

Exposure and Training in Emergency Medicine in Wales

A brief report produced by
Cardiff University and the
All Wales School of Emergency Medicine
for the
Health, Social Care and Sport Committee,
Welsh Assembly Government

Author: Dr Huw Lloyd Williams

MB BCh, MSc (Med. Ed.), MCEM

Clinical Lecturer in Emergency Medicine, Cardiff University

Speciality Trainee Year 5, Emergency Unit, University Hospital of Wales

Room 28/1, Wales Heart Research Institute, School of Medicine, Cardiff University, Heath Park, Cardiff



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1. INTRODUCTION / AIM

This short report does not aim to analyse Emergency Medicine Exposure and Training in Wales but simply to present trainee's perceptions, raw data and facts relating to three key timeframes throughout an Emergency Physician's training:

1. Undergraduate Education,
2. Foundation Programme and
3. Emergency Medicine Speciality Training.

Section 2 details Emergency Medicine exposure at undergraduate level (please note that this does not include the post-graduate medical degree course at Swansea University). Section 3 details Emergency Medicine exposure in the Foundation Programme. Section 4 reports on the perceptions of Emergency Medicine Trainees in Wales with regards to three broad areas: 'Living and Working in Wales', 'Training' and 'Work and Career Development'. In this last section, the Emergency Medicine trainee's perceptions were gained by conducting an online anonymised survey. All data gathered from this survey has been presented in an unabridged and unedited format.

2. UNDERGRADUATE EXPOSURE

2.1 Outline of Emergency Medicine exposure in the C21 Undergraduate Curriculum

An undergraduate medicine curriculum must balance all of the general and specific areas of learning required to provide a broad-based training and excellent clinicians. There is currently exposure to Emergency Medicine during three of the five years of the undergraduate course. During the second year, there is a *'Rural Pre-hospital Emergency Medicine Day'* which includes a mock road traffic accident. During the third year of the course students partake in an 8-week clinical placement in a module entitled *'Hospital Front Door'*. The amount of time on this clinical placement spent in the Emergency Department varies between different placement centres but the emphasis is on acute patient care. In the final year, 12 to 14 students experience a 7-week *'Senior Assistantship Programme'* based in an Emergency Department with the Foundation Year 1 Doctor the student will replace following graduation. This approach has been shown to improve the students self-reported preparedness for practice in their first job. There are multiple other opportunities for students to experience Emergency Medicine as they undertake their other learning experiences but this is much more difficult to quantify. There are other opportunities, as described below, for students to gain more exposure to Emergency Medicine if they have an interest. Cardiff Medical School are actively seeking ways to enhance learning for students with an aim of enhancing recruitment and retention for those hard-pressed specialties. There are currently, two Emergency Medicine clinical staff (1 x Professor and 1 x Registrar) employed by Cardiff University on a part-time basis who regularly teach on the undergraduate course.

2.2 Student Selected Components

There are a number of Student Selected Components (SSCs) throughout the undergraduate medical course at Cardiff University. These are either fixed SSCs (to which the student applies) or 'unique' SSCs (which are arranged between the student and a tutor). Some of these SSCs relate to Emergency Medicine. However, there are varying numbers of such SSCs each year, they do not deliver standardised teaching in Emergency Medicine and not all of these SSCs necessarily include a clinical placement in an Emergency Department.

2.3 New Intercalated Degree in Pre-hospital and Emergency Medicine

A new intercalated BSc degree in Emergency, Pre-hospital and Immediate Care (EPIC iBSc) will start in September 2017. The intake will grow from 10 to 15 over a three-year period (10 students in 2017/2018, 12 students in 2018/19 and 15 students in 2019/20). The degree will provide students with 21 weeks of clinical placement (in either an Emergency Department or in the pre-hospital setting) as well as 6 weeks of face-to-face teaching (lecturers, tutorials, simulation, clinical skills sessions) on topics relating directly to emergency or pre-hospital medicine. Four new Emergency Medicine clinical staff (4 x Consultants) are to be employed by Cardiff University on a part-time basis (0.4 FTE) to teach on this new degree.

2.4 Extra Curricula Societies related to Pre-hospital and Emergency Medicine

There are two large Cardiff based medical student societies related to 'Pre-hospital' and 'Emergency Medicine'. The 'Cardiff Medics First Responders Society' are medical students trained in pre-hospital life support and respond to Category Red 999 calls in the Cardiff area. This society has been running since 2006 and self-fund their training and equipment (which includes defibrillators and oxygen).

The 'Pre-hospital Emergency Medicine Society' organise their own fortnightly evening lectures delivered by Emergency Physicians. This society has been running since 2010 and arrange clinical placements (evening shifts) outside the medical course at the Emergency Unit, University Hospital of Wales.

3. FOUNDATION YEAR 1 AND YEAR 2 EXPOSURE

3.1 4-month posts in Emergency Medicine (Wales) in Foundation Year 1 Programme

Foundation Year 1		
Aberystwyth	Bronglais Hospital	6
Bridgend	Princess of Wales Hospital	6
Cardiff	University Hospital of Wales	3
Haverfordwest	Withybush Hospital	3
Llanelli/Carmarthen	Glan Gwili Hospital/Prince Philip Hospital	8
Merthyr Tydfil	Prince Charles Hospital	3
Rhyl	Glan Clwyd Hospital	3
Wrexham	Wrexham Maelor Hospital	6
<i>Total number of 4-month Emergency Medicine posts available (2017/18)</i>		<i>38</i>

3.2 4-month posts in Emergency Medicine (Wales) in Foundation Year 2 Programme

Foundation Year 2		
Abergavenny	Nevill Hall Hospital	12
Aberystwyth	Bronglais General Hospital	6
Bangor	Ysbyty Gwynedd *	12
Bridgend	Princess of Wales Hospital *	12
Cardiff	University Hospital of Wales	21
Haverfordwest	Withybush Hospital	6
Llanelli/ Carmarthen	Prince Philip Hospital/Glan Gwili General Hospital	15
Merthyr	Prince Charles Hospital	9
Newport	Royal Gwent Hospital	15
Rhyl	Glan Clwyd Hospital	6
Swansea	Morrison Hospital	21
Wrexham	Wrexham Maelor Hospital	6
<i>Total number of 4-month Emergency Medicine posts available (2017/18)</i>		<i>141</i>

** figures include three academic posts available at these sites*

3.3 4-month posts in Emergency Medicine (Wales) pre-application to Speciality Training

Although once the traditional route, application direct from the Foundation Year 2 Programme is becoming a less frequent event. The application process for Speciality Training starts in November. Therefore, exposure to Emergency Medicine for doctors applying directly from the Foundation Programme (in the Wales Deanery) is not the sum of the total number of Foundation Year 1 and 2 posts. In fact, only 85 4-month posts are available before the application date for Speciality Training.

3.4 Other Emergency Medicine Exposure

There are some opportunities for 'taster weeks' in Emergency Medicine for Foundation Year 1 doctors. These are organised by the educational supervisor on request of the Foundation Doctor with the local Emergency Department. Historically, the number of such taster sessions has been low.

4. EMERGENCY MEDICINE TRAINING

The perceptions of the 'All Wales School of Emergency Medicine' (AWSEM) trainees were gained by conducting an online anonymised survey. 41 of the 48 trainees responded (response rate = 87.5%).

4.1 Demographics of Emergency Medicine Trainees

Number of AWSEM Trainees (by Grade and Department Placement)

	CT/ST1	CT/ST2	CT/ST3	ST4-6	Vacant posts
Bangor	1	1	1	1	ST4-6 x1
Wrexham	1	-	-	1	
Morrison	2	2	1	3	ST3x1
POW	2	-	-	3	ST4-6 x1
UHW	2	2	2	3	
PCH	-	-	-	4	ST3 x1
Gwent	1	1	3	6	
NHH	2	2	1	-	ST4-6 x3
Totals:	11	8	8	21	7

SOURCE: AWSEM

Source of Undergraduate Medical Degree

Wales: Cardiff	21	50.00%
UK (outside Wales)	17	40.48%
EU (outside UK)	0	0.00%
Outside EU	2	4.76%
Total Responses:	42	

SOURCE: AWSEM Trainee Survey January 2017

Majority of training / postgraduate posts prior to entering EM Specialty Training

Wales: Cardiff	23	56.10%
UK (outside Wales)	16	39.02%
EU (outside UK)	0	0.00%
Outside EU	2	4.88%
Total Responses:	41	

SOURCE: AWSEM Trainee Survey January 2017

Training Grade of Respondents

CT1-3 / ST1-3	21	50.00%
ST4-7	21	50.00%
Total Responses:	42	

SOURCE: AWSEM Trainee Survey January 2017

Training Placements (majority of training to-date in North or South Wales)

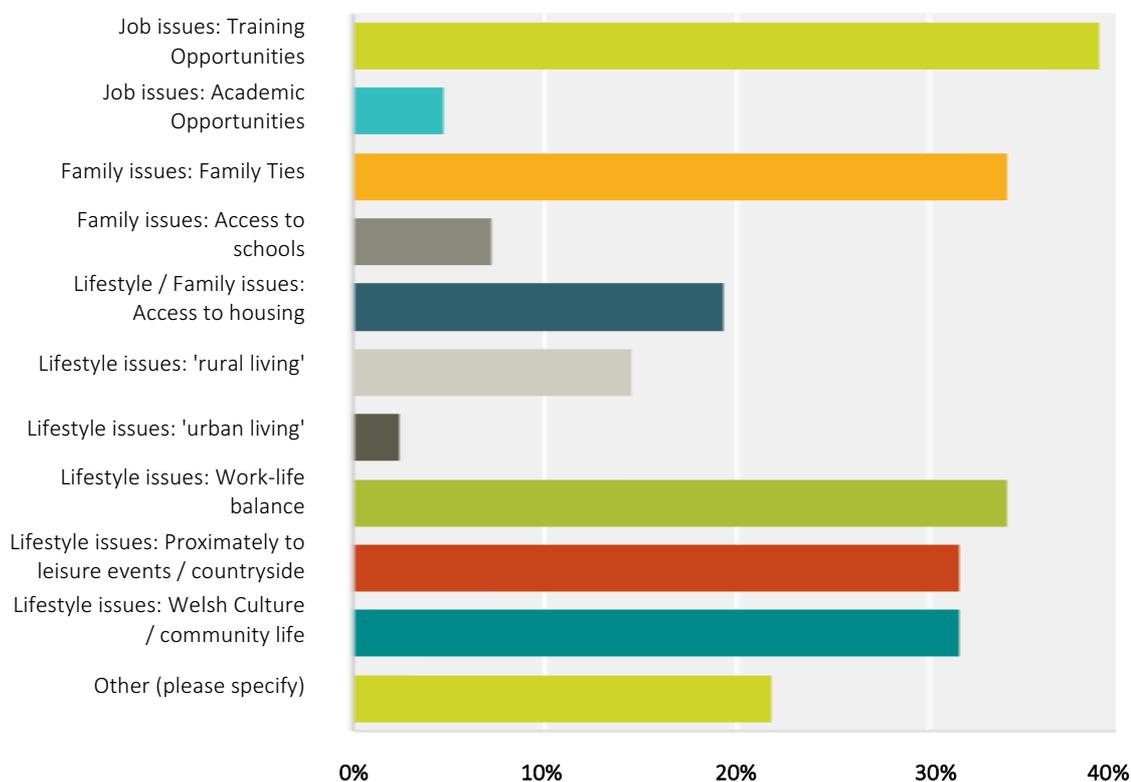
North Wales	3	7.14%
South Wales	37	88.10%
Other Deanery	2	4.76%
Total Responses:	42	

SOURCE: AWSEM Trainee Survey January 2017

4.2 Trainees' Perceptions: Living and Working in Wales

Trainees' Perceptions: What was it that made you want to train in Wales?

Job issues: Training Opportunities	17	40.48%
Job issues: Academic Opportunities	2	4.76%
Family issues: Family Ties	15	35.71%
Family issues: Access to schools	3	7.14%
Lifestyle / Family issues: Access to housing	8	19.05%
Lifestyle issues: 'rural living'	6	14.29%
Lifestyle issues: 'urban living'	1	2.38%
Lifestyle issues: Work-life balance	14	33.33%
Lifestyle issues: Proximately to leisure events / countryside	13	30.95%
Lifestyle issues: Welsh Culture / community life	14	33.33%
Other (please specify)	9	21.43%



Other responses included:

- i. Opportunity for partner to work in the arts
- ii. Friends
- iii. Nationally appointed job system
- iv. already lived in wales
- v. Familiarity, having worked in Wales before
- vi. Friends based in Wales by and large
- vii. Abergaveny close to Hereford
- viii. It was not my first choice
- ix. Second choice deanery, geographically closest to partner's work

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: Are you likely to stay in Wales until the end of your training?

Yes	35	83.33%
Maybe	5	11.90%
No	2	4.76%
Total Responses:	42	

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: Are you planning to seek a consultancy post in Wales following training?

Yes	26	61.90%
Maybe	15	35.71%
No	1	2.38%
Total Responses:	42	

SOURCE: AWSEM Trainee Survey January 2017

4.3 Trainees' Perceptions: Training

Trainees' Perceptions: How would you describe your experience of training in Wales ?

35 Responses:

- i. *Excellent, supportive teams, good teaching and learning opportunity, work with an inspiration team of doctors.*
- ii. *Very good , deanery team are very supportive and friendly*
- iii. *Good, very supportive.*
- iv. *It's a friendly and supportive deanery, with a wide range of hospitals to experience*
- v. *Good*
- vi. *Supportive lots of opportunities. Some difficulties due to differences between nhs Wales and nhs England*
- vii. *Great regional teaching program. Some aspects of medicine appear to be behind the times (technology etc) compared to England which could be much improved.*
- viii. *Enjoyable*
- ix. *Mostly good.*
- x. *Mixed*
- xi. *Great.*
- xii. *very good*
- xiii. *Increasingly frustrating, in my second year of training on my medicine rotation I feel solely like service provision and issues with recruitment have led to an understaffed rota which is constantly putting us under pressure. Thank you email from our medical directors at times of service breaking points are of little worth when staffing issues are not addressed consistently. Rota gaps across the pressured departments are hugely detrimental to staff morale and most concerning of all to patient care. If these conditions do not improve, I fear clinician burnout will only continue to exacerbate the problem.*
- xiv. *Mixed*
- xv. *Good*
- xvi. *good*
- xvii. *So far excellent*
- xviii. *Very good, but quite dependent on which hospital you are based in. Our regional teaching is excellent and vastly better than that offered to other speciality trainees.*
- xix. *Supportive, friendly*
- xx. *Supported*
- xxi. *Excellent*
- xxii. *Excellent on the whole. We are very supported by Amanda Farrow.*
- xxiii. *Mostly enjoyable, friendly people.*
- xxiv. *Wales is an enjoyable place to work, a wide variety of hospitals and patients make for a great mix. It's really frustrating to see campaigns such as the GP work live wales campaign aimed at other specialities and very little at Emergency Medicine.*
- xxv. *EM training excellent*
- xxvi. *Excellent support through AWSEM*
- xxvii. *Interesting.....having spent over 8 years working and training in England, it is odd to find medical practice that has been in place for some time there, is now only just making it into Welsh hospitals.*
- xxviii. *Fantastic*
- xxix. *Excellent*
- xxx. *Fantastic*
- xxxi. *Mixed. My anaesthetic and ICU placements have been well supported and with consultants willing to teach. My EM placement was not like that and I was just there for service provision. In the North there is no provision for EM trainees and I have yet to work with training registrars in EM. Pressure on the department and consultant disengagement have meant few educational opportunities within my specialty. A lack of HSTs has meant that the tier is filled with clinical fellows who could be very junior and from outside EM.*
- xxxii. *Great, well supported and feel appreciated as a trainee*
- xxxiii. *Good flexibility to facilitate south Wales only training. And access to OOP if required*
- xxxiv. *Amazing*
- xxxv. *Excellent*

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: Have you needed to move around Wales as part of your training?

Yes	24	61.54%
No	15	38.46%
Total Responses:	39	

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: Was this an Issue / Problem?

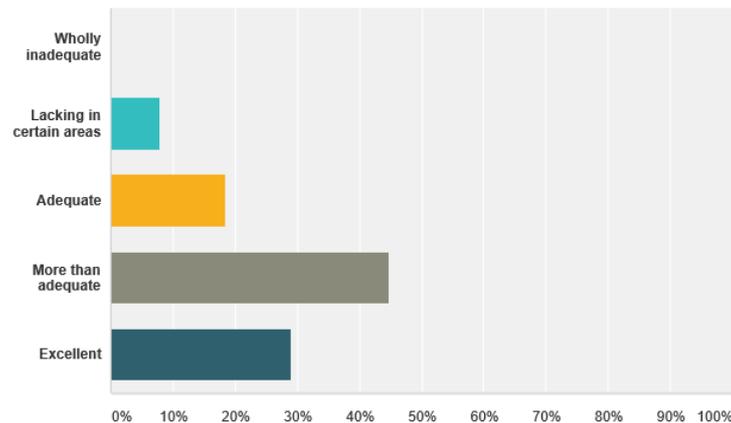
25 Responses:

- i. No - all training based in South Wales- Newport to Swansea
- ii. Yes, especially when my family got bigger with children , It would be more advantageous if trainee knew from the start South, North or 50% between both
- iii. No, had to move within English LETB as too large to stay in one place so no excess disadvantage
- iv. Yes. Having to move 200 miles away from my husband caused my marriage to break down.
- v. No
- vi. Not so far as the deanery have been accommodating to preferences and I as a trainee I am able to stay in South Wales for the duration of my training which is great.
- vii. No
- viii. Yes
- ix. Yes, local hospital doesn't have training places
- x. Sometimes - if rota's aren't adaptable to allow for long travelling time and sleeping rooms are not available
- xi. As an emergency medicine trainee, I haven't had to travel around, as the school are very accommodating to preferences to make work/life balance possible. Compared to friends who are facing spending a year apart from their husband, or uprooting the whole family when given a rotation far from home, which would be a significant problem.
- xii. Definitely, especially if you have a family
- xiii. Large area covered by deanery
- xiv. No
- xv. If I had to move around to North Wales repeatedly I would either not be doing EM or I would choose an alternative deanery.
- xvi. Yes. I will not move to Cardiff or Swansea or further
- xvii. Yes. The geographic split north/south alleviates that somewhat, but even within the north, there are only two hospitals approved for training. For the specialist skills (paediatrics) it necessitates travel to Liverpool. That's a hell of a journey!
- xviii. It is a very large deanery
- xix. Yes
- xx. Yes, the geography of Wales makes moving between north and south very difficult. Being in the North has been brilliant with very unique experiences. But with everything South Wales based there are likely to be opportunities that I have missed. Some of this has been helped by forming links to Mersey Deanery. I would recommend training in North Wales, but better provision is needed to allow North and South Wales Trainees to meet. Greater study budget to allow for the £150/trip down to South Wales for teaching and training. As it is often a 10-12hr around trip.
- xxi. Yes, this is definitely a disadvantage particularly as my partner's work and our mortgage is based in England. Although I have not had to move yet there is a strong chance that I will have to move to a hospital based a number of hours away during my training.
- xxii. Commuting over an hour each way is always difficult especially with shift working. I see this as a minor disadvantage to training in Wales. However, this does mean experiencing different cohorts of patients based on location.
- xxiii. No
- xxiv. This was not a difficulty - there was options to stay in South Wales

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: What level of support have you received from senior colleagues at the Emergency Departments involved in your training to-date?

Wholly inadequate	0	0.00%
Lacking in certain areas	3	7.69%
Adequate	7	17.95%
More than adequate	17	43.59%
Excellent	12	30.77%
Total Responses:	39	



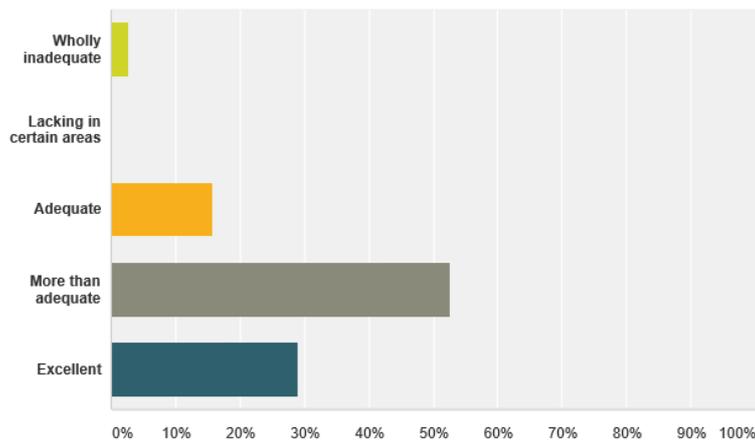
17 Comments:

- i. *This varies significantly between departments. EM trainees almost get no support while working in UHW this whether working in EM or Acute medicine compared to other departments in South Wales. This is mainly driven by work load coupled with lack of staff. This environment has significant impact on training. Unfortunately, the senior colleagues got sucked into this and they left with no options but to sacrifice maintaining, developing training opportunities.*
- ii. *Many offers to help with training needs as they arose. Additional time spent on WBPAs, reports, etc... beyond duty.*
- iii. *The seniors in my experience are, for the most part, very supportive*
- iv. *Understanding, keen to provide training opportunities, despite service pressures*
- v. *not had an ED placement in wales*
- vi. *Generally very good*
- vii. *The support to get back in to training after a period of locum work was invaluable in restoring my love of the speciality*
- viii. *Motivated and inspiring senior colleagues generally have helped to keep my motivation going when I'm flagging with all the portfolio tick boxes! I have also been lucky to have senior colleagues who were supportive of my year out, but also that have helped me settle back in after a year away in a very different environment.*
- ix. *Always available for advice no matter how busy the department.*
- x. *Some of the best senior registrars and consultants have been found in the Emergency department. The Gwent deserved a specific mention due to their great support and approachability.*
- xi. *Poorer training in UHW compared to other hospitals in S. Wales*
- xii. *Very supportive in all departments*
- xiii. *A focus in opportunities provided to non-training grades that are actively denied to the training grade.*
- xiv. *Generally excellent. Lacking in certain hospitals.*
- xv. *Clinically they could be supportive but depending on the consultant this was mood dependent. No educational opportunities were offered and when asked for them directly i was mostly told that they were too busy. Which was true. They seem so overworked and stressed they never had time to teach or even fully discuss a case.*
- xvi. *Excellent clinical and Pastoral Support. They have looked after me the trainee as a person.*
- xvii. *Great support from consultant colleague. However, there is a lack of higher specialty trainees and a reliance of locum staff.*

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: What level of support have you received from training bodies to-date (namely: AWSEM, RCEM Wales and/or RCEM)?

Wholly inadequate	1	2.56%
Lacking in certain areas	0	0.00%
Adequate	6	15.38%
More than adequate	20	51.28%
Excellent	12	30.77%
Total Responses:	39	



13 Comments:

- i. *The support I personally received from school of Emergency Medicine is excellent, I can't think of better way of building relationship with trainers*
- ii. *Additional support offered by Wales Deanery enabled me to complete training and was easy to access when required.*
- iii. *AWSEM are great - the curriculum targeted training days are incredibly helpful, and peer to peer support is strongly present. I haven't really found RCEM to be supportive, however*
- iv. *Great support from AWSEM and RCEM Wales when required.*
- v. *AWSEM have been supportive, and innovative in ways to attract and retain trainees*
- vi. *Excellent teaching days.*
- vii. *AWSEM provide regular teaching to update skills and knowledge. RCEM produce ED specific guidance for common ED presentations.*
- viii. *AWSEM is very supportive of us all.*
- ix. *AWSEM invaluable, supportive, main strength of Wales programme*
- x. *Dr. Farrow and AWSEM have been very supportive. I wish I had known how approachable and useful they were earlier.*
- xi. *AWSEM and RCEM have been very useful. However, no solution has been found to address the lack of North and South Wales Trainees meeting for training. I.e. a North Wales Study Budget to allow the money to travel to South Wales for training my help. The cost and time are really high.*
- xii. *AWSEM have been great with good support. RCEM have been adequate but my main interaction has been re: payment of fees and exams etc..*
- xiii. *AWSEM cannot do enough for its trainees!*

SOURCE: AWSEM Trainee Survey January 2017

**Trainees' Perceptions: Are there any factors that have caused difficulty in accessing training?
(e.g. distance from training venues or work pressures that make study leave difficult)**

26 Responses:

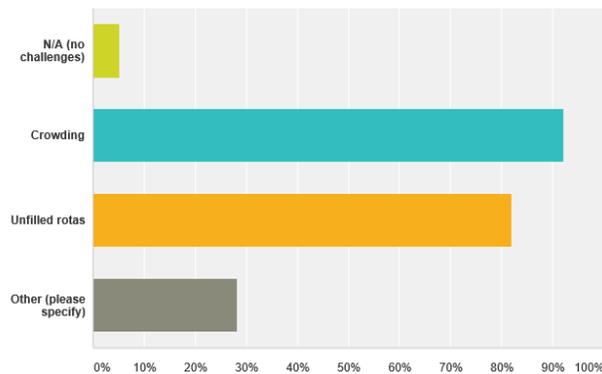
- i. Nil
- ii. *The main issue that come up every year is the coordination between regional teaching and rota commitments . some department are well advanced in this others put shop floor cover priority over training opportunities*
- iii. *Service pressures when on-shift distracted from training as little time to engage with consultants. Flexibility of staffing by locums have paradoxically made it easier to get the days off I need but has meant using more off-days for study with significant pressure on family life.*
- iv. *It can be difficult to get study leave to attend training, especially in non-ED specialties during ACCS*
- v. No
- vi. *Rota gaps and shortages in staff generally in ED can make it difficult to access training. Pressures on the acute stream. In general also impact on departments ability to maximize training opportunities*
- vii. *Yes, rota difficulties make attending regional teaching difficult at times. Lack of parking at some sites also makes attending teaching challenging at times (e.g. Needing to leave home very early to ensures arriving on time to spend a while trying to park)*
- viii. *Rotas that are not necessarily in EM departments but other specialties.*
- ix. *Work stress. It makes you resent your work and your colleagues so you try to avoid it wherever possible. It's not healthy and it's entirely fixable. If you red line an engine long enough, it will eventually break. All you need is take your foot off the accelerator once in a while.*
- x. *Work pressures*
- xi. *Work pressures - working a night rota when there are already staff shortages and insufficient doctors to staff rotas - makes taking holiday/leave difficult and limited to your given rota (sometimes at very LATE notice with absolutely no flexibility)*
- xii. *in one hospital only - had to negotiate a training rota with non-clinical managers who hadn't attempted to understand the training needs of an EM HST - eventually successful outcome after months of meetings*
- xiii. *Only that some processes such as claiming travel expenses to distant rotations aren't overly clear*
- xiv. *During my medical rotation I was unable to attend any study days and couldn't take all my annual leave due to short staffing. Other rotations have been good at accommodating study leave requests.*
- xv. *Trying to fit it all in & have a life*
- xvi. No
- xvii. *Staffing levels in ED meaning can be difficult obtaining Study Leave.*
- xviii. No.
- xix. *Always very far away*
- xx. *Rota / workload in RGH made training time difficult otherwise no clear concerns.*
- xxi. *High quality training (mandatory teaching) is inaccessible to those in the North within the Wales Deanery - not realistically at any rate. There is a kindness extended from the Mersea Deanery that allows us to join them at their EXCELLENT teaching 1/2 days every week. This is a life-saver!! The only disadvantage being the time and costs to travel there. (Still significantly more achievable than traveling South mind you!)*
- xxii. *I found training in UHW difficult due to staff motivation at the time*
- xxiii. *Long commutes*
- xxiv. *During my EM placement I found it impossible to get study leave due to the rota and leave rules. It is difficult in North Wales as the vast majority of educational activities occur in the South. This is a 9 hour around trip on a good day and probably a nights stay as well. With no extra money or leave for travel plus the lack of EM support this makes training in North Wales difficult.*
- xxv. *Yes the geography of Wales makes moving between north and south very difficult. Being in the North has been brilliant with very unique experiences. But with everything South Wales based there are likely to be opportunities that I have missed. Some of this has been helped by forming links to Mersey Deanery. I would recommend training in North Wales, but better provision is needed to allow North and South Wales Trainees to meet. Greater study budget to allow for the £150/trip down to South Wales for teaching and training. As it is often a 10-12hr round trip. If an additional stipend/ bursary was allocated to North Wales Trainees above the standard trainee budget this would make training awesome. North Wales is a great place to train in EM, but with South Centric teaching this makes accessing training/ teaching challenging. Primarily due to cost and time. Although efforts have been made to address this in North Wales, with only a small number of Trainees and Consultants this is difficult. Please support Trainees in North Wales. We need Doctors in EM in North Wales.*
- xxvi. No

SOURCE: AWSEM Trainee Survey January 2017

4.4 Trainees' Perceptions: Work and Career Development.

Trainees' Perceptions: What are the challenges you have encountered in your work in the front line in Wales?

N/A (no challenges)	2	5.13%
Crowding	36	92.31%
Unfilled Rota	32	82.05%
Other (please specify)	11	28.21%
Total Responses:	39	



11 other responses:

- i. *There is a deep feeling among us as trainees that we are facing the challenge alone. This is because we don't see management official when really needed, so communication between management and clinical staff is a big challenge to improve. We need to see that somebody else feeling our pain. another challenge is the flexibility of training, credibility and recognition of Emergency Medicine. The strategy for this does not seem to have been developed or implemented well. If there are one, then we do not see it.*
- ii. *In-hospital specialities not always supportive in taking referrals or seeing patients in timely fashion*
- iii. *Running out of resources, e.g. beds, ventilators, dialysis machines etc...*
- iv. *Relations with other specialities makes meeting national guidelines difficult in some health boards. Radiology support, in particular.*
- v. *Challenging patients. Expectations greater than what we can provide as an ED.*
- vi. *General public don't know how to appropriately utilise emergency services*
- vii. *Some aggression and violence*
- viii. *Not being able to park. I often turn up to work for a midday start or a 10am start and spend over 60 minutes looking for a space around the hospital - never mind in the hospital carpark!*
- ix. *Lack of access to organised patient pathways for outpatient management. Often requiring referral and admission to specialities to get these organised. Poor access across the whole of North Wales for dental care resulting in a higher than previously experienced attendance for dental issues at the ED (all hours).*
- x. *Rota is very demanding and is not staffed as the Royal College recommend*
- xi. *Rota hours, difficulty taking leave, rural poverty*

SOURCE: AWSEM Trainee Survey January 2017

Trainees' Perceptions: Have the recent changes to the medical contracts in England discouraged you from considering completing your training in England?

Yes	26	66.67%
No	13	33.33%
Total Responses:	39	

SOURCE: AWSEM Trainee Survey January 2017

4.5 Trainees' Perceptions: Other / General Comments

Trainees' Perceptions: Do you have any other general comments?

11 other responses:

- i. *Proud to work in Wales with an excellent cohort of colleagues and consultants*
- ii. *Not knowing where one will be for the whole of their training in advance of applying for jobs is something that should change*
- iii. *The general quality of HST in North Wales is reportedly better than most, however there really must be a drive to increase the opportunities to train in all three hospitals in the North, in addition to the already existing OOPT arrangements in Liverpool. (Undoubtedly excellent!) There is a fabulously pragmatic approach to EM training within Wales and without doubt is one of the biggest pro-factors for staying.*
- iv. *Referral pathways for tertiary centres are also difficult for us and I wonder if this will get worse if the NHS in England and Wales move further apart. As a holiday destination, I do not know if we get remuneration from English patients. This certainly has not translated to extra front line resources. The lack of a clear plan from Betsi means there are many rumours about the future direction of the trust and this causes unease amongst staff about reorganisation of services especially considering the large geographical area.*

SOURCE: AWSEM Trainee Survey January 2017