



FACULTY OF  
**PRE-HOSPITAL  
CARE**

STUDENT & TRAINEE GROUP

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*Career* Insight

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# Career Insight:

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## Dr Matthew Newport

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### **Please tell me about your career pathway?**

**I** graduated in 2010 from Manchester University, and in 4<sup>th</sup> and 5<sup>th</sup> Year was getting quite set on Anaesthetics or at least something involving acute care, with an interest in Pre-hospital Care. I don't think I really understood what that meant but I was interested in that more front-of-house, undifferentiated patient side of things. I completed my undergraduate elective doing Anaesthetics in rural Pakistan and confirmed that I enjoyed work that felt a bit 'grittier', including low-resource settings and seeing how healthcare is delivered in different places. I completed Foundation Training with tracks that aligned quite well with that: Anaesthetics, ICU, Emergency Medicine, Paediatrics. I then applied directly to Core Anaesthetics Training which I did until 2014. Then, as I've been prone to do quite a bit

during training and as a consultant, I got out for a bit and explored a few other things of interest: expedition medicine, my first exposure to NGO work during and completing a Master's degree in Disaster Management during this time.

I suppose a lot of this was luck, not necessarily planning things to the n<sup>th</sup> degree, instead being in the right place at the right time in the right circles. You don't have to get obsessed and worry about planning this career pathway; as long as you're in the right lane doing broadly the right things, you'll know if it interests you and if it's the right thing personally and professionally. It feels more important to check-in with yourself along the way that what you're doing feels right, is fulfilling and remains a challenge.

As I was reaffirming this was the right direction for me, and completing the Master's in Disaster Management, the Ebola epidemic kicked off in Sierra Leone. I was literally in the right place at the right time; not in a training scheme, quite flexible with things, so I found myself at a few



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weeks' notice in Sierra Leone for 6 months involved in quite a difficult humanitarian response at an early stage in my career. On reflection I learnt a huge amount about myself and about clinical practice during this time – I was extremely immature from a human factors, non-technical skills and leadership point of view at that point. The work we did was valuable and it was rewarding though; for me that remote and austere, outside-the-NHS element was feeling more of more like the right direction for me. I also completed the Diploma in Tropical Medicine at Liverpool, and just before needing to revalidate realised it would probably be a good idea to get back into training at some point!

By this point I had completed some more Emergency Medicine in Leeds and had my eye on the IBTPHEM training scheme and the requirements for interview, having completed the Diploma in Immediate Medical Care (DipIMC) in the build up to this. So I got back into training, completed my final Anaesthetic exams, interviewed for PHEM training and was fortunate enough to be awarded a post. I trained for 2 years in the West Midlands working for The Air Ambulance Service (TAAS) and Midlands Air Ambulance Charity (MAAC) and also completed the Fellowship in Immediate Medical Care (FIMC). I finished my Anaesthetics training and took up a Consultant Anaesthetist post in Blackburn. For me the goal was met in that I'm working in a hospital I really enjoy, doing a hospital specialty I really enjoy, and I've now been with North West Air Ambulance (NWAA) for about 3 years.

### **What inspired you to be involved in Pre-Hospital Care?**

As a medical student I wasn't fixated on the end result. I went through the process of "I'm doing a rotation in surgery, I want to do surgery. Now I'm doing renal, I want to do renal", like a sponge just enjoying the experience and the things you naturally gravitate towards. If you expose yourself to them, you'll figure out if they're right for you; this has been true throughout my career so far.

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**I think it's also about role models. As a medical student if you're on a good hospital placement under someone who seems really dynamic, enjoys their work, whom you respect and who invests time in you, that can be hugely impactful I think on how your career takes shape.**

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Rather than the specialty, patient cohort or the hospitals, it's more the sort of individuals who have gone into these specialties, that they're someone you get on with, they're energetic, they seem happy in their work and that's the direction you want to go in. For me at least I think this is a huge influence.



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PHEM certainly has this veneer of being very competitive, which is true to a degree, but it's a workforce that's expanding. There are also so many 'flavours' of PHEM that aren't perhaps what people might initially think of vs. the standard air ambulance setup. Sub-specialty PHEM training is very good and I think it definitely delivers its purpose, but there are so many other ways to get involved in a long-term, meaningful and rewarding way; community emergency medicine, hospital avoidance, motorsports, expeditions, humanitarian work, all the 'not a big shiny hospital stuff' where you really have to think on your feet and utilise your resources (team and time, as well as physical resources) pragmatically.

In PHEM we serve the same patients, with the same medical, surgical and traumatic problems as in-hospital, but for me the really rewarding part is putting myself in a position where I can work in a small, high-performing team where we perhaps rely more on our clinical skills than in-hospital. I think much more importantly are the human factors and non-technical skills to look after the patient and optimise the patient journey. We haven't got that comfort blanket of things like CT scanners, GP records, blood tests etc.; you might be presented with an undifferentiated patient who is unconscious and wedged into a bathroom on the third floor of a building, no one's really clear what's happened and you've got to rally around them, keep the patient journey moving forwards and use the resources and team around you to deliver the best care to the patient. PHEM makes you think about your physical, technical and non-technical resources and use them in a way that's different to your hospital practice.

**What advice would you give to those looking to be involved in Pre-Hospital Care?**

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**Opportunities will come your way whether you organise them meticulously or not, there's probably a balance between aiming off on some goals and objectives but also just taking things as they come at the same time.**

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With an 'Anaesthetic head', which I definitely have, we like to box things off, be completely in control (or at least feel like we are!), plan and be able to predict how things will pan out. But the really interesting, difficult and rewarding work I've done abroad – Sierra Leone, Gaza, Syria – came about with short notice, Gaza maybe 4-5 days' notice, and just by virtue of a few things lining up that any degree of fretting or trying to influence wouldn't have helped. You just need to be true to yourself, find the thing that you find rewarding and that your personal and professional skills are best suited to. As long as you're enjoying what you do, opportunities will come your way.

I can see how people might get really obsessed with planning out a Pre-Hospital career. It's good to be organised but really it's about demonstrating you've put some time and energy into getting understanding what Pre-Hospital



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medicine is broadly about, whether it's right for you, what might happen day-to-day and why you think you'd be a good fit. As long as you've done that, it doesn't necessarily need to be super structured in my view. Rather than trying to force maximal interview and portfolio points in a short space of time, I would relax and spread it out over a few years, sampling different areas of healthcare outside of hospital. I think this is more natural and comes across as an unforced and more genuine approach.

Overall, I wouldn't get yourself tied up in knots about it. If you're thinking about formal sub-specialty PHEM training or applying directly for a standalone fellowship post then that medium term breadth of exposure and demonstrating a wider interest is probably of just as much value as a one-off elective or 'high-end' HEMS experience. Doing an observer shift on a night car would be great but then that's that box ticked, and there is so much more to the spectrum of Pre-Hospital Care, such as time with ambulance crews, maybe on an RRV with an Advanced Paramedic, perhaps spend a day in control, just broadening your mind and appreciating how all the cogs, of which HEMS is ultimately a tiny one in the whole spectrum of Pre-Hospital care, interact and line up.

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

From an anaesthetic and technical point of view, I enjoy delivering good, safe and effective patient care, at least that's what I hope to be doing in hospital anyway. The real

enjoyment and challenge from Pre-Hospital Care is that you're privileged to be working in a very small team. NWAA's HM72 crew is comprised of a critical care paramedic, doctor, and pilot, so quite a small team and you get to know each other very well. It's relying on those non-technical, leadership and followership skills to rally around a patient who perhaps 10-15 minutes ago you was going about their day and you had no idea existed. For example, the ambulance crew might look a bit stressed, why is that? Are they feeling out of their depth and are hoping we'll take a leadership role in the patient's care? Is it that they actually wanted to leave for hospital half an hour ago but were told to wait HEMS and are frustrated? The challenge so often is figuring out where you slot in and what 'good' looks like for the team in situations that change dramatically from patient to patient.

It's also about keeping that momentum and patient journey moving forward. For instance, we go to quite a few medical cardiac arrests, and almost always the management is entirely swept up by the road crews or would just benefit from a couple of enhanced interventions. For me it's then thinking that little bit ahead to try and add value – what do the family know? Is this completely unexpected? What's the default hospital, is it reasonable to discuss directly with PCI outside of the textbook criteria? Are the stairs clear? Is that hallway as tight as it looked coming in? What's great is that our critical care paramedics are really on point with this and most of the time vastly more so than I am. Just thinking two, three, four, five steps ahead as to what this case looks like in 1 minute, 5 minutes, half an hour, one hour.



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Ultimately, most of these Pre-Hospital jobs from an enhanced care perspective are extremely short in the whole patient journey, which could be weeks, perhaps months, of intensive care and onward rehabilitation. The bit that you're privileged to get hands-on and help with is just an absolutely tiny percentage of that whole journey. It's just about getting the cogs turning, a workable diagnosis, understanding what needs to happen, what hasn't happened yet and needs to happen immediately, what good looks like in 5 minutes, half an hour and how the job gets closed down.

That agility, nuance and speed is all entirely founded in human factors and non-technical skills. Certainly as a medical student and perhaps a more junior resident doctor, I'm ashamed to say, I used to think all the human factors and non-technical stuff was a load of soft science nonsense, and that we should be focusing on the physiology, the cerebral bit and the 'hard science stuff'. In reality, of course, the technical bit is such a small percentage of the whole patient care package. I hope I'm getting better at this with time, but it's a process and not one I think you ever complete. You can be the best HEMS consultant out there but if you cannot communicate with your critical care paramedic, if they don't trust you, if you're not forming an understood team plan, if you're not involving the family or the road crew, it doesn't matter how good you are at the technical stuff, it's all useless if you don't have the non-technical skills honed.

### **Where do you see prehospital care developing in the future?**

I think there's two streams to it. On the one hand, there's the super niche developments at the forefront of Pre-Hospital medical and trauma care, things like ECPR, REBOA, bringing invasive surgical procedures to the roadside and the evidence base and research that goes into that. But on the other hand, there's the broader piece of making Pre-Hospital care standardised, delivering demonstrable benefit and being available to more people regardless of post code or time of day.

There's also an important piece on inward-looking consolidation for services, rather than paying for another helicopter, maybe investing in really robust governance and training days, getting as many people possible into a room once a month and taking a deep dive into a topic. Getting the educational, service development and governance pieces nailed down might sound less interesting but it is crucial and pays dividends.

NWAA benefit from decent communication links with receiving hospitals, especially the major trauma centres. From a charity point of view this adds major benefit in terms of how we can consider the holistic and wellbeing side, as well as understanding outcomes and post-event debriefing. If we're high-fiving on the way out of hospital every time thinking we've done a great job, but actually the feedback is we're completely unapproachable in ED, patients don't do well or they're in the wrong hospital, we need to know that, so we have to have mechanisms to learn, reflect and develop.



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

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I think the Pre-Hospital and humanitarian work has shown me how privileged we are in hospital to have such excellent resourcing, from a staffing, expertise, equipment and medicines point of view.

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This impacts me more after times working abroad, coming back and opening the anaesthetic cupboard on my first day back in the NHS. On one hand it feels unfair that there is such healthcare inequality, but also I'm hugely grateful for the NHS and to be working within it. From a humanitarian work point of view though, it's helpful to be able to appreciate what can be done safely with limited resources to achieve the same outcome.

More impactful for me than the resources and technical aspects though is the non-technical benefits Pre-Hospital Care has brought to my in-hospital practice. As an example, being the Anaesthetist for the emergency theatres – how to keep momentum going, identify if there's upset within the team, colleagues who have frustrations, time management and getting the best out of the team for the benefit of our patients. It's about leadership, it's about followership, it's about pragmatism. Being able to do an optimal job with fewer or different

resources, and the breadth of perspective that comes with Pre-Hospital care. It's really helpful seeing how other professions work; critical care paramedics and pilots are absolutely the tip of the spear when it comes to human factors. Seeing how they think through things like emergencies, safety, fatigue, resource management, thinking through logistics and planning, there are definitely lessons we can draw from that. It's just great working in these honed, experienced, diverse and impactful teams and I really do believe are adding real benefit to patients.

**Acronyms:**

**CT:** Computer Tomography

**DIMC:** Diploma in Immediate Medical Care

**ECPR:** Extracorporeal cardiopulmonary resuscitation

**FIMC:** Fellowship in Immediate Medical Care

**GP:** General Practice

**HEMS:** Helicopter Emergency Medical Services

**NWAA:** North West Air Ambulance

**PCI:** Percutaneous coronary intervention

**HM72:** Helimed 72

**ICU:** Intensive Care Unit

**NGO:** Non-governmental Organisation

**MAAC:** Midlands Air Ambulance Charity

**NHS:** National Health Service

**REBOA:** Resuscitative Endovascular Balloon Occlusion of the Aorta

**TAAS:** The Air Ambulance Service