



FACULTY OF
**PRE-HOSPITAL
CARE**

Medical Students' Perceptions of
Pre-Hospital Emergency Medicine (PHEM):

A National Survey

Faculty of Pre-Hospital Care: Student and Trainee Group

Medical Students' Perceptions of Pre-Hospital Emergency Medicine (PHEM): A National Survey

Authors: Dr Cerys Hickinbottom, Dr Sophie Riley, Dr Yvonne O'Neill,

Dr Jake Kilmartin and Dr Pam Hardy [May 2026]

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1. Introduction

Pre-Hospital Emergency Medicine (PHEM) was formerly recognised as a sub-specialty in 2011, since then interest in the field continues to grow. To understand medical students' perceptions of PHEM, the Student and Trainee Committee of the Faculty of Pre-Hospital Care (FPHC) distributed an anonymous online survey via its student and trainee network, social media and university societies. This survey aimed to assess students' awareness of PHEM, opportunities for relevant exposure, and motivations and deterrents for pursuing it as a potential career, including perceived barriers and gender-related challenges. The aim was to gauge a current snapshot of perceptions to provide a baseline for future investigation, and insight capable of informing developments in educational policy for the specialty. A summary of this report was presented as a poster at the Faculty of Pre-Hospital Care's 2025 conference in Edinburgh.

2. Methods

An anonymous online survey was distributed by the Faculty of Pre-Hospital Care Student and Trainee group via social media and university societies. 92 valid responses were received from students across 22 UK medical schools, with representation from all UK regions. Data included demographic information, exposure to PHEM, career interest, Likert-scale ratings (Strongly disagree to Strongly agree) of motivating and deterring factors, and free-text responses. The survey was approved by the Faculty of Pre-Hospital Care. Ethics approval was not required.

Respondents were predominantly aged 17–24 (82%), with representation from all undergraduate years (Year 1–6, including intercalated years). The sample was 57% female and 40% male, the remainder preferring not to say or non-binary. Sixty-one percent (61%) reported their university has a Pre-Hospital Care society and 23% have a dedicated PHEM programme. Descriptive analysis was performed and free text comments analysed thematically. Aspects of this survey design, built on existing research completed exploring gender-related perceptions within PHEM¹.

3. Results

Awareness and Career Interest

Almost all respondents (98%) had heard of PHEM, with 66% of students expressing an interest in pursuing PHEM as a career. Interest levels varied by gender: 78% of male respondents expressed interest versus 52% of female respondents.

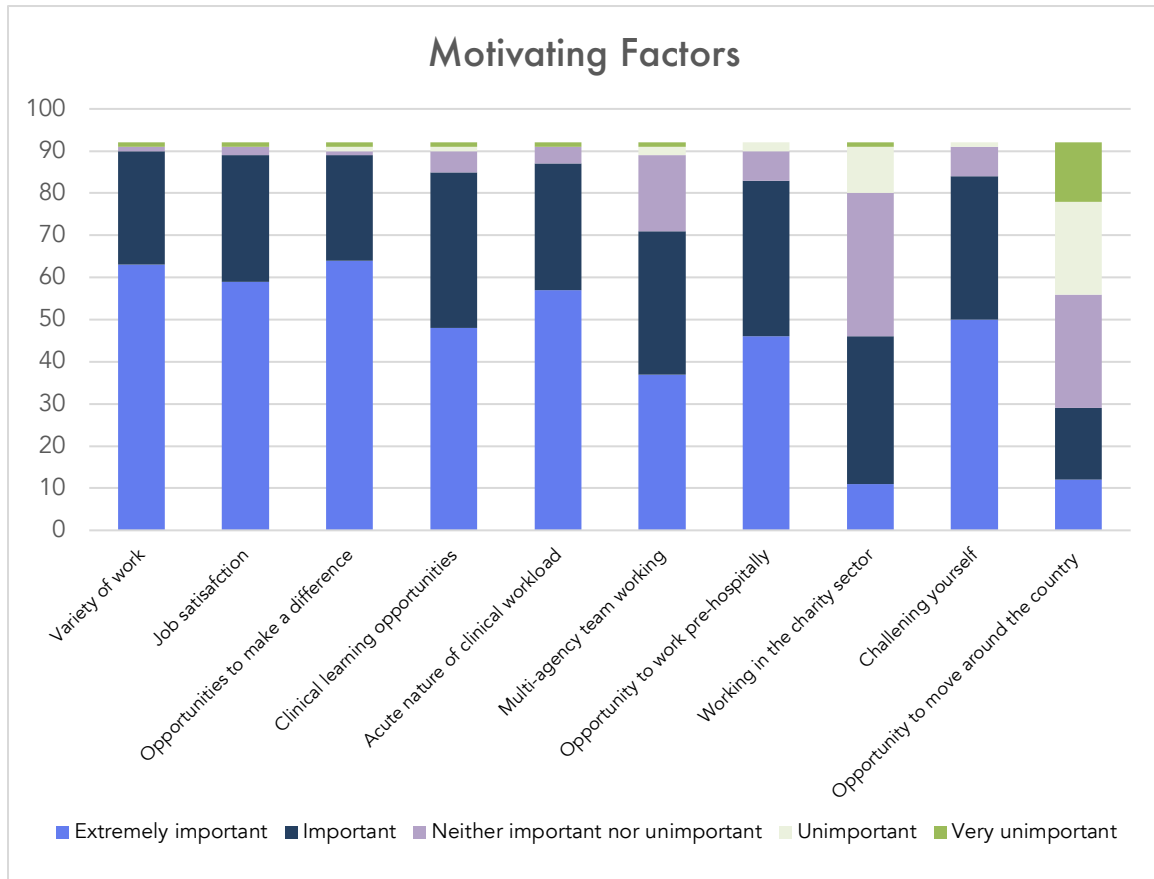
Exposure to PHEM

Seventy-eight percent (78%) reported some exposure to PHEM during medical school. The most common experiences were lectures and/or teaching sessions (49%) and participation in simulation-based learning (46%). 1 in 5 (21%) reported no exposure to PHEM opportunities.

Exposure type	% of students with exposure
Lecture and/or teaching session	49
Simulation	46
Community First Responder scheme	37
Observer shifts	28
Volunteering (e.g. St John's Ambulance)	27
None of the above	21

Motivating Factors

The survey explored factors which motivated students to pursue a career in PHEM. Students rated a range of potential motivators using a Likert scale (from "very important" to "very unimportant"). The overwhelming majority rated the following as important or extremely important: variety of work (98% of respondents), job satisfaction (97%), opportunity to make a difference (97%), acute clinical workload (94%), clinical learning opportunities (92%), and challenging yourself (91%). Working in the Pre-Hospital environment itself was also widely valued (90%). In contrast, working in a charity sector was least cited (50% rated it important). The opportunity to move around the country was considered important by only 31%, and 62% saw moving around country as a deterrent to choosing PHEM.



Deterring Factors

The most significant deterrents were strain on family and personal life (rated important by 72% of students) and difficulty gaining relevant exposure (65%). Other significant deterrents included the highly competitive training entry (60%), the need for extra courses and exams (42%), and additional years of training (36%). By contrast, very few students were deterred by lack of interest in the field (15%), by physical fitness tests (21%), or by environmental factors like bad weather (11%).

Gender Differences

Female respondents were more likely to cite strain on family and personal life as a deterrent (83% of women vs. 62% of men rated this important), whereas more men than women were deterred by lack of exposure (73% of men vs. 58% of women). Other modest differences

included: a higher proportion of women cited extra years of training (42% vs 32% of men) and competition ratio (63% vs 59%) as deterrents.

Deterrent factor	% of women who rated it as important/extremely important	% of men who rated it as important/extremely important
Family/Personal life	83	62
Difficulty gaining relevant exposure	58	73
Additional years of training	42	32
High competition ratios	63	59

Perceived Barriers

Seventy-nine percent (79%) of students felt there were general barriers preventing them from considering a career in PHEM. The most frequently cited barriers were lack of exposure (66%), logistical challenges such as scheduling or travel (49%), and lack of available information about the specialty (37%). Thirty-four (34%) of respondents also referenced financial constraints as an obstacle. These results reflected a general sense that many students felt PHEM opportunities and guidance were not readily accessible at the undergraduate level.

When asked about challenges facing women, respondents overwhelmingly agreed (82% overall; 88% of women, 70% of men) that females face extra hurdles. In free text, the most common themes were gender stereotyping or bias (cited by 62% of all respondents), lack of female role models (46%), and work-life balance and/or family commitments (43%). Several students also identified concerns relating to physical demands and safety for women, (37% and 18% respectively).

Free-Text Responses

Open responses highlighted that limited career opportunities in PHEM were a concern: about 20% of respondents spontaneously noted “Few jobs and/or high competition” in PHEM. A couple (n=2) explicitly mentioned the importance of mentorship and supportive role models, and a different couple (n=2) noted mental health and stress implications as relevant factors.

4. Discussion

These results suggest that UK medical students are largely aware of PHEM and many are interested, but access and perceptions are mixed. Common motivations (varied cases, patient impact, job satisfaction) align with known attractions of emergency care. Importantly, most students who have tried a PHEM experience (lectures, simulation, responder schemes, observer shifts) report it positively, but one-fifth have had no exposure at all. Given that difficulty obtaining exposure was a major deterrent (65%), improving student access to Pre-Hospital experiences (e.g. through electives, society events, intercalated projects) seems crucial.

Consistent with past literature on gender gaps in acute care specialties and HEMS, our female respondents more often identified family, life balance and cultural barriers as deterrents.^{1,2} For example, 83% of women saw family strain as a barrier, and 62% cited gender stereotypes. This echoes a recent UK study showing female clinicians underrepresented in HEMS partly due to such concerns. Men in our survey more often worried about competitive entry and lack of exposure. These differences suggest that mentorship and targeted support (e.g. female role models, flexible training options) could play a role in continuing to address the gender gap. Financial and logistical barriers also emerged.

Over a third noted cost or scheduling as obstacles, and many lacked information on PHEM careers. This indicates a need for clearer guidance: medical curricula might incorporate PHEM modules or seminars, and careers talks could explain entry paths. The fact that a sizeable minority (79%) perceive barriers is a call to action: efforts by professional bodies to promote PHEM interest groups and outreach with a focus on improving access to undergraduate exposure, mentorship, and clearer career guidance may help sustain and diversify the future PHEM workforce.

5. Conclusion

In summary, UK medical students today are generally aware of PHEM and many are keen on it as a career. They value the variety and impact of Pre-Hospital work, but many face hurdles including limited exposure, competitive training, and work-life concerns. Gender-specific issues are salient: most students (especially women) believe females face extra challenges (work-life balance, stereotypes, role models) in PHEM. To support the future PHEM workforce, medical schools may consider expanding student exposure opportunities (lectures, simulations, placements) through targeted educational initiatives and mentorship programs, provide clearer information about training pathways, and foster inclusive networks (e.g. female mentors). Such steps could help translate existing interest into career choices and address potential gender imbalances in this growing specialty.

6. References

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2. Walsh J. Gender, the Work-Life Interface and Wellbeing: A Study of Hospital Doctors. *Gender, work & Organization*. 2012;20(4):439-453. Doi:10.1111/j.1468-0432.2012.00593.x