



**IEMTA**

# **Trainee Survey 2020**

**January 2021**

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# Introduction

The IEMTA committee are delighted to see the level of engagement from trainees with the IEMTA Trainee Survey carried out in November 2020. It is a particularly challenging time to work in Emergency Medicine and now, more than ever, it is vital that we ensure that trainees' needs are being met on both an educational and personal level.

The responses have provided an invaluable insight into the experience of EM Trainees in Ireland, both on a formal training scheme (Core Specialist Training in Emergency Medicine (CSTEM) & Advanced Specialist Training in Emergency Medicine (ASTEM) and Non-Scheme Trainees. Uniquely this year, we have also examined aspects of trainees' wellness and wellbeing in a bid to identify areas in need of improvement.

We look forward to working with the ICEMT, IAEM and all other invested parties to share the knowledge gained from this survey and to help shape EM training in Ireland into the future.

## **IEMTA Trainee Survey Committee**

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*Dr James Condren* – IEMTA CSTEM Rep

*Dr Mai Nguyen* – IEMTA ASTEM Rep

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## Glossary of Terms

<b>AL</b>	Annual Leave
<b>ASTEM</b>	Advanced Specialist Training in Emergency Medicine
<b>CPD</b>	Continuing Professional Development
<b>CPDSS</b>	Continuing Professional Development Support Scheme
<b>CSTEM</b>	Core Specialist Training in Emergency Medicine
<b>EM</b>	Emergency Medicine
<b>EWTD</b>	European Working Time Directive
<b>FRCEM</b>	Fellowship of the Royal College of Emergency Medicine
<b>IAEM</b>	Irish Association for Emergency Medicine
<b>ICEMT</b>	Irish Committee for Emergency Medicine Training
<b>IEMTA</b>	Irish Emergency Medicine Trainees Association
<b>MASCOT</b>	Multidisciplinary Anaesthesiology and Surgery Crisis Operation Training
<b>NCD</b>	Non-Clinical Day
<b>NCHD</b>	Non-Consultant Hospital Doctor
<b>PTT</b>	Protected Training Time
<b>QIP</b>	Quality Improvement Project
<b>SHO</b>	Senior House Officer
<b>SL</b>	Study Leave
<b>SpR</b>	Specialist Registrar
<b>TSS</b>	Training Support Scheme
<b>TTL</b>	Trauma Team Leader
<b>WHO 5</b>	World Health Organisation - Five Wellbeing Index

## CSTEM

The overall impression of CSTEM Trainees is positive with 82% intending to continue training in EM and 90% of CSTEM 3 Trainees feeling prepared to work as an SpR in EM. 80% of CSTEM Trainees would recommend CSTEM to a colleague considering a career in EM.

Improvements could be made in mentorship of CSTEM Trainees, particularly among trainees working in non-EM posts.

Departmental education and training appear to vary between sites and many CSTEM Trainees feel that teaching does not particularly help prepare for FRCER exams.

Additionally, many trainees have had difficulty in accessing mandatory CSTEM training days due to lack of availability of course places or due to educational leave not being granted.

## ASTEM

Again, many positives were identified with 80% of ASTEM Trainees willing to recommend ASTEM to a colleague considering a career in EM and 86% intending to take up a consultant post in EM following completion of training.

A number of areas requiring improvement were identified, particularly regarding Protected Training Time where 55% of ASTEM Trainees only receive just some or little to none of their PTT.

Additionally, just over half of ASTEM Trainees reported a roster that is compliant with the EWTD and less than half felt their current roster was flexible.

Most mandatory ASTEM training days were rated positively however only 25% of ASTEM Trainees rated the Research & Methodology workshop as Good or Excellent.

## Non-Scheme Trainees

The experience of Non-Scheme Trainees was broadly similar to CSTEM and ASTEM Trainees with regard to Rostering and Departmental Teaching however, 69.5% believe it would be easier to be involved in research and audit if they were a scheme trainee.

Career progression is a major concern of Non-Scheme Trainees given that about 30% of Non-Scheme Trainees are not planning to apply for a training post in Ireland, citing non-EU status as a barrier as well as poor working conditions and perceived better opportunities elsewhere. Importantly, 75% stated the ability to progress in training is an essential factor when considering staying in Ireland as a Non-Scheme Trainee in Emergency Medicine.

Just 70% of Non-Scheme Trainees report having a mentor compared to 96% of CSTEM Trainees (at some point in their training) and 84% of ASTEM Trainees.

## Wellness & Wellbeing

Despite most trainees feeling supported by the consultants in their department, some worrying trends emerged with regard to the wellness and wellbeing of all EM Trainees.

Strikingly, the responses of 36% of CSTEM Trainees, 44% of Non-Scheme Trainees and 48% of ASTEM Trainees were indicative of poor wellbeing and risk of depression.

44% of those completing the survey admitted that they do not take sufficient breaks throughout the working day – this figure being highest among the ASTEM group (50%).

Additionally, 40% of trainees have witnessed bullying or harassment in the workplace with almost 1 in 4 having experienced the same.

## Objective

The aim of the survey is to identify key issues for EM NCHDs (CSTEM, ASTEM, Non-Scheme Trainees) with regard to education, training, wellbeing, working conditions and career aspirations in Ireland.

## Method

Our survey was open to all EM NCHDs in Ireland both on a training scheme (CSTEM & ASTEM) and Non-Scheme Trainee doctors. The survey was undertaken from 3<sup>rd</sup> of November to 20<sup>th</sup> of November 2020.

The survey was adapted from previous CSTEM report 2019 and the Emergency Medicine Trainee Association (EMTA) UK trainee survey 2018. The survey also features a wellbeing component for all EM NCHDs. This included perception of current post, workplace wellbeing, exercise and diet. The questions included 5-point Likert scales, rank order, binominal and free text responses

The survey was generated on Google Forms and contained 43 individual questions regarding demographics, mentorship, rostering, departmental teaching and wellness for all three groups. CSTEM Trainees were asked an additional 35 questions regarding training and career intentions. ASTEM Trainees were asked an additional 48 questions and Non-Scheme Trainees were asked an additional 39 questions. Each statement provided on a Likert scale was counted as an individual question. The IEMTA survey was delivered via a single link with branching to each subgroup occurring at the beginning of the survey. All questions required mandatory input for successful completion of the survey.

Gender or trainee locations were not recorded in the survey to maintain anonymity. Participation in the survey implied consent. The survey took 10 – 12 minutes to complete. The survey was distributed via the IEMTA, CSTEM and ASTEM mailing list on weekly occasions during the month of November. A poster was also created with the survey link and distributed for departmental display. Social media distribution also occurred in the form of Twitter and WhatsApp campaigns with support from Irish Association for Emergency Medicine (IAEM).

Data analysis was undertaken using Google Forms and Excel. Descriptive statistics were generated for each response and comments collected were thematically analysed.

## Demographics and Response Rate

See table below for a breakdown of response rates. The number of Non-Scheme Trainees in Emergency Medicine is estimated to be approximately 100. Response rates for CSTEM and ASTEM Trainees were calculated based on figures obtained from the ICEMT (accurate on 17<sup>th</sup> November 2020).

Stage	No of responses	Response Rate
CSTEM 1	13	50%
CSTEM 2	12	26%
CSTEM 3	20	77%
<b>CSTEM (Total)</b>	<b>45</b>	<b>58%</b>
ASTEM 1	12	85%
ASTEM 2	10	71%
ASTEM 3	13	100%
ASTEM 4	6	46%
ASTEM 5	3	33%
<b>ASTEM (Total)</b>	<b>44</b>	<b>70%</b>
Intern	2	
SHO (Non-Scheme)	33	
Registrar (Non-Scheme)	17	
Senior Registrar (Non-Scheme)	4	
Associate Specialist	3	
<b>Non-Scheme (Total)</b>	<b>59</b>	<b>59% (estimated)</b>

**Table 1.** Number of responses and % response rate by grade and trainee status

	CSTEM	ASTEM	Non-Scheme Trainees
20-24	0%	0%	6.8%
25-29	42.2%	13.6%	25.4%
30-34	51.1%	54.5%	39.0%
35-39	6.7%	25.0%	20.3%
40+	0%	6.8%	8.5%

**Table 2.** % of responses by age and trainee status

**70%** of ASTEM respondents are ex-CSTEM Trainees who were appointed to ASTEM on their 1<sup>st</sup> attempt.

**96.6%** of Non-Scheme Trainees are in a full-time job.

**57.6%** of Non-Scheme Trainees attended medical school outside Ireland.



# CSTEM

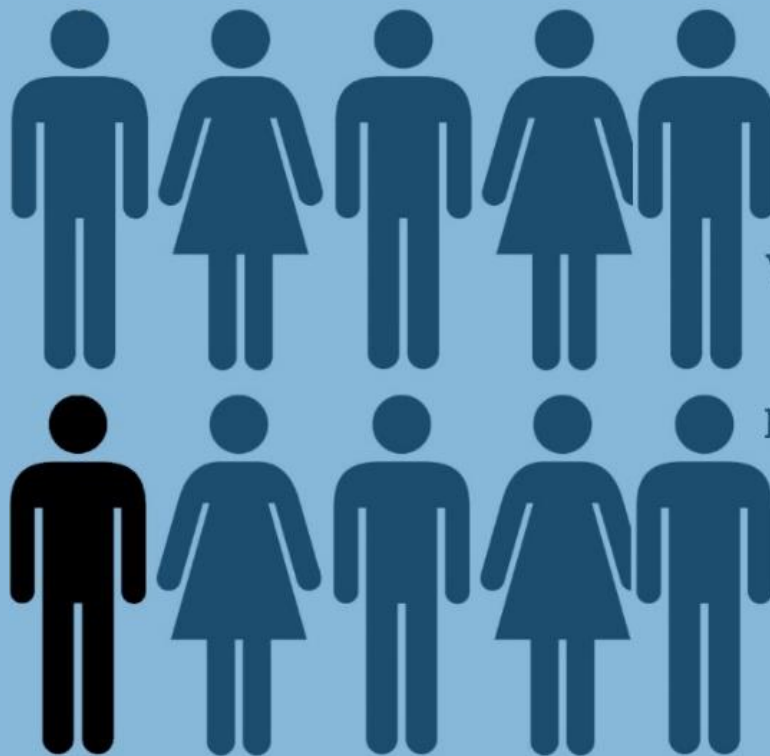
82%

of all CSTEM  
trainees plan to  
apply for ASTEM

1 in 5

CSTEM 1 trainees  
do not have a  
consultant or  
registrar mentor

## Key Findings



90%

of  
year 3 trainees  
feel that  
CSTEM has  
prepared them  
to work as an  
SpR in  
Emergency  
Medicine

€€€€€€ €1250

The maximum amount that can be  
claimed by an SHO via the Training  
Support Scheme

€€€€€€€€ >€1500

The amount spent by 40% of  
CSTEM Trainees annually  
on further training

## Mentorship

Almost 1 in 5 (18%) CSTEM 1 trainees working in EM do not have an assigned mentor.

96% of CSTEM trainees indicated that they have had an assigned mentor in at least one post during their training.

Just 1 in 4 (24.4%) indicated that they have had a mentor in both EM and non EM posts.

## Departmental Teaching

89% indicated that they receive regular departmental teaching while 61% indicated that they gain a lot from attending teaching (Agree or Strongly Agree).

76% indicated that teaching is of high quality (Agree or Strongly Agree).

68% indicated that departmental teaching does not help prepare for FRCEM Exams (Strongly Disagree, Disagree or Neither Agree or Disagree).

70% indicated that departmental teaching includes an element of critical appraisal/journal club (Agree or Strongly Agree).

## Rostering

Just over 60% of CSTEM trainees indicated that their working hours align with the EWTD and over 70% feel that they get adequate time to recover after night duty.

44% of CSTEM trainees feel the roster in their current post is not flexible and 60% feel that the number of weekends that they are rostered to work is reasonable (Strongly Agree or Agree).

## Formal CSTEM Training

Some mandatory workshops have been very poorly attended – procedural sedation (2.2% attendance, 1 respondent), Trauma Team Leader (6.7%, 3 respondents).

Trainees overwhelmingly rate training days positively. No individual training day was marked as being “Very Poor”.

Just 3 training days were marked as “Poor”

- Airway (3.0% of responses)

- ECG (5.3% of responses)

- MSK/Injury (4.8% of responses)

51% of respondents indicated that they had difficulty accessing CSTEM Training Days due to availability of places.

38% indicated they had difficulty due to rota issues or being unable to have leave granted.

See word bubble for keywords that emerged when CSTEM trainees were asked regarding additional courses they would like to see in the future.



## Expenses & Leave

Almost 2 in 5 trainees (38%) spend >€1500 per year on training/ conferences/ courses. Of note, the maximum amount that can be claimed by an SHO via the Training Support Scheme is €1250 annually.

Surprisingly, just over half of all trainees indicated that they are due to receive all of their annual leave entitlement this year (55.6%).

Just over 1 in 4 trainees indicated that they are due to receive all of their educational leave entitlement this year (26.7%). Appreciably however, many educational conferences and courses were cancelled in 2020 due to the COVID-19 pandemic.

## Overall Experience of CSTEM

90% of CSTEM 3 Trainees feel that CSTEM has prepared them to work at SpR level in Emergency Medicine.

82.2% of all CSTEM respondents plan to apply for ASAT/ASTEM.

**12.3% plan to leave CSTEM** and continue to work in EM or another specialty while 2.2% plan to leave medicine entirely or take time out to work in humanitarian medicine.

Overall, trainees would positively recommend CSTEM to a colleague considering a career in Emergency Medicine  
(Mean Score = 4.13/5, Mode = 4/5).

Core reasons for CSTEM Trainees planning to leave CSTEM include:

- Moving location regularly
- Family commitments, lifestyle issues, work-life balance
- Lack of flexibility in training
- Poor feedback for performance
- Working hours
- Perceived lack of respect
- Pursuing interest in humanitarian medicine

## Noteworthy Comments

“Above all, I know I'll have to move on for career progression etc but I've enjoyed this department. The majority of staff are incredibly supportive, friendly and it means whilst the job can be a slog, we've got a good support system”

“I feel like I have been used to fill rota gaps, I spend a large volume of time 1st on for theatre when I might benefit more from ICU experience. I also feel like there is a limited appreciation for the trainees in my current post outside of EM. There is also very little consultant oversight. [CSTEM 3 working in Anaesthesia]”

“Really enjoyed the scheme. Great variety of posts meaning you finish year 3 with a great set of skills. It's called a run-through scheme but realistically it isn't. In our year, there are some excellent candidates for ASTEM that will unfortunately lose out as there are not enough places on ASTEM.”

“It would be nice to incorporate a Non-clinical day at least once a month for CSTEM trainees as part of their entitlement. Even once every 2 weeks, otherwise it can be very challenging to stay on top of audit work and get involved in research while also trying to provide cover for huge rota gaps that exist across the country.”

## Recommendations

1. IEMTA believes no CSTEM Trainee should begin their training without being at least offered a consultant and ASTEM mentor. An ASTEM-CSTEM Mentorship programme could be commenced for all new CSTEM Trainees from 2021 and any other CSTEM Trainees who wish to be paired with an ASTEM mentor.
2. Training and Education varies tremendously between sites. Particularly there should be greater focus on FRCER Exam syllabus in departmental teaching. As the syllabus is covered as SpR days at ASTEM level, perhaps this could similarly be incorporated into the national CSTEM training programme.
3. Increased numbers of places at mandatory CSTEM courses are recommended where possible, particularly procedural sedation & trauma team leader.
  - Announce course dates as early in the year to facilitate trainees requesting leave in time
4. 40% of CSTEM trainees spend >€1500/year on training/courses/conferences, however the current cap on claiming expenses for SHOs via the TSS is €1250 – IEMTA will work with the various bodies regarding any future reviews of the TSS Funding allowance rates. In contrast, 20% of CSTEM trainees reported spending <€1000 annually. Possible reasons for this include a reduced number of courses taking place in 2020 due to the ongoing pandemic, courses or conferences being poorly advertised to trainees or trainees being unaware of TSS funding available to them.
  - It would be helpful to create an online resource detailing both the TSS funding available and relevant courses or conferences that may be of interest or benefit to CSTEM trainees. This could be facilitated via the IEMTA website.

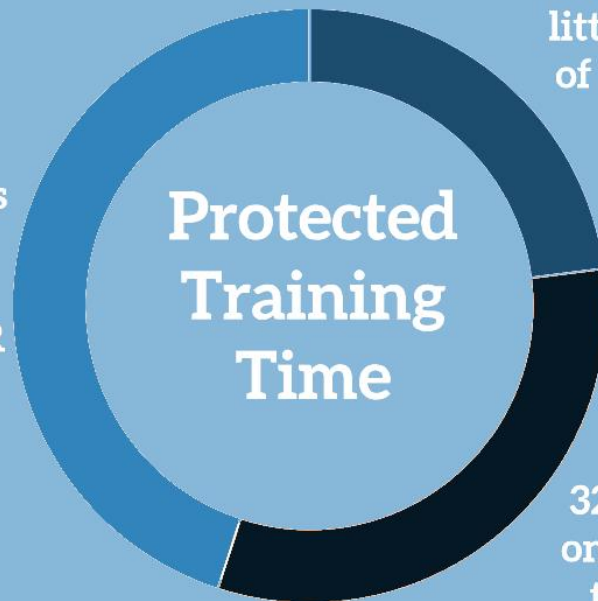
# ASTEM

## Key Findings



**73%**  
of ASTEM  
Trainees must  
live separately  
from their  
partners at some  
stage during  
their placements

45% of  
trainees  
receive  
most of  
their NCDs  
and time  
off to  
attend SpR  
days



23% receive  
little to none  
of their PTT

32% receive  
only some of  
their PTT

**80%**  
would recommend  
ASTEM to a colleague  
considering a career  
in Emergency Medicine

**86%**  
hope to take up a  
consultant post  
after completion  
of ASTEM

## Post Allocation & Accommodations

88% were accommodated in relation in their rotation choices after ASTEM appointment.

73% must live separately from their partners at some stage during their placements.

The nature of the placements prevents 50% of the trainees to progress in buying a house and starting/expanding their family.

## Mentorship

84% have mentors assigned either through their departments or through the ASTEM mentorship programme.

## Departmental Teaching

Between 61% and 96% of respondents agree or strongly agree that teaching in their department is of high quality (65%), covers FRCER curriculum (75%), helps prepare for FRCER Exams (61%), is well attended (74%), occurs regularly (93%) and is delivered by senior personnel (96% delivered by EM Registrars, 66% delivered by EM Consultants).

## ASTEM Training Days

Percentage of positively rated responses (Good or Excellent) by trainees in relation to formal training provided during ASTEM:

66% Monthly SpR Days

61.3% Adare Meeting

56-59% RCSI Training days – Mascot (56.8%), TTL (59%), Airway (59.1%)

25% Research and Methodology

36.4% Human Factors

## Protected Training Time

45% of trainees receive most or all of their NCDs and time off to attend SpR days. 32% receive only some, and 23% receive little to none of their PTT.



## Exams & Expenses

54.6% are satisfied by the monetary support for exams.

86.4% are satisfied with exam preparation content at SpR days.

68.2% are satisfied with exam preparation from their department.

Overall, trainees give 4/5 in relation to the training and support in their current post.

36% of ASTEM trainees spend over >€2000 per year on training/ conferences/ courses. 37% spend between €1000 - €2000 and 27% spend <€1000

## Future Career Objectives

Fellowships Plans:

- 38.6% plan to complete a Fellowship in Ireland
- 45.5% plan to complete a Fellowship outside of Ireland
- 40.9% do not believe there are enough Fellowship options in Ireland
- 20.5% are unaware of Fellowship options in Ireland
- 15.9% do not believe they will gain from a Fellowship in Ireland

After completion of ASTEM, trainees plan/hope to:

- 86.4% take up consultancy post in Ireland
- 4.6% leave Clinical Medicine / Emergency Medicine
- 6.8% take up a consultant post outside of Ireland / UK

Trainees rate the ASTEM program 4/5 and 80% would recommend ASTEM to a colleague considering a career in Emergency Medicine.

## Rostering

Only 56.8% of ASTEM trainees agreed or strongly agreed that their working hours comply with EWTD, while 70.5% reported working a reasonable number of weekends, overnight shifts and adequate time to recover post night duty.

Only 47.7% of ASTEM trainees felt their roster was flexible. Majority (88.7%) reported getting annual leave, as opposed to 65.9% getting their educational leave. Again, these figures are in the context of the COVID-19 pandemic where many courses or conferences were cancelled.

## Noteworthy Comments

“Because career progression is virtually halted when working in a stand-alone registrar post, we are chronically understaffed in middle grades in every department I have worked in. This also leads to high turnover and a largely inexperienced medical staff, as eventually all of these doctors either leave the country or change specialties. Those training often do not get non-clinical days to complete research/audits/QIPs/management duties (such as rotas). This hinders our learning but also leads to a lot of work being done on our days off, leading to exhaustion and burnout. I have had zero NCDs this year. The only reason I’ve made headway on projects is because I use my AL to do so, and made use of my 2-week Covid isolation leave.”

“In general my experience with ASTEM is highly positive. My current post is poor which is why a lot of my responses are negative.”

“Ensuring trainees get non-clinical days across departments in addition to AL and SL”

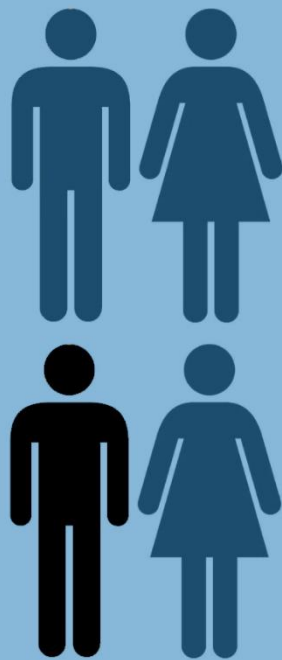
“A trainee log or checklist of all available courses we should/could attend during ASTEM. I'm keeping a personal log of all teaching I attend but I'm always worried that there are non-compulsory courses I should be going to but just haven't heard about!”

## Recommendations

1. Training and education seems to vary tremendously from site to site. Departments should be made accountable for satisfying learning objectives for their SpRs.
  - We recommend designating a Consultant Education/Training Lead in each department who would ensure education curriculum to comply with FRCER curriculum
  - Otherwise, minimal training and education standards should be developed by ICEMT in conjunction with trainees to ensure every training hospital provides aspects of ie. Critical appraisal, ultrasonography, simulation, exam preparation, and RCEM curriculum requirements
2. Less than 50% of trainees receive their full complement of protected training time, resulting in missed SpR and course days. Non-clinical days are also not received by many.
  - An NCHD at each clinical site should be designated to continually audit each trainees' allocated PTT. This data will then be available to IEMTA to raise at ICEMT meeting should the matter fail to be resolved locally.
3. There should be more focus and information provided on Fellowship and Special Interest Year options.
  - A national database to ensure fair opportunity to all trainees should be established.
  - This could also be a topic for discussion at the Adare Meeting.

# Non-Scheme Trainees

## Key Findings



**3 in 4**  
stated the ability to  
progress in training is an  
essential factor when  
considering staying in  
Ireland as a Non-Scheme  
Trainee in Emergency  
Medicine

**70%**  
of Non-Scheme Trainees  
believe it would be easier  
to be involved in  
**research & audit**  
if they were on a training  
scheme.

# Non-Scheme Trainees

## Mentorship

70% of Non-Scheme Trainees have a mentor in ED however, only 30% have regular meetings with their mentors to discuss the plan for their post.

## Departmental Teaching

Regarding departmental teaching, the majority of respondents agree or strongly agree that teaching in their department is of high quality (80%), is well attended (69%), occurs regularly (91%) and is delivered by senior personnel (87% by EM Consultants, 72% by EM Registrars). Of note, just 37% agree or strongly agree that teaching helps to prepare for FRCER exams.

## Audit, Research, Teaching & CPD

62.7% state that they have the opportunity to participate in research and 86.4% have audit opportunities while working as a Non-Scheme Trainee. 69.5% believe it would be easier to be involved in research and audit if they were a scheme trainee. Almost 60% are not involved in delivering teaching or are involved only once or twice per year.

Attending courses or conferences in Ireland (61%) was the most common way to achieve the CPD requirement annually, followed by attending study days (57.6%) and CPDSS registration (50.8%).

## Rostering & Expenses

54.2% of Non-Scheme Trainees agreed or strongly agreed that their working hours complied with EWTD. Just 52.5% of Non-Scheme Trainees reported working a reasonable number of weekends, 67.8% working a reasonable number of over night shifts and 69.5% adequate time to recover post night duty.

Only 55.9% of Non-Scheme Trainees felt their roster was flexible. 69.5% reported receiving all of their annual leave entitlement while just 45.7% receive all of their educational leave entitlement.

Most (72.9%) non-trainees spend <€1000 annually on training, conferences and courses.

## Future Career Objectives

About 30% of Non-Scheme Trainees are not planning to apply for a training post in Ireland. The main reasons identified were non-EU status proving to be a barrier and perceived better training opportunities outside Ireland. Also, they reported poor work life balance and have applied previously without success.

52.5% have considered or discussed an alternative training pathway in Ireland. 52.5% also feel they are not getting enough support for progression in their career.

75% stated the ability to progress in training is an essential factor when considering staying in Ireland as a non-scheme trainee in Emergency Medicine. They also considered the following as an essential: work life balance (60.4%), exam support (47.2%), practical training days (41.5%) and research support (37.7%).

## Noteworthy Comments

“Zero motivation to progress training/exams given EM Consultant working conditions, work/life balance and salary in Ireland is so poor.”

“Getting into a training scheme has unrealistic problem list which makes foreign doctors very less fortunate than others despite having good experience and qualifications. Even working on senior posts in similar role/responsibility, the opportunity for training and hence timely progression in career is refuted due to unjust laws of medical Council.”

“Appreciation and regard for another's colleagues is of great importance because it's a motivating factor for aspiring junior doctors. It makes a better workplace for everyone. Most of the times everyone wants to do their job and get out. Understaffing takes a toll on everybody. However one thing I do appreciate is there is better consultant presence in EM in comparison to other specialities.”

## Recommendations

1. As with CSTEM and ASTEM Trainees, training and education varies tremendously from site to site. Similar recommendations are also applicable with regard to Non-Scheme Trainees.
2. Only 30% of those with mentors have regular meetings with their mentors, resulting in confusion about the plan of their post.
  - The education/ training lead in each hospital should assign a mentor for each NCHD and ensure regular meeting at the start of the post/ mid post and after completion of the post are in place with clear objective set in the first meeting and followed up in the subsequent meetings.
3. 70 % believe it would be easier to be involved in research and audit if they were a scheme trainee. Almost 60% are not involved in delivering teaching or are involved once or twice per year.
  - We recommend developing a research committee in each hospital aiming to involve all NCHDs interested in audit/research.
4. 75 % considered the ability to progress in training is an essential factor when considering staying in Ireland as a non-scheme trainee in Emergency Medicine
  - We recommend advertising the alternative pathway for example: interviewing those who achieved specialist registration through alternative pathway at national EM meetings.

# Wellness & Wellbeing

## Key Findings

ASTEM



CSTEM



Non-Scheme  
Trainees



feel supported by the consultants in  
their department

40%

have witnessed  
bullying or  
harrassment  
in the workplace

23%

have experienced  
bullying or  
harrassment  
in the workplace

48% ASTEM

44% Non-Scheme  
Trainees

36% CSTEM

are at risk of poor wellbeing  
or depression as per the  
WHO5 score



There was reasonably good engagement with this year's survey across all groups of NCHDs, with 58% of CSTEM, 70% of ASTEM and an estimated 59% of Non-Scheme Trainees answering questions on the subject of well-being. Topics included: perception of the NCHD's current post, support for well-being in the workplace, diet/exercise and an assessment of mental health.

The most striking finding of the wellness portion of our survey was the number of trainees who are currently experiencing poor well-being. We used the WHO-5 as a tool to assess this. The WHO-5 is a simple questionnaire, "consisting of 5 simple and non-invasive questions, which tap into the subjective well-being of the respondents" [1]. Answers are ranked on a Likert scale and then assigned a value, with a score of 25 indicating "maximal well-being". A score of <13 is indicative of poor well-being, and has a high association with depression [2]. Among those who answered our survey, **36% of CSTEM, 48% of ASTEM and 44% of Non-Scheme Trainees** scored below this number. While this is only a screening tool, it certainly suggests that further attention needs to be paid to this issue.

## Perceptions of Current Post

In terms of their current post, most NCHDs feel supported by their consultants in the department, with 81.8% of ASTEM, 79.1% of CSTEM, and 69.5% of non-scheme respondents agreeing or strongly agreeing with that statement. However, NCHDs were less likely to feel that they were supported by other specialties (43%). Only 42% of respondents felt that they were rewarded for the quality of their efforts, and only 35% felt valued by their current hospital.

## Workplace Well-Being

When it came to well-being in the workplace, the main areas of concern highlighted by the survey were workplace bullying and lack of adequate breaks among NCHDs. 40% of respondents had witnessed bullying or harassment in the workplace, with 23% reporting personal experience of bullying. NCHDs were likely to seek help if they were struggling (54% agree vs. 15.5% disagree), but only 35% felt that their department had "an inclusive work environment where staff are encouraged to talk openly about mental health problems". With that said, levels of consultant support were again noted to be relatively high, with 64% of our NCHDs feeling that they could or would approach their trainer/mentor if they were struggling at work. 44% of those completing the survey admitted that they do not take sufficient breaks throughout the working day – this figure being highest among the ASTEM group (50%).

## Exercise and Diet

In relation to our trainees' personal diet, there is room for improvement, with only 45% eating fresh fruit or vegetables daily and 78% eating takeaway or ready meals at least several times over the last 4 weeks. While most respondents had participated in exercise over the last month, this was more likely to be low-intensity and relatively infrequent, with only 23.6% performing vigorous exercise and 32% performing moderate exercise multiple times per week. 82% of NCHDs has engaged in yoga/meditation only once or not at all in the same timeframe.

## Recommendations

With these results in mind, the aims of the IEMTA Well-Being campaign for 2020/ 2021 are listed below.

- 1) Continuing to champion the Well-Being Department award already established by IEMTA.
- 2) Running an inter-departmental step competition in early 2021 to promote regular exercise.
- 3) Publishing a list of well-being resources on the IEMTA website, for those who are struggling in areas such as mental health, workplace interactions, addiction and long-term illness.
- 4) Encouraging local departments to openly discuss well-being issues, e.g through reflective sessions such as Schwartz rounds, and by including wellness education in their formal NCHD teaching.
- 5) Pursuing the creation of a “Rest and Rota Charter”, similar to that produced by EMTA in the UK earlier this year.

In addition, we strongly feel that our survey suggests a need for further, focused research on EM trainee well-being in Ireland.

### Conclusion & Next Steps

Overall, NCHDs report a positive experience of their training in EM. However, some concerning findings have emerged among respondents, particularly on mentorship, rostering, training days and wellbeing.

The next step would be the gradual implementation of the key recommendations in this document.

- IEMTA has already begun its wellbeing campaign to strategically improve knowledge of EM NCHDs wellbeing and help facilitated department wellbeing programs. This will be continued throughout 2021 with particular emphasis on the wellbeing initiatives detailed in the Wellness & Wellbeing report.
- We are aiming to develop a CSTEM-ASTEM Mentorship program to begin in July 2021.
- IEMTA will also be looking to share this survey onwards to relevant stakeholders to see the overall EM NCHD experience improve in Ireland.
- The IEMTA Trainee Survey 2020 data will be compared with previous trainee surveys carried out in recent years by IEMTA with a view to better understand the needs of EM Trainees.
- It is envisaged that IEMTA will carry out a repeat trainee survey within 24 months to assess the impact of any interventions.

We are extremely grateful to the IAEM committee and ICEMT for their ongoing support of this work. IEMTA wishes to thank all EM NCHDs that participated in this survey and acknowledge all their enthusiasm.

# Supporting Documentation

Please see [www.iemta.ie](http://www.iemta.ie) for the supporting documentation listed below.

**Survey Questionnaire**

**CSTEM Responses**

**ASTEM Responses**

**Non-Scheme Trainee Responses**

**Wellness & Wellbeing Responses**