Title

Learning from the trainee experience: reflections on 5 iterations of the Emergency Medicine Trainees' Association survey

Short title

Reflection on the EMTA Survey

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EMTA, the Emergency Medicine Trainees' Association, is made up of all UK EM trainees and 'exists to provide a collective, representational voice and focal point for emergency medicine trainees' [1]. One-way EMTA has sought to achieve this is by gaining the views of trainees with an on-line survey. After five iterations of the survey, we take the opportunity to reflect on the learning from these surveys, drawing out key themes that will be of interest to anyone practicing EM or involved in EM training.

The first survey collected data in July 2013 and was a joint venture between the College of Emergency Medicine (now RCEM) and EMTA [2]. Subsequent surveys were solely the work of EMTA. The first survey was shorter than subsequent versions, which combined with novelty could help explain the 81% response rate. It focused on career intention after completing training and views on the working life of an EM consultant. The next survey collected data in July 2015 and was significantly expanded both in topic areas and number of questions [3]. Subsequent surveys reflected the July 2015 iteration, with topic areas and specific questions added and removed. See table 1 for a summary of the surveys. Demographics for each survey were broadly representative of the trainee body in terms of gender, location, and stage of training. Supplementary file 1 provides details of the findings from each survey across 15 separate domains. All UK EM trainees were invited via email to participate.

The surveys were built iteratively based on analysis of the previous year's results. This was influenced by the changing priorities of EMTA and RCEM and the broader educational landscape of the NHS. The survey was novel and not externally validated. The drop off in response rate from the first iteration is a major limitation and warrants comment. The first drop-off was probably a result of the loss of novelty combined with the increasing length of the survey. The more recent drop-off may be due to the COVID-19 pandemic.

In 2016 [4], 19.9% felt bullied at work, 53.5% felt undermined and 20.8% had witnessed a colleague being harassed in the previous four weeks. This was compared to the British Orthopaedic Trainees Association 2016 census where 7% of trainees reported being bullied but 70% had witnessed a colleague being undermined [7]. The 2017 EMTA survey showed slightly higher levels [5] though the most recent survey has shown a reduction with 10% reporting bullying, 27% reporting having felt undermined, and 6.5% harassed in the last four weeks [6].

The first survey asked respondents to rate aspects of consultant working from very positive to very negative; workload and work-life balance ranked most negatively [2]. This was mirrored by free-text responses from the 2015 survey [3] and more recently by the 2019 GMC trainees survey where EM trainees rated their workloads highest of any trainee group [8]. This may be a contributing factor to the high levels of fatigue reported; 87% of trainees felt fatigued after nights, 19.8% have felt unable to drive home safely and 63.7% felt fatigue had negatively affected their family or personal life [6]. Data from 2017 was similar, though notably 57.0% reported having an accident or near miss when driving home after a night shift [5]. This was very similar to figures reported by a survey of anaesthetics trainees conducted in 2016 [9].

In 2016 88.2% of trainees were full time. Of female respondents 19.9% were LTFT, compared with 3.3% of male respondents [4]. This was essentially unchanged for the next iteration of the survey [5], but the most recent version showed an important shift with 77.9% of trainees full time, with 28.9% of them considering LTFT working in the future [6].

78.2% of respondents to the most recent survey anticipated their first job post CCT to be a consultant post [6], up from 68% in 2013 [2]. Mirroring the trend with trainees only 28.1% are anticipating working full time as a consultant, with 166 (45.2%) actively planning to work LTFT and the remaining 98 (26.7%) undecided [6].

This data cannot be used to determine if emergency departments are worse than other setting for behaviours such as bullying, or if they are getting better or worse. What the data does tell us is that

despite the supposed flattened hierarchy those working in emergency departments experience bullying, undermining and harassment and this is something that the specialty in the UK needs to address and internationally needs to start to assess.

The increasing uptake of LTFT was likely related to the LTFT training pilot, whereby trainees could opt to work LTFT for any reason rather than the previously required justifications of childcare, ill health and specific training opportunity, and mirrors the finding of the report on the LTFT pilot [10]. This was in the broader context of increasing numbers of trainees working LTFT in the UK [8]. This trend, along with inconsistent intent to work as a consultant on completion of training, needs incorporating into workforce planning.

Five iterations of trainee surveys in EM have provided detailed insight into some of the major issues impacting the sustainability and quality of EM training in the UK including excessive workloads and bullying and harassment. Trainees consistently value the teaching they receive and the input of their educational supervisor. By summarising the findings here we hope to make this resource more visible to researchers and policy makers.

Contribution
DD and AT extracted data from the surveys. DD drafted the article. All authors contributed to writing and editing the final piece.

Conflicts of interest
DD is the immediate past EMTA chair.

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