



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 Jim Flatt

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Please tell me about your career pathway?

I am Jim, I have been an Emergency Medicine Consultant in a medium-sized Emergency Department and Trauma Unit since 2018, and I'm also a Pre-Hospital Emergency Medicine (PHEM) doctor with the East Anglian Air Ambulance. Following medical school, I did F1 and F2 within the local deanery and I subsequently started training in Emergency Medicine. Around the same time, I became interested in Pre-Hospital Emergency Medicine as well and had that in the back of my mind as something I'd like to get into. It wasn't until post-CCT as a Consultant that I was able to progress in that area of my practice and pursue PHEM more formally, due to the rigours of my emergency medicine training and busy family life.

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I got a job with my local HEMS charity just prior the Covid pandemic and haven't looked back since.

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I like working at a smaller unit which hasn't got all the specialty support that you'd find in a big centre because it means that I must learn to directly manage many acute presentations that perhaps wouldn't be quite as essential if I had the immediate access to colleagues from certain specialties. In my trauma unit, there's no neurosurgery, spinal or plastics, and there's often no on-site urology or ENT, for example, so I need to be sharp in managing the acute presentations pertaining to those specialties. I like the fact that



in a smaller hospital, it can be easier to get to know other colleagues quite well, and I think this helps when you're looking after a very unwell patient if you know the people you're working alongside well, as it's good from a human factors point of view.

I've been working in HEMS for around 5 and a half years, which started after I applied for a job directly with my local HEMS charity, somewhat analogous to a fellowship post, so not the formal PHEM subspecialty training programme. Over the years I've kept working for this charity, gaining more experience and training with them, passed the Diploma in Immediate Medical Care, and am due to become a HEMS consultant in a few months' time, although it's important to note that I do not possess a CCT in PHEM, solely Emergency Medicine. Had I been able to pursue the formal PHEM training route, I may have been able to become a 'PHEM Consultant' sooner. However, having been an NHS EM Consultant during that time, I think the experiences and things I've learnt in that role have been really important, and probably mean that I now feel more ready to be a HEMS Consultant than I might have done otherwise. Having a decent chunk of NHS Consultant experience under my belt has been very beneficial, because now when I start as a HEMS Consultant, a lot of the generic aspects of being a consultant, such as governance, medicolegal elements, clinician training and supervision etc, I'm already familiar with, meaning it's going to be

a case of focusing chiefly on the new clinical responsibilities of the HEMS consultant role.

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

I was at ST2 level in Emergency Medicine, doing my Intensive Care Unit (ICU) rotation, and there were a couple of paramedics who were also working on the unit for a placement as part of their paramedic critical care training. One of them I got on with particularly well, and he was telling me about his Pre-Hospital role and his critical care practice. I thought that sounded pretty amazing, so I subsequently joined him on some shifts as part of the local BASICS team, which piqued my interest further in pre-hospital emergency medicine.

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

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I think it's a case of being as enthusiastic as possible and taking any opportunities to gain more of an insight.

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I think a really good move is becoming friendly with one of the local paramedics in your region,



talking about their job and going out on shift with one of them to get a feel for what it's like working in Pre-Hospital care. Additionally, always being curious. If, for example, you work in the Emergency Department, having conversations with your paramedic colleagues about what the role is like, how their day looks, what the scene was like for the patient they've brought in, what the situation was like that they've just been dealing with, will give you more flavour and food for thought about the Pre-Hospital world.

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

For me, it is the complexity of decision making. If I'm faced with a critically unwell patient in the Emergency Department, I generally know what needs to be done, or at least I know who I can ask to work out what needs to be done, and there's a big team who are available to enact a plan for the patient. Whereas in the Pre-Hospital world, it's a case of deciding which hospital we take the patient to, what transport platform we are going to use, how we're going to extricate that patient and package for the helicopter etc. I find there are a lot of additional and complex decisions that need to be made. I'm not saying that it's easy in a hospital, far from it, but usually, the patient is already packaged in front of you, and you're chiefly dealing with the patient's medical condition. In the Pre-Hospital field, there are several other logistical, but very

important, decisions that need to be made as well. It's just two or three of you in the clinical team, and you're simultaneously using all of your own kit, providing clinical leadership, and doing all the critical care interventions. In hospital, there's a big team and lots of other people that can use the equipment and perform key roles, so it can be easier to maintain full situational awareness. It's those additional areas that you don't necessarily have to think about when practising in a hospital, which can take up a lot of bandwidth.

**Where do you see Pre-Hospital Care developing in the future?**

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I think, and hope, there's going to be increasing inclusivity in Pre-Hospital care with a more diverse staff group.

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Anecdotally, there's a growing number of females working now in Pre-Hospital emergency medicine, and initiatives or campaigns taking place to improve involvement from traditionally underrepresented groups which is fantastic.

I think there's going to be increasing research opportunities in PHEM. We generally attend to the most unwell patients and see them much



earlier in their illness than we see in the hospital, so I think there's going to be more and more research undertaken. Coupled with there being increasingly complex interventions. Recently London Air Ambulance started performing ECMO, for example, and I think such interventions are going to be increasingly used across more HEMS organisations, along with other complex interventions like REBOA. There's the world of AI too, which might help optimise a patient's resuscitation, or in other ways such as assisting with increasingly complex interventions.

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

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I've become a lot more kind of curious about how things work, how kit works.

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Perhaps 10 years ago, in my NHS work, I would not necessarily think about whether a particular bit of kit had been checked adequately, for instance. Since doing PHEM, because you're completely reliant on the kit that you're carrying with you, in hospital I am now very keen to know how everything works, and how it can be troubleshoot if there are any problems with it, and I think this has made me a more self-sufficient emergency medicine clinician!

**Acronyms:**

**AI:** Artificial Intelligence

**CCT:** Certificate of Completion of Training

**ECMO:** Extra-Corporeal Membrane Oxygenation

**EM:** Emergency Medicine

**ENT:** Ear Nose and Throat

**F1/2:** Foundation 1/2

**HEMS:** Helicopter Emergency Medical Services

**ICU:** Intensive Care Unit

**PHEM:** Pre-Hospital Emergency Medicine

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

**ST:** Specialty Trainee