



Paediatric Emergency Medicine Intercollegiate Specialty Advisory Committee Quality Report 2020

The State of Paediatric Emergency Medicine training in the United Kingdom

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In February 2019 the Paediatric Emergency Medicine Intercollegiate Specialty Advisory Committee (PEMISAC) was formed jointly between the Royal College of Emergency Medicine (RCEM) and the Royal College of Paediatrics and Child Health (RCPCH). The PEMISAC advises both colleges and the wider medical community on PEM sub-specialty training augmenting the work of the RCPCH PEM College Specialist Advisory Committee (CSAC) and increasing the representation of PEM specialists in RCEM. Historically both RCEM and the CSAC of RCPCH have run surveys of trainees and training sites to get a snapshot of opinions and issues in PEM training across the country.

In 2020 the surveys were updated and re-launched.

The trainee survey included all subspecialty PEM trainees from both colleges. It was open to trainees for two months, between 24 June and 26 August 2020.

The training site survey asked each training site to provide a single response. This survey was open to training sites for two months, between 10 January and 12 March 2020.

Of note these surveys took place prior to and just into the beginning of the Covid-19 pandemic which had significant impact on Emergency Departments throughout the UK including those offering PEM training. As such, these surveys can be considered representative of the state of PEM training in the UK prior to and during the first wave of the Covid-19 pandemic but not necessarily since.

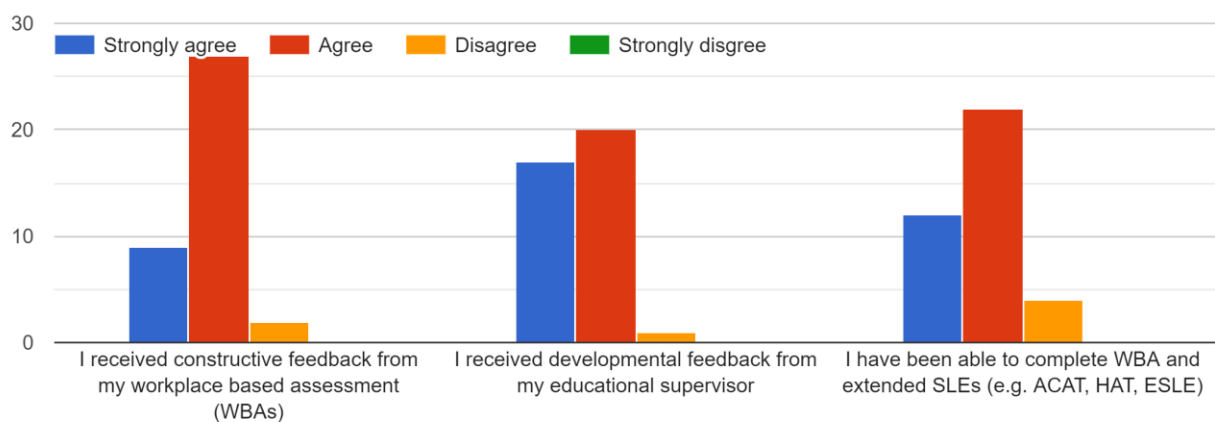
There were 38 responses to the trainee survey (27 RCPCH and 11 RCEM), representing approximately 50% of RCPCH trainees and 18% of RCEM trainees and 26 responses to the training site survey of 32 training sites.

Overall the surveys presented a generally positive picture of PEM training in the UK, however there were some areas of inconsistency between trainee and trainer reports and some areas where training could be improved.

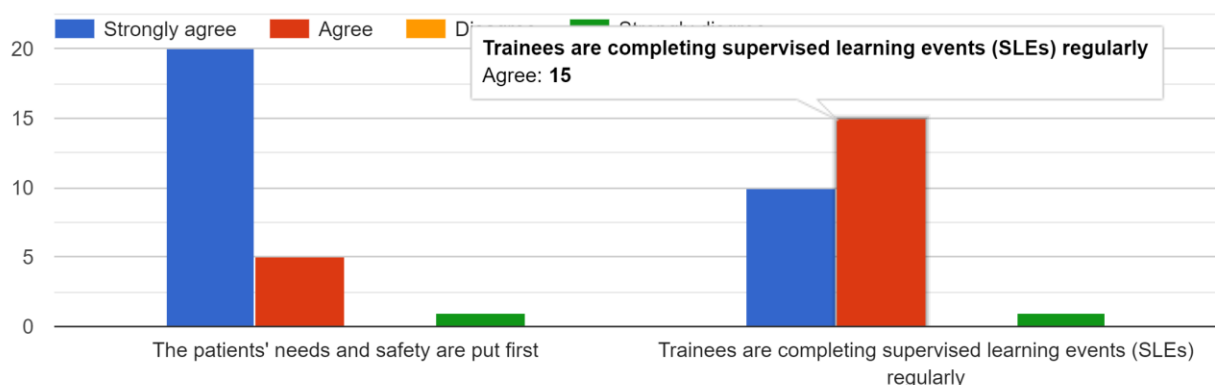
The Paediatric Emergency Medicine Intercollegiate Specialty Advisory Committee has made some recommendations to improve consistency and quality of Paediatric Emergency Medicine training throughout the UK.

Supervision

Supervision at your training site



Supervision at your training site



Trainees were generally positive about supervision and support within PEDs and from educational supervisors; the only negative comments related to PICU secondments and difficulties when there were small numbers of PEM consultants with less supervision / support from general EM consultants. ESLEs, extended supervised learning events, have traditionally been mandated RCEM workplace based assessments and are not currently available electronically via the RCPCH eportfolio. However, these are valuable learning opportunities and are being adopted into PEM supervision.

PEMISAC recommendations

- While Extended Structured Learning Events (ELSEs) currently only feature formally in the eportfolio for RCEM trainees, the PEMISAC recognise the value for all PEM trainees and encourage that all PEM subspecialty trainees, both from an EM and paediatric background, are supported in completing two Extended Structured Learning Events per 12 months. Each ESLE characteristically takes three hours to complete, with two hours of observation of the trainees' interactions, decision-making, management and leadership and one hour for debrief, using the RCEM non-technical skills feedback tool. ESLEs should be facilitated by consultants who do not have clinical shopfloor commitments to ensure the trainee can get the maximum supported opportunity. More information about ESLEs can be found here:

<https://rcemcurriculum.co.uk/wpba-tools/>

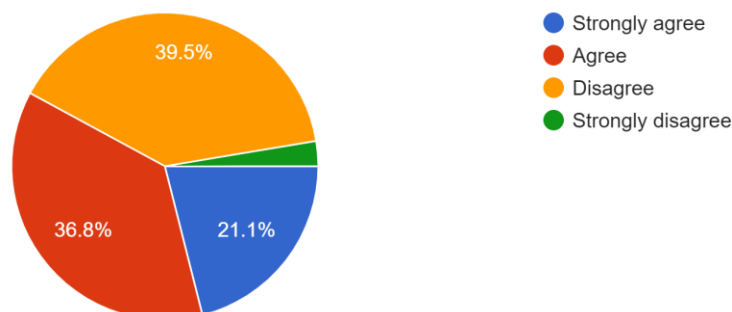
Until the ELSE is formally adopted by the RCPCH, a paper version may need to be printed and uploaded to Kaizen for RCPCH trainees.

Educational Activities

Variable access to structured PEM training was reported by trainees and 40% of trainees felt they could access teaching sessions 'sometimes or rarely' although the training sites reported that 100% of trainees could attend teaching 'always or often'.

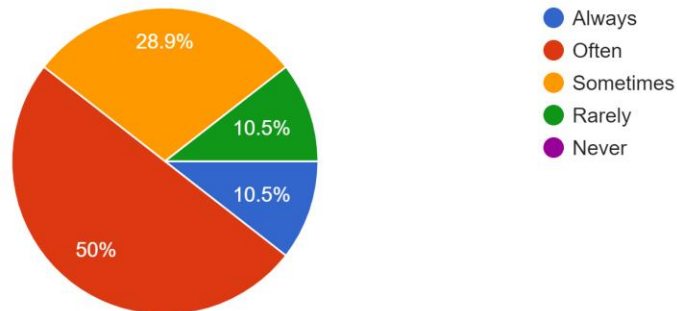
I have regular access to structured PEM training e.g. dedicated PEM education sessions or regional PEM training days.

38 responses



How often can you attend teaching sessions?

38 responses



There were a wide variety of comments about the availability and structure of teaching, some reported excellent opportunities, others minimal availability or having to arrange it oneself. Training in some centres was not PEM focussed with trainees able to attend general paediatric training or general EM training. Most reported that they attended PICU teaching while working in PICU, and although they would like release from the rota to attend PEM training days, this is not easy to organise.

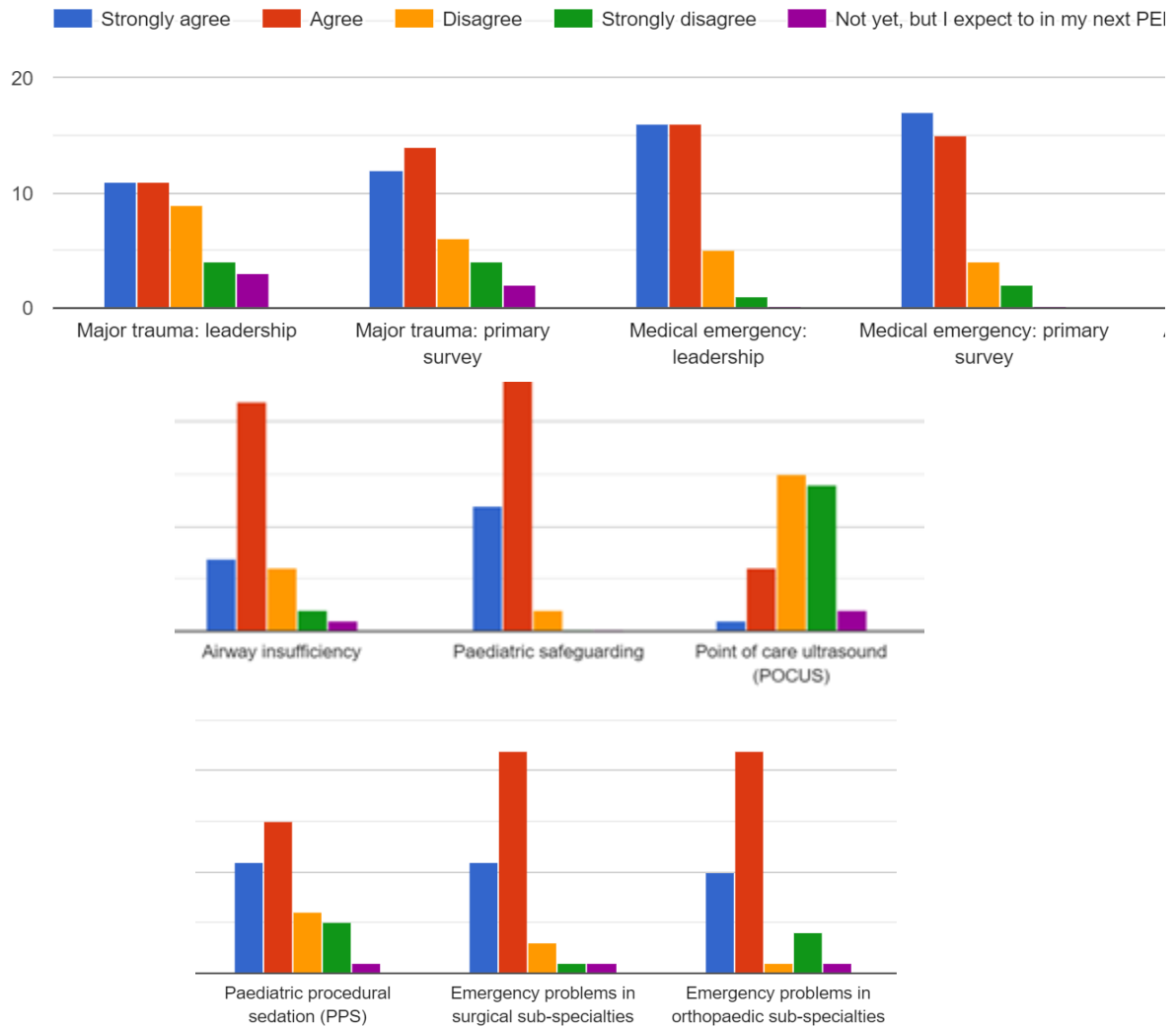
When available, dedicated protected non-clinical time was positively received by trainees. However, there was a wide variation in the amount of non-clinical time each trainee received, ranging from none to a day per week.

PEMISAC recommendations

- All subspecialty PEM trainees should have regular access to structured PEM training throughout their training period.
- PEMISAC recommends that all PEM trainees should have adequate Educational Development Time (which may include secondments) to meet their training needs and the competencies detailed in the PEM syllabus. RCEM guidance states that higher specialist trainees (ST4+) should be rostered an equivalent of 8 hours per week for Educational Development Time. This will include what was formerly considered supporting professional activities: non-clinical time for teaching, research, management, audit and quality improvement. Educational Development Time should also include focused clinical training to meet the needs of the trainee and the PEM syllabus. For RCPC trainees, Educational Development Time could include time seconded to other specialties either as a block or via day release arrangements.

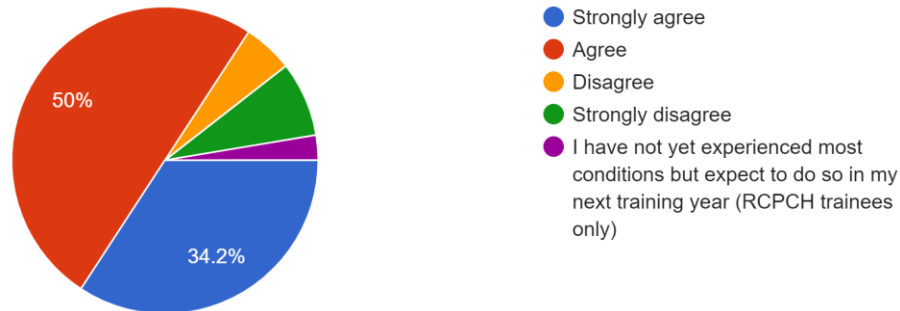
Breadth of clinical experience

How far do you agree with the following statements? "This placement has provided me with adequate training and experience in..."



I feel confident that I have experienced the management of most of the conditions relevant to my sub-specialty

38 responses



Generally, trainees feel the placements prepare them with sufficient training in a range of clinical skills pertinent to PEM, although there is some loss of consistency in the development of major trauma leadership skills. Many feel they're not getting the required training in POCUS and procedural sedation. Approximately 10% of trainees felt their PEM trainee placement hadn't provided them the breadth of training they feel they require.

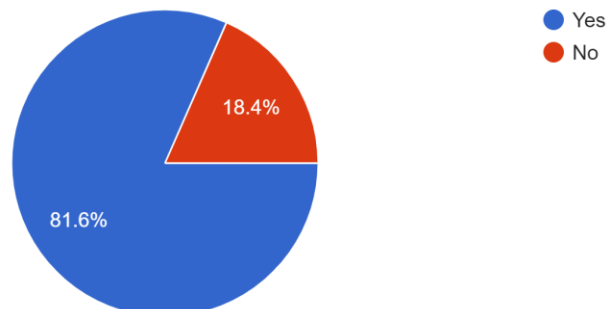
PEMISAC recommendations

- Training sites should review opportunities for their trainees to get experience in POCUS and procedural sedation, linking in with other sites or formal courses as required.

Managing departmental flow

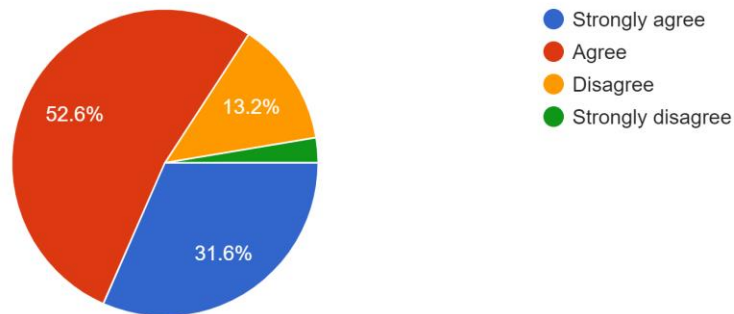
I have had opportunities to manage the running of the paediatric emergency department and the paediatric emergency team

38 responses



I have regular opportunities to lead handover/departmental board rounds

38 responses



Although the majority of trainees felt they had had opportunities to learn skills in maintaining safe departmental flow, almost one-fifth did not.

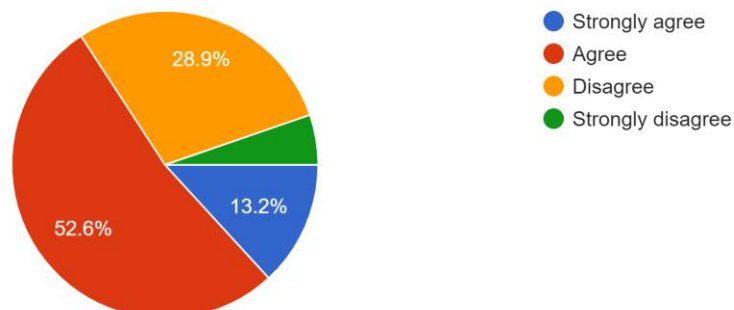
PEMISAC recommendations

- PEMISAC recommends dedicated time to facilitate development of skills in managing the department, particularly for RCPCH trainees in their second year of Grid training, as this is not a skill they will have had the opportunity to develop prior to entering GRID. Reflection and development of these skills can be supported by the use of ESLE workplace based assessments.

Management and governance

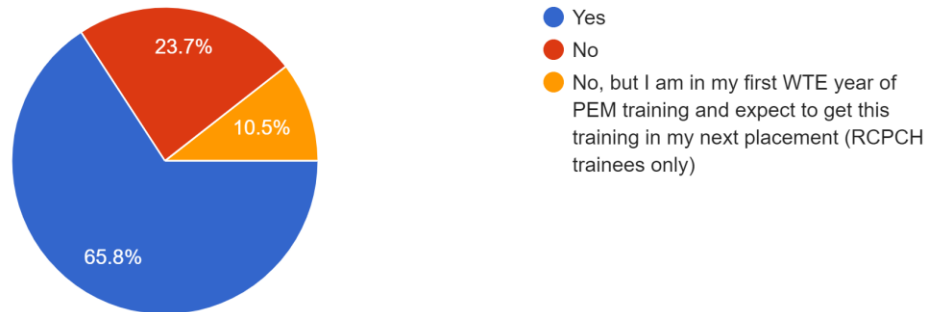
I have attended regular departmental clinical team meetings

38 responses



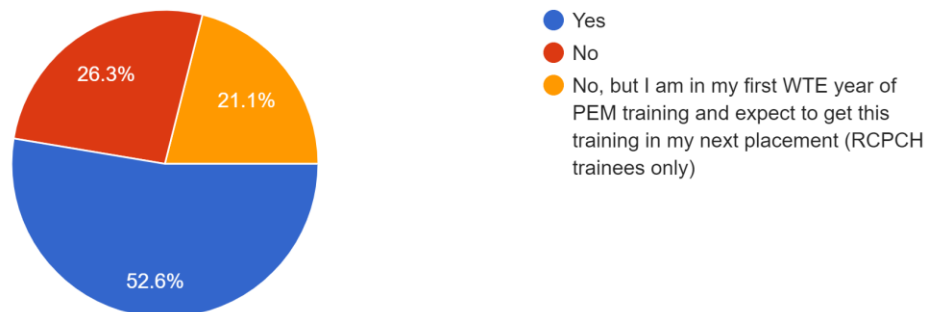
I had training in the management of complaints

38 responses



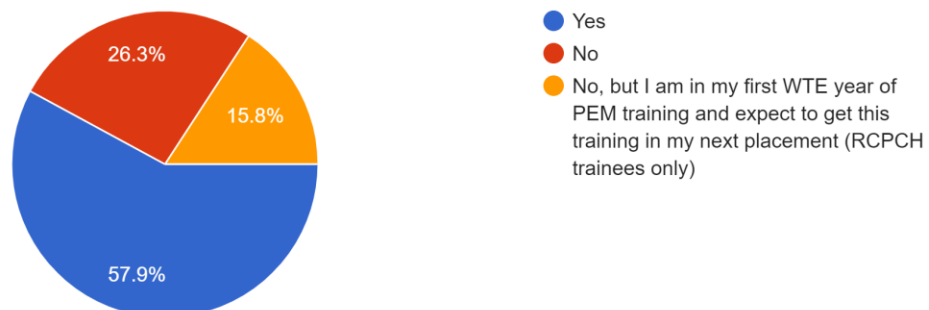
I have had training in the management of and/or response to a clinical incident/SUI

38 responses



I have had opportunity to develop skills in risk management

38 responses



About 50% of trainees have not had opportunities to attend departmental clinical meetings and about 40% do not have access to M&M. 58% have had an opportunity to manage complaints, 48% have had

training in the management to SIs / critical incidents and 51% in risk management. Overall, trainees are positive about the ability to participate in quality improvement, but training in complaints and risk management is less comprehensive. *Where opportunities were available, trainees have been extremely positive about their experiences.*

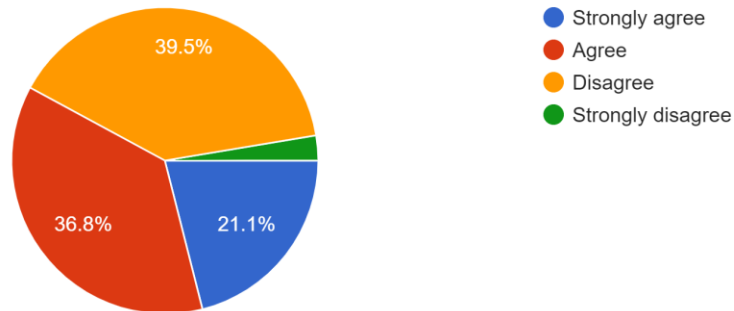
PEMISAC recommendations

- As many PEM trainees are near to CCT, subspecialty PEM training is the opportune time to develop consultant-level management skills. As a committee we have adopted the list of skills from the RCEM management portfolio and look for evidence of attainment of these skills when reviewing trainee progress.
https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Management_Portfolio/RCEM/Exams_Training/UK_Trainees/Management_Portfolio.aspx?hkey=ffd77dcf-f7d2-43cd-bd33-db2f8e269a83
- All PEM trainees should be involved in management activities. For example:
 - Respond to a complaint (recommended)
 - Participate in a critical incident investigation (recommended)
- Other relevant activities could include (this list is not exhaustive):
 - Clinical governance / M&M meetings
 - Recruitment
 - Appraisal
 - Writing a business case or cost improvement plan
 - Developing a clinical guideline or standard operating procedure
 - Rota design and management
 - Audit or Quality Improvement

Teaching and research opportunities

I have regular access to structured PEM training e.g. dedicated PEM education sessions or regional PEM training days.

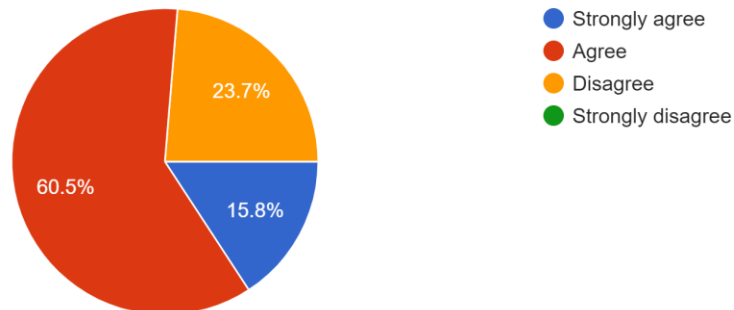
38 responses



Overall the trainees were positive about opportunities available to them to teach, but have experienced some difficulties obtaining time to attend life support courses - this is likely COVID related.

I have been provided with support and opportunities to undertake supervised research relevant to the specialty

38 responses



Three-quarters of trainees have been able to be involved in supervised research, although there are still almost 25% of trainees who haven't yet had this opportunity.

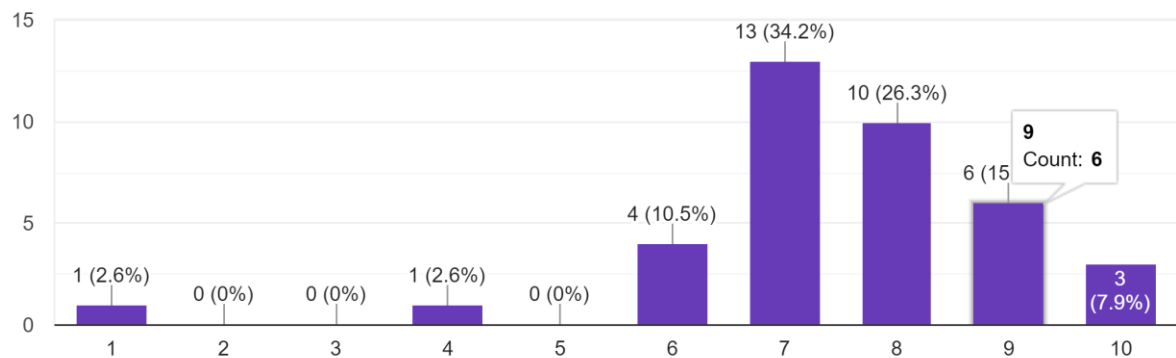
PEMISAC recommendations

- PEM training sites should consider how their trainees get opportunities to learn about and be involved in research. This may involve working in partnership with another site or PERUKI if there is no active PEM research taking place locally.

Global experiences of the placement

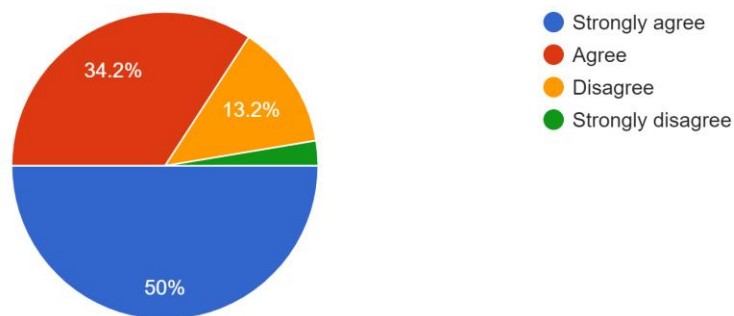
The training available in this post has prepared me to become a Consultant

38 responses



I would recommend this post for PEM subspecialty training

38 responses



Overall, the trainees were positive about their placements and supervision. This data is in the context of the COVID-19 pandemic. Below is a summary of the PEMISAC recommendations from this report.

Summary of PEMISAC recommendations

- All subspecialty PEM trainees should have regular access to structured PEM training
- Adequate Educational Development Time should be timetabled for all PEM trainees regardless of their college and training route.
- PEM trainees should be supported in attaining management skills and have dedicated time identified to do this, in line with the RCEM management portfolio. This could include at least two Extended Structured Learning Events per 12 months.
- PEM training sites should review opportunities for their trainees to get experience in POCUS and procedural sedation, linking in with other sites or formal courses as required. There should be opportunities to participate in and lead board rounds and handovers.
- PEM training sites should consider how their trainees get opportunities to learn about and be involved in research. This may involve working in partnership with another site or PERUKI if there is no active PEM research taking place locally.

Building on 2020's Quality Report, we will look at ways of encouraging survey completion amongst the PEM trainees such as the use of platforms with functionality similar to RedCap with surveys linked to individual trainees so reminder emails can be sent, with the reiteration that anonymity will be assured. The trainee survey could be linked contemporaneously with CSAC progress reviews to improve completion.