

A CAREER IN EMERGENCY MEDICINE IN WALES

**ADVICE ON PROGRESSION TO THE
REGISTRAR GRADE IN EMERGENCY MEDICINE**



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INTRODUCTION

A CAREER IN EMERGENCY MEDICINE

Emergency medicine is a unique speciality. In an increasingly specialised hospital, the emergency medicine doctor will be one of the only “generalists” that remain. For doctors that wish to maintain and practice their skills across the boundaries of medicine, surgery, paediatrics, and other areas, emergency medicine provides the key.

As well as retaining skills common to many other specialities, emergency medicine specialists are increasingly recognised as experts in their field. Emergency medicine is challenging, and provides an opportunity to make a difference for patients, often at their most vulnerable time.

Few specialities nowadays equip a doctor with the skills needed to switch from the resuscitation of a child with major injuries, to manipulating a fractured limb, managing atrial fibrillation, and lecturing on the management of an acute tricyclic antidepressant overdose. The opportunities in emergency medicine are endless.

Opportunities in emergency medicine

- High degree of excellence in assessment and management of a huge spectrum of conditions
- Great opportunities for teaching (e.g. ATLS) and lecturing
- Chance to change practice by development of protocols etc
- Development of a subspecialty interest, such as paediatrics, critical care, prehospital medicine (see later)
- Guideline development with colleagues throughout the hospital
- A key part of the hospital major incident plan
- Take part in review clinics, organising complex investigations
- Participation in many regional events and programmes
- Multiple opportunities for social activities

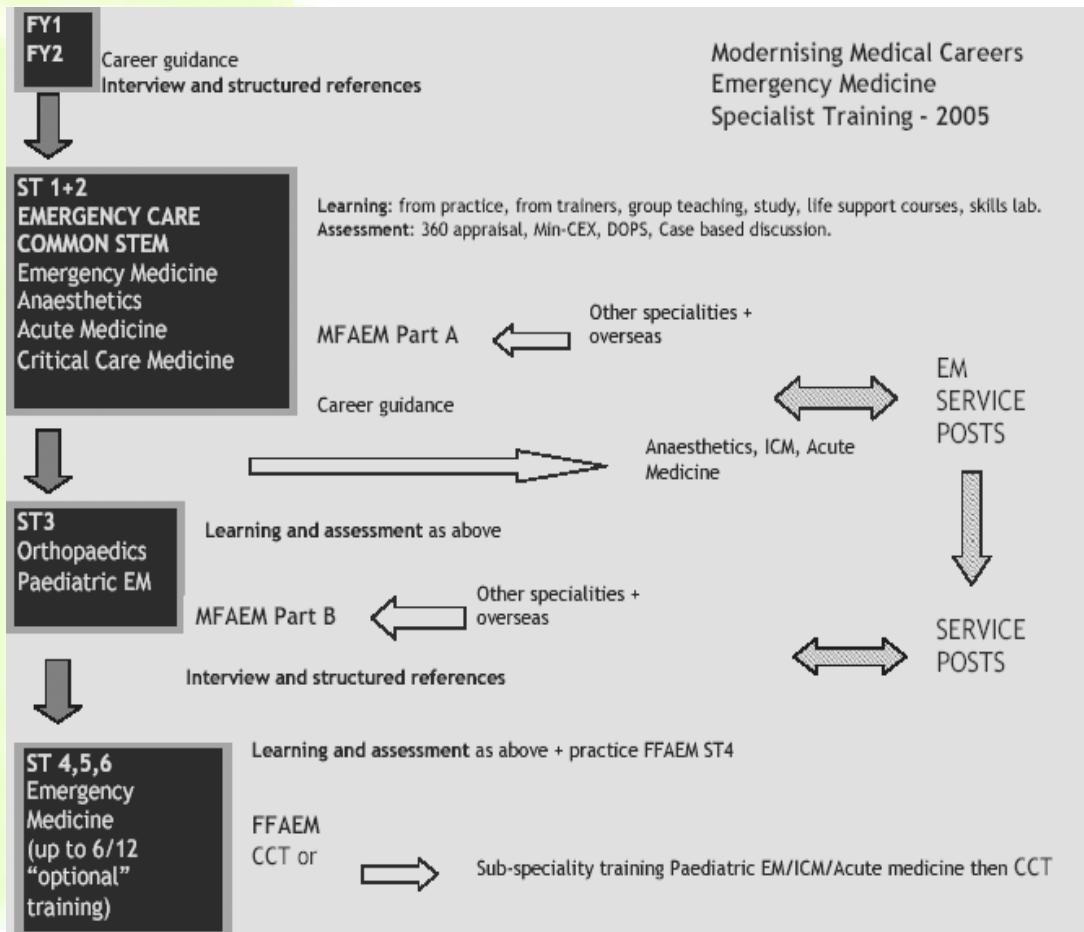
As an emergency medicine specialist at all levels, team working is essential. Many colleagues enjoy working in a friendly and close environment, with the associated social support networks.

Exciting developments are occurring in emergency medicine. The College of Emergency Medicine has very recently been established and has replaced the faculty. The pathway into the speciality is now well structured, with a syllabus that takes doctors through essential skills from the time they leave medical school to becoming a consultant and beyond.



THE PATHWAY TO BECOMING A SPECIALIST

Modernising medical careers promises to provide changes to the traditional “pre registrar” years. The final plans for Wales are being polished and details of rotations, etc will shortly be published. It is envisaged that there will be a range of “acute” specialities through which doctors common to several career pathways will rotate. Although the plans are to be finalised, the suggested structure from the College of Emergency Medicine is shown in the flow chart below.



Note that this is a general plan and is subject to clarification in Wales. Each NHS trust has a lead doctor for modernising medical careers.



THE MCEM EXAMINATION

This is the *Diploma of Membership of the College of Emergency Medicine*, and is the equivalent of the more well known MRCS, MRCP, etc.

Prior to becoming a specialist registrar it is essential to hold a post graduate examination. At present the following are recognised for entry to the registrar grade:

- MRCS – Membership of the Royal College of Surgeons
- MRCP – Membership of the Royal College of Physicians
- MRCS (A and E) – Membership of the Royal College of Surgeons (Accident and Emergency Examination)
- FRCA – Fellowship of the Royal College of Anaesthetists

However it is extremely likely that these examinations will not be accepted after the establishment of common stem and run through training under modernising medical careers. The MCEM exam will therefore be the only accepted examination.

REGULATIONS FOR THE MCEM

The full regulations can be downloaded from www.emergencymed.org.uk . However, the salient points are listed below:

MCEM PART A

This is the MCQ examination and tests the “basic sciences” as applied to emergency medicine. For equivalent examinations to part A, consult the website.

- Experience required: At least 6 months post full registration in an ED
- Format: There are 50 questions each with 4 stems. These questions are broken down as shown on the above website (click on exam regulations)

MCEM PART B

This examination consists of the data interpretation paper (short answer questions). Note that the nomenclature may be confusing. Regulations produced on January 17 2006 say that part B must be passed prior to attempting part C (the OSCE). Previously, the OSCE and Short answer questions were taken at the same sitting (this is the old “Part B”).

Data interpretation paper/Short answer questions

- 15 questions based on picture tests, ECG's, Xrays, Blood test findings, etc.
- Total time is two hours.

MCEM PART C

OSCE

This consists of 18 stations, using actors, scenarios, and “real life” emergency medicine situations. A large amount of assessment looks at professional behaviour, approach, communications skills etc.



It is well recognised that the MCEM examination is one of the most modern and relevant examinations at this level. Candidates that have sat the exam say that it is a fair test of ability and that cases are relevant to the stage of assessment. Some candidates actually say that they have enjoyed doing the exam, given its clinical basis, up to date accuracy and reality of the scenarios.

Note that professional actors and real patients are used for the stations. Don't be surprised to see real scars, real clinical signs, and to hear real murmurs!

DATES FOR THE MCEM EXAMS 2006

Please consult the website www.emergencymed.org.uk for the most up to date list of dates, closing dates, etc. A summary is shown below.

The Welsh MCEM teaching programme is designed to coincide with the exam dates for candidates sitting in 2006.

MCEM EXAMINATION TIMETABLE 2006

	<u>DATE</u>	<u>CLOSING DATE</u>
PART A	15 JUNE	25 APRIL
PART A	14 DECEMBER	12 OCTOBER
PART B	SAQ 5 MAY OSCE 4-7 JUNE	2 MARCH 2 MARCH
PART B	SAQ 13 NOV OSCE TBC	14 SEPTEMBER TBC



PREPARATION FOR THE MCEM EXAMINATION IN WALES

MCEM TEACHING

A formal programme of MCEM teaching has been arranged. This is a new programme and is designed primarily to deal with this examination. The teaching programme is suitable for doctors at any stage in training, regardless of whether the examination is imminent. The programme for the first half of 2006 is as follows.

Note that all teaching takes place on the *first Thursday of every month*, commencing on 2nd February. Each session will start at 1830hrs, and will last for 1.5 to 2 hours.

The venue for all sessions in the initial programme will be the seminar room of the emergency unit, *University Hospital of Wales*. A separate venue will be listed for the OSCE on the 6 April.

INTRODUCTION NEW RESUSCITATION GUIDELINES PREHOSPITAL CARE FOR THE MCEM	2 FEBRUARY
MOCK SHORT ANSWER QUESTION PAPER (2 HOURS) (WITH FEEDBACK)	2 MARCH
MOCK OSCE EXAM (SEE SEPARATE NOTICE)	6 APRIL
REVIEW OF THE OSCE CASES AND FEEDBACK	4 MAY
COMMONLY FAILED CASES AT THE MCEM	1 JUNE
PAEDIATRIC SHORT ANSWER QUESTIONS	6 JULY

Anyone is welcome to attend these sessions. The theme will be exam revision but in a laid back, enjoyable environment. The Welsh emergency medicine website (welshem.org.uk) will be a useful link for the teaching programme and will confirm details of the sessions.

LOCAL EMERGENCY MEDICINE TEACHING

All emergency departments in Wales hold "in house" emergency medicine teaching, usually weekly and this is of a very high standard. The teaching is also relevant to the examinations and to ongoing clinical practice. Contact any of the emergency Consultants in your current trust and they will provide details of location of teaching, and a timetable.

REGISTRAR LED TEACHING

All registrars in Wales are willing to provide teaching both for exams and for general progress.



MCEM PART A REVISION

The syllabus for part A is detailed on the college website. There are few sample questions available, it being a new exam. Most candidates revise using a combination of MRCS and MRCP MCQ books and past papers as these are readily available. Remember that there will be questions on paediatrics, obstetrics and gynaecology, and statistics! Many people forget to prepare for these.

HINTS FOR PASSING PART A

- As with other MCQ examinations, there is no substitute for practicing large volumes of sample questions.
- Some surprises appear in the exams. Questions that one would expect to appear in part one MRCP also appear in the MCEM part A. For example, questions on “cold agglutins” have been answered by previous candidates.
- Some sample questions are available on the college website.
- Keep an eye on the emergency medicine section of www.doctors.net.uk – this is a valuable stem for sample questions and exam “post mortems”. There is not yet a database of questions available for public use, although some candidates report the same questions recurring at different sittings.
- Do not concentrate on revising your favourite subjects. Put an emphasis on the subjects that you hate, as these are the subjects that will let you down.
- Practice examination questions in the examination time! Endless candidates report running out of time, or rushing and finishing too soon. Make a plan for your timing, and stick to it during the exam. Allow time for completing the computer sheet correctly. This takes longer than you think, and mistakes are regularly made in transcribing answers onto this sheet. Only answers on the computer sheet will be marked.
- Do not panic if you do not know the answers to the first few questions. Take this in your stride and move on. There is no negative marking so guesses are allowed!
- Many candidates report being lost in revision, regarding which book to read (there are potentially hundreds) and which direction to take. Advice here entails following the syllabus for MCEM part A (www.emergencymed.org.uk) and finding practice questions around the topic headings. For example, where the syllabus says “brachial plexus”, find every question you can on the brachial plexus and so on.
- Put yourself in the examiners role when learning. Set questions for a friend on a certain topic, and get your friend to sit the test. There is no better way of retaining information than having to “teach” someone.
- Exam technique is essential to perfect. For example, taking a drink with you, and pausing every five or so questions to gather your thoughts will help you keep a clear head. It is not wise to tackle what amounts to 200 questions (50 questions each with 4 stems) without a break or pause.



MCEM PART B REVISION

The MCEM teaching programme (above) contains a mock paper, with previous cases included.

HINTS FOR PASSING PART B

- All the information concerning exam technique and timing etc, detailed above for part A applies to part B. Do not let your exam technique let you down, as is often the case.
- Generally (although there are discussions about using a computerised system), one booklet will contain the pictures/information etc, the other will contain the questions.
- Read the question and do exactly what it asks of you.
- If asked for for example, four causes of condition x, do not use this as a prompt to write everything you know about condition x. It is possible to lose marks by doing this. Just list four causes of condition x and nothing else.
- Make sure that you are methodical, and logical in your answers. For example the treatment of ST elevation in ECG leads 2, 3 and avF is not “thrombolysis or primary angioplasty”. The treatment is “Assess the patient. ABC, MONA if indicated, then consider these interventions.
- Open ended questions such as “outline your management plan” are a gift. Remember that the examiner is looking for key points to tick off on his sheet. Candidates that include drug doses, routes, infusion rates where applicable, and absolute contraindications, will be rewarded
- There is usually a pre hospital question (so come to the lecture on February 2nd).
- Know ALS and APLS algorithms inside out.
- Look at the marking scheme! This directs you to how many points to make, how long your answer should be, and the “value” of that question. Note that different questions will award different numbers of marks, so do not agonise over a low value question (worth a small number of marks) whilst the clock is ticking and “easy marks” are being lost on another question.
- Read the whole paper first. Look at the back of the last sheet of paper to check for questions that you would otherwise not see.
- In your initial read through of the paper, assess the time needed for each question. The length of time spent answering each question will differ. Just because the first question took you 30 seconds does not mean that each question will take this length of time to answer.
- Prepare by imagining you were setting the paper. Get friends to do the same, and put together the questions you come up with. This in fact is how the subject matter is collected, with experts suggesting topics that they think are important.



MCEM PART C REVISION

There is no substitute for practice, so come to the mock OSCE (April 6th).

HINTS FOR PASSING PART C

- The exam is held over three or four days. Do not assume that the same cases will recur. This is dangerous. For example, one candidate this year left the exam reporting that the cardiovascular examination station was “aortic stenosis”. His friend made the same diagnosis, only to find out that the patient had been changed for another with no murmur at all.
- Learn how to examine systems. Most candidates fail on simple cardiovascular, cranial nerves, etc.
- Do what the question tells you. If the question says do not ask the patient any questions then don't. This annoys the examiner, as you are clearly not grasping the aim of the station.
- Do everything “by the book”. Do not cut corners, even if you do this in practice! A hip examination, is a full hip examination, as you would expect to perform it in an orthopaedic exam.
- Be professional. Each question carries a global score. Essentially, this gives the examiners an opportunity to (unofficially) say whether they think you are good or not. This global score looks at attitude, approach, confidence (not under or overconfident), pleasant professional manner to the patient.
- If there are nurse actors at the station then use them well and find out their names at the start of the station. Be polite to them and treat them with respect. Check that they are happy performing the tasks that you give them (but do not patronise them).
- The exam is stressful. 18 stations, each 7 minutes long, making you concentrate 100% , takes its toll. You may well feel exhausted towards the end. Do not let this show.
- Treat each station individually. Complete a station, move on and forget it. Do not dwell on mistakes you think you might have made. Doing so will trick you into making another mistake and the problem will spiral. Use the rest stations (there are two) to have a drink, sit down, and think calmly about how you can continue to impress the examiners.
- You do not have to pass every station. The exam board have discussed this at length. Whilst they realise that a poor performance at, say an ALS station is not compatible with becoming a registrar, the fact that the candidate may have been exemplary in the other stations can override this. This allows for nerves on the day. Therefore, even if you make a complete mess of a station, move on positively. Things can get better.

SUCCESS RATES AND PASS MARKS AT MCEM

- In 2005 (June), the percentage of people who passed part A was 36%. 78 candidates were successful out of a total of 218.
- Again in June 2005, 58% of candidates passed the short answer questions, and 34% of candidate passed the OSCE. The percentage of candidates successful in both parts of part B was 26%. This is not an easy exam to pass!



RECOMMENDED COURSES FOR THE MCEM

The MCEM exam (formerly the MFAEM) is a new exam, the first diet in 2003. This page attempts to summarise the courses available that are both relevant to the exam and for general experience. There are large numbers of courses out there that attempt to cover different topics and it is easy to be somewhat lost in deciding which courses are most relevant and when to take them.

This document attempts to recommend some courses that registrars have found useful in the past, and is neither a definitive guide nor does it intend to contradict advice that others may have given.

An attempt has been made to categorise courses that should be completed in the "early years" i.e. pre registration/ FY1 FY2, middle years i.e. FY2/ST1, and pre-registrar years, i.e. ST2 and ST3. Appropriate website links have been included.

<u>COURSE</u>	<u>TIMING</u>	<u>WEBSITE</u>
ADVANCED LIFE SUPPORT	MED STUDENT/EARLY	www.alsg.co.uk www.welshem.org.uk *
ADVANCED PAEDIATRIC LIFE SUPPORT	EARLY/MIDDLE	As above
ADVANCED TRAUMA LIFE SUPPORT	EARLY/MIDDLE	www.welshem.org.uk local resuscitation depts (see below)
EMERGENCY MANAGEMENT OF SEVERE BURNS (EMSB)	LATE	Contact burns unit Swansea
FIVE DAY EMERGENCY PAEDIATRICS COURSE	MIDDLE	Email:kay.leslie@nes.scot.nhs.uk
MEDIC ALS	MIDDLE	www.alsg.co.uk
ALERT	MED STUDENT/EARLY	Local resuscitation departments (see below)
MIMMS	LATE	www.alsg.co.uk
GIC	LATE/ EARLY SPR	www.alsg.co.uk
TOXICOLOGY UPDATE	MIDDLE/LATE	www.npis.co.uk

RECOMMENDED TEXTS FOR MCEM

This is covered adequately on the college website and will not be considered further here.



THE REGISTRAR YEARS

The current arrangement is for the SpR rotation to last for five years, Some trainees have time taken off for previous relevant experience. Where essential core specialties have not been completed, there is an opportunity to work outside the department in these departments. These secondments are usually three months long and allow doctors to spend time learning the skills of that specialty. The core specialties are cardiology, surgery, orthopaedics, paediatrics and anaesthesia with intensive care.

The training programme currently involves placements in different departments throughout Wales, usually for a year at a time. Emphasis is placed on a balance between teaching hospitals and district general hospitals so that a variety of experience occurs.

The emergency medicine trainees association (EMTA) has a website and organises a conference each year. These conferences are extremely valuable learning and socialising experiences, with world class lectures and workshops. Please visit www.emergencymed.org.uk or www.welshem.org.uk and click on the links.

In addition to the material here, registrars have access to two important websites. The first, www.welshem.org.uk is an excellent site, containing links to various organisations, training programmes, national organisations, Royal Colleges and Welsh departments. In addition, the SpR teaching timetable and venues etc for teaching are advertised there.

The second website, www.doctors.net.uk will be familiar to most doctors. Emergency SpR's in Wales have closed access to an especially allocated forum on this website. This forum allows discussion about teaching, exams, current issues and ideas and is a valuable point of contact for SpR's.

Shortly to be introduced is a second forum on the same website, which will be open to all doctors interested in emergency medicine in Wales, i.e. trainees at all levels, Consultants, Non Career grade doctors, etc. It is hoped that this will be an ideal tool for increased communication throughout Wales.

SPR TEACHING

Protected Registrar training takes place every second Tuesday afternoon. Registrars are heavily involved in maintaining the programme for teaching and are responsible for providing teaching material. There is a Consultant lead for the teaching programme and more details can be found on the website www.welshem.org.uk. These regular meetings allow SpR's to share ideas about patient management, exams, courses, etc, and is an extremely valuable part of the programme.

Practice examinations will take place each year for the FCEM exam so that candidates are as prepared as possible for this exit examination.

In addition to this regional teaching, the consultants in emergency medicine regularly provide shop floor teaching, and help with exam preparation, etc. In departments with several registrars, regular teaching sessions are held, focussing on management, journal clubs and case reviews.



SPECIALISATION WITHIN EMERGENCY MEDICINE

Most commonly, there are opportunities for specialisation in paediatrics and critical care medicine.

PAEDIATRIC EMERGENCY MEDICINE

It is possible to develop a specialist interest in paediatrics from two points of entry. Paediatric SpR's may undertake additional training in emergency medicine, alternatively, emergency SpR's can undertake additional experience in paediatrics. Recognised training departments in Wales are utilised for this. Further information regarding this can be found on the college website, and Consultants and SpR's in Wales can advise on the best way forward.

Useful links on this subject are as follows:

- www.emergencymed.org.uk – follow links to curriculum and download pdf file for a curriculum specific to paediatric emergency medicine
- www.london.nhs.uk/lempig - a useful website of the London paediatric emergency medicine interest group. Guidelines can be downloaded here
- www.apem.me.uk – this is the association of paediatric emergency medicine (uk) and this organisation is strongly linked to the Royal College for Paediatrics and Child Health.
- <http://www.rcpch.ac.uk/education/training/hst/subspecialty.html> recommendations for entry into training in paediatric emergency medicine

Specific for Wales, the advisor to the specialist training committee is Dr Sally Jones, Consultant at the Royal Gwent Hospital, Newport.

INTENSIVE CARE MEDICINE

It is now possible to gain a CCST in ITU medicine jointly with a CCST in a parent specialty, medicine, surgery, anaesthetics or emergency medicine. Emergency medicine is ideally placed for this combination.

An excellent article has been written on this subject and can be found as follows:

- The emergency medicine journal – M Shelly EMJ 2001;18:330-332. www.emj.bmjournals.co.uk
- www.rcoa.ac.uk/ibticm - this is the Royal College of Anaesthetics guideline on accreditation in Intensive Care Medicine.

Specific for Wales, you are welcome to contact ggrier@doctors.org.uk for further information.



LINKS WITH OTHER SPECIALTIES

ACUTE MEDICINE

A large number of patients admitted to hospital have acute medical problems. There is ample opportunity for development in this area, and there is not a clear demarcation between emergency medicine and acute medicine specialists. In fact, in many hospitals, both look after sick patients on observation wards and clinical decision units. If you have an interest in medicine, therefore, this area may appeal to you.

Useful websites are as follows:

- www.jchmt.org.uk/acute/index.asp - the rules and curriculum for training in acute medicine
- www.acutemedicine.org.uk – the society of acute medicine

PREHOSPITAL CARE

Pre hospital care provides an opportunity to take the skills learned under normal working conditions and translate them into a sometimes hazardous and difficult environment. The doctors at the London Bombings, for example, mainly originated from emergency medicine but had specialised in pre hospital care. On a local level, many local doctors respond for the ambulance service on a regular basis.

Many people find the thought of trying to intubate a patient in the rain underneath a car daunting. Some people find it exciting and challenging, resulting in a utilisation of some hard earned skills. There is a huge opportunity for development of pre hospital care as a career.

Useful websites include:

- www.basics.org.uk – the British Association for Immediate Care
- www.rcsed.ac.uk/site/470/default.aspx - the Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh. This website contains links to the Diploma in Immediate Medical Care, an examination that has been taken by some of the emergency medicine registrars in Wales.

As well as the specialties listed above, emergency medicine provides an opportunity to link with any department within the hospital. In addition, there are links outside the traditional emergency department, namely links with general practice and primary care. Minor injury units and nurse led peripheral units are increasing in number and need leadership and direction.

Developing protocols and guidance can make a huge difference to management of individual patients. Take for example the development of a chest pain pathway. Such development involves the nursing staff, ambulance trust, cardiologists and coronary care nurses, pharmacy department, and many other personnel. This can be coordinated by an emergency consultant who has strong links with all those agencies. Eventually, the pathway that has been developed will significantly alter the outcome for individual patients.



PREPARING FOR THE REGISTRAR INTERVIEW IN WELSH EMERGENCY MEDICINE

The first stage is of course, applying for the job!

Advice for the application form

- Remember not to miss the closing date or time! Midday closing date means midday. People have been known to have been rejected ten minutes later than this!
- Get a mentor for your c.v. – preferably someone who has sat on interview panels. Just because you think that your c.v. is the best ever, others may not.
- Remember that sometimes the shortlist is made from the application form not the c.v. Include as much information as possible on this form.
- Remember that the short listing will probably take place using a “points” system. Therefore make sure that your attributes are clear from your application form.
- As well as the your exams, occupational history, A and E experience, etc. there will be points for teaching (not just medical student teaching) – make sure that you have arranged some teaching sessions above and beyond your call of duty as an SHO if you want to stand out from the crowd!

AUDIT

You must have completed some audit prior to applying. Be prepared to be quizzed on the audit topic you have chosen. The interviewer may well have carried out very similar audits, so do not lie because they will know! For reference, some interviewers may well want you to have completed the recommended BAEM audits. (British Association of Emergency Medicine). Go to www.emergencymed.org.uk and follow the links from BAEM to clinical effectiveness committee guidelines.

RESEARCH

This is becoming increasingly important. With increased competition for jobs, more and more candidates have some research to put on their c.v. Even a small research project will look good. No one expects an MD thesis or necessarily a PhD, but at least try and make it look as though some effort has been made.

Advice on carrying out research in emergency medicine is detailed on the website.

The research link for the specialist training committee in Wales is Mr Adrian Evans, Consultant at Morriston Hospital Swansea. Mr Evans can provide extremely valuable advice in this area. He has very strong links with the Swansea graduate entry medical school, and the University of Wales, Swansea.

PUBLICATIONS

Again, the more publications that you have, the better chance you have of getting short listed. Case reports are acceptable publications. Do not lie about publications, the interview panel may well have published work on the same subject you profess to have written about. If you have a publication that you are proud of then take it to the interview, in your briefcase (or handbag)!



MANAGEMENT QUESTIONS AT INTERVIEW

The panel will expect you to manage an accident department on their behalf when they are not in attendance. You need to persuade them that you are a safe pair of hands. Before the interview, read up on the trust complaints procedures, protocols for calling the consultant out of hours, ways of getting last minute locums etc.

You will be asked about the concepts of clinical governance, the National Institute for Clinical Excellence, child protection issues, what to do in a major incident. If you are unlucky, you may get asked about local health boards, foundation hospitals, etc. Make sure that you know which of these apply to Wales.

JOURNALS

Potentially, there are a huge number of journals that are relevant to this speciality. However, there are links to the most useful journals on the welshem website. Journal articles are reviewed and critically appraised regularly at teaching as this is a skill required for the FCEM and for future practice.

Finally, for the interview, always look smart, practice your interview technique with lots of critics, do a mock interview in front of the mirror (so that you can bemuse yourself with the way that your hands move without you knowing), and remember that you really really want this job!

A BRIEF NOTE ON THE FCEM EXAM

This may seem a long way off (and it is) but the “exit” exam is essentially the climax of SpR training. Potentially anything you have ever learned about emergency medicine could be tested (but the syllabus is there to guide you). In addition, candidates are expected to prepare a clinical topic review (CTR) and attend a management viva. The clinical components (OSCE AND SAQ) are based on similar principles as the MCEM.

There is, in addition, a viva on paper appraisal, which is seen as essential for consultant life. Few other specialities provide such training.

Candidates who are successful at both the MCEM and FCEM feel a sense of achievement and pride in having done so. The intercollegiate examinations board recently commented that the FCEM is one of the most modern and relevant examinations available.



FREQUENTLY ANSWERED QUESTIONS

Question

What are the shifts like as an emergency medicine registrar?

✓ Answer

The truth is that this varies throughout Wales. The banding and hours for each trust differ. However all trusts are trying to make jobs compliant with the EWTD, etc. There is a move generally to use SpR's for night shifts, as this is essential for adequate cover for departments. Therefore, the job will probably be on par with that of the surgeons, medics, etc.

Question

I did A and E as an SHO, and hated the shifts but loved the work. Is it better later in your career?

✓ Answer

This is a common question posed by many doctors. Achieving a work – life balance of any quality is difficult as an SHO in many jobs. However, the new laws can only make this better. It would be a falsehood to suggest that antisocial hours will disappear but the frequency and intensity of those shifts should improve. Fortunately, many departments now have a registrar at night, something that many SHO's have called for over the years. Rotas are being amended to include these changes.

Question

Is emergency medicine an easier option than surgery as a career?

✓ Answer

Not necessarily. The evolution of emergency medicine as a recognised career means that there are now many hurdles and processes to negotiate, in a very similar ways to other specialities. The assessment process is equally as tough.

Question

Is it true that once I sit the MCEM exam I can only then ever have a career in emergency medicine?

✓ Answer

No, you are more than welcome to go and be a vet! In terms of hospital medicine, the MCEM lets you do emergency medicine in the same way that the MRCS allows you to do just surgery. It is true that at present other exams will allow you to do emergency medicine and to leave your options open, but this option is soon to end.



Question

What is life like as a consultant?

✓ Answer

The real way to assess this is to ask as many consultants as possible. Most will say that although the job is demanding, it provides many opportunities. In many departments, increasing numbers of consultants mean a less frequent on call rota. In common with all specialities the Consultant hands on role is tending to increase, particularly when on call. This is seen as a positive move, providing senior medical help for patients.

Question

Aren't A and E people just triage nurses, dumping on the other specialities?

✓ Answer

Around 75% of patients who attend A and E are discharged home without seeing a specialist. A satisfying part of the job is making an assessment, diagnosis, formulating a treatment plan and discharging a patient. It is important to remember that some patients need inpatient assessment and that although every effort is made to discharge patients, the hospital exists in order to provide this! Remember that although some patients simply need admission and routine tests, many A and E specialists provide very intensive treatment and investigations prior to referral, particularly of the critically ill.

SOCIAL EVENTS AND OUTSIDE INTERESTS

A career in emergency medicine in Wales provides an ideal environment for social events and hobbies. Enter any staff room in any department and you will find walls littered with notices about parties, sporting events, holidays, and the like. Barely a week goes by in some departments without an excuse being found for a celebration!

Many doctors and nurses from specialties and wards throughout our hospitals often "gate crash" the A and E parties. Unique about emergency medicine is the team work, familiarity between staff at all levels and the support system that departments provide.

FINALLY

Modern Emergency Medicine provides excellent opportunities for a career. Providing the basis for a secure balance of work and life, emergency medicine is a rapidly developing and dynamic area in which to work. If you enjoy the challenge of the resuscitation room and working as a key part of a large and skilled team then emergency medicine may well be the career to choose.

FURTHER INFORMATION

Further information specific to this document can be obtained from Dr Gareth Grier, Specialist Registrar Emergency Medicine. Email grier@doctors.org.uk



