

Student Pre-hospital care funding

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Introduction

The first formal pre-hospital care program was set up at Bart's and the London, Queen Mary's, London in 2007, the brainchild of Dr Emma Lightbody (Barts and the London Pre-hospital Care 2009). Over recent years, student training in prehospital care has expanded. Many students are now involved in some form of organised pre-hospital emergency medicine (PHEM) training, either as part of their medical school curriculum, as an extra-curricular activity or through a student society

(Pountney et al. 2013). This student aspect of PHEM is recognised by the Faculty of Prehospital Care through their student affiliate network (Faculty of Pre-hospital Care 2014). This student activity is on the background of formal post-graduate pre-hospital training and sub-speciality recognition. Up to now, though, there has been no co-ordinated understanding of the financial support given to undergraduate pre-hospital training.

Aim

We decided to answer the question – how is undergraduate pre-hospital training funded?

Method

A generic email was sent out to all PHEM or PHEM related groups (ie: emergency medicine societies) in the UK asking about the structure of the activities at their medical school and how this was financed. The UCL information was collected from the programme lead and co-author of this report. This information was then collected and recorded on an excel spreadsheet and analysed using descriptive techniques. Of the 27 e-mails sent, 14 received a response suitable for this report.

Results

Overall, responses were received from 9 medical schools. All responses were from students as opposed to administrative or teaching staff.

Each medical school shall be discussed below:

Keele

Keele have a formal pre-hospital care society. Most of their annual funding comes from membership fees, which total approximately £700 a year. Of this, roughly £400 rolls over from year to year, giving an annual expenditure of ~£300.

Last year they ran the first Keele trauma day. This consisted of a day of practical teaching for all years and was funded by a combination of medical school funding (£400), wilderness medicine society funding (£450) and ticket sales (£650), with total budget being roughly £1500.

Leeds

At Leeds medical school, pre-hospital care is offered as a 2 week student selected component (SSC) for 4 students. The funding for this is provided by the medical school as with all of their other SSC's. The amount is approximately £250 per student, making the total expenditure per year £1000.

They also have a student-run wilderness medicine society and an emergency medicine society. We do not have funding information for these.

HYMS

Hull York Medical School pre-hospital Care programme get all of their funding through donations and sponsorship. However, they have low running costs as most of the equipment and training is provided free of charge. Students pay for their own uniform. They work closely with the Yorkshire Ambulance Service, who reimburse students' travel costs. Many students are willing to pay these

themselves and this money is then taken up back into the programme. We are unable to gather more detailed financial information.

They also have a wilderness medicine society, who have their own funding arrangements.

Lancaster

The Lancaster pre-hospital care programme is run as the wilderness and emergency medicine society. The society has a total income of approximately £250 a year, comprising entirely of membership fees. This is used to fund 12 training sessions throughout the year. However, many sessions are provided free of charge as a favour by the providers. The society pay them 25p per mile for travel costs. They also run longer trips away that are paid for by the participants on a not-for profit basis.

Sheffield

Sheffield emergency care programme is run as a student society. They do not focus purely on PHEM. The society operates on a budget of approximately £1000 a year and this is raised through a combination of membership income and sponsorship. In the past this has come from the Sheffield union Medsoc, the Medical Defence Union and Wesleyan. This income has to be applied for each year and is not guaranteed.

Newcastle

The Newcastle programme is also run as a student society, both as an emergency medicine society and an older wilderness medicine society. The emergency medicine society charges a £5 membership fee that is then matched by the student union. This means they have an annual income of about £670. Not all of this is spent, meaning there is about £1770 in their account for future events.

Bart's and The London (Queen Mary)

This programme is one of the original programmes and has a well organised funding system. The London Ambulance Service are the main training providers and are paid through SIFT funding from the medical school. The medical school also pays for training space within the college premises. The programme also receives some funding from sponsorship, although this has not been received this year. We were unable to gather more detailed financial information.

The programme was originally set up with funding coming from the original lead herself, Emma Lightbody, raised through her consultancy work.

UCL

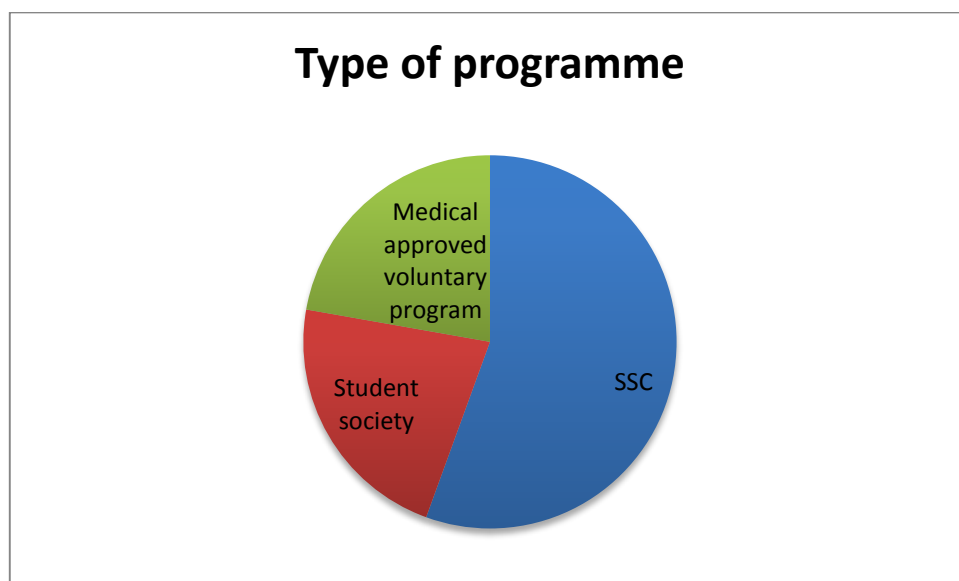
The UCL programme is run as 3 SSC's, one for first years, one for second years and one for final year students. The course includes shifts with the London Ambulance Service (LAS) in first year and shifts with the LAS and at Wembley National Stadium medical centre in second year. The LAS and Wembley National Stadium are paid for through SIFT funding from the medical school. This amount totals £30,000 per year.

Kings College London

Kings run all their ambulance observer shifts on a voluntary basis, as are their monthly academic forums they share with St George's medical school. The observer shifts are part of the KCL emergency medicine society, whose funding information is not available.

Analysis

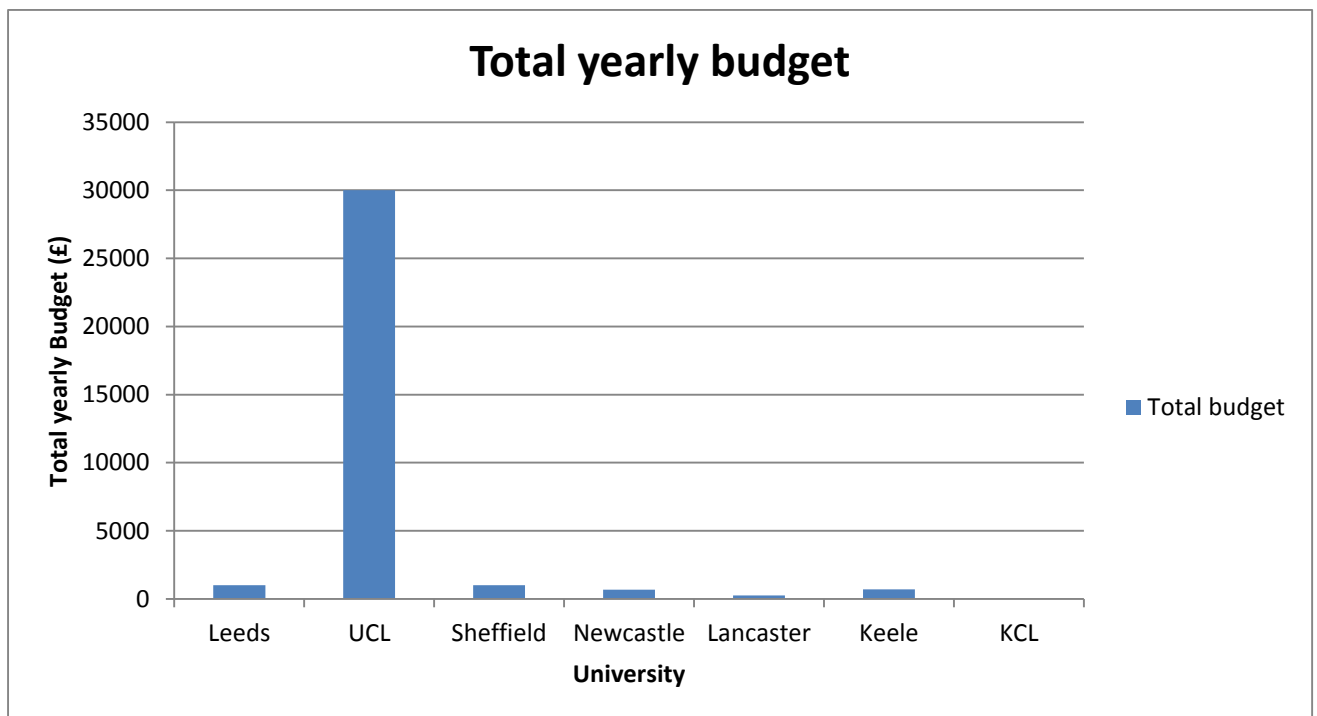
Of these 9 medical schools who responded, 5 provide PCP training through a society led module, one through a short SSC model, one through a wider reaching SSC model and two through a medical-school approved programmes. These do not follow any geographical pattern. The 2 oldest programmes – Bart's and HYMS – are both medical school approved programmes and the 2 SSC programmes – UCL and Leeds – are both relatively new.



UCL, Barts Leeds and Newcastle are the only schools that receive any funding directly from the medical school on a regular basis, although at Newcastle this is simply by matching student membership income. UCL, Barts and Leeds are funded through the standard medical school SIFT financing.

At both Lancaster and Keele the majority of funding comes from the students themselves, through tickets sales. At HYMS the students do help the funding of the programme through not reclaiming their travel costs and allowing this money to go directly to the programme. The programme at Lancaster relies on the good will of the training providers, as the only reimbursement they get is travel costs. This good will is also the basis of the PHEM component at KCL. Several societies use sponsorship as a source of funding, although this has been reported to be an inconsistent and unreliable source year on year.

Total budgets per academic year where known:



Bart's and HYMS not included as no figures were available.

Conclusion

The most striking result is the small amounts of funding that most programmes receive from the medical schools themselves. This has resulted in several programmes expressing concerns over their future financial viability, despite the growing interest in PHEM training from both students and the wider medical community. This also conflicts with the Faculty's view that 'It is important that this recent surge in enthusiasm for pre-hospital care is supported and nurtured appropriately' (Pountney et al. 2013). Underfunded programmes are less likely to be able to provide a student with wide-ranging, appropriate and useful exposures in this dynamic area of medicine.

There is also a large reliance on good will and favours at many medical schools, with some relying entirely on voluntary observer shifts. Although this is adequate when people are willing to help, it is not guaranteed year on year and so may not be a sustainable format long-term.

This lack of sustainability is also highlighted in some of the funding arrangements, particularly those relying on sponsorship. One programme said they have not received any sponsorship this year despite this being their main income in previous years. This may also be an issue for society-run programmes should the number of members decrease. This potential for fluctuations in income could have a serious impact on the type of training that a group is able to provide.

The most sustainable and successful programmes seem to be those with a reliable funding stream and a good working relationship with the local Ambulance service. Both UCL and Bart's pay the LAS for their services, thereby setting up a formal training partnership and guaranteeing their students the required number of shifts. This also appears to be the case at Leeds, although on a much smaller

scale. HYMS has a long running programme based on a voluntary basis with the Yorkshire Ambulance Service and thereby having a much smaller running cost.

It should also be noted that many of the respondents mentioned they also had a separate wilderness medicine or emergency medicine society in addition to the groups mentioned above.

References

Barts and the London Pre-hospital Care, 2009. Prehospital Care Programme - Barts and the London School of Medicine. Available at: <http://prehospitalcareprogramme.org/about/> [Accessed January 8, 2015].

Faculty of Pre-hospital Care, 2014. Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh > About the Faculty > Membership > Students. Available at: <http://www.fphc.co.uk/content/AbouttheFaculty/Membership/Students.aspx> [Accessed January 8, 2015].

Pountney, A., Whitmore, D. & MacLean, C., 2013. *Statement regarding Medical Student Involvement in Pre-hospital Care*, Available at: [http://www.fphc.co.uk/content/Portals/0/Documents/Statement regarding Medical Student Involvement in Pre-hospital Care.pdf](http://www.fphc.co.uk/content/Portals/0/Documents/Statement%20regarding%20Medical%20Student%20Involvement%20in%20Pre-hospital%20Care.pdf) [Accessed January 8, 2015].

