



FACULTY OF PRE-HOSPITAL CARE
THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

February 2020

FPHC News

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Start of Year Message from the Chairman

The year has kicked off with a busy week with meetings, examinations and examiner training. This meant that there were Faculty members from almost all membership groups working and socialising at the College. The content of this newsletter reflects the diverse activity that is supported by the Faculty.

The Faculty reached its membership target of 1000 last year and our membership has increased by almost 20%. Of the current membership 10% are Fellows, and 50% practitioners and advanced practitioners. 40% are providers or advanced providers.

The faculty office support has been praised by staff and our members and has made many of the processes (e.g. membership) much more user friendly. Our links and support from the college have also been positive and consistent. Financially the Faculty continues to produce a small surplus, on target with our projected budget.

Our new core manual is in demand and is being used in a number of different professional groups. PHEMnet is also available to our members to record their clinical activity and meets the demands of most training and CPD log-book requirements. We have sold over 1800 new manuals.

Caroline Leech has led on the next Faculty conference which will be held at the College in March. Booking has commenced and I expect that our second conference will fully fill the available space and be as successful as our first conference two years ago. It will be another opportunity for the full range of our membership to learn and network in the excellent surroundings of the College and the City of Edinburgh. Please spread the word and book your own place.

Professor Richard Williams has led the psychosocial CARE project on behalf of the Faculty and engaged with trainees and other membership groups to commence delivery of outputs designed to understand and manage the wellbeing of pre-hospital care providers. We will deliver this project over the next year and I am optimistic that it will have a positive impact on our membership and other pre-hospital responder groups.

David Bruce is leading our International Development work and has made a number of promising contacts with projects over-seas. We are hoping to develop course material targeted at pre-hospital care in developing EMS systems and are exploring various options with potential partners.

The Training and Standards Committee chaired by Andy Smith has continued to provide the Faculty endorsement process to a wide range of courses. The assessments are delivered by a multidisciplinary committee and currently endorse 27 courses.

After much thought we have concluded that the Faculty is not well placed to deliver taught diplomas. We concluded that institutions that specialise only in education – e.g. Universities are better equipped to deliver the full spectrum of the student experience. As a result we are looking to hand over both of the Faculty taught diplomas in the near future while ensuring that students that are already enrolled are fully protected.

Examinations continue to flourish and we held the largest ever sitting of the DIMC this year. Phil Hyde has done an excellent job for many years and hands over the examiner convenor role to John Birks. In the last year, 146 candidates took DipIMC and 131 passed and 28 took Fellowship and 15 passed. The results of the latest diet will be available soon.

Faculty level 8 register continues to expand 32 are now on our register with more applications in the pipeline.

This newsletter places the spotlight on several individuals who are occupying key roles in the Faculty. We will see a number of changes in Office bearers and Committee members next year and I urge you to consider whether you might be perfectly suited to a leadership role in our organisation.

We look forward to another good year for the Faculty in 2020.

Professor David Lockey
Chair, FPHC

Project Updates



Expedition Medicine

We have now come to the end of a joint working group with the RGS Med Cell on updating our Expedition Medicine Competencies to act as a guidance document for younger people wanting to get involved in providing medical support on expeditions of various types. Please look out for further updates on the FPHC website over the coming weeks.



Minimum Clinical Data Reporting Set Police Officers in Specialist Role

In conjunction with the College of Policing the Faculty has produced an agreed Minimum Clinical Data Reporting set for officers in specialist roles; for example, those carrying firearms or acting as public order medics.

It was agreed that the Minimum Clinical Data Reporting set would ideally be the tool used to collect and collate data from patient report forms nationally to inform the aims of improving education and to learn from experiences nationally. The information gained will hopefully also guide future skills and training requirements by understanding what care is being delivered by officers at a national level.

Undergraduate Pre-Hospital Emergency Medicine Simulation



Undergraduate Pre-hospital Emergency Medicine (PHEM) simulation develops leadership and crisis resource management skills, however exposure to such training remains a limited part of the medical school curriculum (1). Interest in PHEM continues to grow amongst undergraduates and junior trainees, driving the now extensive national network of university societies and conferences offering PHEM simulation and training. Pre-Hospital Care Programmes alongside Emergency and Wilderness Medicine societies have largely been at the forefront of this movement.



In May 2019, Newcastle Emergency Medicine Society (NEMSOC) orchestrated a high-fidelity Pre-Hospital Emergency Medicine competition at the Safetyworks simulation centre, Newcastle. Teams of students took part in a series of moulages delivered in partnership with ambulance, police and fire service personnel to promote multi-agency working. Each scenario examined a different aspect of Pre-Hospital care, including; a complex extrication of a patient who had fallen onto train tracks, a mass casualty triage exercise following a house fire, a patient in police custody suffering a suspected overdose and the management of medical vs traumatic cardiac arrest.

Fidelity of scenarios was maximised using live actors and distracting environmental factors such as loud music, flashing lights and limited visibility. Scenarios were designed to stretch the participant's bandwidth and emphasise the importance of human factors in delivering pre-hospital care in challenging environments. Following the completion of each scenario NEMSOC committee members and local doctors led

(1) Ellington M, Farrukh S. Are battlefield and prehospital trauma scenarios an effective educational tool to teach leadership and crisis resource management skills to undergraduate medical students? *Journal of the Royal Army Medical Corps*. 2019;jramc-2018-001146.



a formal team debrief, a vital element of simulation which is often omitted.

This event took place on a background of fortnightly training events offered by NEMSOC at Newcastle University. Attendees take part in five high fidelity simulation designed to teach a structured assessment of critically ill patients. These events are open to all students, irrespective of their stage of training, to allow early development of core teamwork, leadership and followership skills. Training events are consistently over-subscribed with over 97% of attendees reporting being “extremely likely to return in future”.

Ultimately, simulation offers a unique way to develop leadership, communication and CRM skills in undergraduates, whilst promoting interest in Emergency Medicine and Critical Care specialties. A formal pre-hospital care programme is currently under development within the North East region with a conference scheduled for March 2020.

If you are interested in contributing to this or future NEMSOC events please get in touch at jjhalcrow@outlook.com.

Dr Jonathan Halcrow MBBS MRes (@jjhalcrow)

Jonathan is a Junior Doctor and North East Regional Representative for the Student and Junior Trainee Group at the Faculty of Pre-hospital Care. Interests in Trauma, Critical Care, PHEM and Simulation.

Thomas Hoather Stage 4 MBBS Student, Newcastle University (@tomhoather)

Tom is a 4th Year Medical Student and current Vice President of NEMSOC. Interests in Emergency and Critical Care, Pre-Hospital Medicine, Simulation and Point of Care Ultrasound.

Student Volunteer Opportunities

The Faculty of Pre-Hospital Care trialled a new initiative in July 2019 and welcomed 15 student volunteers at the Royal College of Surgeons from 10th –12th July to support the DIMC & FIMC exams diet. This was a huge success as best related by the students themselves:

'Helping out has definitely confirmed that the pre-hospital route is the path for me in my medical career and I've learned so much that I wouldn't otherwise have been taught in the conventional curriculum at med school.' EC

'Being a part of the exams was a great learning experience [...] in particular during my role in the FIMC simulation, in which I had to be very familiar with the details of the case in order to accurately respond to the actions of the candidates.' FW

'I also very much enjoyed the opportunity to chat to the examiners, who all have great stories to tell about their time working in pre-hospital medicine.' AS

'Throughout the day, you pick up what makes the difference between a competent doctor and a great doctor, and I hope that I can go on to use the skills that made the latter stand out.' JP

The programme will continue for our future exams in 2020 and we all hope for the same enthusiasm and success!

Students will be utilised as expert patients for the OSPEs. Roles within this will vary but it is hoped to add a more realistic portrayal of scenarios. The FIMC examinations will consist of more complex scenarios and likely to require a student within the clinical years of their degree programme.

As a thank you for your participation, the FPHC will organise a teaching CPD event on the Thursday evening for approximately

60 minutes. This topic will be chosen by discussion between the students and Exams Convenor to ensure it is as relevant and informative as possible. Whilst being enrolled in this Examinations Support program each student will be granted free membership of the FPHC RCSEd – this gives access to a free electronic copy of our Current Foundation Manual for Immediate Care and free access to PHEMnet for CPD purposes.

It is very important to note that if you are selected to help support the exams diet that you do try very hard to honour this commitment.

Molly Greenaway
Student and Trainee Group Chair

Send your expression of interest by e-mail mentioning your university and your year, to fphc-students@rcsed.ac.uk



Live from the FPHC Office

FPHC Scientific Conference 2020

Registrations are now open for the FPHC Scientific Conference, which will take place on the 17th and 18th of March.

The conference has a two-day lecture programme covering the latest evidence and expert opinion on a range of academic science related to pre-hospital medicine and trauma care. This event features a drinks reception and a poster competition for pre-hospital practitioners to showcase their audits and research.

The conference is targeting Doctors, Nurses and Paramedics who work in the pre-hospital environment, with the aim of providing the latest updates and increase knowledge in a range of pre-hospital topics including pre-hospital emergency medicine and trauma.

Those interested in conference rates and registering for the Conference please visit our webpage or email us at:

fphc@rcsed.ac.uk



Caroline Leech
Conference and Events Group Lead

PHEMnet

In January of this year, we introduced PHEMNET online portfolio as a membership benefit.

PHEMnet provides a web based pre-hospital care portfolio and enables FPHC members to input anonymised details of incidents attended, patients treated, drugs delivered and procedures carried out. Work-place based assessments can be completed on PHEMnet, or alternatively, paper based assessments can be scanned into PHEMnet and stored within members' portfolios, mapping them to the PHEM curriculum.

Members are able to record reflections about courses and self-directed learning and map them to the PHEM curriculum. The curriculum that has been covered by each member is summarised by shifts, patients, supervision, curriculum, element, procedure/intervention and condition/diagnosis. To take advantage of this benefit, please contact the Faculty office by e-mail at membership-fphc@rcsed.ac.uk with your membership reference number. We will create an online profile for you on PHEMnet and you will then be able to access the platform via the link they send you. The only information shared between PHEMnet and FPHC will be your FPHC membership number, first name, last name, email address and if you are a member in good standing.



Student Membership

Pre-hospital care is a well-established branch of medicine with ever-increasing interest especially amongst students. The Faculty of Pre-Hospital Care therefore welcomes membership from students who are looking to learn more about this exciting sub-specialty. Inclusive of your membership are a wide range of benefits including free access to PHEMnet online portfolio (currently valued at £200) and a digital edition of The Pre-Hospital Emergency Care Course – Immediate Care Manual (£24). In addition to these, access to the Members only pages of the College website which includes educational training resources will also be available. To assist with studies at medical school and beyond, there is access to AclandAnatomy.com. All of this, and more, is part of the student membership package for only £20 per year.

For further information and to discover the many opportunities to get involved with Pre-Hospital Care within your region and electives offered by the Faculty, visit: <https://fphc.rcsed.ac.uk/membership>

Change in Staff

The FPHC Office would like to take this opportunity to give a warm goodbye to two of our team members in the Faculty Office. We wish Claire Magras and Lucy Graves all the best in their future endeavours.

We are also delighted to announce three new members of our team. With two new roles in the Faculty, we have Chris Murley joining us as the FPHC Postgraduate Programmes Senior Co-ordinator, and Ian Taylor has come on board as Postgraduate Programmes Senior Administrator.

We would also like to welcome Shannen Joyce, who has taken over the role of FPHC Membership, Communications and Events Senior Administrator from Claire Magras.

An Update from the Gibson Chair: Dr Mark Wilson

Professor Myles Gibson (OBE) created the Faculty of Pre-Hospital Care in 1996. As a neurosurgeon, he appreciated that good early management of patients was vital in determining outcome. The Gibson Chair was created to help support Pre-Hospital Research across the plethora of pre-hospital organisations that the Faculty partners with. Traditionally pre-hospital research has been somewhat neglected, with the large funders focusing their attention on basic science, molecular and genetic fields and when clinical, critical care on intensive care rather than out of hospital. This is changing and one of the main roles of the Gibson Chair has been to support the development of structured networks to provide this research base.

PHOTON – The Pre-Hospital Trainee Operated Research Network has been developed under the governance framework of the Faculty. Chaired by James Raitt, this network now has a PHEM trainee in every Air Ambulance in the country. These academically passionate PHEM Trainees have already completed a number of studies investigating Time to Pre-Hospital Anaesthesia and a study of what Pre-Hospital interventions are provided across services providers. Two new studies are under way are investigating the interventions undertaken in elderly pre-hospital trauma and the different criteria for HEMS dispatch across services.

The plan is that we will establish NIHR (and other source) funded clinical research posts for PHEM trainees to undertake, potentially on a 50%-time basis.

Pre-Hospital Research Network – Much of pre-hospital care is logistics and Engineering (kit such as stretchers / tourniquets / monitoring etc). As such we have teamed up with Imperial College to create a pre-hospital research network with a focus on engineering and bioengineering to develop new tools. There are a number

of devices under development as a result and we are currently seeking funding to enable both PHEM trainees and Engineers partner to design, develop and potentially commercialise new technologies.

Supporting Other Research – There are a number of research streams which our members are involved in. This includes, for example, first aiders who report outcome data from Cardiac Arrest through GoodSAM to Warwick University. We are supporting paramedics with getting funding for example through NIHR MICs. We are also currently coordinating a collaboration between The National Ambulance Research Steering Group, Warwick University, TARN and multiple ambulances in an NIHR bid to compare triple immobilisation vs movement minimisation in potential spinal cord injury.

The future of pre-hospital academic research is extremely bright. If interested in joining PHOTON please email photonchair@rcsed.ac.uk. You might also want to attend this year's EMS 2020 conference in Glasgow <https://emseurope.org/>



PHOTON
PRE-HOSPITAL
TRAINEE OPERATED
RESEARCH NETWORK

Spotlight on the New FIMC Eligibility and Level 8 Step 2 Accreditation Lead



Prof Richard Lyon MBE

*MBChB(Hons) MD MRCP FRCER FCPPara
FIMC (RCSEd)*

It is a real privilege for me to take over as the new lead for FIMC Level 8 accreditation at the Faculty of Pre-hospital Care. I have held a passionate interest in pre-hospital care ever since becoming a volunteer fireman in Luxembourg as a teenager. Following undergraduate medical education in Edinburgh, I developed an interest in Emergency Medicine and in particular pre-hospital research. I was lucky enough to undertake a unique MD doctorate thesis in the field of out-of-hospital cardiac arrest, affording me much time valuable time with paramedics and undertaking some leading resuscitation research, which has helped inform Scotland's national out-of-hospital cardiac arrest strategy.

It was during my training as a junior doctor that I began to appreciate the importance

of the Faculty, as a leading organisation for supporting and developing Pre-hospital Emergency Medicine (PHEM) as a specialty, for all practitioners across a variety of career paths. Having completed my Diploma in Immediate Medical Care, I became an active volunteer for BASICS in south-east Scotland. I undertook full-time clinical secondments with both London's Air Ambulance and Air Ambulance Kent Surrey Sussex and was a doctor for the London 2012 Olympic Stadium. I also did sessional work as a registrar with the Emergency Medical Retrieval Service in Glasgow.

I continued to develop my specific interest in pre-hospital academia, starting as research lead for AAKSS and helping several paramedics complete their MSc dissertations. I enjoy undertaking novel research, but particularly like to complete projects that have direct, pragmatic and operational relevance to working in the field. I'm fortunate to be one of the medical team deploying with the UK International Search

and Rescue (ISAR) team, which gives me the opportunity to practice in remote overseas locations and develop specific interests in conditions like crush syndrome.

I currently split my time between the Royal Infirmary of Edinburgh, where I lead the Medic1 pre-hospital service, and AAKSS, where I am Associate Medical Director. I still undertake regular HEMS clinical shifts.

In order to further promote pre-hospital research, I took up a personal chair at the University of Surrey in 2016. I was truly honoured to be made an MBE by HM The Queen for services to Emergency Healthcare.

In 2019, I was invited to apply for the position of Level 8 accreditation lead with the Faculty. I am passionate about supporting the medical, paramedical and nursing professions in PHEM and I find it particularly

exciting to be leading the accreditation process as it continues to develop, gaining increased recognition both in the UK and overseas as setting the standard at the highest level of PHEM delivery. Level 8 accreditation is open to all pre-hospital practitioners and I was delighted to be part of the panel to successfully award our first non-doctor, Mr Andy Thurgood, with his accreditation earlier this year. Many congratulations Andy!

As PHEM continues to develop as a sub-specialty, gaining acceptance as a specific field of medicine and paramedicine, I'm looking forward to working very closely with the Faculty to streamline the application processes, making accreditation truly open to all and to continue to support further integration with regulatory bodies. I welcome your feedback on any part of the FIMC and level 8 accreditation process and look forward to working with you all in 2020.



Spotlight on Dr Jon Birks – Convenor of the FPHC Examinations Committee

I took over from Dr Phil Hyde as the Convenor for Pre-hospital Care Examinations (hosted by the Royal College of Surgeons of Edinburgh) and FPHC Chair of the Examinations Committee in October 2019. I worked with Phil for a year as his deputy but it is only really since taking over from him that I have realised what a massive contribution he made to the Examinations and the wider Faculty. I knew this job would be busy, but have been in post long enough now to realise just how much! As such, this seems a good opportunity to thank Phil for his epic contribution.

I was asked to write this piece explaining the role and about my background.

This role within the FPHC is primarily focussed on organising the Diploma and Fellowship in Immediate Medical Care examinations, whilst also providing some support to the Diploma in Urgent Medical Care and the Diploma in Retrieval and Transfer Medicine. Those examinations are currently organised by Dr Colville Laird and Dr John Glen, without whom they simply could not run. We all work with the FPHC staff, the RCS Ed examinations team and, of course, a large network of examiners (all of whom volunteer their time!). One of the nicest parts of the role so far has been to meet and work with lots of new people and I very much look forward to meeting many more.

I was always interested in pre-hospital medicine from a fairly early age, ever since doing work experience with the Ambulance Service whilst at school! This interest continued during my time at Medical School, very much helped by an elective placement with London HEMS (not for the whole time I hasten to add – I still managed to hit the beach down under!)

On graduating I started doing some motorsport medicine to gain experience



during my junior years and in 2010 I joined the Magpas Air Ambulance team (on my first day as a registrar)! Whilst with the team there I sat the DIMC myself and later became the Trainee Representative on the Training and Standards Board, which was my first introduction to working with the FPHC.

In those early years with Magpas I was aware that PHEM training as we now know it was being developed and the pilot posts were being planned in the region. In 2013 I became the first Anaesthetic trainee on a GMC approved PHEM training program, based in the East of England deanery. I competed a 'Scheme B' PHEM post with Magpas and passed the 'new style' FIMC at the end of this post. As such I can definitely relate to anyone sitting either the DIMC or FIMC as I have experienced both from the candidates perspective!

I became one of the founding committee members of the PHEM Trainees Association, holding the role of Assessment's Representative to the Examinations Committee, the same one I now chair! I think doing that role will help me always retain some of the candidate's perspective, which will assist in this new job. I have examined the DIMC/FIMC several years, apart from a little break when I spent 6 months working with GSA HEMS based in Sydney, Australia (back to that beach - but paid this time!).

I'm now a Consultant in Anaesthesia at Northampton and a PHEM Consultant with EMRTS in Wales. The dual-nation job plan is a whole other story.....

I hope that the Examinations above will continue to be recognised as significant evidence of achievement in our area of practice, accessible to candidates from various clinical professions and backgrounds. I will endeavour to help maintain high standards for these high stakes examinations.

For anyone sitting them, now or in the future I wish you all the very best of luck!



FPHC Accreditation at Level 8 in Pre-Hospital Emergency Medicine (PHEM)

As a dual qualified registered nurse and paramedic [Andy Thurgood](#) has become the first non-doctor in UK to gain Level 8 Accreditation in PHEM. In this article he explains how he found the process.

What is PHEM?

Pre-hospital Emergency Medicine (PHEM) is a specialist field that relates to the provision of safe pre-hospital critical care and safe transfer to hospital. Formal PHEM training for doctors is now well established and the GMC allow medical practitioners who have completed this formal PHEM training to have their qualification registered under their personal details held by the GMC. Only doctors from the base specialties of anaesthetics, intensive care medicine and emergency medicine are allowed to subspecialise in PHEM.

So, what is the FPHC's Level 8 register?

In addition to this GMC register, the FPHC is the guardian of a separate Level 8 register which lists those multi-professionals who are working as consultants (Level 8) in pre-hospital care.

Gaining entry to this FPHC register can be achieved in two ways, via the formal PHEM training route or via the FPHC STEP 2 process. STEP 2 allows existing practitioners already practicing in the prehospital setting to have their previous experience and competencies formally recognised as being at Level 8 on the Skills for Health framework, which by definition is a consultant in PHEM.

Why did you do this?

It was during a reflective moment over a glass of warm red wine that a senior colleague counselled that I should consider going for accreditation. Being honest, I did wonder at the time if I would be able fulfil all

Career Framework Level 8

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.

the requirements for accreditation and I was slightly daunted by the prospect. Thankfully, after reviewing the curriculum themes and drafting my evidence it became clear that it was doable.

Like any large project, planning was important; I broke the work down into small work areas/themes and diligently allocated time in the day (and night) to compose the evidence for the portfolio. Fitting it around work and family commitments, the whole process probably took about 6 weeks to complete.

With a deadline looming, it was enormously satisfying to finally complete the work and submit the 350 page professionally bound portfolio. The satisfaction of getting the ball over the line was replaced by profound sense of gratitude towards those who had supported my pre-hospital career – without them, this achievement would not have been possible.

How can you be level 8 and not RSI?

I can understand the confusion generated by adding a 'non-doctor' to the FPHC list of accredited PHEM consultants, particularly as I do not provide a specific aspect of pre-hospital anaesthesia called rapid sequence induction (RSI). There are two angles to this. Firstly, pre-hospital emergency anaesthesia (PHEA) is a continuum of skills in the same way that anaesthesia is a continuum of consciousnesses. Being able to demonstrate that I am competent in managing the patient across 95% of the anaesthetic continuum was important. It offers a clear message to those looking to seek accreditation that not being able to deliver a pre-hospital RSI should not be seen as a blocker to be a consultant in PHEM. There are many seriously injured/ill patients that I have managed without RSI who have been delivered safely to awaiting ED teams – senior anaesthetic and emergency medicine colleagues have acknowledged that doing this [without RSI demands] a higher level of skill and competency. I do agree with them. Secondly, a degree of organisational and professional confusion from doing something new is a positive symptom of change, it is a marker of progression. Whilst there is some merit in being the first in any area of clinical practice development,

I think it is far more important that the FPHC and ambulance services should drive development of others and encourage them to expand their roles.

To date, only doctors have accessed the formal PHEM curriculum training pathway and this is largely due to the difficulties of establishing the educational funding for non-medical practitioners to access the program. This is changing though, and work is underway to pilot a funded PHEM program for non-medical practitioners.

What was the process like?

The Step 2 process required the preparation of a highly detailed portfolio of evidence covering both the clinical and operational aspects of my practice. This was collated in a structure that reflected both the GMC approved PHEM Curriculum and Skills for Health descriptors for the level 8 (Consultant) practitioner. The portfolio was then professionally printed and bound then submitted to the FPHC for scrutiny by an expert panel of three FPHC assessors nominated by the Faculty Executive. I finally underwent an interview with the panel in the FPHC offices in Birmingham. We discussed aspects of the portfolio and explored wider issues around working at level 8 in pre-hospital care. The whole interview was very relaxed, thought provoking and lasted about 60 minutes.

What does this mean to you?

On a personal level, gaining Faculty Accreditation as a Consultant in PHEM was extremely satisfying. Whilst hard work, the actual process of writing the portfolio brought together the evidence accrued over the years and did so in a way that made me realise that we all probably are guilty of underestimating the impact our PHEM activity. It is very easy to ignore the small successes we achieve as invariably they just tick-by un-noticed, lost in the pace of our busy working lives. The portfolio was an opportunity to showcase one's career and reflect upon these successes in a positive way (many of which I had forgotten about).

PHEM has provided me a range of challenges, most I have relished. Of course, there have been difficult times which have

really tested my resolve, but overall, the professional rewards have been enormous. I would not have achieved Level 8 if I had not 'played the long game'. Having determination and resilience to the setbacks in one's professional development is vital in any career, but it appears more so in pre-hospital care where the high stakes of what we do bring additional pressures.

Going deeper, as an experienced a dual qualified registered nurse/paramedic, I felt a strange sense of relief that my practice had been finally recognised by a Royal College. Rightfully or wrongly, I shared the view that the evolution of current PHEM pathways had appeared to threaten the existence of capable non-doctors wishing to develop a career in pre-hospital emergency care. I hope I am now wrong.

Gaining FPHC accreditation has now provided national recognition my advanced clinical practice in PHEM and demonstrates that it is indeed possible to work as a nurse/paramedic at PHEM consultant level in pre-hospital care despite not being able to RSII!

What do you think defines what a level 8 PHEM practitioner is?

A level 8 PHEM practitioner is someone who is able to demonstrate autonomy across the PHEM curriculum. PHEM is sub-specialty that demands a great deal of knowledge and skill and it can be difficult to pick out one particular area that defines fully Level 8 working as there are many areas where autonomy can be demonstrated. Personally, I feel that independent prescribing is a keystone for a non-doctor PHEM practitioner working at level 8.

What does this mean to the FPHC and for the future of PHEM?

The number of pre-hospital doctors included on the Faculty register of Level 8 practitioners has increased steadily by completion of the processes that have been put in place. We were delighted that Andy Thurgood is the first non-doctor to have applied and successfully been through the process. Andy has been involved in pre-hospital care at a high level for many years and has also had roles in teaching, training and the Faculty. We hope that he will be the first of many who achieve this high level of recognition for the work and experience that they contribute to pre-hospital emergency medicine. Congratulations.

David Lockey, Chair FPHC.

Editorial

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