



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight



Career Insight:

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Emergency Medicine ST5 and current Paediatric Retrieval Doctor

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Please tell me about your career pathway?

I graduated medical school in 2013 and following completion of F2 made the decision to enjoy some job flexibility by doing full-time locum work in a combination of EM, Trauma and orthopaedics, plastic surgery and acute medicine. During my F3 year I did my first expedition as one of two doctors with the Scientific Exploration Society and was responsible for both the expedition team (a 15-person strong team with an age range from 25 to 80) and for running clinics for local tribespeople of the Wiwa tribe. This pre-Incan tribe lived in the Sierra Nevada of northern Colombia and had a unique set of challenging clinical presentations. As part of this expedition the medical team collected simple data of presenting complaints amongst tribespeople in clinic and were able to present these findings and recommendations

for ongoing clinical support to remote regions to the Colombian minister for health. I later presented these findings and my experiences as a new expedition doctor at the Emergency Care Conference in Japan.

On returning to the UK, I continued with locum work completing an F4 and F5 year before emigrating to Australia for 2 years. During this time, I worked at a major trauma centre in Sydney as an Emergency Medicine registrar with additional 3 months of paediatric emergency medicine and 3 months of ward-based paediatrics. I returned to the UK and joined formal emergency medicine training in August 2020 and have been on a more "standard" career trajectory since then. I completed ACCS EM and chose to spend my ST 4 year on a PHEM OOPT. This was an informal PHEM OOPT which allowed 70% EM and 30% self-directed learning and experience within the Pre-Hospital Emergency Medicine environment. I was able to



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spend some time working and training with the British Equestrian Association, as well as attending ride-along shifts with my local ground and air ambulance services. I also did some event medicine work on ultramarathons, both in the UK and overseas and in November 2023 I spent two weeks working as a ships doctor on an adventure cruise around the Antarctic peninsula. I returned to full-time EM training for ST5 in August 2024 but again left training in August 2025 to do a 1 year OOPE as a senior clinical fellow in paediatric intensive care and retrieval.

What inspired you to become involved in Pre-Hospital Care?

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Following my first expedition as an F3 I found combining medicine with travel was a great way of seeing the world, experiencing new and exciting cultures and broadening my scope of practice as a developing Pre-Hospital care provider.

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As I became more senior the fact that most expeditions don't pay their medical staff made me look elsewhere amongst Pre-Hospital care for ways to expand my working environment outside of standard in-hospital emergency medicine.

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I found event medicine and Pre-Hospital Emergency Medicine were nice ways to give me some change from standard day to day ED working and gave me the opportunity to develop further as an emergency medicine physician.

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What advice would you give to those looking to become involved in Pre-Hospital care?

Find your niche and realise that PHEM / HEMS aren't the only Pre-Hospital care careers. There are ever increasing services in community outreach and physician response units for admission avoidance which are great ways to provide emergency care Pre-Hospitally. Other alternative career options are sports medicine and event medicine cover, humanitarian and disaster response and expedition medicine and these are all excellent ways to get time outside of the traditional hospital setting.

What are the greatest challenges involved in Pre-Hospital Care for you?

Currently my greatest challenge is my ongoing attempts to enter the IBTPHEM training program. Despite the above experience I have



as yet been unsuccessful in my applications and acknowledge that as the specialty increases in popularity it will become increasingly more competitive. Aside from this the greatest challenge I have come across in my current Pre-Hospital career is that of changing my style of working between running an emergency department (where I am often required to take on a general departmental oversight role alongside managing individual patients) to managing small high-functioning flash teams in challenging environments focusing on a single patient without the back up of an in-hospital team and associated investigations. Relying more on interpersonal skills, clinical acumen and knowledge of local hospital networks to are aspects of my practice I do try and utilise in my day to day EM work but rely on more heavily when working in the pre-hospital environment.

What lessons from Pre-Hospital care have you applied to your in-hospital practice?

Having spent time on ride-along shifts with my local ambulance and air ambulance services I have a far greater understanding of the challenges faced by the Pre-Hospital teams prior to arrival in ED. Having an awareness of these challenges makes me much more empathetic to my pre-hospital colleagues.

Acronyms:

ED: Emergency Department

EM: Emergency Medicine

F3/4/5: Foundation 3/4/5

HEMS: Helicopter Emergency Medical Services

IBTPHEM: Intercollegiate Board for Training in Pre-Hospital Emergency Medicine

OOPT: Out of Programme Training

PHEM: Pre-Hospital Emergency Medicine

ST: Specialty Trainee