifts in my department	12/1/2016 8:53 PM
130	Some autonomy and trust from the consultant, not to be micro-managed.	12/1/2016 8:39 PM
131	No being tired. Not seeing people in a q.	12/1/2016 8:32 PM
132	Having space and nursing support to see patients. Often we have no space or nursing support to see Patients and this greatly reduces Our productivity when trying to do everything yourself.	12/1/2016 8:19 PM
133	To be honest, if my personal issues and concerns are taken care off, I am at my best to perform in ED. Unfortunately, too many things are there in real life which do keep us distracted to work at our best. For instance, child care is a big concern of all time and for everyone.	12/1/2016 8:07 PM
134	to have active consultants available to provide help when needed	12/1/2016 8:06 PM
135	Mutual respect between consultants, floor managers and junior doctors	12/1/2016 8:06 PM
136	Team spirit and working together.	12/1/2016 8:01 PM
137	My ambition in EM practice	12/1/2016 8:01 PM
138	Positive feedback	12/1/2016 8:00 PM
139	good access to consultants	12/1/2016 7:57 PM
140	Encouragement from senior staff - as senior trainee feel there can be too much oversight at larger hospital. Leads to awkward decision making process - particularly if some element of disagreement with consultant.	12/1/2016 7:52 PM
141	n	12/1/2016 7:37 PM
142	Sleep. Not having a rota with rapidly cycling shift patterns resulting in permanent fatigue. Training	12/1/2016 7:37 PM
143	Support of the registrars. Support of the nursing staff. Availability of POCUS and overnight CT,	12/1/2016 7:34 PM
144	Adequate breaks	12/1/2016 7:22 PM
145	Support from other docs and consultants	12/1/2016 7:18 PM
146	Coffee	12/1/2016 7:16 PM
147	Support from seniors. Teaching. Opportunities in Resus.	12/1/2016 7:16 PM
148	Personality, team player, clinical knowledge	12/1/2016 7:12 PM
149	Fair working hours with adequate rest	12/1/2016 6:57 PM
150	T	12/1/2016 6:50 PM
151	A good rest before and after the shift, not just a day to sleep, but a day or two where I can sleep and also do other family related/admin related/career related things- so that when I am on the shop floor I am not thinking about the 101 other tasks which I have to complete outside the department. Knowledge that i can have a social life.	12/1/2016 6:48 PM
152	Good rota with flexible annual leave. Regular breaks. Supportive senior staff	12/1/2016 6:42 PM
153	Nothing, there is no such thing on the shop floor, overcrowded, lack of space and too much pressure from external factors including non-medically trained management	12/1/2016 6:36 PM
154	Excellent colleagues	12/1/2016 6:33 PM
155	Good teaching	12/1/2016 6:33 PM
156	1:My motivation and determination to be my best and Treat as I would like to be treated 2:knowing my team mates-when we are all on the same wavelength the shift is a dream no matter how busy! 3:who the OIC and nurse in charge is! 4:who the oncall consultant is!	12/1/2016 6:32 PM
157	Motivation to learn and self educate	12/1/2016 5:12 PM

158	A good organised flow of patients through the department	12/1/2016 4:05 PM
159	good support for senior staff plenty of opportunities to improve knowledge and skills	12/1/2016 3:40 PM
160	Well set up department, good nurses, good support from consultant colleagues.	12/1/2016 3:14 PM
161	Motivation to do well at my job	12/1/2016 3:03 PM
162	To be given responsibility and allowed to make decisions that help in the running of the Department.	12/1/2016 2:44 PM
163	Patient centred care, I strive to provide the best possible clinical care for the patient. I feel that there is a great sense of team working and commradarie in the Department which mean that I am keen to work hard and be productive on an individual basis for the good of the team as a whole in order to reduce waiting times and improve patient satisfaction and safety.	12/1/2016 2:40 PM
164	Adequate numbers of nursing staff. Adequate numbers of doctors. Good radiology support.	12/1/2016 2:30 PM
165	Regular breaks Good senior support Teaching opportunity	12/1/2016 2:06 PM
166	Supportive consultant, more clincial staff, rotas that don't squeeze every minute of work out of trainees and leave then exhausted, zombie like and indifferent on the shop floor.	12/1/2016 1:52 PM
167	Appropriate time off and teaching	12/1/2016 1:23 PM
168	Supportive seniors, beds to see patients	12/1/2016 12:52 PM
169	Being given the time to do so. Being allowed to see a mixture of cases.	12/1/2016 12:41 PM
170	Good nursing care.	12/1/2016 11:43 AM
171	The consultant cover. All majors patients have to be discussed with a consultant before discharge or referral. This aids teaching and learning.	12/1/2016 11:40 AM
172	Quickly accessible senior input.	12/1/2016 11:40 AM
173	A mix of different shift patterns for variability - not always anti social Decent amount of time off Appreciation from seniors that it is a tough job Adequate systems within the hospital - referral pathways, ambulatory care pathways, decent pharmacy hours, laptops with access to printers which allow patient information leaflets to be printed.	12/1/2016 11:30 AM
174	Time. Not treating patients in corridors. Supervision	12/1/2016 11:22 AM
175	More time per patient - when the pressure of time restraints is removed patient care increases.	12/1/2016 11:12 AM
176	Senior support, adequate numbers of skilled nursing staff, a well staffed department with a good skill mix, support from other specialties, enough inpatient beds!	12/1/2016 11:07 AM
177	ACCS teaching	12/1/2016 11:04 AM
178	Adequate resources, including support from nursing and ancillary staff. Adequate physical space in which to see patients	12/1/2016 10:56 AM
179	Access to a room, equipment and a nurse	12/1/2016 10:30 AM
180	Appreciation	12/1/2016 10:24 AM
181	Enjoyment of job. Supervision available as required but encouraged independence.	12/1/2016 9:59 AM
182	Appropriate staffing levels and availability of equipment. No bedblock	12/1/2016 9:59 AM
183	Happiness, enough space to see people, enough computers coffee	12/1/2016 9:24 AM
184	Good supports from nursing staff and senior colleagues	12/1/2016 9:11 AM
185	encouragement and be valued for the work than unnecessary stress about the timings	12/1/2016 7:59 AM
186	Well staffed departments with adequate support staff that can deliver basic tests before the patient is seen by a clinician.	12/1/2016 7:45 AM
187	Enjoy my work	12/1/2016 7:40 AM
188	Good communications within ED team and other with teams, proactive nursing staff	12/1/2016 6:22 AM
189	Supportive team Good leadership and support	12/1/2016 6:04 AM
190	Being supported and not having to battle with every speciality to get them to see a patient.	12/1/2016 1:33 AM
191	excellent team - good nurses, excellent SHOs	12/1/2016 1:07 AM

192	time with patients. rests when required	12/1/2016 12:45 AM
193	Good set up in the ED, a dept that has enough nurses and equipment. Paper cascards not electronic documentation.	12/1/2016 12:33 AM
194	The want to provide the best clinical care to provide the best possible outcome for my patients.	12/1/2016 12:26 AM
195	Cooperation with the rest of the team. A manageable work load.	11/30/2016 11:53 PM
196	A recognition of my role as a trainee and efforts made by my seniors to find training opportunities for me or deliver teaching	11/30/2016 11:52 PM
197	i really do not know, maybe the one or two patients who I see from time to time who i are seriously injured or ill and need my skills	11/30/2016 11:47 PM
198	Having enough time.	11/30/2016 11:29 PM
199	No exit block. Good primary care OOH systems that allow me to focus on truely emergent pathology.	11/30/2016 11:22 PM
200	Good nursing team, my own personal values on patient safety / care, being with other traineees	11/30/2016 11:21 PM
201	none	11/30/2016 11:12 PM
202	training commitments, patient's needs	11/30/2016 11:01 PM
203	A positive attitude and camaraderie from my nursing and medical colleagues	11/30/2016 10:41 PM
204	Having time and space to see patients. Good access to specialties if required. Having enough staff especially senior decision makers around so that you aren't trying to cover multiple areas, trying to manage the dept and supervise juniors.	11/30/2016 10:40 PM
205	Few words of appreciation and recognise when sick to support doctor	11/30/2016 10:28 PM
206	Well run department with as good a flow as possible.	11/30/2016 10:26 PM
207	Interactive and friendly staff. Consultants who are interested and want you to get involved in interesting cases/clinical skills. taking proper Breaks. having proper sleep between shifts with appropriate down time after nights.	11/30/2016 10:02 PM
208	S	11/30/2016 9:52 PM
209	Close consultant feedback and the ability to ask questions without fear of judgement	11/30/2016 9:49 PM
210	It is very helpful when there are enough staff to provide timely nurse assessments, investigations and treatments instead of doing it all from the top yourself or waiting a long time for them to happen.	11/30/2016 9:46 PM
211	Support from consultant who check up on you	11/30/2016 9:27 PM
212	Guidance not supervision. Regular open communication about the job you are performing. Supportive staff.	11/30/2016 9:15 PM
213	Good team morale, seeing patients quickly and in a timely manner so we do not get berated by relatives and patients on the wait. Team work between specialities.	11/30/2016 9:12 PM
214	Appropriate staffing or nursing and medical staff	11/30/2016 9:11 PM
215	Feeling valued. Having had enough rest and more than 8 hours between shifts.	11/30/2016 8:37 PM
216	Good rapport within the team Share of workload e.g blood taking with nursing staff and HCAs	11/30/2016 8:28 PM
217	The support from consultants and colleagues	11/30/2016 7:52 PM
218	Tea and biscuits. Good team work.	11/30/2016 7:35 PM
219	Team work and to get my self always motivated...	11/30/2016 7:07 PM
220	Nothing	11/30/2016 7:01 PM
221	Enough room to see the patient More than 30 min to see the patient and come to a decision Good seniors Enough nurses	11/30/2016 6:47 PM
222	Support from seniors and other specialties, well designed rota	11/30/2016 6:47 PM
223	Availability of seniors to help with any issues that arise. Good availability of trust/national guidelines for reference. Not being interrupted all the time or pressured for decisions.	11/30/2016 6:44 PM
224	On the job training and advice and case discussion.	11/30/2016 6:40 PM
225	Appropriate supervision	11/30/2016 6:37 PM
226	An encouraging supportive team	11/30/2016 6:26 PM

227	Team work Space to see patients	11/30/2016 6:21 PM
228	Time	11/30/2016 6:02 PM
229	Good senior support, and good nurses who knows what they have to do/ knows here things are! Sometimes frustrating to get locum nurses... And means the drs end up needing to do most small tasks!	11/30/2016 5:53 PM
230	Teamwork, camadarie, support from seniors	11/30/2016 5:52 PM
231	I love my job	11/30/2016 5:44 PM
232	Breaks, support, time to learn, variety of experience	11/30/2016 1:24 PM
233	The less paperwork I have to fill out.	11/30/2016 10:18 AM
234	Team work from nursing colleagues. Space to see patients efficiently. (however departments are getting busier and busier meaning this relationship breaks down where nurses can't do what they need to do and neither can doctor therefore everything slows down and becomes inefficient leaving ALL staff frustrated)	11/30/2016 9:44 AM
235	Self motivation, sometimes the boss will be on the shop floor and helping	11/30/2016 9:05 AM
236	Feeling able to approach seniors and specialties for advice	11/29/2016 10:10 PM
237	Support from hospital and consultant body.	11/29/2016 9:47 PM
238	Being less than full time! Good departmental teaching weekly and consultant support	11/29/2016 9:26 PM
239	Time	11/29/2016 8:16 PM
240	Taking timely breaks. Keeping hydrated. Targeting and meeting educational needs.	11/29/2016 5:57 PM
241	Senior teaching, department education, team work	11/29/2016 1:39 PM
242	Good supervision Adequate breaks	11/29/2016 1:20 PM
243	Being supported. Variety of areas.	11/29/2016 1:00 PM
244	Supportive nursing staff and senior decision makers. Adequate space and resources to see and treat patients.	11/29/2016 2:58 AM
245	Good teaching and fedback. Availability of basics such as working phones and computers. good quality nursing staff	11/28/2016 5:59 PM
246	Good relations to coworkers.	11/27/2016 11:08 PM
247	Less admin. More nurses, HCAs, and porters.	11/27/2016 10:46 AM
248	Knowing support is available. Adequate breaks/time off - avoiding burnout. Friendly working environment.	11/26/2016 2:09 PM
249	Patient flow with supportive colleagues in all disciplines and specialities.	11/25/2016 8:35 PM
250	Helpful efficient nursing staff & seniors to be available to discuss uncertainty	11/25/2016 7:38 PM
251	Enough trolleys, no exit block.	11/25/2016 6:12 PM
252	Good teamwork and beds in the hospital	11/25/2016 3:59 AM
253	Good staff morale	11/24/2016 10:47 PM
254	Adequate staffing, being rested when on shift, not being interrupted to deal with unnecessary tasks	11/24/2016 10:39 PM
255	flow through the department, specalities quickly reviewing patients, xray/lab work being done quickly (or ideally before we see patients), senior staff around for support	11/24/2016 6:09 PM
256	Having enough other additonal seniors around taking some of the supervising burden away from me so I can get on and see some of my own patients. having downstream beds so that i can get patients into cubicles rather than seeing them in coridors. This dept puts much less stock ont he 4 hour target than other depts (one of the worst in country). This takes alot of pressure off because there is less stress placed upon us to change something we cannot change (exit block)	11/24/2016 12:01 PM
257	ED as an MDT, other specialty support and working towards common goal i.e. Patient centred care, adequate infrastructure, adequate equipment	11/23/2016 4:24 PM
258	When the system works	11/23/2016 12:42 PM
259	.	11/23/2016 9:10 AM
260	Feeling valued by department.	11/23/2016 8:58 AM

261	Time in resus with consultants available to do appropriate procedures.good use of esles which has helped develop my shop floor management skills.motivated consultants who generally value their trainees and want to engage with them.	11/22/2016 8:32 PM
262	I am most productive when I am well rested (often find I am trying to adjust after nights/twilights and am very tired).	11/22/2016 6:38 PM
263	Chocolate and coffee. Being LTFT helps as I'm not constantly burning out.	11/22/2016 5:21 PM
264	A fully staffed shift, so I am not overstretched. Being able to take regular, full breaks and stay hydrated. Having a rota which is healthy and avoids over-working and over-tiredness	11/22/2016 4:32 PM
265	Regular breaks, I feel it should be compulsory in EM to have a 15min break every 3.5hours due to intensity of the work and lack of drinking facilities.	11/22/2016 4:24 PM
266	Good enthusiastic consultant support Being able to be involved with same patient for longer	11/22/2016 2:09 PM
267	Focus on training and teaching Better consultants Change of admin mentality	11/22/2016 1:17 PM
268	being fed and watered, and feeling like when you have a busy shift everyone is in it together and that the effort you put in is valued	11/22/2016 12:14 PM
269	Enthusiasm	11/22/2016 9:13 AM
270	Support from nursing staff, clinical management and inpatient specialties	11/22/2016 6:12 AM
271	a good team with a good attitude regardless of patient volume or flow	11/22/2016 4:05 AM
272	Good amount of breaks. Not being overloaded in work. Every patient is nearly reviewed by a senior - some night shifts that is 60 -70 patients which you either see or review. It's a lot of decisions and I feel I hit a decision threshold when I become tired.	11/22/2016 3:53 AM
273	Good consultant supervision and when teaching is provided	11/22/2016 2:30 AM
274	Adequate rest, regular teaching, no overcrowding, having space to see patients	11/22/2016 1:30 AM
275	Feeling of being supported and valued.	11/22/2016 1:00 AM
276	Good staffing levels. Good communication. Good senior support	11/21/2016 3:44 PM
277	Adequate staffing both in terms of doctors and nursing staff enough space to properly assess patients	11/21/2016 11:20 AM
278	Good services, continued quality improvement. Good collaboration with most specialties.	11/20/2016 8:11 PM
279	Regular teaching from peers and consultants. Discussion with consultants on individual cases. Encouragement from consultants.	11/19/2016 11:32 PM
280	Enough sleep, coffee, support, rest, good team	11/19/2016 1:45 PM
281	space to see patients good team work early stating	11/18/2016 1:53 PM
282	I really struggle. All the motivation has to come from inside me and I am finding this more and more difficult with every shift. It is so busy and so stressful all the time and if I voice concerns about my stress levels, I am made to feel that the problems lie with me.	11/18/2016 8:48 AM
283	Good support from senior staff frequent registrar teaching	11/18/2016 8:39 AM
284	Clinical supervision Other registrars on the rota to alleviate the burden of management and junior supervision	11/18/2016 12:11 AM
285	treat every patient as an individual provide the best care i can and get help when necessary	11/17/2016 10:11 PM
286	Helpful nursing staff who share the same priorities as doctors. Consultants who are willing to see your patient, not just provide an opinion from a desk. A rota that allows for adequate rest between shifts/runs of shifts. Regular teaching specific to EM trainees.	11/17/2016 8:58 PM
287	appropriate work load, a work life balance, a department staff to the level it needs	11/17/2016 7:05 PM
288	A team that can work together. Senior, experienced ED nurses. Enthusiastic junior doctors. Rapid access to treatments such as medications. Good flow of patients aided by the rest of the hospital. Timely review of sick patients referred to specialties (so we don't have to 'babysit' them in the department when we should be seeing new patients). Breaks and a culture of making sure people are well rested, fed and watered - not a culture of feeling like someone is looking over your shoulder making sure you're working faster...	11/17/2016 3:51 PM
289	Good consultant cover during the day allowing time for case discussion to ensure learning and good care.	11/17/2016 3:14 PM
290	Flow in the department Staffing Supportive inpatient teams	11/17/2016 3:07 PM
291	good supportive colleagues, space to see patients, and rest breaks to be able to collect thoughts and think.	11/17/2016 2:47 PM

292	Shop floor flow. Even a busy day is manageable if there is flow and we are not seeing patients in the corridor. Good teamwork whereby nurses have done bloods for example before we get there and helps us make a decision.	11/17/2016 1:54 PM
293	Well rested. Well fed. A happy working environment in terms of cheerful staff and surroundings with natural light. Acknowledgement by seniors within and outwith the ED as to efforts of the TEAM.	11/17/2016 12:40 PM
294	Less time pressures. Less numbers. Prompt and accurate help from others.	11/17/2016 11:38 AM
295	a friendly environment	11/17/2016 11:02 AM
296	Most critical for productivity is having an effective departmental workflow: from early triage by experienced care providers, to organising appropriate investigations and having results come back rapidly, having enough cubicle space to examine the patient promptly without having to queue, having the means of contacting colleagues in other specialties reliably. Being well refreshed and well rested before shifts. Receiving regular education, updates and opportunities to attend courses. Working within a consistent team.	11/17/2016 10:43 AM
297	Flow. Good team work and with that moral.	11/17/2016 9:00 AM
298	Less interference. Helpful specialties. Rooms available to see patients and patients put in rooms by nursing staff.	11/16/2016 11:25 PM
299	adequate support and more senior supervision	11/16/2016 11:11 PM
300	Good IT systems! Good consultant cover.	11/16/2016 10:51 PM
301	Good supervision and support from senior colleagues such as registrars and consultants. Feedback from senior members of the team regarding my management.	11/16/2016 10:28 PM
302	Well stocked department with flow and good nursing and medical leadership.	11/16/2016 10:25 PM
303	Having an experienced and well staffed nursing team keeps patient care going so you can focus on the clinical aspects and treatment. Keeping patient flow is vital so you are not spending so much time dealing with patients already referred and pushing patients in and out of Bays to examine them	11/16/2016 9:30 PM
304	Getting breaks. Good support and encouragement. On the job teaching. Having time to spend with patients. Fewer interruptions.	11/16/2016 9:25 PM
305	Good morale in form of happy seniors and colleagues Time to give god care	11/16/2016 8:57 PM
306	The few times I do not have to deal with inappropriate attenders.	11/16/2016 7:39 PM
307	Lunch breaks!	11/16/2016 7:16 PM
308	time - serious time constraints due to patient load, need to review patients of junior staff	11/16/2016 6:16 PM
309	Supportive colleagues, excellent nurses	11/16/2016 5:23 PM
310	Support of other staff	11/16/2016 4:26 PM
311	Good team to work with	11/16/2016 4:03 PM
312	Helpful and friendly team to work with	11/16/2016 8:25 AM
313	To be appreciated for the hard work I do in A/E by my seniors, continuous support and encouragement by consultants.	11/16/2016 2:06 AM
314	feeling of accomplishment	11/15/2016 10:33 PM
315	.	11/15/2016 9:05 PM
316	Good senior leadership. Variation in cases.	11/15/2016 5:20 PM
317	Beds to admit too, support from other specialities and not pushing back against referrals, adequate nursing cover	11/15/2016 3:25 PM
318	Good flow in the department, things really get slowed down when cubicles are blocked and when there are not enough nursing staff to do things like observations and medication so you have to do these yourself. I don't mind helping out with these tasks and being part of the team - but when the waiting room is over full and I can't see patients because there is no space it is really frustrating.	11/15/2016 2:48 PM
319	A constant desire to be better	11/15/2016 1:29 PM
320	the ability to juggle multiple tasks	11/15/2016 12:48 PM
321	Feeling valued. Not being harassed about breach times.	11/15/2016 12:28 PM
322	Teamwork and cooperation of colleagues	11/14/2016 6:53 PM
323	Senior support and guidance. in particular seniors seeking out trainees when learning opportunities present themselves.	11/14/2016 4:39 PM

324	adequate staffing, trained nurses and hcas who regularly work in the department	11/14/2016 2:58 PM
325	Support, Flexible hours , Shift upto max 10 hours.	11/14/2016 1:48 PM
326	A workable rota which allows for adequate rest and enough weekends/evenings off to be able to commit to a sports team	11/14/2016 1:09 PM
327	The lack of over-emphasis on 4 hour target	11/14/2016 12:59 PM
328	Adequate rest between long shifts is a key aspect. Continuos 7 day shifts are draining and I feel less able to provide the best care at the end of these.	11/14/2016 12:41 PM
329	good staffing levels. the less staff, the more I am spread thinly between patients and ultimately the less productive i am	11/14/2016 12:34 PM
330	I am unsure	11/14/2016 9:42 AM
331	work-life balance	11/13/2016 5:30 PM
332	Teaching sessions, time to readup on/around topics at the time yiure seeing them	11/12/2016 7:17 PM
333	Appreciation, good working conditions i.e spaces to see patients, workspace and available computers.	11/12/2016 3:47 PM
334	I am productive when the team is productive.	11/12/2016 2:56 PM
335	Productive supportive helpful friendly consultants. A great team full stop - from HCAs domestics nurses. Nursing and HCAs being able to do bloods and venflons is a great benefit in a good dept. And good other support - xray, scan, ecg techs etc. Labs that work quickly and turnover bloods quickly is a bonus too (when it happens).	11/12/2016 12:33 AM
336	Calm working environment Valued as team player Not expected to work night to day shift having one day off between shifts	11/11/2016 7:16 PM
337	Being relaxed and refreshed which is provided if there are supportive colleagues and consultants and the rota is supportive.	11/11/2016 10:47 AM
338	Good flow of patients Accessible senior support Regular breaks	11/11/2016 5:11 AM
339	Time, space, nursing support	11/10/2016 7:34 PM
340	Rest Frequent shifts but not continuous runs of many shifts in a row Adequate rest after nights	11/10/2016 5:05 PM
341	Good relationship with colleagues and other specialties and time to see patients.	11/10/2016 4:38 PM
342	Supportive senior colleagues Good flow of patients through the department with enough space to see patients	11/10/2016 4:09 PM
343	The department has 5 distinct areas where patients can be. It can be frustrating having patients littered across two major areas and minors which then means you can loose physical touch with them all.	11/10/2016 4:02 PM
344	Good management of/ flow through the department. Support from consultants/senior regs. Being allowed to be pushed out of my comfort zone ie managing acutely unwell patients in resus but with help available if needed.	11/10/2016 3:15 PM
345	I am more productive when I am happy. I am happy when I see my family and get to do the hobbies I enjoy. If I enjoy my work (in terms of actual work, workplace and workload) then I am more likely to be productive and provide good quality care.	11/10/2016 12:29 PM
346	IT and equipment that work good staff morale	11/10/2016 12:19 PM
347	Full staffing.	11/10/2016 11:18 AM
348	Good support, open and welcoming consultants,	11/10/2016 10:06 AM
349	Enough time and space to work safely without constant interruption (unrealistic I know!), enough computers, telephones, equipment available.	11/10/2016 9:58 AM
350	Flow No inappropriate GP dumps	11/9/2016 5:49 PM
351	Good senior support, every day at 4pm we do a board round of all the pts in the dept and get a quick 10 min teaching and pep talk/morale boost from the seniors. Makes me feel like a valued team member.	11/9/2016 4:26 PM
352	Good flow through the department. Prompt blood results. Enough nurses to do obs, give meds and provide patient care promptly. Good senior and speciality support.	11/9/2016 3:47 PM
353	time off, rest, reward, support on difficult days or challenging cases	11/8/2016 11:31 PM
354	Supportive and available senior staff to clarify and ensure appropriate management plans when wanting advice.	11/8/2016 8:06 PM
355	The consultants and nursing team	11/8/2016 7:51 PM

356	Feeling valued Adequate staffing- a problem at present for nursing staff and SHOs	11/8/2016 5:29 PM
357	A workable rota, I feel burnt with the constant shift changes. its ad hoc and irractic and I am constantly using the day, or two of I am lucky, between shifts to catch up on sleeping.	11/8/2016 5:09 PM
358	Patient flow.	11/8/2016 4:50 PM
359	common sense	11/8/2016 2:28 PM
360	Support, feedback and teamwork. All excellent at my trust.	11/8/2016 12:23 PM
361	highly skilled team of nurses and consultants	11/8/2016 12:11 PM
362	When patients feel better when they leave than when they came in. Excellent senior supervision. Great atmosphere to work in with brilliant doctors, nurses and other healthcare professionals.	11/8/2016 11:21 AM
363	The reassurance of senior support when it is required.	11/8/2016 11:18 AM
364	-	11/8/2016 11:12 AM
365	Joined up care between medicine and ED	11/8/2016 11:09 AM
366	supportive consultants, not being overwhelmed with patients.	11/8/2016 10:58 AM
367	Good systems in place e.g. Guidelines agreed across specialities Adequate staffing levels - doctors and nurses Medical Assistants to do bloods/ecgs/urines/obs to free up time for me to see other patients	11/8/2016 10:32 AM
368	sleep rest breaks enthusiasm from seniors	11/8/2016 10:29 AM
369	When the system works. Staffing adequate, plenty of nurses/ HCAs and flow so that bloods/ imaging flow happens and place doesn't grind to a halt	11/8/2016 10:26 AM
370	Some good processes such as RATTING	11/8/2016 10:08 AM
371	Getting feedback Getting exposure to resus, sick patients and procedures makes the more tiresome or harder shifts worth it Feeling valued by consultants - one consultant last week send me a quick email which was a one-liner saying he had had to review my notes as a result of a 'consultant sign off' and wanted to let me know how good and concise my note making was. It made my day - small bits of feedback make you feel valued.	11/8/2016 10:05 AM
372	- Adequate supervision - Access to appropriate equipment/work areas - Space to see patients	11/8/2016 9:50 AM
373	Lack of interuptions for menial tasks Ancillary and IT services that work well Comprehensive triage Consultant overview and teaching with difficult cases	11/8/2016 7:33 AM
374	Helpful team members.	11/8/2016 4:59 AM
375	good team work and departmental management	11/8/2016 1:02 AM
376	.	11/7/2016 7:09 PM
377	.	11/7/2016 6:24 PM
378	A good rota, sufficient down time, a well run department, supportive seniors.	11/7/2016 5:35 PM
379	Good medical and nursing colleagues	11/7/2016 5:15 PM
380	Interesting case mix, working with colleagues whom I get on well with, not fatigued.	11/7/2016 4:47 PM
381	Adequate support from colleagues, enough doctors to manage the patient inflow.	11/7/2016 4:37 PM
382	Professional pride in work expectation as a registrar self learning and drive departmental expectation gmc	11/7/2016 3:46 PM
383	Ensuring that I can take even just a 10min break when needed. Not having huge pressure to just refer a patient on to another speciality, to be able to atleast preform the basic investigations and provide the very basic treatment. This is better for the patient, makes you as doctor feel like you can do something and aslo makes it easier to refer onto your colleagues.	11/7/2016 1:21 PM
384	Few distractions, full complement of staff, positive morale and team-work	11/7/2016 1:15 PM
385	well stocked dept, knowlegdable staff	11/7/2016 12:30 PM
386	the teamwork of the ED team	11/7/2016 12:20 PM
387	Approachable seniors. The ability to access someone to ask quick questions.	11/7/2016 12:10 PM
388	Fewer patients or more staff	11/7/2016 11:25 AM

389	The number of patients waiting means we are as productive as possible. Having a consultant available for advice who is not seeing there own patients makes a huge difference.	11/7/2016 11:23 AM
390	Support from the wider hospital. Emphasis on flow from the emergency department	11/7/2016 10:52 AM
391	Support and appreciation from the team. Enough time to spend with each patient	11/7/2016 10:29 AM
392	Supportive nursing teams and consultant body. Time when able.	11/7/2016 8:52 AM
393	N/a	11/7/2016 8:35 AM
394	good environment and colleagues	11/7/2016 7:37 AM
395	Support, teaching, encouragement	11/6/2016 6:36 PM
396	When PC specific investigation (bloods, ECGs and Urines) have been done at triage or prior to me seeing the patient.	11/6/2016 6:35 PM
397	good support	11/6/2016 6:28 PM
398	When flow is good and we all fully staffed (especially on the nursing front)	11/6/2016 5:56 PM
399	Consultant attitude	11/6/2016 3:47 PM
400	Support from nursing staff. Doctors are frequently the time limiting step in patient flow, and support from nursing staff and HCA's means I can act as decision maker and see as many patients as possible.	11/6/2016 3:29 PM
401	communication among team and supportive seniors who likes to do teaching	11/6/2016 3:22 PM
402	Desire to learn, improve knowledge/experience of familiar and new cases	11/6/2016 2:55 PM
403	Encouragement and time to get involved with critical care procedures and patients and develop/maintain skills in resus. Good exposure to minors cases and supportive consultant body. Active journal club with teaching weekly. Encouragement to take on junior mentors and develop teaching skills.	11/6/2016 1:09 PM
404	Supportive team	11/6/2016 12:46 PM
405	senior support to ask questions/ guide and for teaching undertaking WBAs and learning new procedures.	11/6/2016 4:31 AM
406	Dedicated point of contact for advice - consultant/nominated middle grade Nurses!	11/5/2016 4:13 PM
407	Efficient running of the rest of the hospital creating space to see patients in ED. Good nursing team	11/5/2016 3:45 PM
408	Less patients of trifling issues so can focus on ones with emergency issues	11/5/2016 2:31 PM
409	being up to date in clinical guidelines , being in a trauma centre	11/5/2016 12:06 PM
410	Team work	11/4/2016 11:41 PM
411	Been supported	11/4/2016 7:22 PM
412	Guidance from consultants, feedback, support from nursing staff, especially with cannulation which frees up decision making time	11/4/2016 6:41 PM
413	Protected break time Reducing paperwork responsibilities by ensuring electronic alternatives (ie omitting any need to "print & fill in") can be up to similar purpose or standards as "old-fashioned" methods Direct pathway specialty referral system for specific single organ presentations	11/4/2016 6:13 PM
414	support teamwork	11/4/2016 5:55 PM
415	The team I work with	11/4/2016 5:04 PM
416	Team work, protected break time, adequate senior cover for shifts for advice	11/4/2016 2:30 PM
417	Working in a team environment where everyone is committed to working hard, charismatic and involved senior in charge who will teach and assist as well as dish out cards.	11/4/2016 2:03 PM
418	not overly tired support from seniors teaching	11/4/2016 2:01 PM
419	Communicating well with sister in charge. The skill level of those junior to me, and how much support they need.	11/4/2016 1:36 PM
420	Being allowed to take time out for training activities. Formal feedback and supervision. Bring allocated time for eportfoloio and exam prep. This is ALL expected to be done in my own time and I have 4 young children so impossible . The deanery or college to pay for exams, I can't progress as I do not have any money to pay for the required exams and the college cannot offer any bursaries for this purpose . This really reduces my motivation as I feel that I have a lot to offer to EM.	11/4/2016 1:27 PM
421	Co-operative nursing colleagues, supportive seniors and pleasant colleagues from different specialities.	11/4/2016 12:30 PM

422	Support form the staff and good clinical care	11/4/2016 12:02 PM
423	Smooth referral to speciality teams Space in which to see patients Front loaded investigations Internal motivation	11/4/2016 11:56 AM
424	Good supportive environment.	11/4/2016 11:53 AM
425	Strong leadership, support from the nursing staff	11/4/2016 11:47 AM
426	When consultants encourage taking breaks. Being involved in informal teaching of medical students.	11/4/2016 11:35 AM
427	Assistance with basic procedures.	11/4/2016 10:59 AM
428	Good staff morale, supported heavily by Haribo and chocolate	11/4/2016 10:42 AM
429	Support from seniors, full rota of staff, hospital flow	11/4/2016 10:04 AM
430	Self motivated	11/4/2016 8:41 AM
431	good support especially from seniors but from all the team in general	11/4/2016 8:01 AM
432	Supportive input from senior doctors. Availability of seniors to discuss complex patient s	11/4/2016 1:35 AM
433	Regular none clinical time for wpba's, QIP, audit and ultrasound so can concentrate on clinical work on clinical shifts Suportive, approachable bosses Excellent nursing and therapies colleagues	11/4/2016 12:00 AM
434	An department with good flow.	11/3/2016 11:42 PM
435	Good support from seniors	11/3/2016 11:07 PM
436	adequate breaks. feeling supported. not working too many shifts in a row	11/3/2016 10:47 PM
437	Team work	11/3/2016 9:49 PM
438	Appropriate down time.	11/3/2016 9:23 PM
439	Good rest Good work life balance Feeling appreciated	11/3/2016 9:11 PM
440	Nursing assessment already doing bloods ready to review. Having a good flow manager Friendly and apppachable nursing team. Water facilities to stay hydrated Well stocked department with all equipment.	11/3/2016 8:51 PM
441	supportive consultants and nurse managers	11/3/2016 8:38 PM
442	We are not currently providing excellent care	11/3/2016 8:16 PM
443	More senior support giving executive decisions.	11/3/2016 8:12 PM
444	Appropriate nursing and medical staffing. Empty beds/cubicles to see patients in.	11/3/2016 8:02 PM
445	A good team and feeling valued and supported by seniors. Due to my poor ACCS training I've realised I've lost confidence in my ability and only realised after I went back to a department with great seniors who knew me prior to my entering ACCS.	11/3/2016 7:45 PM
446	enough staff to give me sufficient time with patients good computer systems	11/3/2016 7:15 PM
447	Time to show interest/ develop interests. I'm finding myself very disillusioned currently as I have no non clinical time to do audit/ projects or teaching.	11/3/2016 6:45 PM
448	Good staff and facilities and support	11/3/2016 6:40 PM
449	Good team work	11/3/2016 5:56 PM
450	my desire to help the patient	11/3/2016 5:45 PM
451	Not being tired, feeling supported.	11/3/2016 5:44 PM
452	When the consultants buy me coffee when I'm on shift with them and take me for a 20 minute break. Makes a huge difference mentally to be noticed and appreciated like that.	11/3/2016 5:33 PM
453	A non crowded, well staffed and well stocked department	11/3/2016 5:33 PM
454	Familiarity with the dept-with staff/equipment/procedure Support from seniors, which is highly variable, dependant on the individuals Support from managers/onward specialties also wanting to provide excellent clinical care	11/3/2016 4:34 PM
455	Availability of seniors, sufficient rest and shift pattern to prevent burn out.	11/3/2016 4:21 PM
456	Adequate staffing levels, good teamwork, ability to take breaks and finish on time	11/3/2016 3:54 PM
457	Time. Support.	11/3/2016 3:30 PM

458	Supportive team, feeling valued, having the resources and time needed for each patient	11/3/2016 3:26 PM
459	Good Consultant cover,back up and support from the nursing staff.	11/3/2016 3:06 PM
460	Good appointive consultants	11/3/2016 3:05 PM
461	Rest	11/3/2016 3:01 PM
462	Encouragement and support by senior staff. Good relationships with colleagues. Time and space.	11/3/2016 2:06 PM
463	Having enough staff to cover the rota and to be able to see the number of patients that are attending. Having nursing staff who regularly work in my department and know where equipment is and how to use it.	11/3/2016 1:34 PM
464	Dedication to the patients and department	11/3/2016 1:28 PM
465	Teamwork. Feeling valued.	11/3/2016 12:31 PM
466	Good nursing and medical staffing.	11/3/2016 12:29 PM
467	Motivation of caring for sick patients and improving the state of the department!	11/3/2016 12:27 PM
468	My current rota is manageable therefore I feel that I get enough time off to reboot after stressful days at work. I feel well supported by my consultants.	11/3/2016 12:12 PM
469	Good nurses helping out and understanding urgency of tasks to be done. Having free cubicles to see patients at busy times means you aren't walking around the department for 20 minutes looking for somebody to move out so you can even see a patient.	11/3/2016 11:49 AM
470	Early, accurate triage. ECG and phlebotomy on arrival and observations logged in. Accurate social histories from paramedics really helps. Quick turn-around times in x-ray and labs and availability of beds allows good flow and keeps care rapid and waiting times down. Duplication of work is a big problem.	11/3/2016 11:21 AM
471	When specialties are cooperative, collaborative, proactive and helpful. When staffing levels (doctors / nurses / HCA / porters / labs / radiographers / security / mental health / OT / physio / pharmacy) are adequate enough to cope with daily surges in demand.	11/3/2016 11:21 AM
472	Good nursing staff who are fast and forward thinking.	11/3/2016 11:14 AM
473	Having the ability to ignore hospital managers who quote targets and breaches. Remembering that the priority is the care we provide our patients.	11/3/2016 11:11 AM
474	Support from non-medical staff to allow me to do skilled procedures and make decisions.	11/3/2016 11:05 AM
475	The hospital having beds, and having other staff members available to move patients, do imaging, photocopy notes, give medication etc.	11/3/2016 10:51 AM
476	Full numbers of staff. Bed availability in the hospiral	11/3/2016 10:44 AM
477	Self motivation	11/3/2016 10:37 AM
478	Good team working and participation from all levels	11/3/2016 10:21 AM
479	Eating. Equipment. Good training re guidelines	11/3/2016 10:06 AM
480	Support and positive feedback	11/3/2016 9:52 AM
481	A good rota - not feeling exhausted and burnt out, including admin time for things other than the shop floor. Supportive consultants who teach. Good patient flow through the department. A good nurse in charge.	11/3/2016 9:47 AM
482	Not being bullied	11/3/2016 9:42 AM
483	Flow Not too many people coming through the front door Working without unreasonable pressure from bed management/senior nurses re: 4h rule	11/3/2016 9:36 AM
484	Quality teaching	11/3/2016 9:28 AM
485	Being motivated by seniors, rewarded for particularly good care delivery, being challenged by seniors (e.g.) testing my basic science knowledge etc during discussion of a clinical case) especially during exam revision, being treated as equal and respected by other specialties within the hospital	11/3/2016 8:50 AM
486	Good team work	11/3/2016 8:48 AM
487	Good feedback. Being rested and hydrated. A good team on. Enough staff.	11/3/2016 8:37 AM
488	Flow out of the department and good initial assessment with appropriate investigations by nursing staff prior to me seeing the patient.	11/3/2016 7:44 AM

489	Appreciation of the work I do and how difficult it can be	11/3/2016 7:43 AM
490	Good nurses Good seniors Appropriate bed spaces to see patients (chairs in a corridor are not acceptable)	11/3/2016 5:41 AM
491	Time and space	11/3/2016 4:32 AM
492	Previous training and personal committment	11/3/2016 3:53 AM

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

#	Responses	Date
1	as above	12/6/2016 8:25 PM
2	The above.	12/6/2016 6:47 PM
3	Much more interactive working and debriefing for learning so my confidence would improve quicker. Helpful hints on efficiency. Recognition of fatigue.	12/6/2016 5:04 PM
4	The above Consultants who you feel you can trust clinically	12/6/2016 4:53 PM
5	Regular Constructive feedback to help me improve and guide my decision making, seniors looking out for cases that are of benefit to training and then letting me know about them so I can get involved/manage the case	12/6/2016 3:56 PM
6	better rota	12/6/2016 2:58 PM
7	More experienced registrars to share the load	12/6/2016 2:38 PM
8	better schedule	12/6/2016 11:52 AM
9	If my hospital is closer to home	12/6/2016 7:08 AM
10	more senior support, training	12/6/2016 1:40 AM
11	Teaching	12/5/2016 11:28 PM
12	consultant educational supervision EVERY DAY	12/5/2016 11:28 PM
13	Better rota	12/5/2016 11:25 PM
14	'at the door' investigations to ensure more time spent decision making than taking bloods/ordering twats etc.	12/5/2016 10:53 PM
15	Better rota - ED is one endless twilight shift so I constantly feel jetlagged	12/5/2016 9:21 PM
16	If other non-medical staff help with tasks that do not need a doctor to complete.	12/5/2016 9:14 PM
17	More opportunities to rotate through/ do secondments with specialities - ACCS should involve other specialities rather than acute medicine (which most people do in FYs) is rathet gave fone ENT, MAXFAX etc. Do we all need to do the same ACCS rotations, GP VTS trainees don't.	12/5/2016 9:14 PM
18	Better rota, dedicated time in resus / minors Better teaching , more responsibility Less time pressure	12/5/2016 8:50 PM
19	Supervisors I can trust Teaching on ED specifics including minors	12/5/2016 6:41 PM
20	Feedbacks	12/5/2016 6:27 PM
21	A better rota where I miss less life. Better and more responsive ways to swap out of shifts - too often you want to do something and you cannot get a swap and you miss it, as a professional adult this is frustrating... I know it is true of medicine in general but it shouldn't be.	12/5/2016 5:58 PM
22	More support from trainers. Positive feedback to be fed back and echoed where appropriate rather than having 'chats' when something there are complaints.	12/5/2016 5:54 PM
23	Presence of a full rota - doctors, nurses and other health care staff, better rota, more hospital beds, effective weekly teaching	12/5/2016 5:26 PM
24	Good senior support on the shop floor, learning opportunities and feeling that good quality care is recognised and valued.	12/5/2016 5:24 PM
25	The physical footprint of the department is too small	12/5/2016 5:23 PM
26	Better staffing	12/5/2016 5:17 PM
27	More doctors. Or actually a self service tea trolley somewhere for patients.	12/5/2016 3:56 PM
28	More computers (all notes are electronic)	12/5/2016 3:53 PM

29	More time off	12/5/2016 3:07 PM
30	More teaching time; more time working as lead reg to gain confidence	12/5/2016 2:42 PM
31	.	12/5/2016 2:39 PM
32	Working together with other specialties. Having more time. When patients are about to breach even if you just started seeing them nurses and seniors sometimes pressure to avoid the risk, this occasionally comes at the cost of the patient not getting the full treatment as this will be "hand over to the ward"	12/5/2016 2:19 PM
33	feeling respected by colleagues, feeling valued by consultants,--> better leadership	12/5/2016 1:05 PM
34	Having a BETTER Work life balance	12/5/2016 11:55 AM
35	More teaching	12/5/2016 10:47 AM
36	.	12/5/2016 10:18 AM
37	Specialities behaving themselves and taking responsibility for those patients who should be managed by them. The support to be able to take breaks and have lunch at appropriate times. A more supportive rota with no long runs of long days or nights.	12/5/2016 9:57 AM
38	Time in resus	12/5/2016 9:10 AM
39	Assistance with nursing staff/phlebotomists to do some of the more mundain jobs that could allow me to work quicker	12/5/2016 8:13 AM
40	More staff, more peers, sensible rota, consultants available for unpressured review and teaching. Fair remuneration for high antisocial workload-NOT the same pay as a GP trainee with 6 weekends in 6 months	12/5/2016 7:26 AM
41	less emphasis on time pressure and numbers and more support to deliver optimum care	12/5/2016 3:27 AM
42	Better senior support and kinder supportive attitudes	12/5/2016 2:28 AM
43	as above	12/5/2016 1:26 AM
44	Being involved in clinical and admin decision making at department levels	12/5/2016 1:16 AM
45	More hands during busy periods	12/5/2016 1:09 AM
46	Improvement in the above comments as currently none of them happen	12/5/2016 12:44 AM
47	More supervised feedback.	12/4/2016 10:53 PM
48	Wishing the consultants and seniors take time to appreciate all doctors at the end of their shift and understand if they had any trouble.	12/4/2016 10:35 PM
49	More time with each patient, lighter footfall, no exit block, better stocked clinical areas, better nursing: patient ratios	12/4/2016 9:52 PM
50	SHO Rota remains the main issue. Such an intense rota means that it is difficult to look after yourself, to maintain portfolio goals, and attends life events. More staff, allowed to leave ED staff room and go to mess (currently not allowed as we do not have a bleep, however the mess does have a phone).	12/4/2016 9:20 PM
51	more senior trainees/staff, to provide and deliver advanced care in the ED.	12/4/2016 9:02 PM
52	Better stocking of equipment stores, less emphasis on targets simply for the sake of meeting them - I have had occasions when patients have been moved whilst I have been attempting to treat them simply to meet targets which may have impacted on the patient experience and quality of care.	12/4/2016 6:37 PM
53	good levels of staffing, having the correct equipment, knowing where it is, and enough space to see patients	12/4/2016 6:29 PM
54	Better consultant (not locum) supervision - not possible as not nearly enough WTE consultants in dept	12/4/2016 5:23 PM
55	If the rotas were full, if there was more time for simulation and shop floor teaching and observation with sessions set aside from service provision. Rest space for night staff as evidenced by studies regarding sleep space on night shifts. An end to persecution of staff in all departments for using milk for tea and coffee which would otherwise be thrown away.	12/4/2016 3:47 PM
56	Less time in the hospital so I feel more motivated when I am here	12/4/2016 2:55 PM
57	Seeing my own patients and not being bombarded by questions from fy2s	12/4/2016 1:00 PM
58	An easier rota which allows better work life balance. Easier ways of getting annual leave.	12/4/2016 10:52 AM
59	as above - just a feeling of appreciation rather than constantly having the frustrations of other specialities/patients/nursing staff/bed managers taken out on us - constantly apologising for things that are beyond our control. consultants also extremely busy and preoccupied with overwhelmed departments to be able to value or teach trainees	12/4/2016 7:52 AM

60	More time per patient, less over crowding, less stretched nursing team	12/4/2016 2:51 AM
61	better rota	12/3/2016 11:21 PM
62	To have enough space to see people and to have enough HCA / MAs to take bloods / cannulate patient / basic investigations to allow clinical decision making	12/3/2016 11:15 PM
63	More dedicated training time	12/3/2016 5:57 PM
64	as above	12/3/2016 5:45 PM
65	Fostered time for appraisal, portfolio and management.	12/3/2016 4:33 PM
66	Better streaming of patients to other clinical specialities.	12/3/2016 3:26 PM
67	Reduced crowding. Ensuring stock always replenished More nursing colleagues as mine are heavily overworked and understaffed Co located GP, dentistry, mental health Greater capacity for hospital at home Less obstruction for referrals	12/3/2016 1:53 PM
68	Flow into the hospital.	12/3/2016 11:09 AM
69	More Senior Decision makers on a night shift.	12/3/2016 6:56 AM
70	A bit of encouragement and a hell of a lot less of the nagging about the target time. I am incredibly fast but when the consultant starts tagging My name on the next 5 patients and then starts Ringing paediatrics to see why I haven't seen every one of them it's not just insulting it's counterproductive. I am fast but more over I am safe fiest all.	12/3/2016 4:48 AM
71	The need to better myself on a daily basis would help me in providing better care.	12/2/2016 10:31 PM
72	Being allowed to present a patient to a consultant with a management plan rather than being asked about a patient when you've just walked out of the cubicle and then before you have a chance to tell them about your plan they just tell you what to do.	12/2/2016 8:32 PM
73	More space to see patients / cubicles. More engagement from specialty teams in acute care and proactive approach to taking referrals and reviewing patients in the department.	12/2/2016 8:07 PM
74	Others starting to have more trust in me.	12/2/2016 6:58 PM
75	More staffing doctor and nurses	12/2/2016 5:28 PM
76	Utiliise EM trainees better, more freedom to get involved with critical patients, better liaison between critical care and EM so that we are not just passing cases immediately to them in resus	12/2/2016 3:22 PM
77	A focus on training rather than service provision Proper staffing and funding	12/2/2016 3:18 PM
78	morte emphasis on traininf	12/2/2016 2:50 PM
79	As above A proper break as per GMC. Some hospitals I work in allow just half hour breaks over a 10 hour shift.	12/2/2016 1:23 PM
80	Better pay Seniors and managers support and appreciaction.	12/2/2016 1:03 PM
81	- being able to have full and proper discussion with consultants about each patient i see - so that i learn from it and can improve - good quality teaching on things relevant to ED	12/2/2016 12:47 PM
82	more doctors and nurses. an IT system that was fit for purpose. a single referral pathway across all specialities.	12/2/2016 12:46 PM
83	Beds. More consultants	12/2/2016 12:37 PM
84	more space, better patient flow through	12/2/2016 12:06 PM
85	Built in admin or research time into the rota, in order to keep up with training demands, but maintain a good work life balance.	12/2/2016 12:00 PM

86	1) Make it EASIER to have relevant work from stand-alone posts counted toward SPR grade. If this were the case I could be acting up from february and fill one of the FIVE empty rota spaces we have for SPRs. I would be empowered to accept responsibility I'm ready for and to enable my juniors. This approach has been crippled by[a HoS's] autocratic position from the lead provider in a single-handed "computer says no" manner. She thinks she is safeguarding training, but my opinion is she is being woefully short sighted. 2) A culture of enforced breaks. Honestly, Doctors have to be MADE to take their breaks. It's not enough to suggest we are steered away from self immolation. It has to be enforced. 3) Protected study time. Mandated time in the week for improvement projects and learning - and mroe creativity in this. I want consultants to be saying to me "You run the shop floor for the next 60 minutes and I'll watch over your shoulder. Go." Too often these opportunities are just swallowed in service provision. 4) Duvet Days. Seriously. I'm not kidding. A small amount of short-notice leave allocation. A couple of days IN CASE trainees feel burnt out. Having to accept the stigma of burnout as failure and a SICKNESS problem is actually PART OF THE PROBLEM. 5) Being sent home on time in all rotations. Obvious really. All of these are about looking after a doctor and their aspirations. You can show us slides on mindfulness or stress management all you like, but the practical problems we face when we arrive are the issue.	12/2/2016 12:00 PM
87	As above	12/2/2016 11:46 AM
88	As above.	12/2/2016 11:33 AM
89	More space, no exit block more staff	12/2/2016 11:31 AM
90	more study days and opportunites to focus my learning. I am ST3 but for some reason i have to attend FY2 teaching and am on the FY2 rota	12/2/2016 11:24 AM
91	Varied working patterns: more time working independently in resus rather than just in majors following protocols	12/2/2016 10:57 AM
92	more staff	12/2/2016 10:51 AM
93	More regs and SHOs	12/2/2016 10:31 AM
94	More staff on night shifts.	12/2/2016 10:23 AM
95	Employer more doctors. 2 consultants on the floor each shift so that hst's get some training	12/2/2016 10:17 AM
96	Better pay less hrs	12/2/2016 9:51 AM
97	Better rotas. More staff	12/2/2016 9:33 AM
98	Beds. Both in hospital and social care. Better OOh gp provision.	12/2/2016 9:23 AM
99	Address staff issues	12/2/2016 9:03 AM
100	More and better trained nursing staff.	12/2/2016 8:37 AM
101	As above plus feeling more rested with the opportunity for flexible training to be truly flexible and not just 50% and no locums or full-time as this is not a viable option.	12/2/2016 8:34 AM
102	As above	12/2/2016 8:09 AM
103	A more human rota. Having difficulty switching back from nights during this rotation as there is so little time off after nights and they are so frequent	12/2/2016 4:16 AM
104	Amount of work and intensity at times, improved flow through the department.	12/2/2016 1:42 AM
105	more supportive/inspiring seniors	12/2/2016 12:27 AM
106	More doctors, more nurses, more space & facilities	12/2/2016 12:20 AM
107	Having Phlebotomists available on the shop floor to do the cannulation and sending off blood samples would really help as it would increase my pace of work and allow me to focus on more important issues besides expediting the patient planned outcome.	12/1/2016 11:59 PM
108	More community support for frail and elderly patients. Better pathways for community referrals to specialties to avoid "knee jerk"admissions via ED. Powers for experienced nurses to discharge inappropriate attedances from triage. Better community education regarding self care of simple injuries and ailments. Consequences for those who repeatedly abuse the ambulance and emergency services. More psychiatry beds. More mental health workers resident in ED.	12/1/2016 11:42 PM
109	.	12/1/2016 11:31 PM
110	Having more senior staff providing regular specific feedback and shop floor teaching to help me get better and develop my skills	12/1/2016 11:30 PM
111	More protected clinical teaching, better rest and more flexible rota.	12/1/2016 11:26 PM

112	Not being exhausted. Better work life balance. More time to rest and adjust sleep pattern.	12/1/2016 11:20 PM
113	GP in Department to see Primary healthcare cases	12/1/2016 11:03 PM
114	occasional breaks so that I don't get ill through exhaustion	12/1/2016 10:58 PM
115	If the 4-hour target, and associated KPIs were scrapped. Better ICT Involvement of staff in meaningful efforts to transform care and culture.	12/1/2016 10:44 PM
116	the above.	12/1/2016 10:29 PM
117	Positive reinforcement from seniors	12/1/2016 10:26 PM
118	better structured rota that allows for trainees to have more say on taking annual leave	12/1/2016 10:19 PM
119	more staff	12/1/2016 9:53 PM
120	Better quality refreshments, more teaching, supervision for procedures	12/1/2016 9:45 PM
121	Decent triage/doctor out front More space	12/1/2016 9:43 PM
122	More opportunities for learning.	12/1/2016 9:32 PM
123	More focus on acuity cases	12/1/2016 9:23 PM
124	More of the above.	12/1/2016 9:19 PM
125	To be able to practise without fear of reprimand. This of course excludes dangerous practice. This positivity enables better training and therefore better care. Sometimes there is the problem that even the consultant practises such defensive medicine that I am clearly not working efficiently and productively to benefit all my patients.	12/1/2016 9:14 PM
126	As above	12/1/2016 9:09 PM
127	1)Good place to rest. 2) Better nursing care. Nurses who focus on pt care rather than just ticking boxes and saving breeches.	12/1/2016 8:55 PM
128	More space. More time. Adequate rest.	12/1/2016 8:54 PM
129	More 1on1 with consultants in seeing and managing patients	12/1/2016 8:53 PM
130	More staff - medicl and nursing. Less paperwork.	12/1/2016 8:39 PM
131	Natural light. Privacy for patients. Mental health patients having a dedicated area in which to be seen.	12/1/2016 8:32 PM
132	More space and better hca and nursing support. Also the referral system could be greatly jmproved. We are wasting a lot of time trying to refer to medical and surgical team doctors - they often try to bat away referrals or employ delaying tactics	12/1/2016 8:19 PM
133	Better salary, less work and more holidays! Is it going to happen? No, because we are getting the reverse which is less salary, more work and less holidays!	12/1/2016 8:07 PM
134	if get encouraged by consultant at least verbally.	12/1/2016 8:06 PM
135	Good training opportunities within the department, especially being trained as a team.	12/1/2016 8:06 PM
136	Better rota and more time for teaching	12/1/2016 8:01 PM
137	Good rota Regular teaching program , not just filling the gaps Supporting system from consultants , nurses	12/1/2016 8:01 PM
138	Positive feedback	12/1/2016 8:00 PM
139	increased floor space to see patients	12/1/2016 7:57 PM
140	Freedom to manage own patients.	12/1/2016 7:52 PM
141	n	12/1/2016 7:37 PM
142	As above and additional doctors (less pressure each shift and less overall hours)	12/1/2016 7:37 PM
143	More consultant supervision. More training grade/experienced registrars. Available trolleys/cubicles to see patients in (avoidance of exit block).	12/1/2016 7:34 PM
144	Better training and adequate breaks	12/1/2016 7:22 PM
145	V IMPT - time to review cases from previous shifts (effective feedback mechanism) More frequent feedback from seniors on performance	12/1/2016 7:18 PM
146	More SpRs on the shop floor	12/1/2016 7:16 PM

147	senior support. teaching. more opportunities with better supervision.	12/1/2016 7:16 PM
148	Less tired from so many night shifts, less grumpy after missing so much in my personal life because of night/late/weekend shifts.	12/1/2016 7:12 PM
149	Fair working hours with adequate rest and actual teaching/training regularly	12/1/2016 6:57 PM
150	T	12/1/2016 6:50 PM
151	I think sleep and a good rest. Shorter shifts- maximum 8 hours. EM is intense and if you are on a shift during the busier parts of the day, then even 4-5 hours into your shift and you can start to feel tired! Knowledge that my break times are not being monitored to "30 mins only"	12/1/2016 6:48 PM
152	Better rota and hours	12/1/2016 6:42 PM
153	Supportive consultant body, appropriate space, appropriate support from specialties, support from other groups of staff to deal with abusive patients,	12/1/2016 6:36 PM
154	If there was an effort from the consultants to help get study leaves	12/1/2016 6:33 PM
155	Good breaks on the rota	12/1/2016 6:33 PM
156	More shop floor and regular teaching More appreciation and recognition Better pay package Free car park Would help with child care!!	12/1/2016 6:32 PM
157	Less 12 or 10 hour shifts (and more of 8hours)	12/1/2016 5:12 PM
158	Larger department more staff for the volume of patients in this area	12/1/2016 4:05 PM
159	shorter hour at weekend as weekend shifts are 12 hours.	12/1/2016 3:40 PM
160	Always ensuring analgesia, ECG, BMG etc performed via triage as appropriate. More procedural training.	12/1/2016 3:14 PM
161	NA	12/1/2016 3:03 PM
162	To have Consultants who look at me as an individual, look at my experience and skill set, and then use these to the aid of the Department and take me forward in my learning. Rather than the current situation of looking at my grade and making assumptions.	12/1/2016 2:44 PM
163	More staff and more beds and or space in order to reduce pressures. Currently a big issue in the department is finding space to see patients.	12/1/2016 2:40 PM
164	A scribe/transcription service/automatic comuputorised notes; writing notes takes me the longest amount of time when compared to the consultation/exam/intervention.	12/1/2016 2:30 PM
165	As above	12/1/2016 2:06 PM
166	Phlebotomists in ED that work 24/7. Electronic prescribing and paperless working 24/7 support for blood gas machines and IT/printers Expansion of AEC/Surgical Day Units to refer bring back non-emergency patients that turn up in A&E because they have no where else to turn.	12/1/2016 1:52 PM
167	Less unsociable hours	12/1/2016 1:23 PM
168	Beds to see patients in, rather than seeing on wheelchairs in corridor, more teaching so am more independent,	12/1/2016 12:52 PM
169	unsure	12/1/2016 12:41 PM
170	More time to see patients. Better skill mix at night/evenings/weekends.	12/1/2016 11:43 AM
171	More consistency between consultants.	12/1/2016 11:40 AM
172	Feeling valued. Regular training on the shop floor with feedback.	12/1/2016 11:40 AM
173	See above	12/1/2016 11:30 AM
174	Appropriate rest between shifts. More direct supervision. SPA time to do more learning/development/audit etc	12/1/2016 11:22 AM
175	More doctors or fewer patients.	12/1/2016 11:12 AM
176	More medical and nursing staff. Support staff to do jobs such as bloods and cannulas to free me up.	12/1/2016 11:07 AM
177	more practice in resus	12/1/2016 11:04 AM
178	Improving staffing including nurses and HCAs; Improving physical space within the ED	12/1/2016 10:56 AM
179	Access to a room, equipment and a nurse	12/1/2016 10:30 AM
180	Support	12/1/2016 10:24 AM

181	.	12/1/2016 9:59 AM
182	No bedblock, sufficient time to see patients and not worry about having to prevent breaches	12/1/2016 9:59 AM
183	Enough computers and better IT, more staff, more time	12/1/2016 9:24 AM
184	More nursing staff	12/1/2016 9:11 AM
185	as above	12/1/2016 7:59 AM
186	Double the number of nurses.	12/1/2016 7:45 AM
187	More support	12/1/2016 7:40 AM
188	More staff, more hospital floor space and beds, reduction of queues	12/1/2016 6:22 AM
189	Better staffed Emergency Department	12/1/2016 6:04 AM
190	Specialties in the department engaged in patient care.	12/1/2016 1:33 AM
191	more nursing staff better IT systems more ECG machines	12/1/2016 1:07 AM
192	teaching to juniors. time to think about patients.	12/1/2016 12:45 AM
193	Better triage - not having to see all yellow and green patients within the same timeframe	12/1/2016 12:33 AM
194	Better teaching, better supervision and learning from the experiences of our consultants (Anaesthetics/ITU are quite good at the latter).	12/1/2016 12:26 AM
195	As above	11/30/2016 11:53 PM
196	Protected teaching with adequate shop floor cover. Administrative slots on the rota to complete quality improvement projects / mandatory training would help prevent burnout	11/30/2016 11:52 PM
197	more feedback from consultants, if there was not just a 4 hour target.	11/30/2016 11:47 PM
198	Having the time to complete assessments while at work. There is, at times, a designated consultant to help with assessments but I am usually unable to ask them to help as I am tied up doing my job.	11/30/2016 11:29 PM
199	The above - enhanced. A better programme of training. Better inclusion of junior trainees in emergent/resus/trauma care.	11/30/2016 11:22 PM
200	Recognition by senior management on what we do, occasional thanks, better on site teaching, acknowledging that this is a hard job	11/30/2016 11:21 PM
201	none	11/30/2016 11:12 PM
202	a bit more gaps in the rota better weekend rostering	11/30/2016 11:01 PM
203	More time per patient, particularly on night shift	11/30/2016 10:41 PM
204	Things slow down considerably when the department is full due to exit block, when patients have to wait for a long time to see other specialties and if there is a shortage of (quality) staff. Addressing these issues would help considerably as flow would improve and we could spend more time with patients. It is also difficult to recover from nights and weekends when I am often the most senior person on the shop floor and have to cover several areas and be available to the juniors and nurses for advice, assistance etc. This is probably also a reflection of my age!	11/30/2016 10:40 PM
205	Kindness and treated with respect	11/30/2016 10:28 PM
206	If we did not have to see primary care patients and if admitted patients didn't fill our cubicles every day of the week.	11/30/2016 10:26 PM
207	improved sleep. more interaction with consultants and specialties	11/30/2016 10:02 PM
208	S	11/30/2016 9:52 PM
209	Ensuring regular breaks	11/30/2016 9:49 PM
210	Patient to have had a nurse's assessment before me picking the card but not that long ago that it now has become irrelevant. Patient to have basic investigations (ECG, bloods taken, blood cultures) done without much delay so that the results be available in a timely manner to support decision making in patients where history and clinical examination are not so clear cut that a decision can be made before the 4 hours imposed upon us. Patient to have treatment given in timely manner - see sepsis + to be able to assess response to treatment.	11/30/2016 9:46 PM
211	Good hours of working averaging 8-10 hours. with days off every few working days and at less two weekends off for every month to catch up with friends.	11/30/2016 9:27 PM
212	Good staffing of junior Rotas. We had daily handover of department in the unit which was very helpful.	11/30/2016 9:15 PM

213	More staff.	11/30/2016 9:12 PM
214	Less time completing paperwork	11/30/2016 9:11 PM
215	If we had access to food out of hours or a fridge to keep food in. Facilities to make coffee would be good too!	11/30/2016 8:37 PM
216	-	11/30/2016 8:28 PM
217	More help from other specialties, better resources in primary care, improrrogable exit block	11/30/2016 7:52 PM
218	More teaching sessions, including bedside teaching. Especially Musculoskeletal presentations and examinations.	11/30/2016 7:35 PM
219	A more socially friendly rota..	11/30/2016 7:07 PM
220	Local placement to home so less travel	11/30/2016 7:01 PM
221	More nurses More doctors More space to see the patient Fewer patients that don't need to be in the ED	11/30/2016 6:47 PM
222	As above	11/30/2016 6:47 PM
223	Not sure	11/30/2016 6:44 PM
224	Better rota design. Far too many Twilight Shifts. Thought of doing alternate weekends is terrible. Too much time pressure. Poor flow.	11/30/2016 6:40 PM
225	Improved training opportunities	11/30/2016 6:37 PM
226	Learn more uss	11/30/2016 6:26 PM
227	More doctors	11/30/2016 6:21 PM
228	Increased ease of access to learning extra skills such as US, without restraint from having to fork out hundreds of pounds. More time with consultants directly critiquing work to help progression.	11/30/2016 6:02 PM
229	As above.	11/30/2016 5:53 PM
230	If there was a little more emphasis on training trainees over clinical fellows	11/30/2016 5:52 PM
231	Better salary	11/30/2016 5:44 PM
232	Th above	11/30/2016 1:24 PM
233	More computers. Less paperwork.	11/30/2016 10:18 AM
234	More space- more beds in hospital/ cubicles in ED to alleviate exit blocking More staff medical and nursing Less IT systems (they're good idea in principle but in ED it slows you down - ordering everything on PC to still have to write paper slip to give to porter to take patient to X-ray for example. Reduce patients who need GP coming into ED department by properly streaming/triaging- currently our GP service is a private group and won't see certain patients e.g. No one under age 2 with any symptom, no child with fever greater than 38.5, no leg swelling, no pregnant women.... the list goes on. We need a none private properly organised GP at the gates to ED with nationally agreed criteria of patients they will see. The other side of this is referral.... I have to send patients back to GP to refer to specialities if I'm not admitting them? Stupid waste of GP appointment.	11/30/2016 9:44 AM
235	If all the specialities would work together better and not see us as the poor doctors - their specialities are narrow and thus they can be precise all the time (?) but ours is vast. We have a different skill set, but a lot of the time are treated as cowboys!	11/30/2016 9:05 AM
236	Better availability of beds and physical space to see patients	11/29/2016 10:10 PM
237	-	11/29/2016 9:47 PM
238	More shop floor teaching, there is very little happening now unless you specifically ask about something.	11/29/2016 9:26 PM
239	Quiet place to document	11/29/2016 8:16 PM
240	Focussed teaching and addressing training goals.	11/29/2016 5:57 PM
241	Regular departmental teaching	11/29/2016 1:39 PM
242	Improved rota pattern	11/29/2016 1:20 PM
243	Not be made to work in the busiest area every day. Rotate around the different areas to gain variety in knowledge. This will avoid burn out and give trainees 'easier days' on the floor. Stop using junior trainees and F2s as fodder and stop over working them.	11/29/2016 1:00 PM
244	Less dependence/obsession with 4 hour target	11/29/2016 2:58 AM

245	less managerial red tape an interruption	11/28/2016 5:59 PM
246	Having more NA´s that could do bloods, fetch patients their tea, find blankets etc. I´m female, male doctors say they are rarely asked to do some of that. I have had negative comments from nurses if I don´t find time to do this myself. Also patient flow could often be improved.	11/27/2016 11:08 PM
247	Better access to Ultrasound machine	11/27/2016 10:46 AM
248	As above.	11/26/2016 2:09 PM
249	Improved patient flow. Allowing more time to see patients appropriately and spend less time looking for a physical space to see and examine a patient	11/25/2016 8:35 PM
250	More time to be taught on the job	11/25/2016 7:38 PM
251	Time,	11/25/2016 6:12 PM
252	Better shift patterns and more staff in departments to help manage work load	11/25/2016 3:59 AM
253	Better morale amongst staff, more space	11/24/2016 10:47 PM
254	Clear expectations from consultants, increased compliance from nursing staff, improved systems to reduce duplicated work, less time spent looking for paper notes and chasing staff around the department to convey trivial information, better disciplined communications	11/24/2016 10:39 PM
255	having a "pit stop" or RAT to do inital investigations - often ECGs not even done and regularly have to bleed patients when you see them at 2-4hours	11/24/2016 6:09 PM
256	Improve the exit block. more senior staff	11/24/2016 12:01 PM
257	All of the above (other than team ED - excellent day in, day out no matter what the pressures are) improving. Increasingly, as ED suffers more, other specialities are less helpful and even obstructive which just exacerbates the problems	11/23/2016 4:24 PM
258	Having support staff that can deal with remedial tasks	11/23/2016 12:42 PM
259	-More time with patients -Appropriate equipment -Enough staff to provide all aspect of care	11/23/2016 9:10 AM
260	Better rota hours. Teaching around working.	11/23/2016 8:58 AM
261	More staffing yo enable more time with patients.	11/22/2016 8:32 PM
262	I find it very hard to manage the ED and provide good care when I am getting constantly hounded by the bed managers about breaches!	11/22/2016 6:38 PM
263	More experience. More feedback. More confidence!!	11/22/2016 5:21 PM
264	IT systems that work efficiently and effectively. Better departmental communication system (tannoy).	11/22/2016 4:32 PM
265	See above	11/22/2016 4:24 PM
266	Less interruptions due to high volume of patients and improved consultant support	11/22/2016 2:09 PM
267	Feeling supported and valued Not asked by zillion people about my patient plan	11/22/2016 1:17 PM
268	more space in the department, not having to have most of the patients in the corridor	11/22/2016 12:14 PM
269	More help to pass exams	11/22/2016 9:13 AM
270	Not being expected to complete a full clerking proforma	11/22/2016 6:12 AM
271	i can't think of anything to improve my productivity or care	11/22/2016 4:05 AM
272	More senior doctors on the shop floor to ease the load. More flow in the hospital to ease congestion. Access to fresh water. Good working toilets.	11/22/2016 3:53 AM
273	Protected time to learn certain skills or clinical cases that we require further experience in.	11/22/2016 2:30 AM
274	Having hot food available 24/7, having admin time factored into our rota for portfolio/audit work,	11/22/2016 1:30 AM
275	Less stress from managers about waiting times, more doctors and more nursing staff	11/22/2016 1:00 AM
276	Better systems for maintaining flow of patient. Better co-operation from specialties	11/21/2016 3:44 PM
277	More appropriate space to se patients without them queuing in corridors	11/21/2016 11:20 AM
278	More staff and more space. (Both greatly helped if less bed blocking and better down stream throughout.	11/20/2016 8:11 PM

279	we get good time off and SPA time - we get good feedback from consultants. Not sure to be honest. I value the new ESLE system.	11/19/2016 11:32 PM
280	As above. Less hours.	11/19/2016 1:45 PM
281	not being exhausted by working 1/2 weekends and 1/4 nights	11/18/2016 1:53 PM
282	SPA time to get all my eportfolio work done. Not doing 48 hours direct patient contact every single week for the last nine years.	11/18/2016 8:48 AM
283	perhpas more SPA time to catch up on curriculum	11/18/2016 8:39 AM
284	More registrars	11/18/2016 12:11 AM
285	less workload- so that i can provide better patient care	11/17/2016 10:11 PM
286	Same as above.	11/17/2016 8:58 PM
287	adequate staffing	11/17/2016 7:05 PM
288	More doctors in the department.	11/17/2016 3:51 PM
289	More juniors overnight to allow greater time for me to supervise and ensure all patients have appropriate management plans in place.	11/17/2016 3:14 PM
290	As above	11/17/2016 3:07 PM
291	improving patient flow and capacity increased staffing improved mental health services locally increased funding	11/17/2016 2:47 PM
292	better stocking so we don't have to waste time looking for things Better flow in the department so we don't half see patients in corridors	11/17/2016 1:54 PM
293	Better quality and access to hot food out of hours. An extra day off a week to recover and repay the balance of body clock changes. Or even that day off to concentrate on office based ED work e.g. QIP, learning modules etc.	11/17/2016 12:40 PM
294	The battery of appropriate tests being done before I see. The time with which to give each patient	11/17/2016 11:38 AM
295	a friendly environment	11/17/2016 11:02 AM
296	A larger department designed in consultation with ED staff with consideration of workflow as its leading design principle. As soon as the department gets busy (and so at the worst possible time for it), it becomes much less efficient- because there is less space to see patients, less availability of nursing staff to deliver treatments, no pods left to send blood tests, no computers left to type up notes, and more disruptive enquiries from anxious patients and relatives who have been kept waiting. Anticipating future capacity and building EDs fit for purpose, rather than trying to optimistically shoe horn the reality of the ED case load into what commissioners hoped it would be is a clear imperative whilst current trends towards increasing attendance show no signs of reversing. Having an ED that was able to respond to times of increased demand without choking up like this would have enormous benefits downstream in terms of admission rates and so is surely a no-brained for service commissioners. 4 hour targets serve an obvious purpose but rely on buy in from the other links in the chain, who should also have accountability and a clear stake in ensuring the patient makes efficiency progress through the department. It sometimes feels like ED doctor are left taking the flak for missing 4 hour targets whilst colleagues in other specialties are not as motivated to minimise a patient's wait, which can be frustrating. Having a 4 hour target is also looking increasingly unrealistic with current resources and it's both dispiriting and a source of constant unhelpful stress when it's out of reach a lot of the time.	11/17/2016 10:43 AM
297	More beds. Less specialty disagreements (although these are not common).	11/17/2016 9:00 AM
298	Less interference. Helpful specialties. Rooms available to see patients and patients put in rooms by nursing staff.	11/16/2016 11:25 PM
299	not having to chase arbitrary and unrealistic 4 hour targets	11/16/2016 11:11 PM
300	Better IT systems.	11/16/2016 10:51 PM
301	As above.	11/16/2016 10:28 PM
302	Less interruptions. Less noise. A doctor-assistant who can complete simple tasks and work in a focused team throughout the shift (cannula, catheter, requests, referrals, calls, reviewing notes, checking on junior doctors).	11/16/2016 10:25 PM
303	More nurses, more bays, quicker pathology lab and X-ray.	11/16/2016 9:30 PM
304	Fewer interruptions. Equipment to hand.	11/16/2016 9:25 PM
305	More time with patients More middle grade staff	11/16/2016 8:57 PM
306	Fewer inappropriate attenders, better community care, the abolishment of "111" and sensible ambulance policies that help rather than hinder patient flow in ED.	11/16/2016 7:39 PM

307	Kinder shift patterns	11/16/2016 7:16 PM
308	Available and working equipment support from nursing staff and names nursing staff to patient, in particular in a resus situation good junior staff that can be trusted	11/16/2016 6:16 PM
309	More nursing staff, more cubicle space	11/16/2016 5:23 PM
310	Less exit block!	11/16/2016 4:26 PM
311	Ability to leave shop floor/department for rest breaks	11/16/2016 4:03 PM
312	more time off	11/16/2016 8:25 AM
313	Continuous support by Consultants and seniors.	11/16/2016 2:06 AM
314	more time being supervised treating sick patients	11/15/2016 10:33 PM
315	.	11/15/2016 9:05 PM
316	More staff. More time.	11/15/2016 5:20 PM
317	The above all the time	11/15/2016 3:25 PM
318	Reducing trolley waits, observation bays (eg for patients getting nebulisers or infusions) so cubicles can be freed. Better support from specialties like neurosurgery and fractures who can take a very long time to review patients in the department and do not accept admissions to their ward without reg review.	11/15/2016 2:48 PM
319	Less GP stuff coming through the door	11/15/2016 1:29 PM
320	Adequate staff to patient ratio	11/15/2016 12:48 PM
321	As above. Some positive feedback occasionally would help.	11/15/2016 12:28 PM
322	More time ie less demands	11/14/2016 6:53 PM
323	as above	11/14/2016 4:39 PM
324	see above	11/14/2016 2:58 PM
325	shifts not more than 8-10 hours, not too may consecutive shifts,	11/14/2016 1:48 PM
326	more space to see new patients in the department	11/14/2016 1:09 PM
327	More space to see patients	11/14/2016 12:59 PM
328	Beter shift patterns	11/14/2016 12:41 PM
329	as above	11/14/2016 12:34 PM
330	More staff! Medical, nursing, MDT and better relationships with different medical specialties!	11/14/2016 9:42 AM
331	support from other specialities as well as junior and nursing staff	11/13/2016 5:30 PM
332	More doctors, time during a shift to read around a topic	11/12/2016 7:17 PM
333	the above i.e good working conditions i.e spaces to see patients, workspace and available computers.	11/12/2016 3:47 PM
334	Sometimes this just happens instinctively in the team but sometimes it does not, in which case team based training sessions are needed. This never happens. Other specialties and nursing staff need to be involved in these sessions.	11/12/2016 2:56 PM
335	More nurses and HCAs taking bloods and doing venflons. Labs that work at good speed consistently. More medical staff to split workload.	11/12/2016 12:33 AM
336	More sociable hours	11/11/2016 7:16 PM
337	Supportive colleagues and consultants. Better and supportive rota with time to relax.	11/11/2016 10:47 AM
338	Access to bed spaces to see patients and access to computer spaces	11/11/2016 5:11 AM
339	Nursing support	11/10/2016 7:34 PM
340	Better pay Actual encouragement to teach on the shop floor i.e. not trying to compete with service provision - acknowledgement that teaching slows down service and being allowed to do it anyway	11/10/2016 5:05 PM
341	Better staffing to allow patients to be seen sooner, leading to more time to treat and care for our patients rather than just admitting or disharging them.	11/10/2016 4:38 PM
342	Better flow of patients through ED	11/10/2016 4:09 PM

343	More nursing staff.	11/10/2016 4:02 PM
344	N/A.	11/10/2016 3:15 PM
345	Not working 7 x 13-23 shifts in a row (it puts a huge strain on family life). Strict rules around breaks and them being followed. More teaching. Feeling like my work is appreciated.	11/10/2016 12:29 PM
346	IT and equipment that works nurses who can take bloods and cannulate being allowed to have a cuppa at 4am while writing notes	11/10/2016 12:19 PM
347	If we have senior doctors on the floor all the time and supported by other specialities.	11/10/2016 11:18 AM
348	More departmental teaching.	11/10/2016 10:06 AM
349	As above	11/10/2016 9:58 AM
350	GPs referring appropriately more skilled pre-hospital clinicans preventing poor paramedic run ins with no treatment needed Acceptable rotas recognising winter burn out	11/9/2016 5:49 PM
351	Solving the problem of exit block.	11/9/2016 4:26 PM
352	Less inappropriate attenders. Enough deicated staff to put in cannulas and do bloods.	11/9/2016 3:47 PM
353	more teaching, training and support	11/8/2016 11:31 PM
354	N/A	11/8/2016 8:06 PM
355	Fewer hours / more time off to recuperate between shifts - we generally work longer and more shifts than our counterparts despite the fact that the intensity of work when you are there is much more and the short pattern makes it harder to feel refreshed between working days	11/8/2016 7:51 PM
356	Beds and flow through the department!! 24 hour canteen	11/8/2016 5:29 PM
357	A run of nights with several days of to get back to normal. Rather than one random night shift, day off, 8am start etc.	11/8/2016 5:09 PM
358	Patient flow	11/8/2016 4:50 PM
359	common sense	11/8/2016 2:28 PM
360	Better rota, more notice of rota.	11/8/2016 12:23 PM
361	I say this with experience.. but a hot drink does wonder for morale. To be able to drink a tea/coffee whilst writing notes etc. means you feel hydtrated/warmer. Evidence has shown caffiene reduces sensation of fatigue. We dont' get breaks when we feel we need them. Having worked in a department where tea/coffee was readily available when seeing/treating (as GPs do), plus readily provided for non-surgical patients... a wonderful remedy for all. Often those old folk get found at 5am, transported, clerked, MAU... its 11am before they get a warm drink.	11/8/2016 12:11 PM
362	Reducing exit block. Reducing the amount of paperwork nurses have to complete, which would mean more time caring for patients and starting investigations.	11/8/2016 11:21 AM
363	If colleagues in the department got on with each other better.	11/8/2016 11:18 AM
364	-	11/8/2016 11:12 AM
365	Admission rights to certain specialities who are consistently difficult to refer to Better streaming to primary care OOH; Primary care to be better staffed and more clinically competent and accountable for poor referrals	11/8/2016 11:09 AM
366	Better patient flow.	11/8/2016 10:58 AM
367	Better staffing levels for nurses - more often than not time will be wasted trying to find a nurse to inform re medications prescribed. At times, when a nurse is on transfer, a nurse in majors could be responsible for 9 pts. I would recommend a nurse:patient ratios of 1:1 in resus and 1:2 in majors - that was we could front load care (e.g. Fluids and antibiotics in sepsis). and when nurses are transferring patients it's then a ratio of 1:4 not 1:8/9. Improved capacity for seeing patients - often no spaces in majors to see patients. Improved flow of patients to wards - so majors doesn't become backed up. A 24hr pharmacy on site in ED to free up nurses from getting TTOs and ensuring when prescription payments are due that the NHS actually gets the money. Not having to double document on paper and electronically!	11/8/2016 10:32 AM
368	remove exit block quicker turn round for diagnostics	11/8/2016 10:29 AM
369	A scribe!	11/8/2016 10:26 AM
370	Many process issues particularly around delivery of care to unwell patients need resolving	11/8/2016 10:08 AM
371	More teaching Lots of feedback	11/8/2016 10:05 AM

372	- Our bed space, especially in minors, is very limited. Frequently, clinicians are competing for a space to review a patient and this slows us down. - Access to a dedicated office for middle grade/specialty doctors would be really welcome to allow for work outside of the shop floor. - A more proactice supervisor - I was more than half way through my rotation before I had my first meeting with a supervisor. - A proactive approach to workbase assessments - as the department is consistently so busy and we do a great deal of shifts outside of normal hours (ie. evenings, nights, weekends) opportunities to pick up assessments are rare and a major cause of stress/anxiety for me personally. It is always a real mission to jump through this particular hoop each rotation. - Longer periods of recovery between shift patterns - mainly after coming off night shifts. I feel that when you are working a rota that is quite so demanding in terms of the intensity of work and in terms of the constant jumping between day, evening and night shifts, there needs to be considerable payback in terms of extra days off to allow clinicians to recoup.	11/8/2016 9:50 AM
373	Sleep and sensible rotas , good support staff	11/8/2016 7:33 AM
374	Regular Teaching sessions from specialties.	11/8/2016 4:59 AM
375	everyone pulls their own weight (doctors & nurses)	11/8/2016 1:02 AM
376	.	11/7/2016 7:09 PM
377	.	11/7/2016 6:24 PM
378	More frequent training sessions to develop skills and knowledge, more time for teaching on the shop floor.	11/7/2016 5:35 PM
379	More medical and nursing colleagues	11/7/2016 5:15 PM
380	More medical and nursing staff. Increased study leave allocation and budget.	11/7/2016 4:47 PM
381	Less focus on creating space for patients.	11/7/2016 4:37 PM
382	Rest post nights, shorter nightshifts than 12 hours SPA time (once a week/2 weeks)	11/7/2016 3:46 PM
383	As above. Ideally not working 12 hour shifts. 10 maximum. especially when you are in the middle of a run of 14 shifts.	11/7/2016 1:21 PM
384	Ensure above, appropriate breaks and rests.	11/7/2016 1:15 PM
385	easy of access to special tests	11/7/2016 12:30 PM
386	more trained nursing staff with higher levels of training	11/7/2016 12:20 PM
387	Less flow pressure!	11/7/2016 12:10 PM
388	As above	11/7/2016 11:25 AM
389	As above a consultant always available to discuss patients with and manage the department.	11/7/2016 11:23 AM
390	Greater consultant presence in a training role	11/7/2016 10:52 AM
391	More doctors. Less exit block	11/7/2016 10:29 AM
392	More time with patients. Demand and pressure means sometimes we are always striving to see the next patient.	11/7/2016 8:52 AM
393	N/a	11/7/2016 8:35 AM
394	better working hours	11/7/2016 7:37 AM
395	More physical space to see patients	11/6/2016 6:36 PM
396	The above being considered the Norm.	11/6/2016 6:35 PM
397	more senior input, fewer patients	11/6/2016 6:28 PM
398	Improved patient flow, larger department	11/6/2016 5:56 PM
399	Having the time to spend on patients who need it. Rather than seeing patients who just need to go to a GP, at best, see the patients who need an actual intervention and medical input	11/6/2016 3:47 PM
400	Reductions in exit block!	11/6/2016 3:29 PM
401	more senior supervision	11/6/2016 3:22 PM
402	Regular shop floor teaching. Increased middle-tier cover in our dept - bulk of provision by ST1-3 trainees	11/6/2016 2:55 PM
403	More beds! There are daily 12 hour waits for beds, patients lining the corridors, no room to see patients and lack of nursing staff. We have a nursing recruitment crisis at present, mainly due to pressure above and lack of nurse management support but it has a massive impact on the department and patient safety - as a doctor we spend a lot of time giving meds & doing bloods as the newly qualified nurses we have recruited are not trained to do this or we don't have enough staff around.	11/6/2016 1:09 PM

404	N/A	11/6/2016 12:46 PM
405	nil	11/6/2016 4:31 AM
406	Enough doctors of all grades to fill the rota and to match demand of patients. More communication from senior clinical and non clinical management about pressures the department faces and rationale behind decisions	11/5/2016 4:13 PM
407	Better flow in the hospital Seeing appropriate patients in ED, streaming GP patients to appropriate services	11/5/2016 3:45 PM
408	Better triage and therefore less patients	11/5/2016 2:31 PM
409	patient being in a cubicle , bloods and investigations has been done already, patient who are not in immediate need to be seen by other specialities should be moved to their care with no need to speak to them	11/5/2016 12:06 PM
410	More space and more helpful specialties	11/4/2016 11:41 PM
411	Given more authorities regarding managing the patients rather than referring them	11/4/2016 7:22 PM
412	Fewer minor/GP patients in majors	11/4/2016 6:41 PM
413	WRVS/League of Friends food & drinks trolley Ensuring protected break time	11/4/2016 6:13 PM
414	less primary care less bed block	11/4/2016 5:55 PM
415	Adequate staffing, nursing and doctors	11/4/2016 5:04 PM
416	.	11/4/2016 2:30 PM
417	To have a good clean area where one can rest and eat something and have a hot drink. be allowed to have a decent break. efficient nursing.	11/4/2016 2:03 PM
418	days off or a less gruelling rota	11/4/2016 2:01 PM
419	A robust triage service, which turns away patient that are not appropriate for the emergency department. More staff on the shop floor.	11/4/2016 1:36 PM
420	Allocated time for training . More feedback about my management of patients .	11/4/2016 1:27 PM
421	Dedicated time for formal case discussion/teaching in the department to improve current practice.	11/4/2016 12:30 PM
422	as above	11/4/2016 12:02 PM
423	Flow and reduced crowding Not having to do the work of speciality teams Having a full compliment of appropriately trained regular staff	11/4/2016 11:56 AM
424	Good supportive environment.	11/4/2016 11:53 AM
425	Support from other specialities, better flow through the department	11/4/2016 11:47 AM
426	Flow through the department.	11/4/2016 11:35 AM
427	Assistance with basic procedures.	11/4/2016 10:59 AM
428	More beds, less patients	11/4/2016 10:42 AM
429	More doctors and more flow	11/4/2016 10:04 AM
430	Better rotas - more rest - less last minute changes - less agency staff	11/4/2016 8:41 AM
431	more space, less patients, more staff especially at nights	11/4/2016 8:01 AM
432	Shorter shifts.	11/4/2016 1:35 AM
433	-	11/4/2016 12:00 AM
434	A reduction of exit block. More middle grades and having more than two doctors on a night shift in a department seeing over 200 patients per day.	11/3/2016 11:42 PM
435	Better through flow of patients, more registrars on the rota	11/3/2016 11:07 PM
436	a well filled rota. good breaks	11/3/2016 10:47 PM
437	Team work	11/3/2016 9:49 PM
438	Regular breaks. Better staffing	11/3/2016 9:23 PM
439	As above	11/3/2016 9:11 PM

440	Always have stocked department. Not waste time looking for a specific culture bottles. More efficient bed management system so not walking around looking for beds to use. Not always be interrupted to review ECG and other investigations when trying to write in notes Not having to write in 2 sets of notes if going on CDU proforma	11/3/2016 8:51 PM
441	more space to see people in no exit block	11/3/2016 8:38 PM
442	A more space and removal of exit block. Increased support by inpatient teams	11/3/2016 8:16 PM
443	8 hours on weekedays and 10 hours on weekends. Not to be stretched to 12 hrs.	11/3/2016 8:12 PM
444	Senior led triage eg bloods and x-rays ordered on arrival	11/3/2016 8:02 PM
445	A good rota with good rest periods. Legal break requirements, not just 30 mins in 10 hrs. Ability to get a drink when needed. Support with investigations needed i.e. Staff to do ecg, bloods etc so they are done by the time the doctor sees. More nursing staff to help support patients	11/3/2016 7:45 PM
446	as above	11/3/2016 7:15 PM
447	Non clinical time. Our clinical fellows/staff grades get it but trainees don't.	11/3/2016 6:45 PM
448	More teaching	11/3/2016 6:40 PM
449	More staff. More space. More ergonomic environment.	11/3/2016 5:56 PM
450	more staff, more space/cubicles,	11/3/2016 5:45 PM
451	More staff and space to see people in	11/3/2016 5:44 PM
452	More coffee :)	11/3/2016 5:33 PM
453	Better patient flow through department	11/3/2016 5:33 PM
454	A formal ED handover at intervals during the shift, to be aware of those in charge and where to get support from.	11/3/2016 4:34 PM
455	More regular in hours shifts, protected worthwhile teaching, being allowed study leave to improve skills.	11/3/2016 4:21 PM
456	More SPA time, monitored breaks, better GPOOH services	11/3/2016 3:54 PM
457	time. Support.	11/3/2016 3:30 PM
458	More staff, more space, less exit block	11/3/2016 3:26 PM
459	More supervised teaching and learning.	11/3/2016 3:06 PM
460	.	11/3/2016 3:05 PM
461	Better facilities to go away and rest. More doctors on the shop floor to prevent enormous waiting times that are demoralising and exhausting.	11/3/2016 3:01 PM
462	The above. More computer access and somewhere to write notes slightly away from the chaos of ED.	11/3/2016 2:06 PM
463	More experienced doctors who can make decisions	11/3/2016 1:34 PM
464	More hospital beds and not a constantly overflowing department with nowhere to see patients	11/3/2016 1:28 PM
465	More supper staff to ensure bloods etc done prior to review	11/3/2016 12:31 PM
466	More than one break in a 9 hour shift	11/3/2016 12:29 PM
467	Better quality feedback and support from consultants.	11/3/2016 12:27 PM
468	As someone who came directly in to EM from F2. I feel I lack certain skills that some of my colleagues who experienced other specialties have. I would like to have spent more time in paediatrics, ENT, max fax, T&O and plastics in order to improve my knowledge. I feel that the EM training programme does not offer as much training in these areas as it should and I believe I would refer fewer patients if I had the confidence to manage them in the ED.	11/3/2016 12:12 PM
469	More cubicles in the ED. Blood test results returning faster so patients aren't waiting around. More seniors to ask questions prior to discharging high risk patients	11/3/2016 11:49 AM
470	Geriatric liaison teams seeing people in the ED to facilitate discharges would help. A dedicated senior doctor with responsibility only to discuss cases who is always available and a senior doctor with responsibility for training every day who can appropriately allocate cases.	11/3/2016 11:21 AM

471	- Better IT systems - NHS IT is embarrassing. We waste hours every day logging in to slow computers (2 min average login time on ours), using duplicate referral systems, entering the same information time and again, trying to get the printer to work. I doubt other industries would put up with this in 2016. - Automatic acceptance policy with specialties (as already in place in some hospitals e.g. Frimley Health) to avoid the time consuming and unnecessary arguments with specialties. - Better payment structure for EDs so that hospitals viewed them for their worth, rather than as busy departments that don't bring in money despite seeing so many patients.	11/3/2016 11:21 AM
472	More nurses of the above quality. When they don't flag up problems it causes a lot more of an issue	11/3/2016 11:14 AM
473	More space to see patients. Better flow through the hospital.	11/3/2016 11:11 AM
474	More training	11/3/2016 11:05 AM
475	More staff (porters, support workers, HCAs, nurses), more beds in hospital.	11/3/2016 10:51 AM
476	More staff especially trainees at hST level (currently only 1 in our department). Better resourcing for our very overstretched and underfunded department!	11/3/2016 10:44 AM
477	Encouragement and being valued Better Rotas Senior role models	11/3/2016 10:37 AM
478	More consultant activity in assisting with the workload	11/3/2016 10:21 AM
479	More time to go through the guidelines	11/3/2016 10:06 AM
480	As above	11/3/2016 9:52 AM
481	A handbook with clear pathways for investigation/referrals specific to the hospital.	11/3/2016 9:47 AM
482	Not being bullied	11/3/2016 9:42 AM
483	Fully computerised patient records (we currently have no ED IT system) Assistance with bloods/cannulae/urine dips/getting medication Flow Space both to see patients and write notes/use computer Not too many people coming through the front door Support of non-clinical managers	11/3/2016 9:36 AM
484	Removing non ed patients to other depts eg acute medicine	11/3/2016 9:28 AM
485	If all of the above happened all of the time, but unfortunately this doesn't seem to happen	11/3/2016 8:50 AM
486	Better flow, more dedicated teaching time	11/3/2016 8:48 AM
487	Encouragement and positive feedback. Being listened to.	11/3/2016 8:37 AM
488	Access to GP records.	11/3/2016 7:44 AM
489	More regulated breaks	11/3/2016 7:43 AM
490	More beds More nurses Less tired staff	11/3/2016 5:41 AM
491	More time and space	11/3/2016 4:32 AM
492	More nursing & support staff - porters, hca's, admin staff	11/3/2016 3:53 AM

Appendix F: Specific examples of bullying and harassment

#	Responses	Date
1	I have taken this up with my boss already. A consultant followed me into the break room because they were "checking up" on me and my work load. They bust into the middle of consultants without apology. They shout across the department at me.	12/6/2016 5:24 PM
2	not at work - on maternity leave	12/6/2016 3:14 PM
3	Not between doctors Nurses can behave very unprofessionally towards junior doctors	12/6/2016 2:51 PM
4	patents harrass us	12/5/2016 11:38 PM
5	Frequently seen other trainees and seniors excluding an annoying other trainee.	12/5/2016 6:53 PM
6	Sometimes in the heat of the ED the way communication occurs is undermining and is usually fairly public. Thick skin required.	12/5/2016 6:10 PM
7	There is one particular consultant who works in our ED who is rather unpleasant to work with. She undermines colleagues during board rounds quite clearly, she does not provide good support, and she focusses much more on non-important things than actually teaching/advising/training the junior doctors.	12/5/2016 2:54 PM
8	4 hour rule..	12/5/2016 1:20 PM
9	Some of the old consultants at [an] emergency department are full of pride and egos and they insult, bully and harass Registrars.	12/5/2016 1:30 AM
10	Whilst on anaesthetics this has not been a problem but whilst working in ED it was an issue.	12/5/2016 12:56 AM
11	On acute med	12/4/2016 10:07 PM
12	Bullying is mostly from patients and their relatives. Nil from staff.	12/3/2016 7:07 AM
13	Medical registrar being rude to FY2 and JCF A&E doctors who were very competent and making appropriate referrals. Included one being shouted at and another told that they did not not know what they were doing. (I had to speak to them about this and escalated this to my consultants who planned to discuss with their supervisor)	12/2/2016 8:21 PM
14	Terrible interaction between other specialties	12/2/2016 3:33 PM
15	I'm not particularly easy to intimidate, but bullying is still rife in our profession.	12/2/2016 12:24 PM
16	being told that i am not to do any intubations in resus as ED since this is only for anaesthetics in this hosopital. not be allowed to use my skills that i have learnt with regards to intubtion and sedation	12/2/2016 11:34 AM
17	Senior nurses bully junior nurses daily	12/2/2016 10:29 AM
18	Not in EM but in a different specialty I am working in	12/2/2016 9:43 AM
19	Harassment is from patients and patient relatives. I have personally had several patients attempt to injure me. I almost daily see a colleague injured or an attempt to injure one of them.	12/1/2016 11:58 PM
20	n	12/1/2016 7:44 PM
21	consultants speaking badly to juniors	12/1/2016 4:14 PM
22	Specialty referrals are main source of contention and poor professional behaviours	12/1/2016 6:41 AM
23	other specialities can be rude and undermining to juniors	12/1/2016 1:24 AM
24	Anaesthetists have made myself and the previous ED ACCS trainee feel very unwelcome and regularly make comments about how incapable and incompetent ED staff are generally and how only anaesthesits know how to look after patients properly. I don't get the same treatment as my CT1 anaesthetics colleagues and don't get the same opportunities they do for training and support clinically. Neither did my colleague last year.	12/1/2016 12:49 AM
25	I have been away of bullying behaviour from other specialities rather than from ED staff	12/1/2016 12:15 AM
26	Calling junior dog tail	11/30/2016 10:41 PM

27	Juniors are constantly undermined and spoken down to by senior nursing staff. The department sent out a tally of your work and how many patients you see per hour etc and broken down into seriousness of patient. This was visible disruptive to morale of junior staff and I can see the logic but it must be backed up with discussions with supervisors and not just an anonymous email.	11/30/2016 9:29 PM
28	Asked about wait times when short staffed and overwhelmed with patients by NIC	11/30/2016 9:28 PM
29	Essentially a couple of nurses being snarky wankers all but accusing you of neglecting patients because you have made a very quick plan on their patient before handing over the dept to the incoming registrar rather than sitting and spending a long time completely sorting them out. Then coming and hassling you several times in the space of 5 minutes forcing you to abandon handover only to find there is nothing that has changed with their patient, there is no deterioration they simply want to discuss the 'plan'. The manner of doing so is done to deliberately undermine you and make sure you know the pecking order.	11/24/2016 12:39 PM
30	Undermined by other specialities, harassment by patients	11/23/2016 4:42 PM
31	In my department, shop floor management is completely done by the nurses, not the consultants or middle grades. I have sometimes felt undermined when I take management decisions at work.	11/22/2016 4:43 PM
32	One unpleasant anaesthetist.	11/22/2016 9:20 AM
33	Consultant undermined colleague in front of patient then continued to pursue criticism which was uncalled for. Colleague had misjudged a situation and was controlling an regaining pt trust when he waded in. Unprofessional and potentially ignited a formal complaint.	11/17/2016 1:06 PM
34	Frequently undermined by specialities who do not understand the pressures of the ED	11/16/2016 9:39 PM
35	Undermined by nursing staff.	11/14/2016 4:49 PM
36	i do feel harrassed byt the constant requests from the rota co-ordinators to work additional shifts	11/14/2016 3:12 PM
37	Occasionally i have seen juniors being undermined and talked down to by some seniors and i have seen this then deter then from asking clinical questions in the future to those individuals.	11/12/2016 4:06 PM
38	Shouted at by paed a&e consultant for not liking my management plan	11/10/2016 10:06 AM
39	Was undermined by a medical spr. I confronted him and we were able to resolve the issue professionally	11/8/2016 5:42 PM
40	Mainly when referring to other specialties, often feel like our ED opinion is not helpful nor useful	11/7/2016 4:54 PM
41	Been verbally harrassed by patients Seen a speciality doctor harass an ED nurse	11/6/2016 6:44 PM
42	mat leave	11/6/2016 6:33 PM
43	Mainly nursing staff pressuring junior doctors regarding their decision making	11/5/2016 2:41 PM
44	I am overweight and that has been commented on frequently	11/5/2016 1:03 PM
45	Undermined by a junior colleague who asked for advice, then, behind my back, went to another colleague, who ended up giving the exact same advice! I've been harassed, and I've seen colleagues being harassed by patients.	11/4/2016 1:55 PM
46	As there are so few Drs working on AMU I feel constantly harassed to do jobs for the nurses, other Drs, discharge liaison officers , relatives etc, it's very unsustainable and stressful . We need more Drs .	11/4/2016 1:39 PM
47	Currently on OOPE so not applicable.	11/4/2016 11:46 AM
48	Not in my current placement but in my previous intensive care placement I felt bullied and discriminated against several times per week.	11/3/2016 6:07 PM
49	I think undermining is rife in medicine. When I have observed this amongst colleagues though I often feel that the person doing the undermining has little insight of it and no intention to offend. Very complex human interaction underlying the practice of undermining. NB the survey won't allow me to move on without choosing 1 of homophobic, sexist or racist language. I'm choosing homophobic but haven't witnessed or experienced it so please disregard 1 answer.	11/3/2016 9:59 AM
50	I told the [Deanery] and they were very unhelpful, antagonistic and unsupportive and they sided with the bullies to bully me even further. The [Deanery] says they take bullying seriously but they don't and they always side the the bully and try and remove the trainee from the program if they raise legitimate concerns or complain or whistle-blow. The [Deanery] is the worst Deanery in the UK	11/3/2016 9:52 AM
51	Question below regarding language- no but can't proceed unless checking one	11/3/2016 9:36 AM
52	Generally nursing staff are harassed and bullied by patients, docs, and matron on a regular basis. I've felt undermined by other specialities on numerous occasions. I've certainly been harassed, by patients and sometimes hospital management, usually to do with crowding and waits.	11/3/2016 8:20 AM

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

#	Responses	Date
1	better rota	12/6/2016 8:25 PM
2	Protected teaching and SPA time. Input of registrars to rota development.	12/6/2016 6:47 PM
3	Not having to work 12 hour shifts. Better flowing rotas so we do not get gastritis and jet lag Higher staffing levels of juniors. Much more interaction with consultants regarding feedback. Stop this 4 hour target and number crunching nonsense. Treat us like people and not machines.	12/6/2016 5:04 PM
4	Ability to go LTFT for reasons other than child/dependent care and illness; would allow greater flexibility in training/pursuing other clinical interests and thus aid retention. Greater staffing levels would lead to better rotas Flexible leave and study leave rather than fixed Annualised rotas	12/6/2016 4:53 PM
5	Main reasons I know for people leaving emergency medicine are burn out, desire for a less anti-social rota and moving specialty for better work/life balance	12/6/2016 3:56 PM
6	Better rotas, more training days and formal study leave etc, more forward planning for hospital placements to allow planning for home life	12/6/2016 2:58 PM
7	Annualisation of registrar rotas Increased Payments for out of hours	12/6/2016 2:38 PM
8	better rota, better pay	12/6/2016 11:52 AM
9	Better staffing.	12/6/2016 7:08 AM
10	better rota for trainees, more days of post nights, more senior support - particularly if you are considering leaving, more interest in trainees education and training needs	12/6/2016 1:40 AM
11	Teaching - on the shop floor and ED ACCS trainee teaching days such as those for anaesthetics/core medical trainees etc. Formal exam training.	12/5/2016 11:28 PM
12	Care about your juniors with meaningfull actions. 1. rota shared in reasonable notice. 2. a liveable rota. 3. help trainees achieve signoffs	12/5/2016 11:28 PM
13	Better rotas for more junior staff	12/5/2016 11:25 PM
14	Incentivise Train Improved dynamics with other specialties and streamlining of ED cases (reduce duplication of work/ let ED docs do ED things! The phrase 'yes you could do that but you've not got time so refer to some specialty' needs to be banished A lot of highly skilled doctors being put off as not having opportunity to utilise their skills and further increase their experience	12/5/2016 10:53 PM
15	Better working hours (not all twilight - either days or nights for 12 hours); protected teaching; better leadership from top to set a constructive tone within the team.	12/5/2016 9:21 PM
16	More flexibility with Study Leave. My LETB/Deanery/Emergency Medicine School do not fund EMTA conference for example which is a great shame as it is delivered by trainees to trainees with a lot of work done for curriculum mapping of the conference agenda, I do not think that I will be attending next EMTA conference. Also, the HEE locally do not fund conferences for Leadership such as FMLM. This is very frustrating for trainees who took a year out of programme to do Leadership and Management Fellowship. Makes a return to clinical practice as a cultural shock or that EM School do not value that time spent as an OOPE as much as it should be.	12/5/2016 9:14 PM
17	Improve ACCS programme (as above) More Clinical Fellow type posts so OOPT time built in, my OOPT allowed me a lot of breathing space, opportunity to develop new skills/ interests.	12/5/2016 9:14 PM
18	LOOK AFTER YOUR TRAINEES!	12/5/2016 8:50 PM
19	Improve opportunities for dual accreditation eg GP - most people cannot handle the frequent on call lifestyle. Expanding the pool by having dual specialists would improve attractiveness of the specialty.	12/5/2016 6:41 PM
20	1. Better Remuneration 2. Short shifts. Canada does this.	12/5/2016 6:27 PM

21	The rota and pay have to improve. My partner is a GP trainee, she works no weekends and no nights and one evening a month. She gets a 40% banding. This is great for us. But when I think that I get paid £200 a month more, in exchange for 1 in 4 nights, 1 in 2 weekends and countless unsocial hours the system seems to be a bit bonkers. Training should be improved... it should be the envy of other specialties - 1 on 1 consultant time, lots of rota'd portfolio time, chances to choose patients to see, preferential resus time etc - its a bit of a pipe dream but then I guess that is what this survey is for.	12/5/2016 5:58 PM
22	Different retirement age if wages cannot be increased to allow ED doctors to take early retirement. Possible for Radiologists and Anaesthetists to retire at 65 but not for EM physicians.	12/5/2016 5:54 PM
23	EM as a specialty, has more passionate people as trainees when compared to others. It is a difficult job as well. People are willing to do that but need incentives to hang on when the tide gets rough. Better rotas and staffing first and foremost, better teaching programmes, doing more 'hands on" at work rather than directing the traffic of patients, better pay and more support at work are the basics requirements of any trainee.	12/5/2016 5:26 PM
24	Trim down work placed assessments.	12/5/2016 5:24 PM
25	This is a stressful job.	12/5/2016 5:23 PM
26	Support for people with MRCEM and work experience not just make them work donkey hours	12/5/2016 5:17 PM
27	Emergency Medicine is the best job ever but to have the best job ever and to give up your life is difficult. To work every other weekend when you have already worked a week of 4-2am and not seen family or friends is hard. To only have set annual leave and not go on holiday when you would like to is difficult. My suggestion is long days like nurses and do 4 long days/ nights a week. In a rolling rota. Also for us to choose annual leave when ever. And not in the enforced weeks. departments always need locums what ever so why can't we have our holidays when we want? I'm very luck the department I am in give you back your off days if your at teaching and let you have nights of for mandatory teaching and this should be the case across the board. My housemate who is a CT2 does not get this at all and she is also in the [region]. I feel if these changes are made early and people and other specialities see that our quality of life has improved we will not only retain but also gain people into Emergency Medicine. Another issue is that other specialities also. All us failed doctors. This just isn't fair and I feel that this needs to be addressed. It is unprofessional and rude. Apart from making the surgeons see everyone who walks in the door with abdominal pain I don't know how to change that.	12/5/2016 3:56 PM
28	Improve rotas, ensure support is there. Ensure other parts of the NHS/social care hold up their end of the bargain to try and reduce patient numbers, making ED more bearable for all concernes	12/5/2016 3:53 PM
29	The rota is the main thing. Expecting us to work these hours, at this intensity of work, with this much responsibility without equitable remuneration is unsustainable and insulting.	12/5/2016 3:07 PM
30	No fixed annual leave Less weekends and nights, or at least less frequent nights. For example, would be better to do 7 nights in one go and then have no more nights for 3-4 weeks if possible. Difficulty being part of a team/sport/choir etc because so many evening shifts and different rota every week - a way of being able to chose shifts could definitely help this. Don't send trainees to departments where there is literally no focus on training us as ED doctors, as opposed to just being service provision again.	12/5/2016 2:42 PM
31	I have seen lots of colleagues leave at ST3 level. Each time their reason is the same - they feel exhausted, over worked, fed up of a relentless rota which is almost entirely unsociable with regards to hours and they are resentful that special occasions too them (eg weddings, birthdays) are often missed due to inflexibility in the rota and the difficulty of swapping shifts. Having spent time in the early part of their career on anaesthetic and acute med/ITU rotations, they have also seen that the hours and workload with these specialities can also be more favourable to a good work/life balance and many people enjoy their time in these rotations. It is early enough in their career to consider re-training. I think if the anaesthetic training is deferred until later in the training schedule there would be fewer people who would leave. In addition, many departments do not encourage us to utilise our airway and anaesthetic skills so most of these skills are lost by the time we reach CCT. Maybe integrating some short time on anaesthetics intermittently throughout the length of the training may help people to retain these skills.	12/5/2016 2:39 PM
32	Sho rota is hard and appears unappealing to juniors. Feeling supported, motivated and having your consultants teaching you makes a difference in wanting tocontinue with the career	12/5/2016 2:19 PM
33	Making trainees feel valued and respected by seniors - this motivates more than people realise!! (t's awful to be a trainee and feel like a cog in a broken machine...), protected teaching and more teaching, better rota!, increasing pay in this speciality,	12/5/2016 1:05 PM
34	A more easy ROTA to cope with. In these 5 years of training, not even one ROTA where work life balance was considered. Main consideration in departmental meetings is how to man shop floors? If focus somehow involves maintaining a work life balance both junior and senior side of rota, retention would get better.	12/5/2016 11:55 AM
35	Better rotas. More staff in all areas. Better remuneration either with time off or money.	12/5/2016 10:47 AM
36	.	12/5/2016 10:18 AM

37	Access to study leave and the support to pursue other interests such as leadership training or QI initiatives.	12/5/2016 9:57 AM
38	Better rota and leave when needed	12/5/2016 9:10 AM
39	Ensuring decent rotas and staffing. It can be done. JCUH have good staff levels and Rota.	12/5/2016 8:13 AM
40	Protection for those on rotas. Spreading existing trainees so thin makes them leave. Simple. Value existing trainees.	12/5/2016 7:26 AM
41	Emergency Medicine is a specialty whose workload is not comparable to other specialities. It is constant and often unrelenting. This needs to be appropriately respected by increasing our pay. Why should we work consitently over a night shift whilst many of our colleagues may occasionally have the opportunity to sleep without this being rewarded? Why is it that we must do shift work at a tremendous detriment to our family and social life (and possibly health) without being appropriately remunerated. The reason people are leaving is because the good bits of emergency medicine no longer outweigh or even closely match the sacrifices.	12/5/2016 3:27 AM
42	Improve the rota immediately, consultants need to be polite nicer and more appreciative to trainees and the specialty should take control of reins and actually treat patients for longer than just pushing to other specialties	12/5/2016 2:28 AM
43	Ensure rotas are not as punishing especially week ends. Allow self rostering! Allow more dual accreditation	12/5/2016 1:26 AM
44	Dual accreditation More rewards for EM TRAINEES	12/5/2016 1:16 AM
45	Making it easier for trainees to work flexibly when necessary	12/5/2016 1:09 AM
46	For the Royal College to demonstrate they value us and defend us. To be able to attend well organised training days without having to battle to get shifts off. To be included on emails with timely notifications of events. To be able to take time out of program or go less than full time easily without question if valid reason	12/5/2016 12:44 AM
47	More secure rota considering anti social hour and good payment to secure future from personal life aspect.	12/4/2016 10:53 PM
48	Appreciate the trainee for the job he/she does	12/4/2016 10:35 PM
49	Better compensation for antisocial hours, more rota flexibility. Continue filling EDs with inspiring consultants!	12/4/2016 9:52 PM
50	Increased pay premia for retention, more option of LTFT without necessarily having caring needs, potential to train 80% with 20% teaching experience. Rota pattern reflects the service needs and is therefore likely to change (evenings and weekends) but the frequency needs to change - I plan to start a family soon, and this will change my work-life priorities significantly.	12/4/2016 9:20 PM
51	more senior trainees. Make use of the skills ED people have (and provide them with time to implement them). Change rota's (less unsociable hours).	12/4/2016 9:02 PM
52	There is a dire need for training day dates to be given in advance of starting new posts and the dates sent to rota co-ordinators. Many trainees feel incredibly dissatisfied at the difficulty in attending regional training days due to problems getting time off. Increased study budget to cover for the fact that EM trainees need to have certificates in ALS, APLS, ATLS and Level 1 ultrasound in the first few years of training alongside taking the RCEM exams.	12/4/2016 6:37 PM
53	Recognition and rewarding trainees for the demands of the job. e.g. increased leave time, less weekends, salary packaging. Flexibility in training. Good teaching oppitunities. Payed study leave to go to get other qualifications etc.	12/4/2016 6:29 PM
54	Allow more flexibility in training, particularly taking time out of training	12/4/2016 5:23 PM
55	Focussed training shifts	12/4/2016 3:47 PM
56	Enforcement of sustainable Rotas and reflection in our pay to compensate for the demands of the job being higher than else where	12/4/2016 2:55 PM
57	More critical care in the ED. More injuries. Less nights and weekends. More money. More flexibility to take years out and pursue outside interests.	12/4/2016 1:00 PM
58	Better rotas. Easier to apply for study leave and annual leave.	12/4/2016 10:52 AM
59	increased value and motivation for ed staff teaching and opportunities for trainees - currently treated same as an fy2	12/4/2016 7:52 AM
60	Improve rotas patterns, decrease antisocial hrs, improve renumeration, work on over crowding, allow time for training/personal development	12/4/2016 2:51 AM
61	The pay of an emergency physician cannot be same as other specialties.	12/3/2016 11:21 PM
62	A better understand of the intensity of the job and that we require a better rota, and renumeration for this either in time to explore teaching / research / dual accreditation, or better pay.	12/3/2016 11:15 PM
63	More opportunities to spend time refreshing skills learnt in ACCS	12/3/2016 5:57 PM

64	Protected time for breaks during shifts, this may help prevent burnout To reduce gaps in rotas as the slack has to be taken up by the medical staff on shift Not all patients need to be on a 4hr target - especially those identified as not requiring ED management - this could reduce the pressure on medical staff workloads	12/3/2016 5:45 PM
65	Protected time within each working week to develop as a clinician. As noted above. Time for appraisal, management , qip, and further learning (e.g. Trainee could arrange to attend fracture clinic, emergency ophthalmology clinic etc to develop skills as acquired. Could use the time to teach or develop other skills. Whilst offering LTFT to all might help certain trainees, college issued guidance stating departments must offer 10% of a 48 hour average for CPD week would improve retention by giving trainees back the time required to develop appropriate skills that are no longer easily obtained (for example the skills in minors that were once so readily learned but less frequently so now due to the demand and volume 'medical majors'.	12/3/2016 4:33 PM
66	Payment for shift not banding. Flexibility in training. Offering more SHO time in specialities I.e ortho / paeds etc	12/3/2016 3:26 PM
67	Minimise shift time variations. I can be on 3 types in a single week so my "off days" are spent feeling exhausted and nauseated from lack of sleep in order to prepare for my next shifts. There has to be a financial benefit to such a lot of out if hours working. There has to be an end to "you can only take leave when you're on a normal day shift, not nights or weekends because most locums won't cover these shifts". This means. Get crowding under control Less obstruction from specialities trying to defend their lists because they are already overstretched. Teach us stuff on the shop floor at all opportunities so we feel we are not plateauing and becoming triage droids Keep role models. I have only got this far probably because of people I aspired to be like within EM. Not all doctors are equal in this regard so while losing any HST or consultant is a blow, losing a proper and inspiring role model is a disaster because you need them to bring people into the speciality against the tide of "why on earth would you want to go into A&E?" That you hear all the time as a junior.	12/3/2016 1:53 PM
68	Sack the tories. I really think it is a much wider problem than just being a college issue.	12/3/2016 11:09 AM
69	EM is an exciting and developing specialty. The bigget draw back and what conisstently beats me down is bed waits/bed block and overwhelmed departments. It doesn't amtter how efficient you are at seeing a patient if you have no physical room to see them due to bedding down of patients and make a make-shift ward with patients in the department 12 hours you have nowhere to see anyne new, the patietns are needing you to review them again and write up regular medications, families visiting and wanting repeat discussions as they have been there so long, constantly apologising for bed waits and something that is not your fault, angry relatives and patietns deteriorating again. We need more beds and winter pressure plans!	12/3/2016 6:56 AM
70	You asked for our 10 'demands' as the emta training day: 1) make the trusts give us our study money to pay for our exam fees! They absorb and steal it otherwise 2) our gmc and college fees should be entirely paid for by HEE- it's shocking that we have to pay for those critical components of our jobs and as you've increased our college fees without any obvious benefit and the GMC has done the same it's only fair the fees be written off. 3) the exam fees are extortionate. As you yourselves say in your red 'get through the mcem a' that one should expect to sit the mcem a twice, i want each exam to come with a goodwill free resit. These are big moneymakers and I see no other reason why not.	12/3/2016 4:48 AM
71	The difficulty in retaining trainees in EM is mostly due to the shift pattern. If the unsociable hours are reduced it might help. Also educating the public about what really constitutes an emergency will avoid EM departments being overcrowded and help in delivering quality care.	12/2/2016 10:31 PM
72	Feeling more valued. Not putting ST1-3 on the same hideous FY2 rotas.	12/2/2016 8:32 PM
73	October start date for ST4 (2 months off optional for all post ST3) More space in departments to see patients Encourage OOPE More consultants on shopfloor seeing patients Deanery to pay for level 1 USS course for all trainees Get rid of charge for e-portfolio (this is ridiculous) Allow 6 months to a year off for travel / non medical activity without the need for justifying as OOPC More time off after night shifts Improved staffing 2nd ICU rotation later in training	12/2/2016 8:07 PM
74	.	12/2/2016 6:58 PM
75	Increase staffing	12/2/2016 5:28 PM
76	More GPs, stop doing primary care badly and allow people who actually enjoy primary care work to do that. More focus on the reasons people chose emergency medicine - minor injuries, critical illness, more focus on trainee wellbeing. Follow the lead of anaesthetics and value trainees rather than use them as workhorses. Ensure study leave is granted and appropriately funded.	12/2/2016 3:22 PM
77	We need a focus on training drs to be critical/ emergency care physicians and teaching them the art of emergency medicine rather than running them into the ground with exhausting rotas	12/2/2016 3:18 PM
78	less focus on service provision	12/2/2016 2:50 PM
79	Better pay and better rotas	12/2/2016 1:23 PM

80	Better pay	12/2/2016 1:03 PM
81	- better rotas, and less rota gaps - feeling valued - getting a thank you every once in a while! - being able to do locum shifts at non-capped rates. this seemed to be the only little perk of ED (being able to do the odd locum shift and get good financial reward for it - to be able to treat yourself to a holiday etc.) but now even this has gone!	12/2/2016 12:47 PM
82	improving staffing levels	12/2/2016 12:46 PM
83	Put back some of the practical and skills procedures into the department	12/2/2016 12:37 PM
84	antisocial hours are acceptable, however there is often not enough days to recover	12/2/2016 12:06 PM
85	staffing levels need to be addressed being able to go less than full time and or having time out of training review of the number of exams compared to other specialities increasing and using skill set - all trained to do RSI's etc but not able to do them in ED balance between service provision and training review of pay in relation to intensity and rota patterns	12/2/2016 12:00 PM
86	The above question is structured appallingly so I have answered N/A for ALL! Honestly, this exemplifies the lack of foresight and appreciation from the college. ALL these issues are important!! They cannot be "ranked"! You're not going to keep us by knocking down a "top three"! You need to solve ALL these problems. Get a grip and do this: 1) MAKE inter-deanery transfers an EASY option for trainees! Our choice!! I know two trainees who have quit the specialty becuase transfers were denied! 2) BUILD a dual accreditation program with anaesthesia, with psychiatry, with CoE. Have you had those discussions with the RCoA etc???!! 3) Target local department factors internally and with brutal, free honesty and peer review. Have a truth and reconciliation committee if needs be. Let the bullies and the lazy know they just CANNOT behave this way. 4) I don't need more time with each patient. I need more nurses and more specialties answering bleeps so that when I go back to the patient something has actually changed. 5) I am adequately paid, but was emergency taxed at change of jobs despite providing the paperwork. Have a dedicated HR individual to make sure pay transitions are smooth. 6) Have protected departmental teaching days in the same way as regional teaching. It will bring teams togather, remove the problem of ROTA obstructing teaching, and it will homogenise knowledge and practice, preventing dangerous incidents. 7) Continue to improve the organisation and quality of Deanery teaching days. They are coming on; last year they were a shambles. This year they are a bit better. Go on. 8) This is a big one. Campaign to make all doctors undertake EM for a portion of F1 or F2. We ALL need to know how the front door works and it would improve understanding of our challenges. 9) Pay for all trainees to do ALS, A/EPLS, Novice Anaesthesia, Introduction to ITU, Level 1/2/3 ultrasound and devise and fund a new, modern ATLS homologue that could then be sold on at educational and fiscal profit. I cannot BELIEVE no one at the college is doing this already to be honest, but hey. Study budgets don't cover the above. 10) Withdraw RCEM support from departments that weasel the rota. I work at a hospital with mercifully benevolent rota co-ordination where doctors STILL can't take all their leave because there are just not enough people on the rota. This sadly compares favourably with departments who specify leave can only be taken on a certain set of shifts - allocated leave in all but name. UNACCEPTABLE. 11) Mandate shop floor teaching by consultants. One case-patient per supervised trainee per fortnight, for example. 12) Staffing levels is a big one. Trusts are going to have to accept that ED is an expensive specialty and CEOs will have to accept paying over the government's mandated limit for QUALITY locum cover. At the moment we pay some very bad doctors to do shoddy work because there's no choice. Up the ante, and bring quality. 13) Guarantee a portion of PHEM and Major Trauma work. I hope you could be bothered to read all that.	12/2/2016 12:00 PM
87	Better pay considering the hours we work and the intensity we work compared to some of the other specialities	12/2/2016 11:46 AM
88	Increased staff, a study budget that actually reflect our needs, study leave built in,	12/2/2016 11:33 AM
89	Improve staffing, to make job less stressful/dangerous and more enjoyable	12/2/2016 11:31 AM
90	PLEASE OPEN UP ANAESTHETICS OR OUTREACH ITU AS SPECIALITY INTEREST OPTION. THE IDEA THAT DUAL ACCREDITATION MEANS YOU NEED TO BE AT CONSULTANT LEVEL FOR BOTH COMPONENTS IS NOT NEEDED. ONE SHOULD BE ALLOWED TO HAVE A SPECIAITY INTEREST AND SESSIONS DEDICATED TO THIS WITHOUT HAVING TO NECESSARILIY BY AT CONSULTANT LEVEL.	12/2/2016 11:24 AM
91	I have no objection to long, busy hours. The rota issues are that the majority of those hours are 1pm-11pm which gives me little time to see my loved ones. I appreciate that this is the bulk of work in ED but more people are needed on the shop floor to ensure we can work more sociable hours	12/2/2016 10:57 AM
92	appreciate your trainees more	12/2/2016 10:51 AM
93	Let us do more emergency medicine instead of acute or general medicine	12/2/2016 10:31 AM
94	Improved regulations of rota coverage. Protected teaching/CPD time each week.	12/2/2016 10:23 AM
95	Need more staff	12/2/2016 10:17 AM
96	Make the rota more heavy with doctors so you can actually get teaching from consultants or time for trainees to sit in fracture clinic to see management of fractures or ent clinic to broaden and enhance skills	12/2/2016 9:51 AM

97	Easier OOP, either better pay or more time off for the out of hours- it is terrible we get paid the same as other specialties that do less and this is a huge factor driving people away.	12/2/2016 9:33 AM
98	It makes no sense that I can be training as a 'part time' registrar, yet work the same hours as a 'full time' consultant. Hours are high and full time trainees are exhausted.	12/2/2016 9:23 AM
99	Address staff issues which would ease workload	12/2/2016 9:03 AM
100	Make SPA time compulsory. Colleagues of mine in other Deaneries have one day a fortnight SPA for portfolio etc. We end up coming in on a significant amount of off days to do USS, audit etc. I used 7 days annual leave last year working 12 hour days to get things like this done and it's one of the reasons I'm LTFT.	12/2/2016 8:37 AM
101	Make it truly flexible and not just about filling the rota	12/2/2016 8:34 AM
102	Increase remuneration and other perks.	12/2/2016 8:09 AM
103	Better rota. More teaching.	12/2/2016 4:16 AM
104	With more trainees intensity of work and amount of support would be better leading to better rention.	12/2/2016 1:42 AM
105	better rota, better work life balance	12/2/2016 12:27 AM
106	More attractive rota, ability to get special occasions off, better pay	12/2/2016 12:20 AM
107	Reducing the duration of individual shifts Recruitment of more ED doctors More flexible inter deanery transfers Decrease the number of exams required whilst improving the standards for CCT- SAQ exams e.g for FRCEM intermediate and FRCEM final don't have much practical difference.	12/1/2016 11:59 PM
108	Reduced hours for more pay. This would increase recruitment, would reduce burn out and allow improved work life balance. Simplified work place base assessment and exam process. The requirement for increased/disproportionate academia has turned many of my colleagues off completing FRCEM.	12/1/2016 11:42 PM
109	.	12/1/2016 11:31 PM
110	Treat your staff with respect,allow a more realistic work life balance and most importantly actually train them and provide them with supervisors that are interested in helping people develop not just perform basic tick box exercises to show they're "progressing"	12/1/2016 11:30 PM
111	Better salary and remuneration for work involved. Less unsociable hours.	12/1/2016 11:26 PM
112	Allow more flexible working and allow people to work less than full time if they wish. Make it easier for people to do this.	12/1/2016 11:20 PM
113	I believe there is a lot of frustration and anger for using ER as primary health care due to failure of GP service The work load, under staffing , unsocial hours, other specialities disregards, and difficulty and length of exam and training	12/1/2016 11:03 PM
114	physically bearable rotas	12/1/2016 10:58 PM
115	Dramatically reduce anti-social hours. Allow people to have a family and social life, offer explicit support for people who wish to have two careers, or who want to work LTFT for any reason they want.	12/1/2016 10:44 PM
116	Rotas!	12/1/2016 10:29 PM
117	Better training opportunities Positive reinforcement Work life balance - time off for anti social hours Respect from other specialties	12/1/2016 10:26 PM
118	more dedicated protected time to improve on clinical skills (eg ultrasound)	12/1/2016 10:19 PM
119	Trainees need to feel valued and be well rested. This doesn't happen in understaffed departments.	12/1/2016 9:53 PM
120	More availability of out of programme experience. Better rota patterns, better unsocial hours pay.	12/1/2016 9:45 PM
121	Monetary incentive Decent rota Not working people for every hour "because you can"	12/1/2016 9:43 PM
122	Increase flexibility of training to allow trainees to pursue other interests and avoid burn out.	12/1/2016 9:32 PM
123	Remuneration is key. Working hours and interdisciplinary relationships. Hopefully leaving acute emergencies as main patient cohort allowing for more intensive treatment and procedures than is currently practised in most departments. Treatment and emergency medicine is not all about referrals within four hours	12/1/2016 9:23 PM
124	Most of the fun stuff is being taken away from emergency medicine trainees. ENPs do minor injuries, Anaesthetists and ICU do procedures in resus, things like LPs and drains mostly wait to be done on the ward because we're too busy. The actual job itself is looking less and less appealing. We have less and less time with each patient, often getting pushed to refer someone "because they can't go home" before we have any test results back, so we don't even get to make a diagnosis.	12/1/2016 9:19 PM

125	I think relationships within the team is the most important thing in work. Even when the workload is tough, camaraderie is enough to retain those who are suited to the job. We currently do not have enough trainees and are hugely dependent on our non trainees. I think they should be given more priority and training opportunities so that training is not directly from the deanery but more like an apprenticeship where we all learn from each other. So many trust grades are employed to just fill in gaps. These people need to be kept happy and helped to achieve job satisfaction as well. I think when this 'discrimination' is removed we would see a happier culture change which will already make the job more attractive. DRE-EM has been a good first step in my opinion, as it opens doors to perpetual trust grades, but it is important to iron out the problems that have come about for this programme and to persist in continuing for many more years. Note I have never been a trust grade and have only progressed upwards every year on a training programme.	12/1/2016 9:14 PM
126	Multifactoral	12/1/2016 9:09 PM
127	Better staffing. More rest and refreshment facilities for ED staff.	12/1/2016 8:55 PM
128	The lack of work/life balance must be addressed before we lose all our EM trainees to GP/Anaesthetics	12/1/2016 8:54 PM
129	More 1 to 1 consultant and trainees teaching ON shop floor. Renuneration with time off or pay with antisocial hours. Less weekends	12/1/2016 8:53 PM
130	Allow people the freedom to do different things. Most people who choose EM like variety and hate to be trapped in a system. If given the freedom, they will leave and come back a better doctor.	12/1/2016 8:39 PM
131	More doctors. More space. Better front door triage and separation. Dedicated day off per week so you can have some kind of social normality. Better in house training.	12/1/2016 8:32 PM
132	I think the assessment process needs to be simplified. There is too much paperwork to do on the eportfolio which distracts from real learning. We are never given time To do this work and it is much more time consuming than the college realise. The only people who are very keen on all the paperwork are the generation who have never had to go through it. It really detracts from our experience and wastes a lot of time And causes a lot of additional stress for trainees. We are adults and capable of learning without tick box assessments which mean nothing.	12/1/2016 8:19 PM
133	As mentioned earlier, better salary, less work, more holidays and more respect as well as appreciation from others including the Govt.	12/1/2016 8:07 PM
134	shorter programmes	12/1/2016 8:06 PM
135	Empowering Emergency Physicians, eg. Every ED having own Clinical Decision Units / Acute Medical Units that are run by ED physicians, so that acutely unwell patients get the right care at the point of contact .	12/1/2016 8:06 PM
136	Improving the rota as it the single biggest complaint form anyone having worked in ED.	12/1/2016 8:01 PM
137	Improve Rota Subspecialty training Salary	12/1/2016 8:01 PM
138	Valued for the care we provide to acutely ill patients.	12/1/2016 8:00 PM
139	x	12/1/2016 7:57 PM
140	More flexibility in training. I benefitted from time out of programme to go to Australia. Overall well being improved and professional outlook altered by seeing different system. Assessment process has little correlation to performance - worst trainees usually see less patients and have best eportfolio. Exam process - having just sat FCEM exam costs significant. Very good local support but little recognised study material for exam.	12/1/2016 7:52 PM
141	the rota need to be adjusted.	12/1/2016 7:37 PM
142	Teach doctors skills and encourage them to use them on the shop floor. Stop focusing on four hours - this means a perpetual push to avoid breeches and the bare minimum being done for each patient.	12/1/2016 7:37 PM
143	Ensuring that trainees are appropriately supervised by experience clinicians with available time to teach on the shop floor. Avoidance of exit block and departmental crowding which push out time for teaching and training. Avoidance of rota'ing SHO trainees on especially anti-social 48 hour week rota's to cover for the lack of staff.	12/1/2016 7:34 PM
144	Treat us like the anaesthetic trainees, actually teach us, give us confidence and help us financially, paying for 3 exams, ATLS, APLS, ALS, USS and rising college fees is killing me financially	12/1/2016 7:22 PM
145	Better working shift patterns that make emergency medicine a sustainable long term career option Allow time to obtain feedback from cases	12/1/2016 7:18 PM
146	increase staffing levels to make more enjoyable work environment.	12/1/2016 7:16 PM
147	better pay for the hours. more teaching.	12/1/2016 7:16 PM
148	Improve trainees' social life by reducing the number of antisocial (night/late/weekend) shifts would be my priority	12/1/2016 7:12 PM

149	Treat trainees with flexibility and fairness	12/1/2016 6:57 PM
150	D	12/1/2016 6:50 PM
151	-	12/1/2016 6:48 PM
152	Better rotas, especially for F2 doctors. Flexible annual leave.	12/1/2016 6:42 PM
153	More support for those of us dual accrediting, more renumeration for intensity of work rather than hours worked, less pressure from managerial staff	12/1/2016 6:36 PM
154	Better remuneration	12/1/2016 6:33 PM
155	Support to feel more valued	12/1/2016 6:33 PM
156	Family friendly Rota Better pay for unsocial hours More staff Less pressure	12/1/2016 6:32 PM
157	Improved rota or improved pay reflective of hours and work load	12/1/2016 5:12 PM
158	senior staff being more mindful of how they support the juniors and take care of the moral in the department	12/1/2016 4:05 PM
159	Better rotas more acceptance of the intensity of the work.	12/1/2016 3:40 PM
160	Focus on teaching and training in individual departments. Involvement with other trainees in the area. Enthusiasm for specialty of EM and EM trainees among consultants to foster group feeling in specialty. Focus on clinical governance.	12/1/2016 3:14 PM
161	Improve rota and antisocial hours and ensure opportunity for research/pursuit of other interests.	12/1/2016 3:03 PM
162	Bespoke rotas for EM Trainees to take into account all the extra things we are required to do when not on the shop floor. Actual non-clinical time to deal with patient follow-ups, reports, reading and answering emails - all the things every other specialty is able to do as part of their normal working day but we cannot! Recognition that our shifts are 10-12 hours of constant hard work, we face degradation of our abilities over this time frame and shifts should be capped at 10 hours. Along with this we should only work 4 days in a row maximum. We need less WPBAs. Training should be more along Vocational lines, with someone who oversees your entire training and directs it as it progresses.	12/1/2016 2:44 PM
163	Improvements in staffing and rotas	12/1/2016 2:40 PM
164	rota, rota, rota. Or; money, money, money. There is a point, when things are either worth it, or not.	12/1/2016 2:30 PM
165	Listen to trainees More honesty Need consults to train us please!!!!!	12/1/2016 2:06 PM
166	Improve staffing, improve the rotas, give trainees CPD time - currently non-available. Make training a priority over wooing locum doctors and oversease to work in the department. Valuing the work done by A&E physicians.	12/1/2016 1:52 PM
167	Less unsociable hours	12/1/2016 1:23 PM
168	Don't raise RCEM fees well above RCOA More focus on teaching, less on firefighting service provision President should have opposed new contract which will disincentivise OOH payment, making ED recruitment worse Better provision for dual accreditation e.g. Pre-hospital, as this is a very attractive sub specialty	12/1/2016 12:52 PM
169	The junior tier rotas need massive expansion to make them more bearable.	12/1/2016 12:41 PM
170	Better rota, dedicated protected shop floor teaching	12/1/2016 11:43 AM
171	Improving the rota. Long runs of shifts even if these are only 5 days in a row are more tiring in emergency medicine as you are constantly working and the shift pattern means you get much less time with family than in other specialities.	12/1/2016 11:40 AM
172	Ban fixed leave. Let us go to weddings/funerals. Give proper notice of rotas. Force depts to give study leave in lieu when mandatory training days fall on days off. Treat us like adults. Make mandatory life support courses (ALS, APLS, ATLS) paid for, so they don't swallow study budget up - other specialties don't have to do this many mandatory courses so they can spend study budget on other things.	12/1/2016 11:40 AM
173	More appreciation, I feel like there is not a lot of 'love' on the inside of emergency medicine, we just muddle along which doesn't encourage people to stay, it is so easy to think the grass is greener when you are an EM trainee! I think we need to celebrate our speciality outside of our own silo.	12/1/2016 11:30 AM
174	More flexible rotas. Enhance regional teaching ie annual mini resus courses. Guaranteed SPA time to develop audit/different clinical skills - I have lots of stuff I'd love to do to improve the department and me but no time!	12/1/2016 11:22 AM
175	The rota is crap. When at work it is full-on, unrelenting and seldom do we get appropriate breaks. Paired with many of us being placed in hospitals away from home adding a long commute, the lifestyle is not one which provides a healthy work-life balance. Other than that, emergency medicine is great.	12/1/2016 11:12 AM

176	Trainees need to feel valued. They require strong leadership and role models and to have their contribution to the department and hospital as a whole recognised. They should also be paid a higher banding than other specialities to reflect the intensity of work and unsocial hours.	12/1/2016 11:07 AM
177	Increased number of staff	12/1/2016 11:04 AM
178	1. Improve resources: The volume of patients makes the job relentless- there is no breathing space, rarely the capacity to take proper breaks, and no time to get to know colleagues. This is not sustainable. 2. Sort out the rota: Having an unstructured rota pattern and working long shifts (e.g. 10-10 and 2-2) is terrible for physical and mental well being. 3. Introduce initiatives to recognise and tackle the negative impact working in the ED has on wellbeing: I would say that I feel tired/ jet lagged for at least 50% of my 'days off'. Eating healthily, finding the motivation to exercise, spend decent time with kids etc seems much more difficult in EM than in anaesthetics/ITU- the only things that have changed in my life since these rotations are the intensity of my job (shop floor shifts) and circadian disruption from the shift pattern.	12/1/2016 10:56 AM
179	Allow us to practice our skills- suturing, applying plaster casts, intubating. Even if that is with the speciality when they come to review the patient, we need to be given the time to learn from them. Stop cramming so many shifts into the rota just because it's technically legal. You don't take into account the intensity of each day any we're all echausted. Act like we're valued and teach us. I have had zero teaching this year and not been allowed leave to attend regional teaching.	12/1/2016 10:30 AM
180	Pay rise accordingly	12/1/2016 10:24 AM
181	.	12/1/2016 9:59 AM
182	Improving staffing levels (especially trainee numbers) will ease pressure on the rota and therefore lead to a more pleasant work-life balance. Renumeration is not the answer, whilst that may encourage people into the specialty initially (new contract pending) it will not retain them.	12/1/2016 9:59 AM
183	Less than full time working.	12/1/2016 9:24 AM
184	Removing allocated leave. Well staffed rotas S	12/1/2016 9:11 AM
185	Better rota	12/1/2016 7:59 AM
186	Switch to a 40 hour working week, 4x10 hour shifts. Increase staffing, particularly on nights. Offer attractive extra duty hours bonuses with these 40 hour weeks. Short term increase in costs and reduction in service provision for a long term increase in staffing levels.	12/1/2016 7:45 AM
187	Better rota and easy to go out of program	12/1/2016 7:40 AM
188	Reduced hours, better pay, improved work - life balance / annualised hours, time to spend on other associated interests, supportive deaneries	12/1/2016 6:22 AM
189	More flexibility in allocation of rotations Less antisocial rota	12/1/2016 6:04 AM
190	Protect your doctors. They are burdened by working hard to look after patients but without the years of experience that you need to be truly safe. We will all make mistakes, especially in EM when you are encouraged to make quick decisions because there are 100 other sick patients in the dept and you have to triage and treat quickly. I can imagine if this was an argument I court "it was really busy and I had 20 people to see that's why I missed X,y,z" that a lawyer would destroy you	12/1/2016 1:33 AM
191	more money more time off	12/1/2016 1:07 AM
192	.	12/1/2016 12:45 AM
193	Simply fewer hours. The work is more intense with no natural breaks. It is not healthy to do full time ED training. Therefore if trainees worked 85% of what they currently do in lieu of the unsociable hours no one would want to leave. Every single person I have met who won't apply or won't stay in A&E says it is fatigue from the rota that is their concern.	12/1/2016 12:33 AM
194	EM Trainees MUST have their own rota in a department, ST1/2s cannot be lumped into the same rota as F2/GPs, and neither should ST3-6s be on the same rota as other middle grades. Just as Anaesthetic trainees are learning learning learning (90% of the time they are with a Consultant on a list), why shouldn't it be the same for EM trainees? Everybody who does EM loves it, why don't they do it? Because of the rota. Imagine a world where there are so many EM trainees becoming Consultants, the rota isn't that bad. Granted it will take a long time, but we need to start somewhere, and rewarding EM trainees with their own rota would be a great start.	12/1/2016 12:26 AM
195	.	11/30/2016 11:53 PM
196	PA style Rota with clinical and non clinical slots	11/30/2016 11:52 PM
197	better rota, better work life balance, filtering the patients who do not need to be in emergency departments	11/30/2016 11:47 PM

198	Prioritising trainees and their needs ahead of using them for service provision and grinding them down.	11/30/2016 11:29 PM
199	Fix the rota - main problem - easy fixed - best way to keep trainees happy	11/30/2016 11:22 PM
200	Increase pay, at least 2-4 hrs in house teaching weekly, make it like in Australia where a and e docs are looked up to and rewarded for their efforts and are given really excellent teaching , better Rota's	11/30/2016 11:21 PM
201	none	11/30/2016 11:12 PM
202	better rota better remuneration, more time with patients, should be able to RSI and do critical care stuffs in ED without anaesthetises	11/30/2016 11:01 PM
203	Full the rota! Less reliance on locums, more permanent staff. This helps build a better environment and relationship between staff. This is key	11/30/2016 10:41 PM
204	Improved recognition of the pressures of the job compared with some other specialties e.g. more free time after a stretch of antisocial shifts More flexibility to get experience in critical care, pre-hospital care etc. It would be helpful for patients who don't need to be in the ED to have another point of entry to hospital.	11/30/2016 10:40 PM
205	Better work life balance	11/30/2016 10:28 PM
206	Better rosters, remunerate for increase stress and pressure of working in EM, increase consultant numbers, increase capacity of departments, better diversion of primary care patients away from front door	11/30/2016 10:26 PM
207	better rotas created by having more doctors working in ED meaning more time with patients more time for teaching and training rather than service provision and more time with friends and families. People who do ED love ED i find that it always comes down to work life balance and work teaching training balance. Always gets compared to anaesthetics or ITU where you are always learning from seniors and getting opportunities for experience. People leave making the whole spiral worse.	11/30/2016 10:02 PM
208	More respect	11/30/2016 9:52 PM
209	Better staffing levels and remuneration for antisocial hours. Better shift patterns	11/30/2016 9:49 PM
210	Better rota. More shop floor teaching. More patient care with less target pressure. Better overall staffing levels to cope with increasing number of attendances.	11/30/2016 9:46 PM
211	better sociable hours	11/30/2016 9:27 PM
212	Better remuneration. We are the most intensive speciality and rotas are terrible in some cases. The biggest challenge is burn out. When I was about to go on maternity leave I was 9-5 mainly and it made me enjoy coming to work! and exams are so very taxing.	11/30/2016 9:15 PM
213	Prevention of burnout and limit the reliance on trainees to fill rota gaps. Help them complete their WPBAs rather than them badger consultants all the time.	11/30/2016 9:12 PM
214	In the [region] we were only given our ST3 placements 6.5 weeks before the new rotations. The [region] is vast and people need more time than this to plan. All the ST3s were really angry about this (we all communicate with one another fairly regularly) and I know for certain that this contributed to one ST3 leaving the programme. It also meant that, in order for rotas to be legal and sent out 6 weeks prior to commencing our post, we would have to have all our requests in within half a week of finding out our placements. We would also be joining a rota that had already taken into account the requests of anaesthetic and acute medicine trainees who had been able to send their requests in months ago. Obviously, the rota was not out with 6 week notice as is our legal right. Anaesthetic colleagues have been given 2 years of placements in advance - there is no discernible reason why EM can't do this. Tell people their rotations for 3 years at the start of ACCS ST1. Failing that - give proper notice. Get rotas out in time -6 weeks is the minimum, not the aim! PROTECT study time - make it sacred. Often, if we can get study leave it becomes an extra shift. E.g. My colleague did a 9-5 simulation course and then had to go to shift 5-midnight - this was classed as study leave.	11/30/2016 9:11 PM
215	Improve the hours or increase the pay to justify giving up so much in life away from work. Improved work conditions and more uniform standards of training in different depts would tempt more people into the speciality and save them leaving. All our f2's say they love a&e but can't face the rotas or hours and it isn't worth it.	11/30/2016 8:37 PM
216	=	11/30/2016 8:28 PM
217	Make it more attractive. We are too concern about targets. Better hours. Incentives for working extra antisocial hrs	11/30/2016 7:52 PM
218	Better rotas and better staffed ED.	11/30/2016 7:35 PM
219	Better salary with more social hours and more teaching..	11/30/2016 7:07 PM
220	More flexibility in matching trainees to locations.	11/30/2016 7:01 PM

221	More time off (as more money is unachievable) as compensation for antisocial hours Better rotas Ease to do more training e.g. Med ed certificate etc	11/30/2016 6:47 PM
222	More flexibly with changing depts/jobs mid way through training	11/30/2016 6:47 PM
223	Increased flexibility to meet individual needs. Decent rotas that do not leave us feeling jetlagged all the time. Enough time to complete assessments and help doing it (i.e. seniors actually available to observe and sign things off). A less horrible ePortfolio with clearer guidelines on what the goalposts actually are for each placement.	11/30/2016 6:44 PM
224	National change in the specialty. Why can't we provide more complete care to our patients. Why do we not get patients more ready for ICU when they are critically unwell. Why don't we have more ambulatory services. We need better rota design and structured training with a focus on practical skills and patient management without relying on quick referrals. More airway management. Dual accreditation with anaesthetics would be good. The opportunity to care for our patients and not be treated like triage and referral.	11/30/2016 6:40 PM
225	Rotas without set leave and appropriate rest post night shifts	11/30/2016 6:37 PM
226	Better working hours. Pay supplement to make up for the high intensity hours continously worked. Other specialities never has as high intensity every working day, some even having a few hours of sleep on a night shift (and getting paid the same) while in ED you only get 30min break. the pressure of seniors judging by number of patients seen does not make it any easier.	11/30/2016 6:26 PM
227	Improve rota, increased leave days and pay	11/30/2016 6:21 PM
228	Realisation that weekend staffing levels need to increase thereby lessening the workload. A weekend is a normal day in the ED. Increased access to training courses and more teaching provision. EM should be rising up rather than hiding behind the difficulties of the speciality as so often happens	11/30/2016 6:02 PM
229	Better shop floor teaching and support from seniors.	11/30/2016 5:53 PM
230	Making fees the same as other colleges	11/30/2016 5:52 PM
231	Better salary	11/30/2016 5:44 PM
232	Better engagement with trainees. Better work life balance. The rota and intensity is poor.	11/30/2016 1:24 PM
233	More supported teaching on the shop floor. More favourable rota for a better work/life balance. Also increased pay if doing unsocial hours. Continue with the run-through programme as it is quite reassuring to know that I will be within the same deanery for all of my training.	11/30/2016 10:18 AM
234	Less than full time for those who wish eg childless and with no illness or career responsibilities e.g. 80% working to allow a greater work life balance and give more time for paperwork	11/30/2016 9:44 AM
235	Give us more teaching, do intergrated speciality teaching, don't screw us on the rota front.	11/30/2016 9:05 AM
236	More staff to enable more flexible rotas and less stress on shifts as not perpetually understaffee	11/29/2016 10:10 PM
237	Allow EM doctors to manage their patient fully - ie Intubate.	11/29/2016 9:47 PM
238	Make the SHO rotas better - they all tell me that they feel completely exhausted and broken and can't face the idea of continuing with EM. Even when I explain the registrar rota is so much better they just can't believe it	11/29/2016 9:26 PM
239	Introduce green days = days not routinely on shop floor, built into rota for self use e.g. Teaching/admin/portfolio/audit and they also serve as days to be pulled onto shop floor in case of sickness, should be at sho and Spr level Introduce personal days = days when you can take off as you wish, quota per time period, may be taken as sickness/compassionate leave/need emotional rest/other of which do not need to share reason	11/29/2016 8:16 PM
240	Reduce emphasis on service provision. Play on the strengths of EM. Saving lives, team work, truly general specailty, not boring! Make trainees feel valued by giving training and time! (Its what anaesthetics do!)	11/29/2016 5:57 PM
241	Improve teaching in departments, make trainees feel valued Other factors for retention- deaneries are large and trainees have short notice as to where they will be working each year.	11/29/2016 1:39 PM
242	Better pay for unsocial hours	11/29/2016 1:20 PM
243	As above. Included in the rotas for set minors, majors and resus. This allows for 'easier days' so not every day is at 100 miles per hour. Better patterned rotas e.g. mornings for a weeks etc. 10 hour shifts. Not 8 hour so we have to come in for another day to make up hours. Get rid of 4hour target. Not helpful for patients or staff. Adds unnecessary stress.	11/29/2016 1:00 PM
244	Increase consultant presence	11/29/2016 2:58 AM

245	Prevent erosion of specialty and value of trainee skillset. ACP's with 2 years training are not equivalent of an ED SpR- that wouldn't be assumed of any other specialty so why EM especially if not taking on responsibility and OOH burden of being one. If you make trainees feel like they are dispensible, they will go elsewhere. If you turn the clinical experience in ED into GP, they will go there for better hours and pay.	11/28/2016 5:59 PM
246	Possibility of 80% work without being frowned upon, or to cut maximum hours down to 38 per week. This is exhausting but very enjoyable work and time needs also to be found for studying.	11/27/2016 11:08 PM
247	Flexibility. I want to work less than full time, but don't have a qualifying reason. Better to keep me part time lifelong, than have me quit and chase the flexibilty and hours I want by locuming. Many doctors love EM, but struggle with the rota. None of us went into medicine for money. So let us work fewer hours. It shouldn't just be at consultant level that doctors can decide to have outside interests and 'job plans'	11/27/2016 10:46 AM
248	Support for OOP/LTFT to facilitate development of other interests (teaching/sub-specialities). Improvements to rotas. Increased support for teaching/training to allow personal development rather than just relying on trainees for service provision.	11/26/2016 2:09 PM
249	I think continuing to raise the profile of emergency medicine and owning the care of acutely unwell and injured patients will improve the job satisfaction of emergency medicine physicians. Recognizing the high pressure nature of the shop floor and large out of hours commitments would help as would potentially making it easier to develop interests away from the shop floor. Even with some protected time to do portfolio and try and take part in management side of things can be very difficult to get involved in the running of the department as well as maintaining any other clinical interests this can be very frustrating as the career as a consultant lends itself to a portfolio career with another interesting such as management or phem or even another medical specialty	11/25/2016 8:35 PM
250	More doctors so the rota can be better	11/25/2016 7:38 PM
251	Stop taking on more as a specialty. We need to insist on boarding patients on wards rather than filling up the ED to breaking point, only then will the hospital take its share of responsibility for exit block.	11/25/2016 6:12 PM
252	EM Rotas NEED to change and drastically. The rota I was on last in ED had me working 6 days out of 7 most weeks and 2 weekends out of 4. THIS IS TOTAL MADNESS and unsustainable. No other speciality operates in this manner and especially not for higher trainees We get no time for admin or protected teaching Taking leave makes you feel as though you have committed some crime and can be difficult and inflexible. EM must change or no one will do it. Myself included	11/25/2016 3:59 AM
253	less unsociable hours/weekends (no idea how to deliver this)	11/24/2016 10:47 PM
254	I am only still in programme to achieve my sub-specialisations on the GMC register when I complete training, and to allow me to dual accredit. Were I pursuing Emergency Medicince alone, I would not stay in programme. I don't see the value in moving repeatedly to do the same job in a different place.	11/24/2016 10:39 PM
255	stop closing A+E departments, inform public or when and when not to attend, easier GP access. Increased pay	11/24/2016 6:09 PM
256	1) Improve pay to help compensate for the extra costs of living incurred by those of us that do hefty amounts of anti-social hours (such as childcare) 2) Improve staffing in the EDs and the rotas. In particular make it a rule to never have ED registrars working (paid) more than 44 hours per week FT. Because we know that reality is you more often than not run over the end of your shift. I am now 80% of FT and it is such as massive improvement to my life by simply having time to breath. 3) Make it easier to be LTFT (currently being considered in my deanery regardless of situation) 4)Take action against those depts who year after year have been shown to treat their trainess like rota fodder crap. (regardless of how big and shiney they are).	11/24/2016 12:01 PM
257	Greater ownership of its trainees by RCEM, more rota flexibility and recognition of need for work life balance (e.g. Via pay or leave or TOIL compared to 9-5 jobs but with centralised rotas impossible therefore decentralise rotas!). Less EPortfolio bullshit - doesn't make me a better trainee and distracts from training and gaining competence and experience in areas that actually	11/23/2016 4:24 PM
258	Make trainees feel that they are supported. At no point did I feel any different to the FY2s that were planning on becoming radiologists or dermatologists. The consultants think they are amazing at teaching and we are a centre of excellence. At no point did any of them ever off to do 1 on 1 case based teaching or honing of skills. I brought this up and they said they'd need PA rota'd time for this. If I was a cardiology trainee I would have teaching every time I was in clinic and I'd feel valued. Feeling valued is possibly the most important way of keeping trainees. As far as I am concerned the ED in my area is failing in this and when its pointed out they do nothing about it. Its just not good enough.	11/23/2016 12:42 PM
259	-Staffing levels appropriate to the levels of patients in the department -We are 24hours, our staffing should reflect this regardless of it being a weekend or bank holiday	11/23/2016 9:10 AM
260	Better rota. Time off to allow for unsociable hours. Ability to take time out of programme	11/23/2016 8:58 AM

261	Improve rotas which can only be done with more patients.Very demoralising to be the registrar in charge overnight surrounded by locums who are being paid more than you for far less responsibility.Give everyone a clinical tutor for the whole three years who you choose.give three year rotations.	11/22/2016 8:32 PM
262	The rota is punishing. In many places middle grades who are non-trainees have much better lifestyles for significantly more pay. Currently there is no real advantage to being a trainee vs middle grade and this must be addressed. In my deanery you are moved around every year with little notice and it is difficult to settle. This needs to be looked at to improve the life of trainees.	11/22/2016 6:38 PM
263	Better hours. More trainees!! Less pressure to "fix" departmental pressures. More supervision.	11/22/2016 5:21 PM
264	Better rota design, no greater than 1 in 3 weekends. Better financial recognition of the significant proportion of anti social hours worked compared to other specialties and the intensity of the workload.	11/22/2016 4:32 PM
265	Rota flexibility and ability to select annual leave to fit with work life balance. Improve morale by valuing staff health - regular breaks enforced from highest level or every 3.5 hours, a short 15min break. Improving staff self worth- teaching aimed at appropriate trainee level, protected and not on days off or AL.	11/22/2016 4:24 PM
266	Improved shop floor teaching therefore feeling support and progressing clinically Improved rota and staffing levels whilst on shift	11/22/2016 2:09 PM
267	Change the training structure (check any American EM residency) Improve the above	11/22/2016 1:17 PM
268	to compensate for the large amount of antisocial hours and the workload on shift there should be additional off days/annual leave days. A lot of 'off days' on rotas are actually just days recovering from late/night shifts	11/22/2016 12:14 PM
269	Protect banding. You need excellent rota coordinators to make the best of a bad deal	11/22/2016 9:13 AM
270	Robust senior support and mentorship Make EM trainees feel valued Sustainable and fair rotas Educational support	11/22/2016 6:12 AM
271	nil	11/22/2016 4:05 AM
272	Better pay for the workload compared with other specialities. More input into teaching new state of art skills and keeping us up to date. More time to spend with patients and more flow within hospitals to stop ED grinding to a halt.	11/22/2016 3:53 AM
273	Ensure speciality is valued both as a career and financially	11/22/2016 2:30 AM
274	Better designed rotas, allowing time out of program (to experience EM in other countries in the hope to bring back new ideas to improve EM in the UK), less pressure on targets/service provision and more emphasis on training.	11/22/2016 1:30 AM
275	Address issue to sustainability of workload/pressure when older.	11/22/2016 1:00 AM
276	I think that the ability to sub specialise is very attractive to emergency physicians. If we could all be garunteed either subspecialty or OOP experience in a relevant area for a minimum of 6 months, this would be a good way to retain trainees. Also a reduced hours rota would compensate for the volume of antisocial hours worked and prevent burn out	11/21/2016 3:44 PM
277	Better roots that are better staffed Improve the emergency department environment - reduce overcrowding, allow us to provide the care that the patient needs	11/21/2016 11:20 AM
278	Better rota. Less other things expected which compete alongside clinical work, e.g. Audit.	11/20/2016 8:11 PM
279	perhaps less unsociable hours for the registrars	11/19/2016 11:32 PM
280	better hours to recognise people have lives.	11/19/2016 1:45 PM
281	not ruining their personal lives so horrendously - everyone says I look tired and i feel like i live at work i cannot make plans in advance and i cant see the future doing this as it's just so busy right now.	11/18/2016 1:53 PM
282	Stop working trainees so hard. As the intensity of the work has increased, we should be paid the same for working fewer hours. And give us SPA time. The demands on trainees are unreasonable and lead to burn out.	11/18/2016 8:48 AM
283	review rota - can be a lot of unsociable hours	11/18/2016 8:39 AM
284	Renumeration for anti-social hours Improve reg numbers Appreciation for amount of anti-social hours	11/18/2016 12:11 AM
285	Better teaching programme and more supervision locally More support from consultants Better rota to reduce unsocial hours	11/17/2016 10:11 PM
286	Improving rotas - no runs of 7 shifts in a row. Improving pay for antisocial hours - working 70 hours a week (of which the majority is OOH) should be higher paid than a dermatology registrar for example. Provide teaching that is regular, and tailored to EM trainees.	11/17/2016 8:58 PM
287	pay supplement for EM	11/17/2016 7:05 PM

288	Compensate us for what we are giving: more time off to compensate for antisocial hours, fair pay for overtime. We have friends & family too - it is missing another wedding/Christmas/birthday/special weekend on top of utter exhaustion that is usually the last straw for people who drop out.	11/17/2016 3:51 PM
289	Be flexible with trainees. Allow them to pursue time out of programme, overseas placements and outside interests and they will come back. Consider LTFT for everyone to maintain work-life balance.	11/17/2016 3:14 PM
290	Supporting SHOs in clinical time. Not just clerking monkeys they need to get time and supervision to do minors/resus etc.	11/17/2016 3:07 PM
291	Improve staffing and rotas, and people will stay - the job is great but people are fearful of the future of the specialty, especially in the current climate. Provide adequate non clinical time to perform all the extra portfolio requirements so they do not encroach on free time - which we get little of and is usually in a post nights unproductive haze. Though the QIP is a good idea, it takes a considerable amount of time, which many departments cannot afford to give as non clinical due to burden on services, so it does end up being done in free time.	11/17/2016 2:47 PM
292	We need to be mindful of being positive on the shop floor and doing our best to teach any time we can. Full rotas would help a lot. Better patient flow to make a day seem less horrendous even when busy	11/17/2016 1:54 PM
293	Day off shop floor clinical work a week for paperwork based work e.g. governance, audits etc to help with learning and feeling of developing management portfolio. Better rota to compensate for short time changes - more time to recover from a set of nights e.g. finish weekend nights Monday morning and then not go back again until Thursday.	11/17/2016 12:40 PM
294	Reorganising the NHS... At the moment it is hard. We have no regs thus the workload on the pre-existing ones is much more. So burnout is huge. Overseas much more attractive	11/17/2016 11:38 AM
295	improving the payment	11/17/2016 11:02 AM
296	Recognise the unique burden of out of hours work either with time in lieu or increased renumeration. Ringfence time for teaching and continued education recognising that this is a key grumble of many ED docs who often feel that more clinical pressures mean service service service at the expense of investment in their skills and knowledge. Increase flexibility on the part of deaneries to allow trainees to take time out of programme.	11/17/2016 10:43 AM
297	All of the above are important and I'm not sure ranking here is overly helpful. Each is important to variable people. It's all about feeling supported and appreciated at work and having a work life balance. I think people should be able to go LTFT if they want i.e. Not because of illness or childcare to prevent burnout. Cuktured needs to change in the hospital to ensure EDs feel listened to, supported and appreciated	11/17/2016 9:00 AM
298	Pay doctors for extra hours worked. There must be more rest days and ability to see family - there is no extra pay to make up for this.	11/16/2016 11:25 PM
299	make staff feel valued and increase staffing to reduce burnout	11/16/2016 11:11 PM
300	Better pay, better filled rota, more teaching .	11/16/2016 10:51 PM
301	More support for trainees. More teaching.	11/16/2016 10:28 PM
302	Force people to take their breaks. Closely mentor trainees. Allow people to take time owing for hours worked above & beyond. Flexible rotas that allow for childcare/other life factors.	11/16/2016 10:25 PM
303	Allowing electives to other specialities e.g. 3 months as a paeds SHO, palliative care, ENT or other areas where the trainee feels they lack experience	11/16/2016 9:30 PM
304	Allow all trainees the option to work part time. Encourage trainees to peruse their interest and take time out of programme when they wish.	11/16/2016 9:25 PM
305	Recruit more doctors so that Rota is not unrelenting Oope	11/16/2016 8:57 PM
306	Improve the rota so we actually have a life outside of medicine. Pay us fairly so that we can live and actually work our way out of the crushing debt of medical school and be able to afford the ludicrously high costs of all this mandatory training. Reduce college fees so that they are less insultingly exorbitant for already indebted trainees. Ditch 111 as unfit for purpose. Equip community care with the staffing, skills and money to do a better job. Revamp ambulance service policies that hinder instead of helping patient flow (transport issues and the ubiquitous "I know it's not serious doc but I have to bring them, it's policy" patients). Educate the public. Give triage nurses the power to turn away those who simply do not need to be in a waiting room. Dedicated security staff for ED 24 hrs from Friday-Sunday; simply being drunk is not a medical problem.	11/16/2016 7:39 PM
307	More options for working LTFT - like 80-90%. You should be able to declare - I'm knackered, at risk of burnout, and would like a more relaxed shift pattern - without having to be physically or mentally ill before this is granted	11/16/2016 7:16 PM

308	Having to work weekend after weekend for the same pay as friends e.g. paeds/anaesthetics who work less nights/weekends, and have more time to spend with their family etc. Even after nightshifts and weekends we are so exhausted due to the constant nature of the job that it takes all of our days off to recover. Having SPA time built into the rota to do audit work/assessments for junior medical staff rather than having to do this in our own time (again comparing to friends in other specialities who have a quiet afternoon when they can do this. With the increasing pressure on the ED it isn't guaranteed we even get a lunch break never mind time to collect audit data. It took me 3months to get a 30minute period to get my dictations done!	11/16/2016 6:16 PM
309	Talking to my colleagues we all feel broken by the rota/hours and the constant service delivery. The only real way to fix that is more staff so that we can improve the rotas and our work life balance	11/16/2016 5:23 PM
310	Praise the positive departments!	11/16/2016 4:26 PM
311	Improve rota filling, and if not, do not rely on existing trainees to fill spaces	11/16/2016 4:03 PM
312	shift patterns flexible training/time out of programme better rota cover improved training and less service provision	11/16/2016 8:25 AM
313	Payment incentives for A/E doctors Relaxing the rotas, including giving doctors the option to choose their annual leave rather than having their annual leave days fixed into the rota. Improve staffing relaxing training requirements	11/16/2016 2:06 AM
314	Moving away from getting middle graders doing twice the number of night shifts as a full SHO rota. Not having fixed leave slots.	11/15/2016 10:33 PM
315	.	11/15/2016 9:05 PM
316	The main issue is the increasing push towards moving the job to becoming a triage service with no time to do a proper job for patients; it is utterly demoralising. This is obvious and I'm amazed it isn't an option above.	11/15/2016 5:20 PM
317	Adequate staffing- if all FY2 rotations had to include ED the junior rota would be adequately staffed and therefore we would recruit more thus filling the senior rota. It would also mean that every speciality had an appreciation of the pressures on ED	11/15/2016 3:25 PM
318	40 hour shop floor per week with 8 hours dedecated to teaching, SDL, audit, QIP etc...	11/15/2016 2:48 PM
319	Better rotas	11/15/2016 1:29 PM
320	Try to train trainees. And provide SPA time. Especially for mandatory QIPs. EM trainees generally have terrible rotas and more exams than any other specialty	11/15/2016 12:48 PM
321	Allow more flexibility with rota/ leave/ job allocations.	11/15/2016 12:28 PM
322	Improve rotas to be less antisocial eg working 3 in 4 weekends and majority of evenings does not make a good work life balance	11/14/2016 6:53 PM
323	Increased staffing to allow for more lines on rotas.	11/14/2016 4:39 PM
324	better pay. sensible rotas given well in advance. portfolio careers. set up formal oopes and more options for subspecialization subsidized by the college	11/14/2016 2:58 PM
325	Looking after the trainees, giving them reasonable flexibility, better shift pattern and no. of hours a week.	11/14/2016 1:48 PM
326	more staff leads to more workable rotas	11/14/2016 1:09 PM
327	More structure to rotations after ST3 - add in some anaesthetics time again to re skill, add in a month of ultrasonography, add in a month of trauma clinics only etc etc. Mixing it up like this will keep up the interest and demonstrate a commitment to training us and not just using us for service provision. If hospitals are far away, make them 6 months rather than 12, so everyone has to do it for a shorter time than one person doing it for 12 months.	11/14/2016 12:59 PM
328	Improving the junior rotas. Many around the country are fixed and awful which for those in ACCS training pushes them away from ED to the perceived better working hours and working conditions of the other specialities.	11/14/2016 12:41 PM
329	i feel it's all about staffing. more staff equals less stressful shifts and better working rotas	11/14/2016 12:34 PM
330	Complete overhaul of how emergency departments function. Increase staffing levels. Option to pick your own annual leave as in almost all EM rotas I know of are assigned annual leave, this is not good enough with the difficulty of sustaining a work life balance as challenging as it already is in EM.	11/14/2016 9:42 AM
331	better training, better support, positive feedback to trainees, better staffing and rota's	11/13/2016 5:30 PM
332	Flexibility of training and time out More doctors on rota	11/12/2016 7:17 PM
333	Recognition of emergency medicine to be the most difficult speciality due to relentless pressures and the ability of those doctors choosing the career to be able to work in suboptimal facilities or staffing levels should be recognised and praised.	11/12/2016 3:47 PM

334	Make the department a nicer place to work by ending the open door policy which is being abused by the public and GPs. Have a zero tolerance policy towards unruly behaviour which is just as frustrating as violent and aggressive behaviour. If youre drunk on and loud on an airoplane you get arrested and charged and convicted but this has become acceptable in an ED of all places, what a disgusting joke. Shop floor teaching needs to improve, it is a lost art, it is all about service provision now. Needsto be easier to take annual leave and study leave. Artificial barriers to study leave have been put up by the deanery such an the requirement for mandatory training tracker modules and other such excuses.	11/12/2016 2:56 PM
335	Better money for the amount of 'OOH' we do. As an ST3 my weekly rota is a far cry from your average equivalent level medic or surgical trainee with regards to antisocial hours. A 1a banding in the the ED and a 1a banding in almost all other trainees is NOT equivalent. If we were acknowledged financially for that, it would make it easier for us to go LTFT to cope with the intensity and not lose out financially. Making gling to work a much more appealing thought.	11/12/2016 12:33 AM
336	V	11/11/2016 7:16 PM
337	Better rota and staffing levels in ED. Remuneration for unsocial hours.	11/11/2016 10:47 AM
338	Improved rota, given demanding nature of job with increased staffing Easier access to interdeneary transfers, particularly with run through training Rota'ed educational days for junior trainees	11/11/2016 5:11 AM
339	Dedicated/protected teaching. 1:1 with consultants. Better staffed Rita's.	11/10/2016 7:34 PM
340	Formalised dual accreditation with general practice Also dual accred with medical education	11/10/2016 5:05 PM
341	Improve the ability of emergency doctors to provide good care to their patients. Being able to see patients earlier allows time for appropriate investigation and management rather than just triage and referral. If you feel like you're doing a good job and providing good care then working antisocial hours and being busy isn't a problem.	11/10/2016 4:38 PM
342	Allow more flexible working hours/ encourage LTFT	11/10/2016 4:09 PM
343	Need much greater rota flexibility within the SHO rota i.e. no fixed annual leave but option to request wherever and accepting that if this is not done promptly then it will be paid for as locum or pre-assigned.	11/10/2016 4:02 PM
344	Allowing time of programme and exploring clinical interests. I am fine with working long/ unsociable hours but this can leave little time to undertake teaching/research and to expand clinical experience.	11/10/2016 3:15 PM
345	Maximum of 1 weekend in 4 for CT3 and above. Mandatory weekly teaching to be provided by local departments to last 4 hours. Having a genuine debate about whether or not EM should be providing critical care skills in the department.	11/10/2016 12:29 PM
346	not having to rotate over a huge distance across the region out of hours work has to be recognised, why on earth would you choose this as a sustainable career if you have a family when nearly all your work load of hours and weekends, when you can be a GP and work no weekends or nights. It is utter madness.	11/10/2016 12:19 PM
347	To improve pay scale and decrease antisocial hours.	11/10/2016 11:18 AM
348	More socially acceptable SHO rotas at F2.	11/10/2016 10:06 AM
349	Value staff. We feel like no one owns us we're independent agents going from one hospital to the next working ourselves to the ground to provide good care. It's also a bit insulting that vacancies are plugged by surgical defectors and other staff - sends the wrong message about a&e.	11/10/2016 9:58 AM
350	Improved rotas Recognition of lack of breaks at night and enhanced pay	11/9/2016 5:49 PM
351	.	11/9/2016 4:26 PM
352	More staff, less demanding rotas. More senior cover at night. Less inappropriate attenders so that we can provide proper emergency care.	11/9/2016 3:47 PM
353	Increased staffing. Less hours per week due to the intense nature of the specialty.	11/8/2016 11:31 PM
354	Increase staffing levels and improve rota.	11/8/2016 8:06 PM
355	No short term answer - less hours overall whilst retaining good pay and rota's at a local level that facilitate juniors in recuperating between runs of shifts and maintaining good family life. The intensity of the job whilst you're there is such that I feel you really need more time off per days worked than other specialties but this isn't currently allowed for.	11/8/2016 7:51 PM
356	-	11/8/2016 5:29 PM
357	The government want market forces in healthcare? Better terms and conditions are used in the private sector to retain people in difficult jobs. At the end of the day, my colleagues paid the same for better working conditions (slower pace, more sociable rotas). Also, a recent study showed we have a lower life expectancy than other specialities (my life could be shorter just for choosing this job over say Radiology!). All of that needs to be acknowledged and dealt with.	11/8/2016 5:09 PM

358	I've noticed it being used by alot of ACCS trainees as a stepping stone into Anaesthesia if they don't get a place at CT1. This is counterproductive long term for the specialty and good candidates are being left out.	11/8/2016 4:50 PM
359	?	11/8/2016 2:28 PM
360	Better rota, more consistency of rota between hospitals and trust, more warning about placements (last year only 2 weeks notice), better communication	11/8/2016 12:23 PM
361	Enable and encourage portfolio type careers in training. ie sports medicine/acute medicine/prehospital care/travel & repatriation/disaster medicine/global health/ICU/paeds/acute general practice. Rather than focus being on shop floor. Have one day a week to be able to put into another field over a longer period.. it makes for better endurance in shop floor working. I think there is a very strong role for EM/Acute GP that should be open for higher trainees. We could certainly cover a lot of OOH GP work in the way they are rewarded, ie short sharp shifts and better renumeration.	11/8/2016 12:11 PM
362	Increased nursing numbers. Programmes for out of placement experience. Everyone should take a year out in the middle of training to do something different that will enhance their care in EM, be it pre-hospital, mountain rescue, volunteer abroad, anaesthetics/paeds/something else, post grad courses...	11/8/2016 11:21 AM
363	Rationalise the exit/finals exam structure.	11/8/2016 11:18 AM
364	-	11/8/2016 11:12 AM
365	Better remuneration financially for those of us who are committed to the speciality; better appreciation of the dynamic nature of the speciality from others; More money to go to fund the shop floor and reduction of manager interference	11/8/2016 11:09 AM
366	Better rota shift patterns, more teaching	11/8/2016 10:58 AM
367	More flexibility wrt rota and being able to have an outside life SPA time needs to be allocated so that mandatory components for ARCP (e.g. QIPs) can actually be done to a meaningful standard. Attitude from consultants that we are there for training not just work horses - e.g. Prioritisation on training cases/resus over clinical fellows No fixed annual leave!	11/8/2016 10:32 AM
368	reduce full time fro 48 to 40 hours a week increased clinical govenrnance days have an educator on each shift protected time for WBPA NOT in own time	11/8/2016 10:29 AM
369	Rota. Pay.	11/8/2016 10:26 AM
370	Ensure EM sees the most unwell patients and are not used to queue bust whilst sick patients seen by other specialties e.g. ITU Split EM so there is the option to sub-specialise in minors or acute critical care	11/8/2016 10:08 AM
371	Copy Bangor (N. Wales) model and apply to ACCS/HST. Offer opportunities in PHEM, QIP, Med Ed. Make rota's annualised and allow flexibility. Make sure trainees feel valued.	11/8/2016 10:05 AM
372	Very simply, look after trainees better. I have never had a proper advocate in my own specialty during my time as an emergency medicine trainee. The best senior support and assistance has come during attachments to anaesthesia and intensive care medicine. Most registrars in ED are feeling the strain and need looking after. This requires encouragement, positive and constructive feedback, more contact with supervisors, more approachable and supportive educators and a recognition that we are working during very difficult times and under immense pressures. The act of managing to balance delivering vast swathes of front line services with personal professional development is a tricky one at best. Rotas are a big issue in all of this. Doctors need to be able to balance professional and personal lives and retain some semblance of quality of life.	11/8/2016 9:50 AM
373	Value Trainees - workable rotas. Last consultant spoke to us on an RTD about how happy he was to be retiring, it feels like in ED you are fighting against everything wrong with the NHS and not winning sometimes.	11/8/2016 7:33 AM
374	Providing better work life balance with rota and shift	11/8/2016 4:59 AM
375	higher pay (80% banding)	11/8/2016 1:02 AM
376	.	11/7/2016 7:09 PM
377	Better staffing, better working hours (6 weeks of nights followed by a month of 5 on 1 off is not sustainable), better hospital facilities so you can eat properly and rest	11/7/2016 6:24 PM
378	A less antisocial rota, enabled by higher staffing levels, better culture of time taken for teaching and training on the shop floor and less of a focus on service provision, a culture that appreciates the work of trainees and their contribution to patient care, reduced pressures on ED departments with improved social care, community care, mental health and GP teams working in department. (I realise these are difficult to achieve -but you asked!)	11/7/2016 5:35 PM
379	Pay us more	11/7/2016 5:15 PM
380	Continue run through training, remove need for ultrasound training, provide study budget which would actually cover mandatory college courses including ultraound and ATLS	11/7/2016 4:47 PM

381	Better staffed departments. Better remuneration	11/7/2016 4:37 PM
382	Better remuneration for unsociable hours, greater annual leave and study day allocation better banding	11/7/2016 3:46 PM
383	It is a speciality that has the potential to offer flexibility and variability of careers. This needs to be promoted because all that potential trainees see are the rotas and unsociable hours, when in other specialities like medicine and surgery rotas can be equally relentless especially with staff shortages.	11/7/2016 1:21 PM
384	Appropriate work-life balance	11/7/2016 1:15 PM
385	better rotas, better staffing levels, more teaching locally.	11/7/2016 12:30 PM
386	Reduce to 40 hour a week contracts	11/7/2016 12:20 PM
387	None	11/7/2016 12:10 PM
388	Improve the rota, most of us seem to be working as close to as possible a 1a band with frequent over runs and not enough breaks. Working 4x10hr shifts a week seems to be the best balance as far as im concerned	11/7/2016 11:25 AM
389	A	11/7/2016 11:23 AM
390	There needs to be significantly greater flexibility in training, specifically the ability to take time out which is accredited to work in other systems/specialties. There needs to be far greater investment in ED. The RCEM STEP campaign is a worthwhile place to start to support the process of ED and to allow EM trainees to provide the type of care they want	11/7/2016 10:52 AM
391	Encourage oop time/sustainable career planning. Non clinical time for registrars. Improve rota design	11/7/2016 10:29 AM
392	I think the availability of Within programme opportunities and dual accreditation eg. PEM/PHEM/ICU/CLlinical fellow posts with leadership and SIM is really enhancing the appeal. Perhaps ICU and Sports Medicine could be pushed more.	11/7/2016 8:52 AM
393	Looking after their trainees - staffing levels to allow flexibility to have annual leave/sick leave. Supporting traininees to be able to continue to have a life whilst working.	11/7/2016 8:35 AM
394	better hours.	11/7/2016 7:37 AM
395	Increased pay, better rotas and flexibility	11/6/2016 6:36 PM
396	Ensuring that rota's are live-able. A rota covering antisocial hours does not have to itself be antisocial. eg. seven shifts in a row where you are in work between 5pm-10pm is very antisocial for seeing friends and family.	11/6/2016 6:35 PM
397	reduce patient numbers/increase staffing to reduce stress levels	11/6/2016 6:28 PM
398	Flexibility in training More support for sub-specialty interests such as Med Ed Rotas well in advance	11/6/2016 5:56 PM
399	Providing training rather than just being service provision	11/6/2016 3:47 PM
400	Rota, rota, rota. Unsociable hours are obviously unavoidable, but rotas must be reasonable, with unsociable hours compensated with time off. Ensuring juniors (particularity foundation doctors and ACCS) are allocated protected time to see resus, minors and paediatric patients. When service delivery is the only goal the juniors get left in majors with little opportunity to experience the wide variety that is one of the selling points of EM.	11/6/2016 3:29 PM
401	Giving respect and value to staff, built a positive culture in dept to support doctors.	11/6/2016 3:22 PM
402	More provision/encouragement for OOP time - clinical fellowships etc.	11/6/2016 2:55 PM
403	Improve access to ST4 - there are massive rota gaps at both my current hospital and last hospital, which means the SpR rota here is currently worse than the SHO rota with 1 week fixed leave, difficulty taking study leave, increased nights and weekends etc however I have met several good clinical fellow (post ST3) who have left to work elsewhere as they were told there are no ST4 posts in the deanery. Current main issues for me are rota / work life balance and working environment. Could we increase non clinical time in order to get QIP/CTR/Management portfolio / exams etc done or merge study budget - it can be financially really tough getting all life support courses and exams paid for in HST. Other suggestion would be can we drop ALS/ATLS as fixed requirements - I found the level of teaching below that which I currently practice and learn much more leading resuscitations on shop floor with feedback. It seems a waste of £1500 to compulsory accredit in these when I would much rather spend that study budget on something useful - conference / airway course etc where I would learn something. Work wise - college work on exit block is appreciated as it is that prevents us and nursing staff being able to work efficiently within department.	11/6/2016 1:09 PM
404	Appropriate acknowledgement, either in terms of hours or pay for the intensity and antisocial hours we work	11/6/2016 12:46 PM
405	teaching/ rotas/ friendly shift patterns	11/6/2016 4:31 AM

406	Annualised Rotas. Better facilities. Office. On call room post nights, tea and coffee provided. Fully staffing (or paying for full) rota at all levels. Including nurses. Regular paid departmental / regional team building activities (not clinical or booze). US style fellowship program's - US, Tox, disaster, expedition, medico legal, pre hospital, paeds If you want people to stay going to have to spend some money. Either directly via salary or in directly via benefits like above. Perhaps have a consultant nominated for well being / morale that then reports directly to the new guardian about what initiatives are in place. Look to other industries - paid taxi home, evening meal paid. Team incentives to reach certain targets - carrot rather than stick. Having "no money" is no excuse considering astronomical spent on Locums. There is plenty of cash in the system just needs the will.	11/5/2016 4:13 PM
407	Improved pay, better staffing levels, better recognition of difficulties in ED	11/5/2016 3:45 PM
408	think runthrough is silly - you can't retain quality trainees by forcing them to stay they wil just burn out in the long run.	11/5/2016 2:31 PM
409	paying in house locums higher rates than outsources	11/5/2016 12:06 PM
410	Better pay, sustainable rotas, able to go and experience other specialty clinics building cross specialty relations	11/4/2016 11:41 PM
411	N/A	11/4/2016 7:22 PM
412	Flexibility in rota, encourage time out of training. Don't discourage part-time working for whatever reason. Pay and time off commensurate with out-of hours demands.	11/4/2016 6:41 PM
413	Increase salary and better working hours	11/4/2016 6:13 PM
414	better rotas some non-clinical time	11/4/2016 5:55 PM
415	Work life balance and due credit for the work done	11/4/2016 5:04 PM
416	Allow for time out of program to be offered more easily and supported to count towards CCT.	11/4/2016 2:30 PM
417	Improve the sho rota.	11/4/2016 2:03 PM
418	non-clinical days in CT1-3 to allow time for audits etc MAKE ROTA'S NICER-	11/4/2016 2:01 PM
419	If EM could dual accredit with anaesthetics, I would definitely consider it. It would be akin to the balance of ITU/anaesthetics. Generally just more staff on night shifts, and remuneration for such antisocial working patterns.	11/4/2016 1:36 PM
420	More time allocated as either annual leave , private study time or designated mental health improvement days due to the stressful nature of acute medicine and the demands of the portfolio.	11/4/2016 1:27 PM
421	Either better rotas or more compensation for working unsocial hours	11/4/2016 12:30 PM
422	Good support locally and nationally	11/4/2016 12:02 PM
423	Reduced service provision commitment, rota to include clear SPA time, the prospect of in work time to develop areas of specialist interest (theatre time on either side of the drapes, fracture clinic, surgical hot clinic, ultrasound lists etc) Some how getting recognition from our in hospital colleagues as not just being a bunch of idiots	11/4/2016 11:56 AM
424	Adequate rest placed in on rotas rather than being just within legal limits.	11/4/2016 11:53 AM
425	Improve: rota, workload, unsocial hours, pay	11/4/2016 11:47 AM
426	Continue to invest in trainees at local and regional levels, give them responsibilities and the SPA time to get them done, availability of study funding and study leave to do the many mandatory courses.	11/4/2016 11:35 AM
427	Allow time out of programme for short periods.	11/4/2016 10:59 AM
428	Encourage taking time OOP - it is very rewarding, allows trainees to gain other skills (humanitarian work for example) and many will take this time anyway and end up leaving emergency medicine if they are not allowed to. Natural breaks that occur at the F2-ST1 and ST3-ST4 levels are ideal times.	11/4/2016 10:42 AM
429	Better rota, better pay. Better reward for unsociable high intensity working	11/4/2016 10:04 AM
430	Rota's - pay - staffing	11/4/2016 8:41 AM
431	more appreciation of anti social hours and the effect this has on people's physical and mental health, especially with increasing pressures. more sympathetic provision of time allowed to recover form nights, and plaxces to sleep at work if necessary- to prevent death on the roads!!	11/4/2016 8:01 AM
432	Increased remuneration given complexity of patient work load and hours worked in high acuity situations. Improved rotas.	11/4/2016 1:35 AM
433	Very variable departments - currently working in a satisfying, educational job but previous dept had minimal educational value and horrendous rota	11/4/2016 12:00 AM
434	More remuneration for OOH work and more SPA	11/3/2016 11:42 PM

435	Easier time out of programme, better rota s at SHO level	11/3/2016 11:07 PM
436	better rotas, improved staffing.	11/3/2016 10:47 PM
437	More support	11/3/2016 9:49 PM
438	None	11/3/2016 9:23 PM
439	Better rota - recruit more Better pay for unsociable hours Fellowships abroad	11/3/2016 9:11 PM
440	Better Rota patterns which will be supported with more doctors on Rota. Protected teaching and not always having to miss teaching due to service provision or going in early	11/3/2016 8:51 PM
441	We need to value ourselves as a specaiality. We are not 'the best bits of every hospital specaiality' we are the resuscitaion of undifferentiated patients. Also, more time in minor injuries	11/3/2016 8:38 PM
442	Making time out of program compulsory	11/3/2016 8:16 PM
443	Better rota, shorter hours, more pay. Flexibility for interdeanery transfer.	11/3/2016 8:12 PM
444	Additional time off to compensate for unsocial hours rather than increased pay. Eg 1 week extra annual leave. And rotas available further in advance without fixed leave.	11/3/2016 8:02 PM
445	Changing the set-up of ACCS. Either reduce portfolio requirements or change exam. The combination of both on top of work is impossible to achieve. The programme is mainly service provision. The trauma year wasn't a trauma year. The programme is set up to benefit staffing rather than trainees learning capabilities	11/3/2016 7:45 PM
446	better staff more beds GP in ED kinder rota for junior doctors better pay for unsocial hours	11/3/2016 7:15 PM
447	More staff reduces stress and workload. Staff will stay if the department is good and pay is fair. I work 2/3 ooh compared to friends I miss a lot of social events which can be very isolating.	11/3/2016 6:45 PM
448	Better Rota Better pay More teaching	11/3/2016 6:40 PM
449	Better long term working. Earlier retirement age so it's an attractive career option.	11/3/2016 5:56 PM
450	Pay more. People are leaving (presumably) because of the random, unsocial rota, which (I imagine partly) is a symptom of chronic understaffing. The best way to keep staff onboard is with a financial incentive. And for a specialty that arguably generates the most stress and has some of the longest hours, is it unreasonable to be paid a premium?	11/3/2016 5:45 PM
451	Flexibility with OOPEs	11/3/2016 5:44 PM
452	Increasing pay, reducing hours, reducing intensity. All impossible so retention is going to continue to collapse especially as the NHS implodes	11/3/2016 5:33 PM
453	Regional standardised rota?	11/3/2016 5:33 PM
454	The deanery should not penalise people who are on run-through training for taking time out of training. Teaching should be made a priority. EM specialty trainess should be given preference in rota allocations for study leave. Study leave budget should cover at least the mandatory courses IN FULL. Interdeanery transfer should be more flexible, and not only allowed for those very specific circumstances. People's lives change, the deanerys need to appreciate trainees may need to relocate for a variety of reasons.	11/3/2016 4:34 PM
455	Rota that allows a life outside. Currently I only work twilights and nights, have very little clinical supervision or value invested in me.	11/3/2016 4:21 PM
456	Better organised teaching from ST1 onwards. Teaching should be aimed at getting people through FRCEM. Rotas have to be improved to protect staff from Burnout and allow adequate time to recover from shifts as well as maintain study and outside interests	11/3/2016 3:54 PM
457	More time off. It is a busy and stressful job. The shifts are tiring. The job is tiring.	11/3/2016 3:30 PM
458	Less service provision, more training!	11/3/2016 3:26 PM
459	Good staffing especially during anti social hours and at night. Good salary.	11/3/2016 3:06 PM
460	More flexibility and understanding in rotas for LTFT with children...unfortunately it's a childcare nightmare and for this reason I am unable to continue.	11/3/2016 3:05 PM
461	Flexibility with rotas, stopping fixed leave, more interest and investment from the departments in their trainees (not just using them to clear the board and fill the rota).	11/3/2016 3:01 PM
462	Better rotas, more time with patients and some autonomy as a department- learn some skills.	11/3/2016 2:06 PM

463	Simple things to start with- a secure place to leave my bag, ability to get healthy food at work. Being welcomed by the department when starting a new rotation would be nice. Having a rota in advance and having a rota that is sustainable and sensible.	11/3/2016 1:34 PM
464	Better staffing and pay for unsocial hours and constant departmentall stress	11/3/2016 1:28 PM
465	Imroving pay, increasing numbers of staff to enable the rota to be less miserable	11/3/2016 12:31 PM
466	Value trainees more - often just feel like a monkey Better breaks Focus on work-life balance, mental health and supporting time out of program Give core trainees some non-clinical time	11/3/2016 12:29 PM
467	Better staffing of rotas, so more trainees	11/3/2016 12:27 PM
468	Improve the SHO rota. So many SHOs enjoy EM but they are worn down by the punishing SHO rota that they cannot imagine working like that for a prolonged period of time.	11/3/2016 12:12 PM
469	Stop rota gaps. Stop filling senior posts by Locums. Improved rota for the junior middle grades.	11/3/2016 11:49 AM
470	Direct supervision of entire shifts from clinical supervisor every 2-3 months to gauge your overall skill, knowledge, decision making, time management and procedural skills. Feedback from an exercise like this would be invaluable.	11/3/2016 11:21 AM
471	- Decrease the ever increasing burden of training requirements: 'training' in EM is not really training, but an incessant requirement to do WBPAs (and let's be honest, most are of no value, despite a few noble efforts occasionally); QIPPs (a covert attempt at getting us to do even more work at a time when Consultants complain from lack of enough SPA time); and exams (too many). - Deliver better training regionally: I would rather have 3 'excellent' training days a year than a training day every week or fortnight which is (usually) a waste of time. - Give trainees more say in which hospitals they rotate through - forcing trainees to go to hospitals that are a long way from home every year (when they have children) and/or which have a terrible reputation only compounds burnout and thus staff shortages in the long term.	11/3/2016 11:21 AM
472	Make deaneries more flexible for inter deanery transfers or taking time out to do whatever the person wants to do for one year not just medicine related. EM trainees should have had their own contract due to the frequency of unsociable hours as we all know and are in agreement that there is simply no other specialty that works as we do.	11/3/2016 11:14 AM
473	Pay more, support more and recruit more	11/3/2016 11:11 AM
474	Focus on training specialty trainees. An appreciation of us as future consultants rather than breach-preventors. Exposure to skills. A greater study budget to pay for the multi-disciplinary skills required of an EM trainee (ATLS, ALS refresher X2, ATLS refresher, APLS, USS level 1 &2, regional USS blocks plus occasional special interest courses such as suture and wound exploration, conferences)	11/3/2016 11:05 AM
475	Greater study leave allowance to allow for getting more training/skills. Better remuneration for antisocial working	11/3/2016 10:51 AM
476	Better rota (although this would only be improved with better staffing) as this is why most fy2s don't pursue the specialty (even though they enjoy it). Better pay for antisocial hours-which will be difficult with the new junior doctors contract)	11/3/2016 10:44 AM
477	Support trainees wanting to take years out of training Support trainees more Staff departments better	11/3/2016 10:37 AM
478	Ability to reduce the constant nature of workload with more teaching/time off shop floor	11/3/2016 10:21 AM
479	Make the sho rota better! If they do an fy2 rota for four months by the end they are broken, exhausted and even if they like the job they don't see that the rotas are better as you progress.	11/3/2016 10:06 AM
480	Better rotas	11/3/2016 9:52 AM
481	Making it easier for people to work LTFT if they want to - even if they don't fit the current criteria. If the choice is between 70 or 80% of a trainee or they leave EM - better to keep them LTFT than lose them altogether.	11/3/2016 9:47 AM
482	None as it is a specialty doomed to fail.	11/3/2016 9:42 AM
483	I think a massive difference would be made by the ability to have more say over where we get placed within a deanery, and more notice of this. Even in small deaneries it is very difficult to settle in 1 place without a very long commute. This is compounded when a partner has a job which is fixed in one location. I understand the need to work in more than one department, and the need to go to an MTC, but beyond that we are moved simply for the sake of it far too often. Staying in one place allows better relationship building, completion of projects and family stability.	11/3/2016 9:36 AM
484	Define which patients are emergency patients and focus on them. Quality teaching. Allowing oope. Reducing exam burden making it not final year. Allow final year to becoming consultant focuses.	11/3/2016 9:28 AM

485	Improving SHO rotas!! Not making ST3s work 1 in 2 weekends and constant strings of twilights/nights for an entire year (we already did that as an ST1and it pushes people to their limit, the thought of doing it for an entire year forces those who aren't sure about EM to leave). Improving the relationship of EM doctors with the rest of the hospital. Better options for additional roles once we CCT and encouragement of earning additional money within the private sector. E.g.) educational roles, dual accreditation (this seems to be out of favour by EM due to losing trainees' service provision, but might actually result in loss of a trainee altogether if it's an objective that isn't met), events medicine	11/3/2016 8:50 AM
486	.	11/3/2016 8:48 AM
487	The new junior doctors contract does not help. It has made it worse for EM trainees. Change that or we will have an even bigger problem in 4-5 years.	11/3/2016 8:37 AM
488	Give every one non clinical time (day a week) Make max shopfloor hours on any rota 40 rather than 48. Provide changing, rest, and secure storage for all staff. Pay ED nurses, HCAS, and doctors a premium for working in a high intensity area.	11/3/2016 7:44 AM
489	Better rotas - removal of fixed leave, removal of 7 nights, increased compensatory rest or better attention paid to changing shifts. Better publication of the rota	11/3/2016 7:43 AM
490	Improve the rotas Better remuneration for anti social hours Better study leave and budget	11/3/2016 5:41 AM
491	Better staffing. Compensation for unsociable hours compared to other specialties, this does not come through in banding	11/3/2016 4:32 AM
492	Address the failure of work:life balance and the poor experience the juniors get!	11/3/2016 3:53 AM