

## April EMTA Newsletter



# EMERGENCY MEDICINE TRAINEES' ASSOCIATION

Better training. Better care.

It's been a busy few months clinically for everyone, but also busy with EMTA activity on your behalf. Our trainee representatives have spent a lot of time at various events representing your voice and there's information about the work of many of the fantastic committees below.

In order for EMTA to best represent trainees however, we need you to tell us your views. You can always use the [TellEMTA button on our website](#) to provide anonymous feedback, or email us at [emta@rcem.ac.uk](mailto:emta@rcem.ac.uk). The regional reps network continues to be of great value and I want to thank all the reps for highlighting problems and communicating with their regions. One of the most useful tools for driving change in emergency medicine training over the past decade has been the **EMTA Survey** however.

## DATA DRIVEN ADVOCACY

### EMTA Survey

Thank you for taking part in the 2022 survey. Hundreds of you participated and we will be looking at the data in coming weeks to communicate the greatest insights you have fed back. Last year's survey highlighted inequalities in training regionally including; EDT provisions, USS practice and for women in training. There was also stark data on incivility in EM, see below.

## PAY RESTORATION NOW

### BMA-led pay restoration

We know this is an emotive subject for all, and working in emergency care decisions can be especially difficult. EMTA, like everyone else, hope a resolution can be found through negotiations with the BMA and government very soon. Trainees, like all other NHS staff, must be valued for the excellent care they provide and working conditions should reflect this. Our statement <https://www.emta.co.uk/newsletters> contains a link to a document from the RCPCH with practical advice on what IA may mean for your training.

# CIVILITY SAVES LIVES

## Civility in EM

As per our survey, incivility is still a big problem, not just for trainees but for all staff in EM and in the wider NHS. In order to look at this, EMTA approached RCEM who have convened a working group to investigate this further. This group involves Chris Turner from the Civility Saves Lives campaign and lawyer come RCEM lay representative Jayne Hilderly who led the **RespectED campaign**. These two very knowledgeable people are helping representatives and committees from every corner of the college: EMTA, ACPs, SAS, women in EM, EDI, chief executive, sustainable working practices to explore this issue and formulate an action plan. Watch this space....



## RCEM Collaboration

Hannah and Kul attended RCEM's new staff induction. Our involvement was aimed to give their new starters a better understanding of the trainee journey. We explained our training pathways, as well as key points trainees will liaise with RCEM (e.g. exams) and some of the challenges to being a trainee we want the college to understand.

Hannah also attended the '**Emergency Care Crisis Summit**' on 28th March held at the House of Lords hosted by RCEM and chaired by the College President Adrian Boyle. This was a call-to-action to build political support to tackle the current crisis facing the emergency care system. It featured a variety of speakers including politicians Wes Streeting MP, Shadow Secretary of State for Health and Social Care, Lord Halam, Liberal Democrat Spokesperson for Health, Wellbeing and Social Care who will both be joining the panel. Also there were the presidents of the Association of Paramedics, the Society for Acute Medicine, the Royal College of Paediatrics and Child Health, and the British Geriatrics Society alongside speakers from the Health Foundation and featured some powerful patient stories. The crisis we face was clearly articulated along with a clear call to action from the government to address the crisis and hear RCEM 5 steps in the ResuscitateEM campaign.

Support our campaign today  
Let's #FightFatigue together.

## #FightFatigue with the Association of Anaesthetists

The AoA campaign, together with RCoA and FICM highlights the dangers to staff safety and also patient safety when we make decisions fatigued. It covers good sleep hygiene (especially for shift workers!) and the potential risks to our health if fatigue is not addressed. How can we, our seniors and our trusts address these risks and minimise them?

EMTA and RCEM representatives attended events held at the House of Commons in celebration of #WorldSleepDay, as well as a summit hosted by the Health and Safety Investigation Branch (HSIB) to highlight this issue and formulate an action plan. This is going to be a huge cross-specialty, cross-industry collaborative with representatives from all of the following groups:

Association of Anaesthetists	Care Quality Commission
Royal College of Anaesthetists	Patient Safety Learning Hub
Faculty Intensive Care Medicine	General Medical Council
Royal College of Emergency Medicine	Nursing and Midwifery Council
Royal College of Physicians	Royal College of Surgeons
Royal Pharmaceutical Society	Royal College of Obstetrics & Gynaecology
College of Paramedics	Royal College of Paediatrics & Child Health
National Institute for Health & Care Research	Allied Health Professionals
Marine Accident Investigation Branch	Rail Accident Investigation Branch
Fatigue Risk Management, Easy Jet	Royal College of Radiologists
NHSE People Directorate	College of ODPs
NHSE Patient Safety	Regional Air Ambulance Leads

More information and resource packs for departments or wider trusts can be found at: <https://anaesthetists.org/Home/Wellbeing-support/Fatigue/-Fight-Fatigue-download-our-information-packs>

This work compliments our own EMTA Rest & Rota charter <https://www.emta.co.uk/restrota> and we would recommend trainees look at some of the wellbeing resources signposted in the latest RCEM wellbeing newsletter too. More work and information coming soon.

## New RCEM subscription fees post FRCEM

We read with disappointment the decision to charge trainees a post fellowship annual college fee of £552, recognising completion of FRCEM exams. Where previously these would have been 'exit exams', met quickly with a consultant salary, this is no longer the case. This rise will involve trainees paying an additional £200 a year if they have finished their exams long before CCT. We also note this could be particularly challenging for LTFT trainees. We have discussed this with RCEM and unfortunately the board decision is final, despite secondary review after concerns were raised. We do recognise they are working within their own financial pressures which have catalysed this decision, also that this is in line with other medical colleges. Moving forward we understand they are reviewing the

processes around reducing fees during maternity leave. In the meantime, EMTA would recommend trainees take the new rate into consideration when deciding when to take their final exams.

## Updates from our representatives

### Josephine Mo, MH Committee

'The Mental Health Committee have recently appointed a new chair and have been busy with a few projects. We are working closely with the RCPsych exploring the long waiting times of MH patients in ED, patients awaiting MHA assessments and subsequently beds. We are also working with our psychiatry colleagues on how to improve our management of 'high intensity users (HIU)' in the ED - looking at training for both ED and liaison psychiatry staff, to improve communication between teams and ultimately care for patients. Additionally, we have recently updated our MH toolkit which is now published and live online to view and refer



colleagues on how to improve (HIU)' in the ED - looking at staff, to improve ultimately care for patients. MH toolkit which is now to!'



# Emergency Medicine Trainee Association

# JOIN US!

### Join EMTA!

We are looking for a new PEM intercollegiate speciality advisory committee representative. This is for a trainee aiming to, already taking part in or post PEM subspecialty training. Please apply and review other vacancies like the RCEMLearning role at:

<https://www.emta.co.uk/joinus>

Working on the EMTA committee is hugely rewarding, you will get to advocate for trainees on a national level and this comes with insights into how our college works as well as leadership and team working skills. All posts involve pre-agreed 'professional leave' (in addition to study leave allowances) to give you time to attend relevant meetings.

### Recent recruitment

We are delighted to announce several newly appointed EMTA representatives this spring:

**EDI:** Kiran Ravichandran

**HST in exams, education and training standards:** Rob Hirst

**Service Design & Configuration:** Kul Kaur

**ACCS careers:** Charlotte Taylor

# Jobs & Opportunities

🔍 Search fellowships e.g. PHEM, QI, Sim

## **EMTA fellowship app**

The fellowship app continues to go from strength to strength. For those unfamiliar, it is a resource that locates fellowship opportunities for emergency medicine trainees. Think jobs with time for training in leadership, QI, PHEM, education/SIM, sustainability, global health, PEM, palliative care & more! <https://emta-jobs.glideapp.io/>



## **FOMO Hub**

FOMOHUB.org is a searchable website of events, training days and conferences for emergency medicine and paediatrics (other acute specialities in the future). [Open the page on your phone or computer](#) and you can search for educational events to fit your needs, and if you are organising such an event you can publicise it here as well.

## **EMTA Conference**

Our conference is moving to the summer! The next one will take place in 2024 to allow us time to organise our biggest and best conference yet. You don't need to already be on the committee to get involved with organising - come and join our conference committee today! (link)

Thank you for reading

As always, please look after yourselves and each other too

**Lara & Hannah**

Co-Chairs, Emergency Medicine Trainees' Association

<https://www.emta.co.uk/>

<https://twitter.com/EMTAcommittee>

<https://twitter.com/EMTAevents>

<https://www.instagram.com/emtacommittee/>