



IBTPHEM
Intercollegiate Board for Training
in Pre-Hospital Emergency Medicine

c/o The Royal College of Surgeons of Edinburgh

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Summary of the PHEM trainers survey 2023

Dr Louisa Chan

IBTPHEM Training Committee Chair

The PHEM trainers survey was devised to seek the opinions of the PHEM local and medical trainers delivering PHEM training.

The GMC trainers survey does not cover subspecialties so this information has never been collected.

The questions were broadly based on those sent to trainers by the GMC annually with additional sections specifically around the new PHEM curriculum and its implementation.

We also sought to understand the EDI characteristics of our trainers.

The survey was distributed through the Training Program Directors who were tasked with forwarding the survey to the trainers within their respective local education providers (LEPs).

High level summary of findings

This is the first PHEM trainers survey. Responses were received from trainers representing the majority of local education providers. The majority of the respondents were medical trainers with a smaller proportion of local trainers*

The majority of trainers had received an appraisal of their trainer needs and they generally felt supported by their employer and statutory education board.

Resources and support for trainers helping trainees in difficulty were available to the majority of trainers. Approximately a third of trainers reported that they had not needed to access these resources.

Trainers reported that they had access to resources for trainer development. The areas they would like more support for are –

- giving effective feedback as a trainer,
- coaching and mentoring,
- the TAP process and identification
- management of trainees requiring extra support.

Only a third of trainers felt that they had enough time for training recognised in their job plans and trainers reported that they often did not have enough time to meet with their trainees.

PHEM trainers were of moderate risk for burnout – in keeping with the findings from other specialties.



Detailed responses

Information on the respondents.

We received a total of 34 responses.

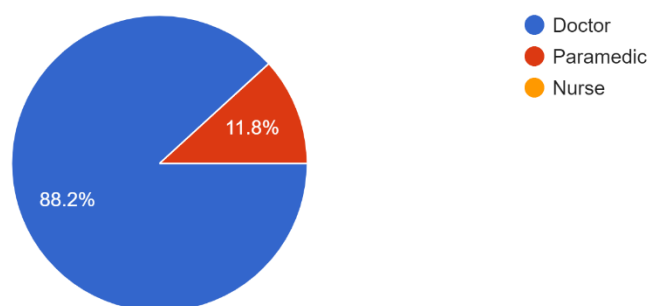
LEP	HIOWAA	Wales	Magpas	GWAA	London	DSAA	TVAA	TAS*	GNAAS	EAAA	MAA/MERIT
Responses	7	3	3	3	1	3	2	1	7	2	2

*The air ambulance service

Most of these responses were from doctors, with the remainder coming from paramedics.

Profession:

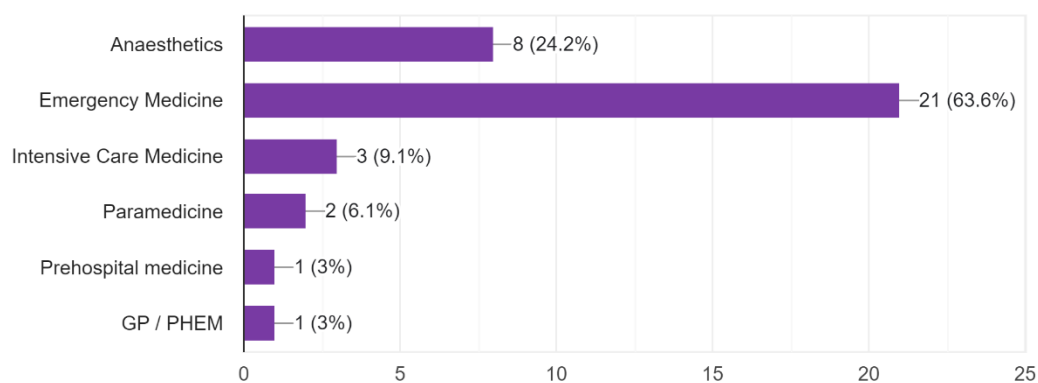
34 responses



All the doctors were consultants.

Base medical specialty (tick all that apply):

33 responses

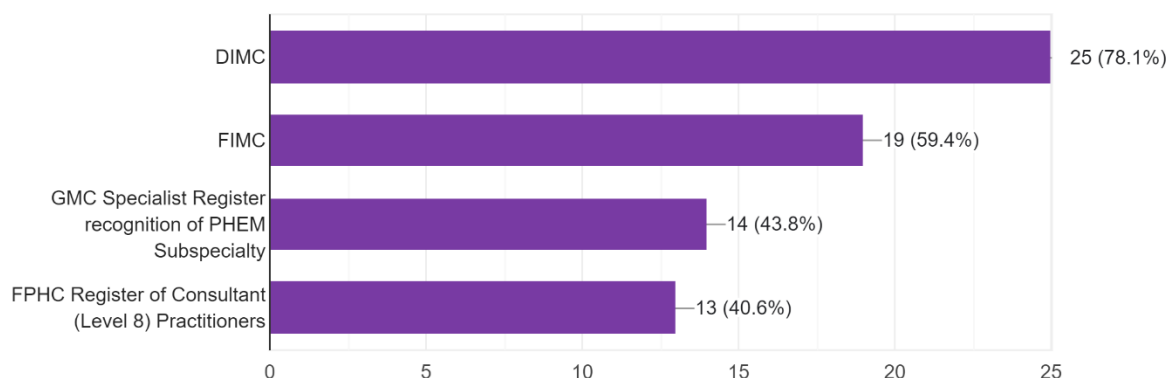




The base specialty of the respondents was predominantly emergency medicine.

PHEM Qualifications:

32 responses



The majority of respondents held the Diploma in Immediate Medical Care 73.5%

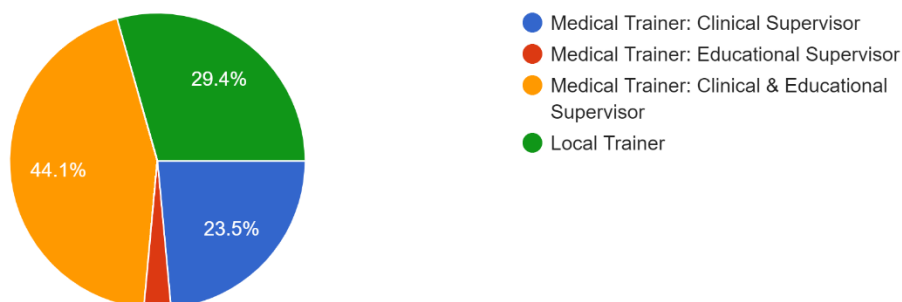
With a smaller but not insignificant proportion holding the Fellowship in Immediate Medical Care (55.9%).

Two respondents did not hold the Diploma or Fellowship (5.9%)

Of those that hold the Fellowship in Immediate Medical Care the majority appear on the GMC specialist register as a PHEM subspecialist i.e. have completed PHEM subspecialty training (73.7%).

Role(s):

34 responses



The respondents consisted of 70.6% medical trainers and 29.4% local trainers.

The number of PHEM trainees reported in each training organisation varied from one to ten.



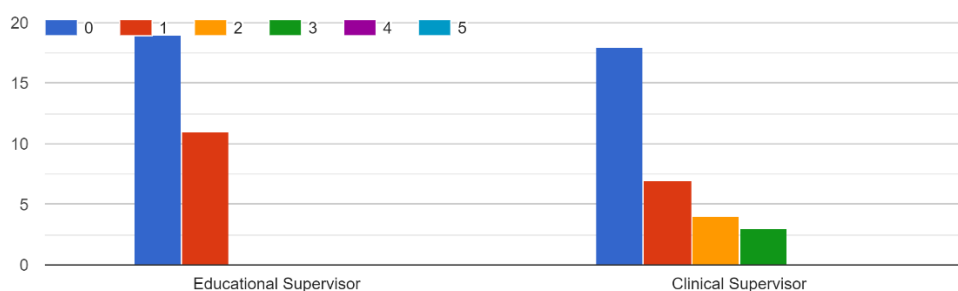
Number of trainees	Responses n=22
1	3
2	8
3	9
5	1
10	2

The majority reporting that they have between two and three trainees.

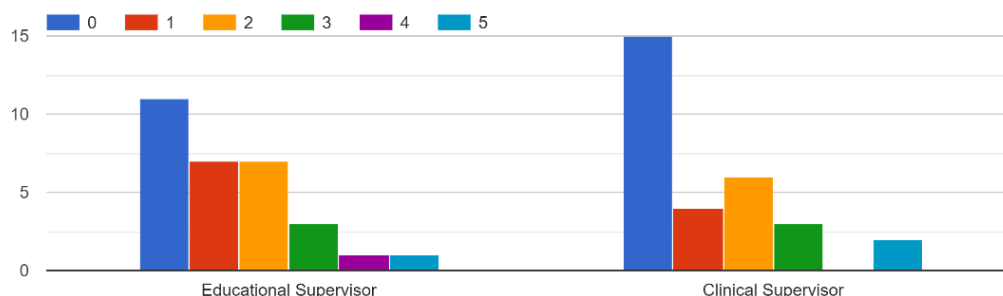
The educational supervisors reported that they were responsible for the supervision of one trainee.

The clinical supervisors reported that they were responsible for the supervision of between one to three trainees.

For how many PHEM subspecialty trainees are you a named supervisor?



For how many base medical specialty trainees are you a named supervisor?



This compares favourably to their base specialty roles where they are responsible for more trainees.



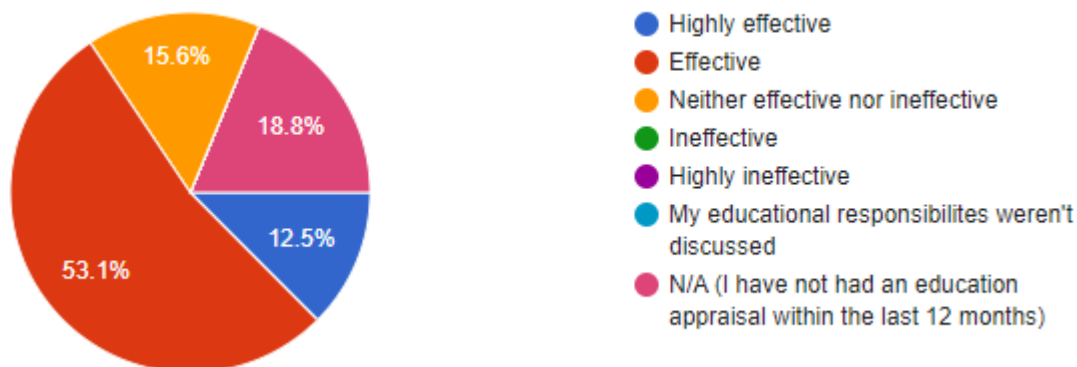
Trainer appraisal

The trainers were asked about their experience of an education appraisal.

If they had received an educational appraisal in the last twelve months, they were asked to rate how effective this was at reviewing their educational responsibilities.

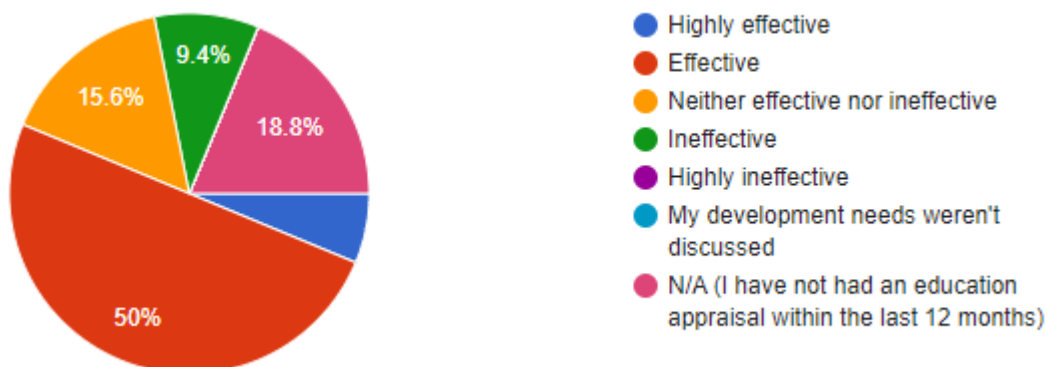
Of the thirty-two responses 65.6% found that their appraisal was either effective or highly effective.

18.8% of respondents did not receive an appraisal, a further 12.5% reported that they had an appraisal, but education had not been discussed.



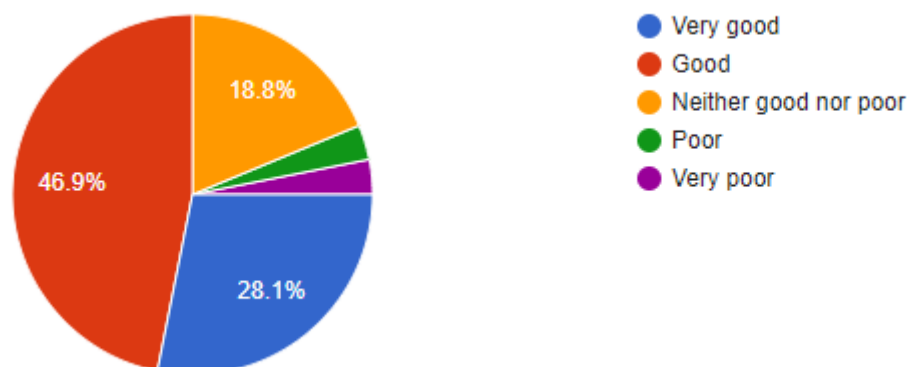
The respondents were asked how effective the appraisal was for addressing their educational development needs as a trainer.

56.3% reported that the appraisal had been effective or highly effective.





When asked to report the support received from their employer, the trainers reported good and very good support in 75% of the responses.

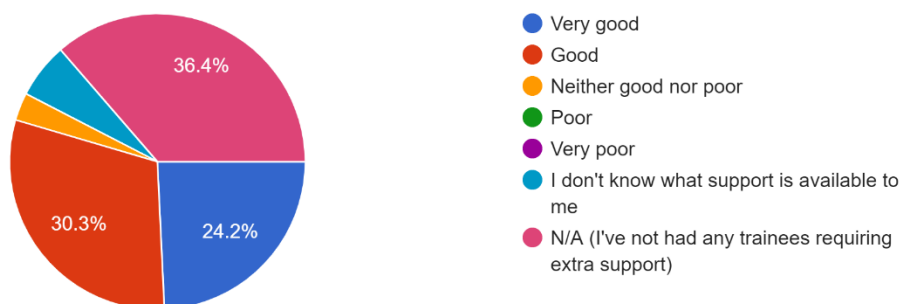


Support for trainees with additional needs.

The trainers were asked to describe what level of support they would receive from their Local Education Providers if a trainee required it. 54.5% said that they felt that this would be good or very good.

Please rate the support available to you from your employer when you have a trainee requiring extra support.

33 responses

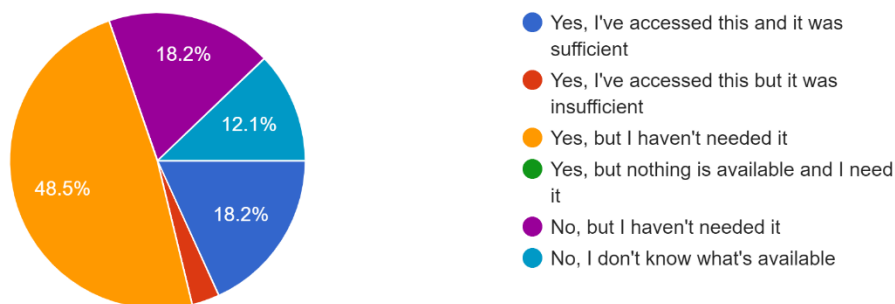


The majority of trainers were aware of the resources available to them to support trainees requiring extra support (69.7%) although one had accessed this and found that it was insufficient.



Do you know what support is available to you from your Statutory Education Body, if you have a trainee requiring extra support?

33 responses



Trainer resources/access to training

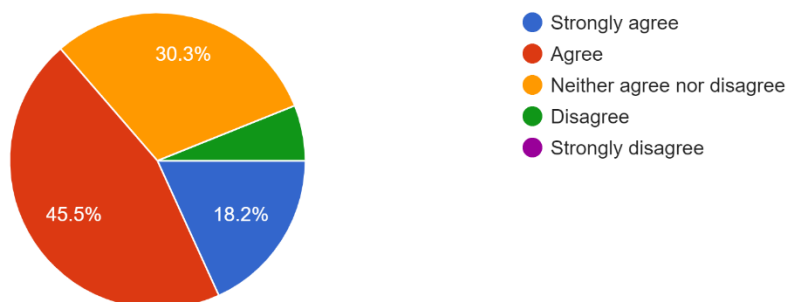
Trainers were asked a series of questions to assess their access to resources and training opportunities.

Almost two thirds of respondents felt that they had access to appropriate facilities to support their education role.

This response was mirrored for education learning opportunities and access to professional development.

To what extent do you agree or disagree with the following statements? (Resources could include IT infrastructure, appropriate space/rooms for meeting... as a trainer are available to me in my workplace.

33 responses





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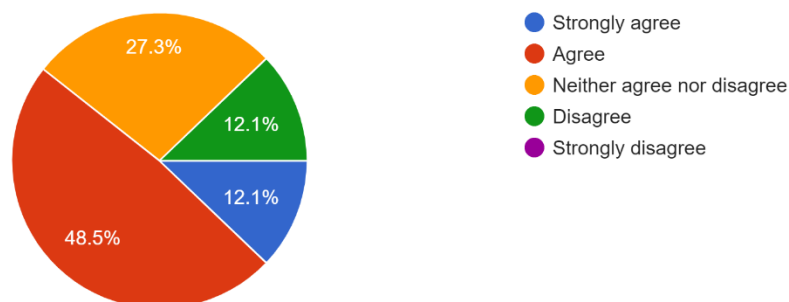
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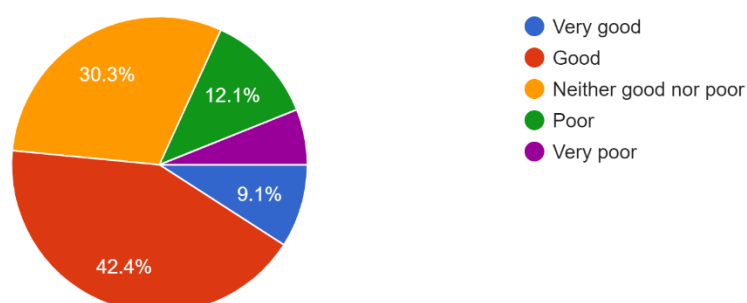
I am able to access learning and development opportunities for my role as a trainer when I need them.

33 responses



Please rate the access to professional development and training opportunities which your Statutory Education Body arranges for your role as a trainer.

33 responses



We were interested in the support that trainers had to support equality, diversity and inclusion within their training environments.



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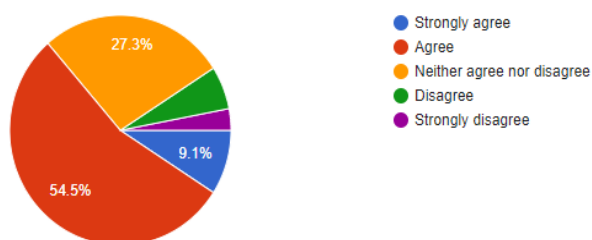
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I have access to the resources I need to confidently support trainees of all backgrounds, beliefs and identities.

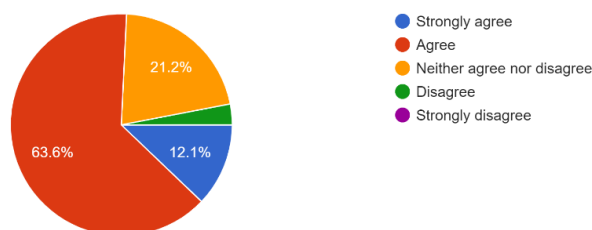
33 responses



More than three quarters of respondents felt that they had the resources to support trainees from all backgrounds, cultures and beliefs.

To what extent do you agree or disagree with the following statement? I have access to the training and support I need to provide effective feedback on my trainees' performance.

33 responses

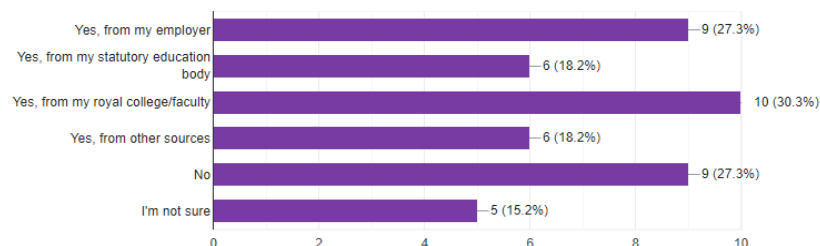


The majority (84.7%) of trainers felt that they had access the training and support in providing effective feedback on a trainee's performance.

Trainers had received less training on differential attainment with 27% stating that they had not received any training and 15% unsure as to whether they had received any training.

In your role as a trainer have you been offered the opportunity to learn about differential attainment in medical education? (tick all that apply)

33 responses





We asked the trainers where they felt they needed further support for development.

The results are shown in the table below.

Area of development	Number of responses (%)
Giving effective feedback as an educator	15 (45.5%)
Supporting trainees with exams	8 (24.2%)
Identification and management of trainees requiring extra support	13 (39.4%)
Curriculum/syllabus coverage	6 (18.2%)
The TAP process	13 (39.4%)
Coaching and mentoring	14 (42.4%)
Writing effective supervisor reports	3 (9.1%)
Balancing the needs of service delivery and training	5 (15.2%)
Leadership and management	7 (21.2%)
Equality and diversity and the support needs of trainees with protected characteristics	7 (21.2%)
Differential attainment	14 (42.4%)
Supporting a trainee return to training after time out	9 (27.3%)
Careers guidance	1 (3%)
Unconscious bias	10 (30.3%)
None of the above	4 (12.5%)

The top three topics that trainers felt that they would like further support were; Giving effective feedback as a trainer, coaching and mentoring, the TAP process and identification and management of trainees requiring extra support.



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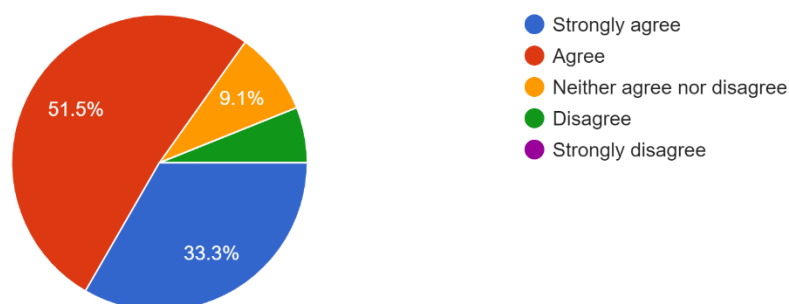
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Trainers seemed for the most part happy in their roles.

Thinking about your role as a trainer in general, to what extent do you agree or disagree with the following statement? Overall, I enjoy my role as a trainer.

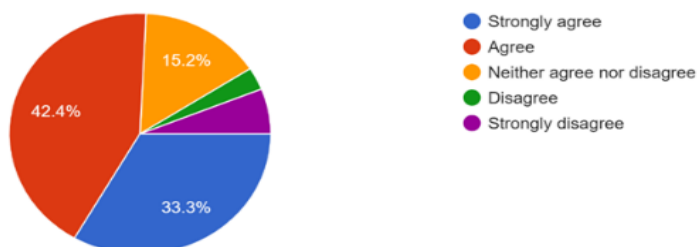
33 responses



They reported supportive work environments that would be responsive to change should that be required.

To what extent do you agree or disagree with the following statements? My employer provides a supportive environment for everyone regardless of background, beliefs or identity.

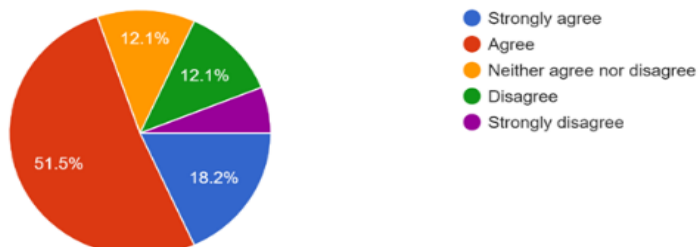
33 responses





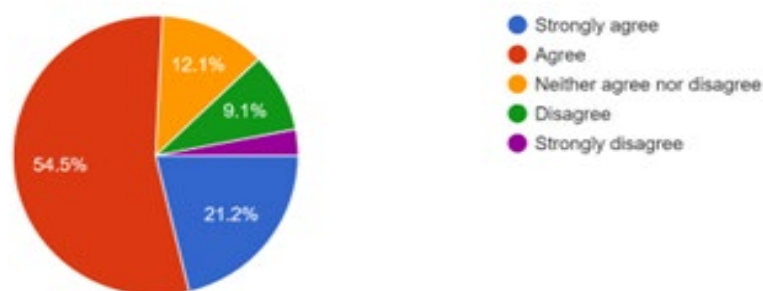
Staff are always treated fairly by my employer.

33 responses



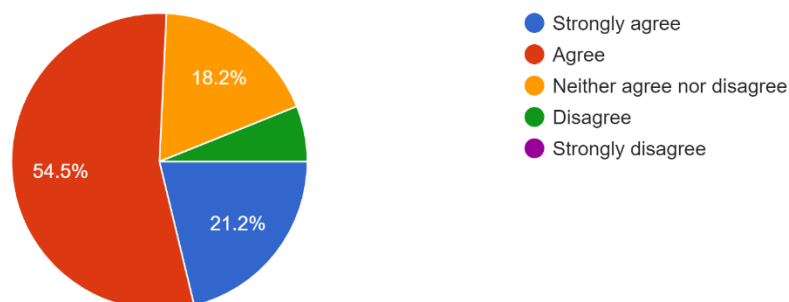
If I were to disagree with senior colleagues where I work, they would be open to my opinion.

33 responses



I'm confident that my employer would act effectively if concerns about education were raised.

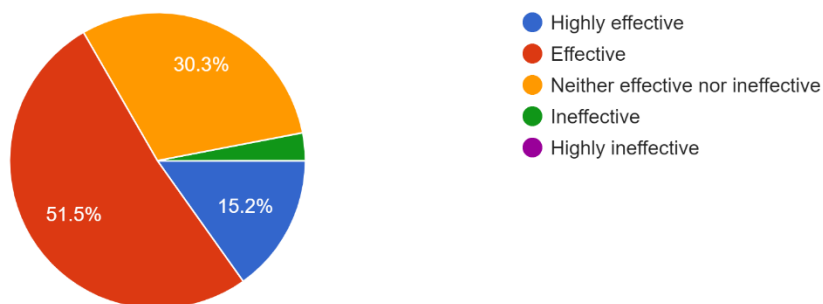
33 responses





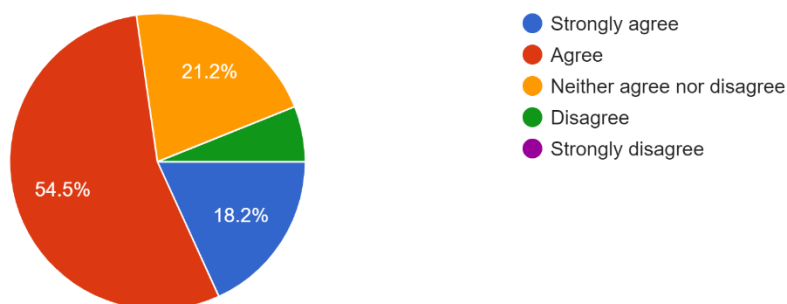
How effective or ineffective is your employer in making changes to help improve the provision of education?

33 responses



To what extent do you agree or disagree with the following statements? I am supported by senior colleagues to balance trainee educational needs with service commitments where I can.

33 responses





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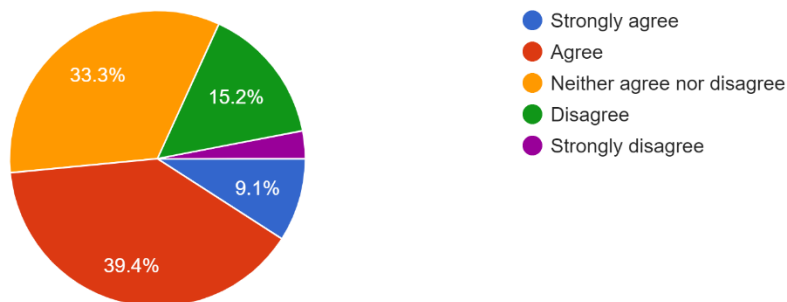
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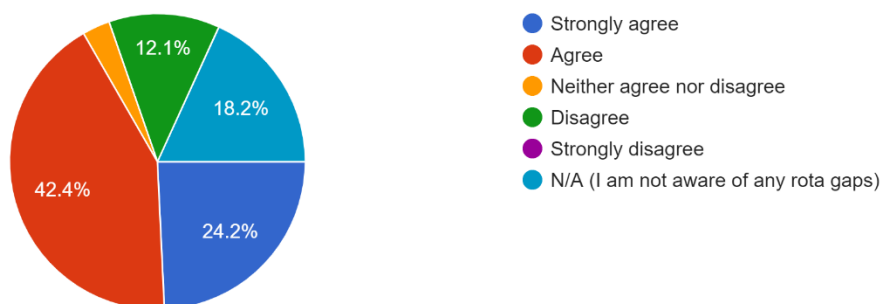
I'm confident that my statutory education body (SEB) works collaboratively with my employer to ensure trainees' educational needs are balanced with service commitments.

33 responses



Gaps in the rota are always dealt with appropriately to ensure my trainee's/trainees' education and training is not adversely affected.

33 responses

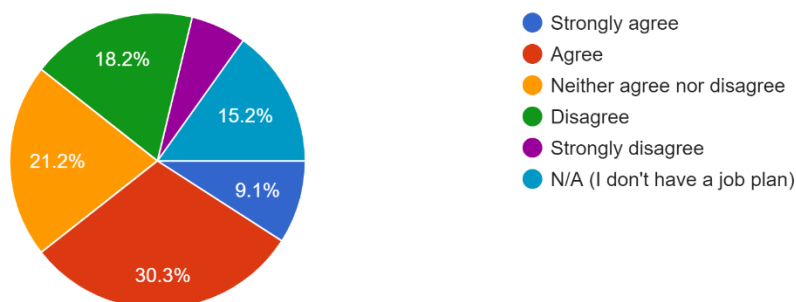




Job planning

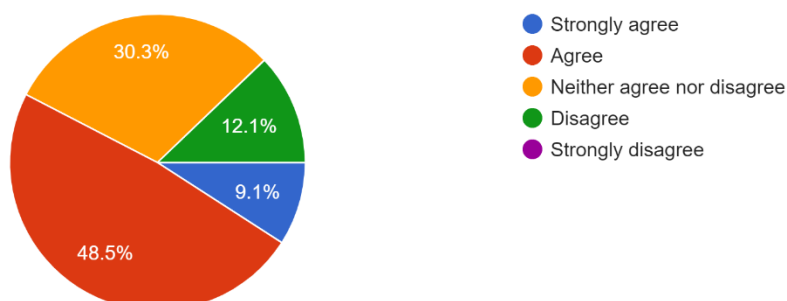
My job plan contains enough designated time for my role as a trainer.

33 responses



I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.

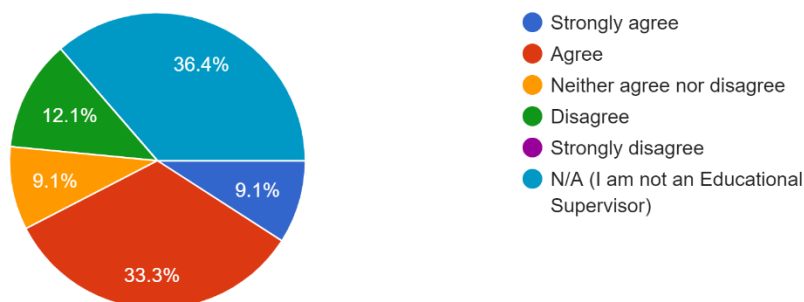
33 responses





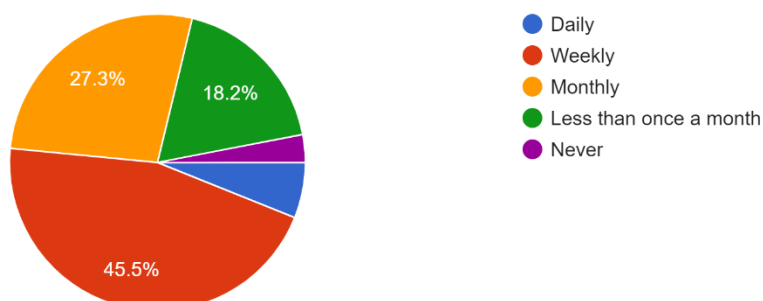
As an Educational Supervisor, my job plan contains enough time to meet with my trainee(s) as frequently as they require.

33 responses



How often (if at all) do your working patterns leave you feeling short of sleep when at work?

33 responses



Although half of the trainers reported insufficient time in their job plans for their educational roles, the time that they had allocated for the majority of the time could be used for educational purposes.

As a consequence of insufficient job planned time half of the trainers reported insufficient time to meet with trainees.



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PHEM curriculum

We asked the trainers whether they had received any specific training on the delivery of PHEM subspecialty training.

There were a variety of answers ranging from no training (9), informal local training, formal local training to formal national training.

We asked the trainers if they had received any specific training with regards the 2022 curriculum.

6 no, rest yes (11)

When asked if the PHEM 2022 curriculum had changed anything for the trainers we received a range of responses.

12 responses – no change or unsure.

2 did not understand the changes.

Fewer WPBA's.

Introduction of the FEGS.

More focus on producing high quality OSAT.

Far too great an emphasis on supervision which has detracted from the delivery of supervisors' delivery of DCC and impacts on the desire to provide consultant delivered care.

One LEP reports the curriculum changes as the reason for withdrawal as a training location.

How has the 2022 curriculum changed things for the PHEM trainees?

7 not certain/unsure.

Less WPBA's and linking to the capabilities in practice rather than the descriptors has freed up time for the trainees to focus on other aspects of training.

May have gone too far by removing the minima for CBD's and CEX.

Can tailor training a little bit more.

There were some concerns expressed that the depth of training would be lost and that this would translate into NSA failures.

Risk of disengagement.



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Has your organisation had to make changes in order to deliver the 2022 PHEM curriculum?

12 no/not sure

Others have had to increase supervision levels for Phase 1b

Introduction of regular supervisor meetings to fulfil the FEGS requirement.

On LEP had to withdraw as a training site as the increase in supervision in Phase 1b would cost them £100 000.

Other comments on curriculum implementation

I think we should be doing specific PHEM trainer sessions/updates etc, probably nationally rather than regionally.

It was clear from the TAP that the change between curricula was confusing, but now all trainees on the current one it should be straight forward.

It appears poorly implemented for both trainees and all others. There has been a degree of confusion around the new curriculum, there is an increased expectation of supervision for trainees and there is a suggestion that some experienced PHEM practitioners couldn't supervise. There is no clarity on the effect on non-trainees trying to accredit via an alternative route.

How is information disseminated - is there an email network?

in the EoE we have not had a PHEM specialist training committee since 2020 so have no method of understanding and raising training issues widely/collaboratively with other LEP's and the deanery.

We fed back on the 2022 curriculum as part of the consultation but felt we were not listened to when we raised serious concerns about increased supervision rate cost and delivery.

In the EoE only clinicians working for Addenbrookes are permitted to be ES' for regional PHEM trainees. This is not consistent in other deaneries and has led to some senior clinicians working for LEP's to become disenfranchised and feel not valued as educators.

We believe in PHEM training and would like to re-engage as an organisation but would need a solution to the additional funding requirements to deliver supervision, and a more collaborative approach to regional PHEM training from the deanery.

Some education about fatigue and culture around taking adequate naps on night shifts/ getting I disturbed sleep. Some staff are expected to contribute to training during the day on night shifts which is not acceptable and against the grain in terms of fatigue and safety culture.

I think there could have been more information out there during the transition to help inform trainers and trainees - but I'm not sure if that would have made a difference.

The challenge with GWAA is that as doctors you are treated as locums. There is no service commitment to you, no designated SPA time for training, merely an expectation that you will train PHEM trainees and others without any lines of responsibility/ culpability. When these concerns are raised it is



shunned by a small group who have strong influence in the management of the team. As a result, there has been poor promulgation of the 2022 curriculum and requirements of trainers

I'm not sure that it'll change much from a trainer's point of view but hopefully will improve trainee experience especially when completing the TAP submission.

February starters and trainees on maternity leave were identified late (I believe that there is a plan to optimise future tracking of PHEM trainees). Updates to PHEMnet and the IBTPHEM website were late and are not yet complete. Cascade of 2022 curriculum Zoom recording and trainer/LEP survey links does not appear to have happened, at least in my organisation. Supervisor training and a 2022 curriculum event were planned by the IBTPHEM but are still awaited.

Transition, especially with PHEMnet issues, has not been smooth. This has irritated a number of trainees, at an already stressful time.

We only have one trainee and they have always been on a scheme C programme, so the transition has been straight forward.

Burnout

The trainers we given the option to complete the burn out section of the survey.

22 trainers chose to complete the section (64.7%)

PHEM trainers	To very high degree	To high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally draining	4.5	18.2	54.5	18.2	4.5
Do you feel burned out because of your work?	4.5	36.4	9.1	27.3	22.7
Does your work frustrate you?	4.5	22.7	31.8	36.4	4.5
	Always	Often	Sometimes	Seldom	Never
Do you feel worn out by the end of the day?	0	27.3	31.8	31.8	9.1
	Never	Seldom	Sometimes	Often	Always
Do you have enough energy for friends and family during leisure time	9.1	22.7	50	18.2	0



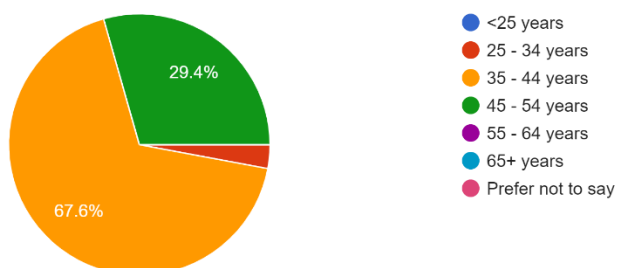
These questions are taken from the Copenhagen Burnout Inventory which has been validated as a tool to assess work related burnout.

The average score across the questions was 45.8% placing PHEM trainers in the moderate category for burnout.

PHEM trainer EDI data

What is your age?

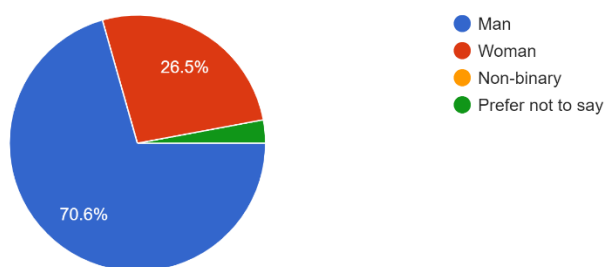
34 responses



The majority of trainers fell in the 35–54-year age bracket which is in keeping with the fact that the majority of respondents were doctors employed as consultants within their organisations. There were no respondents older than 55 years.

Which of the following best describes your gender?

34 responses

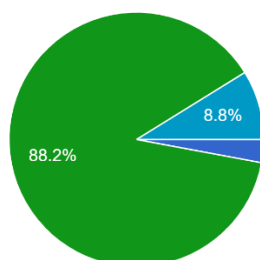


In keeping with the gender profile of trainees there are more male respondents than female respondents.



Which of the following best describes your ethnicity?

34 responses

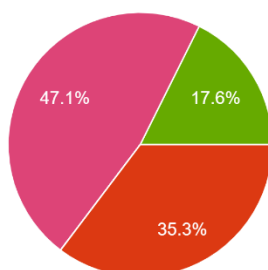


- Asian or Asian British (including Indian, Pakistani, Bangladeshi, Chinese or any other Asian British)
- Black, African, Caribbean or black British (including any other black British)
- Mixed or multiple ethnic groups (including White and Black Caribbean,...
- White (including British, English, Northern Irish, Scottish or Welsh, Irish...)
- Other ethnic groups (including Arab or...)
- Prefer not to say

Respondents were predominantly Caucasian (88.2%), with one Asian respondent (2.9%). Three respondents chose not to answer the question.

What is your religion?

34 responses

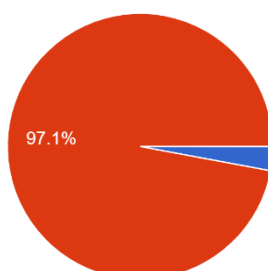


- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say

Most respondents did not practice a religion. Six respondents chose not to answer this question and the remainder followed the Christian faith.

Do you consider yourself to have a disability?

34 responses



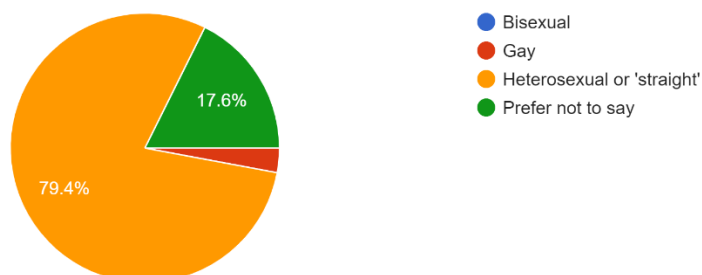
- Yes
- No
- Prefer not to say

Only one respondent considered themselves to have a disability.



Which of the following best describes your sexual orientation?

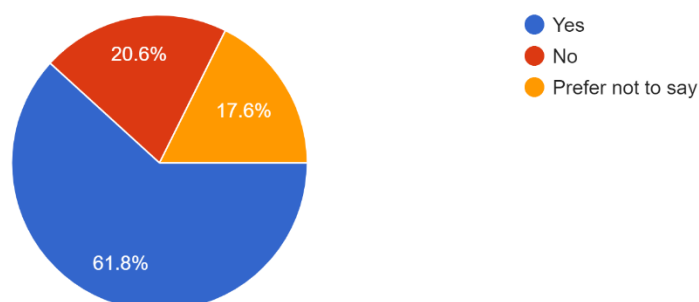
34 responses



The majority of respondents were heterosexual. One respondent was gay.

Are you married or in a civil partnership?

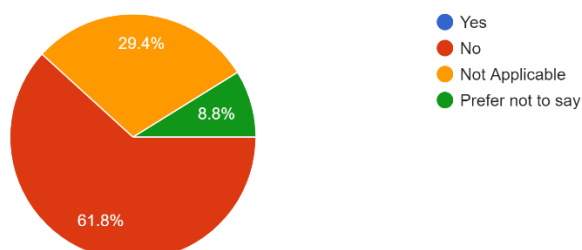
34 responses



The majority of respondents were married or in a civil partnership.

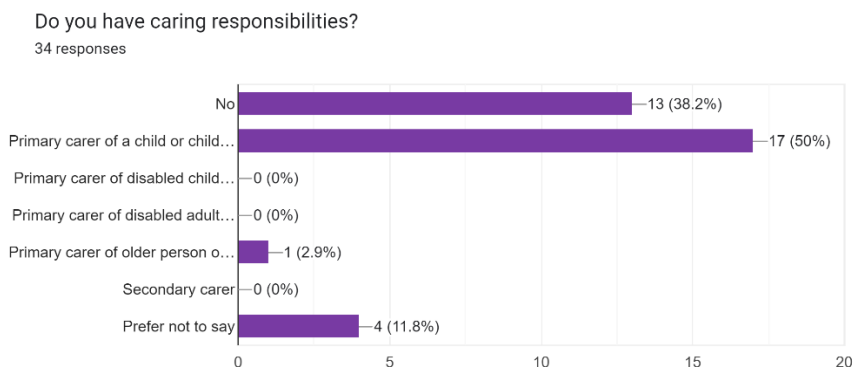
Are you currently pregnant, on maternity leave or returning from maternity leave?

34 responses





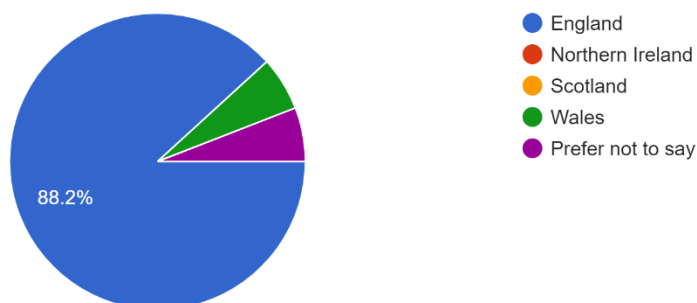
There were no respondents that were pregnant, on maternity leave or returning from maternity leave.



Half of the respondents were the primary carer for a child or children. Thirteen respondents did not have caring responsibilities.

In which country do you primarily work?

34 responses



The respondents primarily worked in England. Two responses were received from trainers in Wales. There were no responses from Scottish trainers.



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in Pre-Hospital Emergency Medicine

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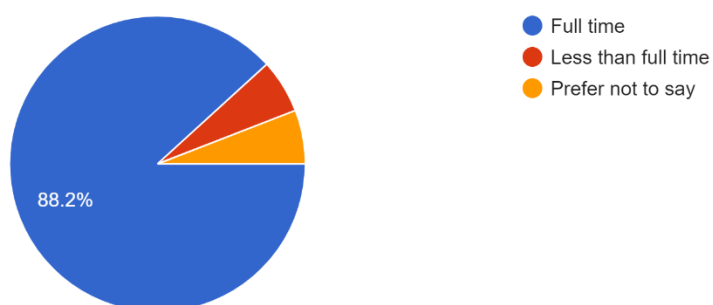
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What is your current working pattern?

34 responses



Most trainers were in full time employment.

Conclusion

This first National PHEM trainers survey which serves to provide valuable information to guide IBTPHEM in the provision of training for PHEM trainers.

The responses received represented the majority of LEP's and consisted of both medical and local trainers.

We would hope to improve the engagement with PHEM medical or local trainers in future years, the plan being to collect this data on an annual basis.

The feedback received in this survey will be used to develop resources for trainers.