



Summary of the PHEM LEP survey 2023

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IBTPHEM training committee sought to survey the PHEM local education providers to better understand the challenges that may exist within these organisations relating to the delivery of PHEM training.

It had been the intention that this survey be completed by an operational manager within the LEP.

However, this was left open to interpretation and consequently the responses came from medical trainers albeit from those in managerial positions such as training program directors and education leads.

We had five responses from HLOWAA, Thames Valley air ambulance, EMRTS, TASS/MAAC/MERIT, GNAAS

Local Education Provider	No. trainees	Non trainee doctors	Educational supervisors	Clinical supervisors	Local trainer (Doc)	Local trainer (Para)	Local trainer (Nurse)
HLOWAA	3	1	4	8	8	8	0
TVAA	2	2	8	8	5	8	0
EMRTS	3	10	3	10+	0	10+	0
TASS/MAAC/MERIT	5	5	8	8	8	0	0
GNAAS	2	3	10+	10+	4	10+	0

Local education provider	Appraisal (MT)	Appraisal (LT)	Development needs (MT)	Development needs (LT)
HLOWAA	Y	Y	Y	Y
TVAA	Y	Y	Y	Y
EMRTS	N	N	N	N
TASS/MAAC/MERIT	N	N	N	N
GNAAS	Y	Y	Y	Y



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All LEP's reported that the support available to them for trainees requiring extra support as good or very good.

100% were aware of the support available from the statutory education body – only one LEP had accessed this additional support and found that it was insufficient.

The facilities provided to support trainers by each of the local education providers was different; some, but not all reported that there was time allocated for educational activities, IT services were variable as were the training facilities (simulation rooms, conference facilities).

Often there were no facilities dedicated to education but rooms for example were made available when booked.

The learning opportunities for trainers were limited – some only had access to IBTPHEM resources, whereas others provided local training and others had budgets for postgraduate medical and dental education.

The LEP's were asked what learning opportunities and support were available to address inequality, cultural and unconscious bias and What resources can your PHEM trainers' access to confidently support trainees of all backgrounds, beliefs and identities?

Only 40% reported that they had resources to tackle these issues.

PHEM 2022 curriculum specific questions

When asked how the 2022 curriculum had changed PHEM training for trainees the LEP's responded.

20% stated no change.

80% reported less assessments/box ticking.

40% reported that time could be focussed on learning.

There were some concerns expressed around uncertainty about TAP and the completion FEGS and the functionality of PHEMnet in relation to mapping to the curriculum/syllabus.

When asked how the 2022 curriculum had changed PHEM training for trainers the LEP's responded.

60% reported less assessments, with a focus on quality and learning.

60% reported an increase in work – specifically for the conduct of FEGs, quality input for OSATs, new TAP requirements meant interacting with PHEMnet which was not easy, increase in governance day updates.



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When asked how the 2022 curriculum had changed PHEM training for the organisation the LEP's responded:

60% reported no change.

20% reported that the increase in supervision had limited their ability to take on more trainees.

20% reported minor changes to adapt to the new requirements.

When asked if their organisation had needed to make any changes to training delivery to follow the 2022 curriculum?

No change.

Minor rota changes.

FIMC holders required to do more supervised shifts.

Encouraging medical trainers to produce quality OSATs.

More locally led case discussions to aid learning.

Other comments from the LEP's with respect to the 2022 PHEM curriculum

Ensuring full curriculum coverage seems harder to track.

Better for trainees – same for trainers to deliver.

We are generally pleased with the 2022, some greater clarity on FEGs was required earlier in 2023 but we feel we are now clear about the requirements.

Request an updated 2022 curriculum video like they made back in 2017. Fix missing and broken links on the IBTPHEM webpage.

I'm biased as I was part of developing it so obviously it's a big step forward.

When asked what systems were in place to support the health and well-being of trainees:

All reported TRIM type facilities with others having access to bespoke psychological support and other support systems available from the professional support unit.



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Conclusions

The facilities provided to support trainers by each of the local education providers was different. There was variability in allocated time and resources, often facilities were not dedicated but available when requested.

Learning opportunities were limited to those provided by IBTPHEM for some trainers.

Only 40% of LEP's reported that they had training resources to support trainees from all backgrounds, beliefs and identities.

Overall LEP's felt that the new PHEM curriculum had changed things for the better. The majority feeling that the reduced burden of assessments had allowed the focus of training to move from box ticking to the provision of quality training and learning.

The introduction of the FEGS had led to a requirement for the training faculty to meet more often to discuss trainee progress.