

The future of the specialty

Generalists are highly sought after, so the future looks very bright for Emergency Medicine. The Modern Emergency Physician is becoming the 'resuscitator' of the hospital managing the sickest and most severely injured patient arriving at the hospital and pre-hospital.

There will always be a need for Emergency Departments across the UK and abroad, and trainees entering the speciality today are likely to have an excellent pick of places to work upon completion of training.

Which hospitals?

	ACCS	CT3 EM	CTS PEM	HST
Cardiff South	•		•	•
Swansea South	•	•	•	•
Newport South	•	•	•	•
Bridgend South	•			•
Abergavenny SE	•			•
Merthyr S/Mid	•	•	•	•
Bangor NW	•		includes time in Mersey	•
Wrexham NE		•		•



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A CAREER IN:

Emergency Medicine



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What is Emergency Medicine?

As a medical student or junior doctor, you may have experienced some exposure to the fast-paced and dynamic world of Emergency Medicine (EM). There are many preconceptions surrounding Emergency Medicine and you may think that you know what the specialty involves from seeing it on TV. However, until you have been immersed in it for at least a few weeks, trust us . . . you don't. This leaflet will provide a small insight into the work of Emergency Medicine and the consultants who keep the very busy emergency departments running across the UK.

The Hospital Generalist

Emergency Physicians are trained to assess, diagnose and treat patients of all ages and with just about any presenting complaint. Emergency Medicine is evolving; the ageing population means that elderly patients with complex medical presentations are a large - and increasing - part of Emergency Medicine. The EM clinical workload is unparalleled for variety within hospital medicine – “the best 20 minutes of every other specialty”.

The Flexible Specialty

Emergency Medicine is a 24/7 specialty and whilst the training years are (like all other acute specialties) tough at times, life as a consultant is surprisingly flexible.

The Royal College of Emergency Medicine (RCEM) is working very hard to ensure that careers in Emergency Medicine are sustainable and that anti-social hours are properly remunerated. Emergency Medicine is leading the way in developing novel ways of job planning, including annualised, flexible self-rostering systems that are increasingly popular in larger units and allow consultants to combine their careers with whatever other activities they choose. Portfolio careers are increasingly common and sit very well with EM.

There are a range of different types of Emergency Departments, from enormous teaching hospital units (some of which host Major Trauma Centres) to small rural ones, with medium-sized units in towns and cities in between. The lifestyle and clinical emphasis differs between units.

Whilst most Emergency Physicians love to get into the resus room and provide expert care - we are “resuscitationists” - it is important to appreciate that the desperately ill and injured are a fairly small proportion of the EM workload in most units. It's a vital part of the job, some units have a more critical illness and injury focus than others, but there is enough coming through the doors in most units to keep sharp.

So Why Train in the Specialty?

A career in Emergency Medicine typically attracts individuals who enjoy working as part of a multidisciplinary team and who like interacting with many different specialties. Most Emergency Physicians like the flexibility of shift work, and one of our defining characteristics is being dynamic and capable of making decisions – often without a final diagnosis - in a highly pressurised environment.

Emergency Medicine is an ideal specialty for great communicators too. It is a privilege to look after patients and their families on a day their world has stopped turning, whilst a few minutes later, gaining the trust of a child who has a foreign body stuck up their nose. Emergency Physicians are educators too; teaching our trainees is a vital part of what we do as consultants.

Sub-speciality (and dual-accreditation) opportunities

Most Emergency Physicians develop niche expertise: from trauma to ultrasound, child protection to teaching. But for those wishing to take this further at the training stage, several EM sub-specialties are available. All involve additional training, usually a year as part of your tailored training scheme (except PHEM which can be done post-CCT):

- Paediatric Emergency Medicine (PEM) is a sub-specialty available to both Emergency Medicine and Paediatric trainees. It involves an extra year of training.
- Pre-hospital Emergency Medicine (PHEM) is a recognized sub-specialty of EM, AM, anaesthetics and ICM and training schemes are available across the UK, delivering cutting-edge care to seriously ill and injured patients.

- Intensive Care Medicine (ICM) offers dual-accreditation options at both Intermediate & Advanced level for EM trainees. ICM tends to appeal to those craving maximal exposure to hands-on critical care

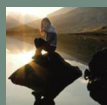
Don't Want to Give Up Your Paediatric Emergency Medicine or Intensive Care Unit?

If you are reading this leaflet, you probably already know the differences between the NHS in Wales compared with England and you're probably well aware of the lifestyle and outdoor pursuits that trainees all over Wales enjoy easy access to. But what about training in EM in Wales?

First of all, Wales offers experience in the full range of ED types, from rural DGHs to large teaching hospitals. Wales' Emergency Departments offer some unexpected opportunities too, from access to higher levels of Emergency Department Ultrasound training in Merthyr Tydfil, the unique Mountain Medicine project in Bangor where the ED works closely with Mountain Rescue & SAR helicopter, through to procedural sedation and airway skills in Newport.

More importantly, however, is picking a Deanery that treasures its trainees. Wales was ranked top in the UK for overall satisfaction in the 2016 GMC Trainees Survey, and the EM Training Programme here is committed to being as flexible as possible. We welcome applications to train LTFT and positively encourage our Specialty Trainees to undertake Out Of Programme Experience (OOPE) or Out of Programme Training (OOPT) if they wish. In fact the majority of trainees in Wales either dual accredit or take an OOPE while with us.

Departments with trainees are mandated to give each trainee a non-clinical day a week, for teaching, Quality Improvement projects or to develop special interests. The trainees also use this to attend the high quality monthly regional teaching which rotates round the South Wales departments. North Wales trainees are encouraged to attend the Mersey Deanery regional teaching days.



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