Clinical Fellow Post in Emergency Medicine (EM) and Pre-Hospital Emergency Medicine (PHEM)

I have been asked to write about my clinical fellow year in Pre-hospital emergency medicine (PHEM) at Pinderfields General Hospital, in Wakefield, Yorkshire.

This post was initially intended as an out of programme experience (OOPE) to give a C/ST3 level doctor in Emergency Medicine an introduction to pre-hospital care in the Yorkshire region, acting as a platform for a future career in PHEM. However it has evolved over the years, occasionally taking in anaesthetic trainees.

Pinderfields General Hospital is a busy district general hospital which provides the majority of emergency care for its patch, covering Castleford, Pontefract, Wakefield, and Dewsbury. It is a varied area including ex-mining communities and immigrant communities, with a mix of rural and urban landscape. The Emergency Department is a trauma unit, with major trauma normally going to Leeds General Infirmary, 9 minutes down the road. It sees over 250 patients per day, and has a separate paediatric ED which runs 12 hours per day. Pinderfields is home to West Yorkshire's regional burns unit, which serves a population of approximately 3.5 million people across West Yorkshire, North and East Yorkshire and North Lincolnshire. It is a friendly department with a dedicated team of consultants, and a fantastic nursing team.

I have always been interested in pre-hospital care, tagging along as an observer with East Midlands Ambulance Service (EMAS) as a medical student, and being involved in West Yorkshire Medic Response Team (WYMRT) in Yorkshire. Personally it was also a good time to spend an extra year at Pinderfields after having been there for my CT2 and CT3 years. My wife worked there, my child was in nursery there, and my mother lived 500 metres away. The hospital has a strong pre-hospital component to its consultant knowledge base. The clinical lead for medical cover for the rugby world cup, the head of clinical governance for Yorkshire Ambulance Service (YAS), and the clinical leads for WYMRT are all based there. The clinical lead for the department also has an active interest in motorsport medical cover.

My year consisted of a mix of different opportunities. 20% of time is spent doing pre-hospital related work. 80% is clinical work on the shop floor, providing middle grade cover, which is standard for this kind of fellowship post. Unusually for West Yorkshire, it takes a full range of cases – split-site working is not an issue, and you can have some very unpredictable and exciting shifts.

It was emphasized to me early on that a lot of pre-hospital care is not about the adrenaline rush. PHEM involves very careful governance, weighing up of evidence, and work behind scenes to make sure that in the hostile pre-hospital environment you are still able to deliver high quality care that makes a difference. However there is plenty of direct experience of PHEM available. Over the course of the year I had about 20 shifts in double-crewed ambulances (DCAs), fast response vehicles (FRVs), with the hazardous area response team (HART), and on the Yorkshire trauma car via WYMRT. I also had a shift flying on the air ambulance in a neighbouring county – organized myself – and a shift with the ground control for the Yorkshire Air Ambulance. All shifts were organized via YAS staff and a temporary contract with them was arranged for me.

The main value of the fellowship for me was its effect on my CV and the doors that then opened for me. Opportunities in PHEM are quite restricted until you have experience, and it is hard to get that experience even on a voluntary basis, let alone be paid. By the end of the year I had presented a poster at an international conference and published an abstract in the Journal of Trauma. I designed a kit-dump mat to help enable smooth and safe rapid intubation in a pre-hospital environment, and this is being used regionally now. I also spent time in communications in YAS, learning how they screen calls and dispatch resources, and did an audit into Community Medical Units which was then presented to senior management of YAS, resulting in a regional change in service configuration. All this may sound less exciting

than being on the road in a car with a blue flashing light, but that in depth underpinning knowledge of the pre-hospital structures and systems is invaluable when making decisions in the field.

Overall, without this year I would never have been successful in my application for a subspecialty post in PHEM. The resultant success at gaining a post as a Yorkshire trainee in PHEM at ST5 has already started to open further doors at consultant level even though my CCT is 3 years away still. I would highly recommend the clinical fellowship as a result – it is a year of hard work with enough clinical pre-hospital work to keep you stimulated, and enough opportunity for development to make a real difference to your career.

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