

**October 2024**

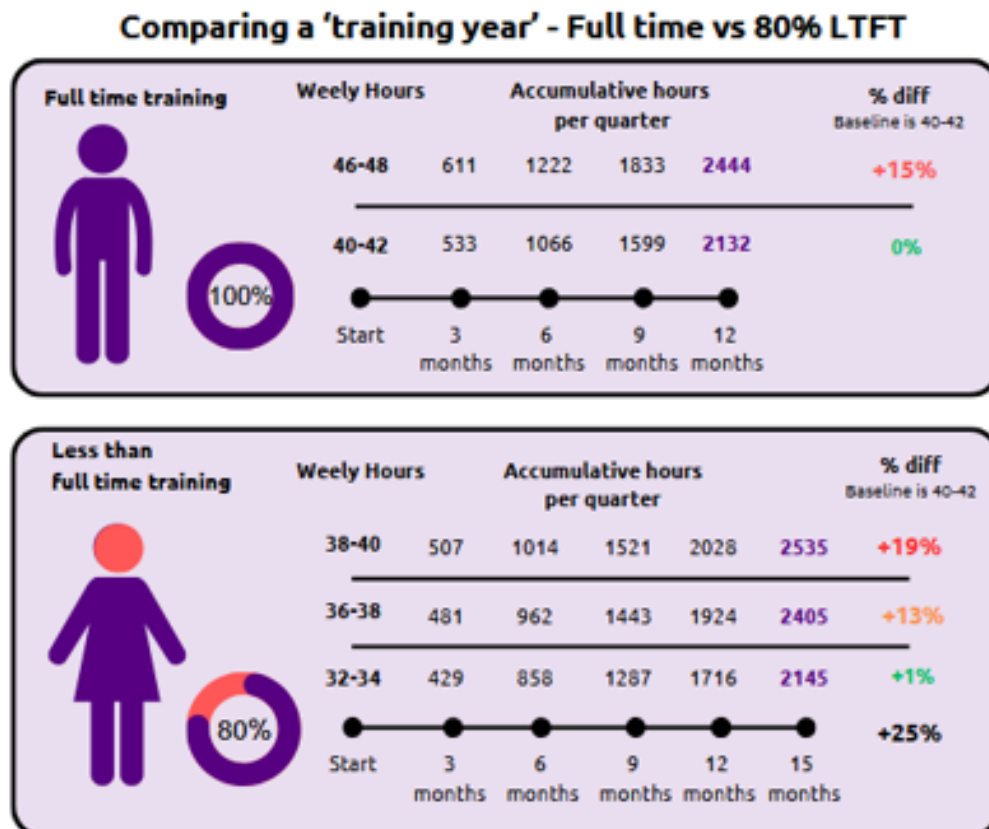
Welcome to the latest iteration of the EMTA Newsletter! We are Rob Hirst and Dale Kirkwood, your new EMTA Co-chairs. We'll be in post for the next couple of years and are looking forward to trying to improve training for all of us.

We wanted to start by introducing ourselves, talk to you about what we've been up to, and what we'll be up to over the next few months. We want this to be a time of renewal, and we want to ensure we work on the problems you encounter in your training. We want you to [Tell EMTA](#) about any issues you face so we can help.



## Achieving parity in full-time training

Full-time training is defined by NHS Employers as 40 hours, but we know many trainees work a great deal more than that. We also know many less than full-time (LTFT) trainees work 38-40 hours, and can end up working more accumulated hours than a full-time trainee once the additional three months of training time has been factored in. This is shown in the infographic below:



## Using the EMTA Survey to improve training

The survey continues to grow, with over 1100 responses in the last round and the ability to now report data at the hospital-level. The survey has already been used to impact policy regarding

ensuring high quality exposure to paediatrics and minor injuries is being targeted as another important area of focus. We have seen significant variation in the level of EDT granted across trusts and can use the data to show where RCEM recommendations are being implemented (or not).

We have a significant amount of information pertinent to EDI, and have been working with our EDI lead, Anukiran Ravichandran, to use this data to aim for greater equity in training opportunities and outcomes. We are looking to expand our data analysis team working with the survey (read more about this later in this newsletter!) and are working to implement systems which speed up the time from data collection to reporting which can be used to highlight both intra- and inter-regional variation.

## Responding to the 2024 GMC Survey

The results of the recent GMC Survey have concerned many in emergency medicine. Alongside the statistics about trainee wellness which have sadly ceased to be surprising (emergency medicine trainees having the highest risk of burnout, corridor care is impacting negatively on training) were some concerning statistics about sexual harassment.

In response to the question "in your current post how often, if at all, do you experience unwelcome sexual comments or advances?" 15% of female trainees and 5% of male trainees responded that they had experienced this.

These statistics, as shocking as they are, do not tell the full story, and without knowing whether this comes from staff within the department, outside the department, or from patients, we do not know how best to deal with this problem.

EMTA will be working with the college and a number of key stakeholder groups, such as the Gender in EM special interest group, the EDI committee and the RCEM Executive in order to incorporate some optional questions related to this phenomenon to gather more data in the next iteration of the EMTA Survey. This will allow us, and the college, to determine where this is occurring and what can be done to stop it and better support those affected.

## Join EMTA!

We have a few role vacancies coming up within EMTA and are looking to expand our committee.

These roles are a great opportunity to gain leadership experience, represent the trainee perspective at a college level and help improve the working lives of trainees. We will be recruiting for a few pre-existing roles but are also looking to expand the committee, aiming to improve the impact of the survey and use the data to improve the training we receive. Some of the upcoming roles include:

- Higher Specialty Training Reps (x2)
- ACCS Specialty Training Rep
- Global Health Representative
- Mental Health Representative
- Deputy Survey Lead
- QI Curriculum Representative
- Conference Lead (for 2026)
- Sustainable Lifelong Careers Representative

We will be advertising these on the RCEM website, on the EMTA website and across social media, so keep an eye out for these and make sure to seize the opportunity.

## Come to Bristol 2025 for the EMTA Conference!

This is a little pre-emptive notification to add some dates to your calendar. We are going to be heading to lovely Bristol this 26th and 27th February 2025 for two days of great topics, great speakers, and great times. This is one of my favourite conferences to attend each year and I love seeing really interesting talks, finding out what people are up to in the specialty, and seeing friends from across the country. We'll be sure to email you with links with where to grab your early bird tickets when they become available.

## Maintaining an independent voice for trainees

EMTA, as it stands, exists as an organisation within RCEM. This has not always been the case, but for now we exist as a committee embedded within the college. It is important to maintain our independent voice within the college so we can always ensure that trainees' voices and viewpoints are heard. We are updating our Terms of Reference in order to bring our governance standards in line with the rest of the college but also to make sure we remain an organisation with an independent voice.

We have seen from other colleges the pitfalls that can occur when independence is compromised, but we want to reassure you that we will always hold the trainee voice at the forefront of our priorities.

## Guidelines for Provision of Emergency Medicine Services for training

The EMTA team have been asked to provide resident doctor insights into RCEM's flagship policy "Guidelines for the Provision of Emergency Medical Services" (known as GPEMS). This document is a comprehensive look at the challenges facing emergency medicine and establishes certain standards that must be met and recommendations that should be strived for.

EMTA highlighted the need for greater emphasis on adapting services to provide better care for our most vulnerable populations as well as staff wellbeing. On this latter point, we recommended a shift in focus from individual resilience to the need to create resilient systems and healthy working environments. We highlighted the examples of practice noted in the "Back to Basics" recommendations led by our Sustainable Working Practices rep, Emma Cox. We also noted that patient involvement in service design and reconfiguration was lacking, which could be used to help build more inclusive services which better tackle health inequalities.

A greater focus on training was also recommended, but the president highlighted that the RCEM document "[Promoting Excellence in Emergency Medicine Training](#)" focuses on training, and will be nearing review soon.

As always, look after yourselves and each other,

**Dale & Rob**

Co-Chairs, Emergency Medicine Trainees' Association

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