

PREHOSPITAL CARE

Training doctors in prehospital care: the West Midlands (UK) approach

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There is no specific structured training programme for doctors working in prehospital care in the United Kingdom. In the West Midlands (UK) a structured supervised programme has been devised, which recruits medical undergraduates and provides an educational programme and practical experience leading to the successful completion of the Diploma in Immediate Medical Care and the status of an independent prehospital care practitioner. The training scheme has successfully produced a significant number of doctors who are now practising in the West Midlands and United Kingdom.

The vast majority of traumatic injuries and medical emergencies can be managed appropriately and skilfully by ambulance technicians and paramedics (UK model). In rural and remote areas general practitioners, tasked by ambulance control, may function as “first responders” in conjunction with other healthcare responders to ensure as prompt a response as possible.

Doctors (often general practitioners) who are members of the British Association for Immediate Care (BASICS) add another tier of expertise. They undergo BASICS training and accreditation (Prehospital Emergency Care Course) as well as training with their local emergency services. There is a geographical variation in the availability of these services nationwide and call out criteria vary. In the West Midlands for example, doctors are usually called to road traffic entrapments and major incidents.

Enthusiastic practitioners may undertake further training, leading to the successful completion of the examination for the Diploma in Immediate Medical Care from the Royal College of Surgeons of Edinburgh (Dip IMC RCS Ed). Some medical practitioners will proceed to sit the Fellowship in Immediate Medical Care (FIMC RCS Ed) examination, which follows a four year structured training programme.

Most of these doctors undertake this work voluntarily, much of it in their own time. With increasing time constraints and bureaucracy in medicine it is essential to generate interest and enthusiasm in prehospital care early in a doctor’s career and desirably while they are still an undergraduate. Furthermore, most medical schools do not provide training in prehospital care and as a result those receiving such education may become enthusiastic for further knowledge and experience.

This paper details the training scheme developed in the West Midlands to provide education and training from undergraduate to fellowship status, with the intention of providing experienced doctors who can fulfil many of the roles previously described.

Training

The training programme begins at the start of the fourth year of medical training. All 210 students (current figures) attend

an “Undergraduate Prehospital Trauma Course” as part of their curriculum funded by the University of Birmingham, Medical School and delivered and coordinated by the West Midlands CARE team, which is the local BASICS scheme.¹

The course manual is made available six weeks before commencement and candidates are encouraged to read it before the course starts. The 2.5 day course includes short revision lectures based on the manual, which are undertaken as single group lectures and small group (10–15 students) practical sessions including trauma moulage. The examination at the end of the course consists of a comprehensive multiple choice question paper and a trauma moulage. The moulage entails a simulated patient made up by the “casualty union” and follows a disciplined safety, call for help, ABCDE system. Successful candidates receive a certificate of successful completion of the course from the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh.

The course in general, and particularly its practical element, generates a great deal of enthusiasm in a large number of students. The students are then invited to attend a monthly educational programme, which is run by the Faculty of Pre-Hospital Care at a regional level at which about 20% of the original delegates become regular attendees.

At the end of the fourth year those students wishing to further their knowledge and obtain first hand prehospital experience may join the CARE team, where depending upon vacancies we can accommodate between 5% to 10% of the original number of delegates. This integrated doctor/nurse team provides a training facility on Friday and Saturday nights between 6 30 pm and 2 30 am when a team doctor and nurse answer emergency calls, travelling with the ambulance mobile officer in a vehicle provided by the ambulance service. The medical student fills an observer slot in the vehicle alongside the doctor and nurse. The medical student observers participate in the monthly Care Team education programme, the content of which includes talks, case audits, and case scenarios.

In addition the CARE team funds the medical students attendance at a 2.5 day Prehospital Emergency Care Course (PHEC) run by BASICS, which provides education in the management of medical emergencies and major incidents.

Once qualified, the new doctor continues in the capacity of an observer and when fully registered progressively takes a lead role on the team, always supported by an experienced doctor and nurse. An evening’s experience may include 10–12 emergency calls including medical emergencies, cardiac arrests, and road traffic accidents. In particular the trainee learns about safety, personal protection, equipment, and the difficulties posed by the prehospital environment.

The monthly education programme is specifically designed as an education package to prepare candidates for the examination for the Diploma in Immediate Medical Care (Dip IMC RCS Ed), which can be taken at two years after qualification. Successful candidates are regarded as “trained” in prehospital care and as such can now undergo specific

Table 1 The Birmingham training programme in immediate medical care

Beginning 4th year undergraduate training	4th year undergraduate prehospital trauma course
4th year	Attends monthly Faculty of Pre-Hospital Care meetings
End 4th year	Selection to observer status CARE team Attendance CARE team monthly meeting Attendance of Faculty of Pre-Hospital care meetings
5th year	As above Joins team as an observer on Friday/Saturday evenings
Pre-registration	As above Attends prehospital care (PHEC) course
Post-registration	As above Supervised hands on prehospital experience Friday/Saturday nights
Two years after qualified	Diploma Immediate Medical Care (Dip IMC RCS Ed) examination Successful candidates practise unsupervised on team Driving course experience (police/ambulance)
Third year after registration	7 day medic— independent pager call out Recruitment to registration for higher speciality training leading to the FIMC exam

About 75% of our regular prehospital care doctors in the West Midlands have trained through all or part of this system. There are other doctors who are pursuing their interests in prehospital care outside of the West Midlands.

driver training with the police and ambulance service and become a “7 day medic”.

The doctor then joins a team of clinicians all holding the Dip IMC who respond to a pager call out initiated by the ambulance service. This is operated 24 hours a day for specific trauma emergencies especially entrapment and for critical medical problems. In addition the doctors are on call in the event of a major incident.

Selected doctors progress to entry to the training programme for the examination for Fellowship in Immediate Medical Care.

Table 1 summarises the training programme.

DISCUSSION

This paper presents a recognised model of training for doctors in prehospital care, which has been practised successfully in the West Midlands for a number of years. After the fourth year undergraduate trauma course, training with the team and attendance at meetings is a voluntary commitment depending on personal circumstances, availability due to work, on call and other professional commitments. While providing one model of training it is recognised that this is by no means the only one available, although most doctors gain their experience, in an unsupervised manner without mentorship. It does ensure that clinical practice conforms fully to the clinical governance, standards of the West Midlands Ambulance Service NHS Trust with whom the team has a non-remunerable contract of agreement.

CONCLUSION

The West Midlands CARE Team has devised and implemented a development programme that recruits and trains enthusiastic undergraduates. It provides structured supervised training with hands on practical experience leading to the successful completion of the Diploma in Immediate Medical Care and for those who are interested, entry into the training programme for the Fellowship in Immediate Medical Care. The scheme has produced a significant number of trained, experienced, and skilled doctors, currently practising in the West Midlands and in the United Kingdom.

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REFERENCE

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