



An interview with Professor David Yates

David Yates was the first Professor of Emergency Medicine in the UK, and as first Dean of the faculty was largely responsible for the current registrar training programme, and the exit exam. We talked to him on his retirement from clinical practice.

Tell us something of your background and early training

I was bought up in Yorkshire, and trained at Emmanuel College, Cambridge and St Thomas', qualifying in 1966. My first experience of casualty was as a house physician in Scarborough. On my first weekend there was a phone call for Dr Yates—at Thomas' they rather pretentiously called house surgeons Mister, so this was my first week of being a Doctor. I was told there was a patient in casualty I needed to see. I said "ask the casualty officer because I am very busy". I was told "You don't understand, the house physician for the weekend also does casualty". This was my first introduction to casualty, there had been no mention of it in the job description, or at the interview, or in my first week on duty. It was pretty well a baptism of fire. Then I went to Zambia for six months in the flying doctor service. My first real A&E job was at Cambridge. There were a couple of us who stood out as being quite abnormal as we actually enjoyed A&E. Later I became a surgical registrar at Chichester. We did all sorts, from a bleeding tonsil to an extradural. I became quite interested in head injury at that point. We didn't do any aortic aneurysms; they were all sent off in an ambulance to St George's, I remember.

How did you get into A&E?

In the early 1970s I was doing a masters in orthopaedics at Liverpool, but was mainly interested in trauma. Miles Irving, the Professor of Surgery in Manchester, advertised a tutor's job in A&E. I looked at it and he seemed to think I would be OK, so I came to Hope Hospital and have been here ever since. The MRC trauma unit had just arrived, and the university was putting a lot of effort into turning

Hope into a premier league teaching hospital. They were happy days when junior staff were easy to appoint and there were plenty of empty beds in the hospital.

It is often said that you were the first A&E senior registrar

I'm not sure, there were other training programmes in Glasgow and Leeds that were a very close, if not equal, first.

You were appointed as Professor of Emergency Medicine in 1990 . . .

I was Professor of Accident & Emergency medicine for about three months, then I wrote to the university and said I would like the word accident removed, and they said fair enough.

So you are in favour of the name change?

I'm very much in favour of it, I think we were one of the first departments to do this. On the international scale very few countries use "A&E".

Is it difficult to juggle a busy clinical career with academic work?

I love the mix—one of the reasons I liked emergency medicine from the outset was the constant variation. I was on the shop floor virtually all day yesterday. I was on over the weekend and called out three times on Sunday.

Manchester is an international university and attracts big names:

over the last 10 years I've had a lot of experience of rubbing shoulders with seriously intelligent people. I have always regarded myself as a rather uncouth lad from Yorkshire, but I do seem to be able to hold my own for emergency medicine and I think I'm certainly recognised as someone who has a contribution to make to university life. I very strongly feel that the academic side of A&E can be promulgated by things that are not directly related to A&E. For example, for the last four years I have been in charge of the final exams for the whole of the medical school—not just A&E.



You were involved with the Faculty from its early stages

People who know me well know that I am not really an institution sort of person. I saw the need to get a Faculty together because it would otherwise have been impossible to maintain emergency medicine as a viable specialty, particularly the way exit exams were developing. Having a Faculty resolved that technical issue. I think now it is doing all the right things.

What questions do you think will be answered by research in emergency medicine over the next few years?

I can only answer that in my own field of head injury. The biological research shows that a lot of the secondary deterioration after brain injury is a reaction to the injury rather than an inevitable consequence of it. Animal studies strongly suggest we should be able to influence this but the clinical studies aren't showing this at the moment. We need more, better designed trials a bit like the CRASH trial. Some people criticise it, but it is a good example of the benefits of close interdisciplinary collaboration. I am also a strong advocate of closer collaboration with biological scientists. The basic scientists here are looking at cytokines

after stroke and interleukin-1 receptor antagonist treatment—you could argue that ischaemia is but another form of brain injury. The Greater Manchester centre for neurology and neurosurgery, which is being established at Hope, is in the process of appointing a lot more senior academic staff, and I think it's going to be an exciting time.

What are you going to be doing next?

I'm going to miss the patients, but not the appalling problems with beds. I am going to stay with the trauma network audit group, the CRASH trial, and other research work in the hospital. I've got a job as admissions dean for Manchester which is expanding its intake. All that will account for three days a week for the next few years.

In your spare time?

We have a cottage in Shropshire which I love, so I shall spend a lot more time down there. I'd like to take up my clock repairing hobby that I left years ago. I do quite a lot of cycling, but I would like to do more. I have got myself a new bike and intend to do some of the local routes.

Do you always wear your helmet?

I certainly do. I've got a new lightweight trendy one.

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Forum for Associate Specialists and Staff Grades in Emergency Medicine: round-up of news, September 2001

BAEM membership

Currently only a minority of staff grades are members of BAEM. Regional representatives for the Forum have been tasked with identifying and actively recruiting their colleagues to membership. To assist in this process, discussions are underway with the BAEM Executive to consider if some preferential or inducement membership deal can be concluded.

Web site

The BAEM web site now has a link to associate specialist/staff grade news/documents etc (www.baem.org.uk).

Newsletter

The second edition of the "Forum-Newsletter" has been mailed to all those on the BAEM mailing list. If you have not received a copy then view it on the BAEM web site.

Regional representatives

Many regions now have a formally elected "Forum" representative, however some regions still have vacancies—an up to date list of regional reps can be found on the web site. If your region is not represented then why don't you help us out and volunteer as a point of contact to start the process of identifying a suitable representative. Remember, unless your region is represented, you may lose opportunities to express your views and to receive up to date information.

Regional meetings

As the "Forum" develops it is envisaged that each region will hold at least one all day educational meeting each year (some regions are already doing so). If you are planning a meeting then please liaise with Carolyn (our secretary) so that details of your meeting can be promulgated (and so that clashes of date can be avoided whenever possible).

Pay

Thanks to all staff grades who completed the Office of Manpower Economics survey (administered by Price Waterhouse Cooper). We hope that the pay review body will use all of the information gleaned from this study to bring about a much needed series of changes to redress the inequalities that have developed between staff grade pay and the pay of other grades.

The BMA and the Workforce Numbers Advisory Board are also considering the way in which the staff grade tier needs to be modernised to reflect the changes within the NHS and the needs of employees.

Officers

Contact details for the officers of the forum are as follows:

Chair—Dr Andrew Newton, Associate Specialist, A&E Department, Weston General Hospital, Grange Road, Uphill, Weston Super Mare, BS23 4TQ (apnewton@fairviewshipham.fsnet.co.uk).

Secretary—Dr Carolyn Hargreaves, Staff Grade, A&E Department, Queen Alexandra Hospital, Cosham, Portsmouth PO6 3LY (chargreaves@doctors.org.uk).

Treasurer—Dr Sue Barton, Staff Grade, A&E Department, Royal Cornwall Hospitals Trust, Truro, Cornwall TR1 3LJ (Sue.barton@rcht.swest.nhs.uk).

Faculty representative—Dr Nick Howarth, Associate Specialist, A&E Department

Derbyshire Royal Infirmary, London Road, Derby DE1 2QY (Nick.Howarth@doctors.org.uk).

ANDREW NEWTON

Stop press.....

Interested in a consultant job share in the Yorkshire area in 2002? Contact the editors for further details.

Presidential pearls

These are some of the highlights of current BAEM activity:

- Following the terrorist attacks in the USA, I sent a message on behalf of the BAEM to the President of ACEP to express our sadness and to convey our admiration for the heroism of the emergency services personnel.

- BAEM will be hosting the 9th International Conference on Emergency Medicine in Edinburgh from 17–21 June 2002. There will be a wide ranging scientific programme with plenary sessions, state of the art lectures, themed free paper sessions, free papers, moderated posters, and OSCEs. The social programme will include a conference reception at Edinburgh Castle, a fun run around Arthur's seat, whisky tasting opportunities, and a spectacular final dinner with an overwhelming Scottish theme! The registration form will be circulated shortly. The deadline for submission of abstracts to BAEM is 31 January 2002.

- At the last executive committee meeting Andrew Newton was welcomed as an invited member, representing the Forum for Associate Specialists and Staff Grades in Emergency Medicine. We are sure that this will be an extremely productive initiative ensuring that the pivotal role of these colleagues is recognised, enhanced, and rewarded. The Forum will have a key role in the continuing evolution of our specialty.

- The development of NHS Direct based decision support software to be available for "face to face" consultations in departments has strong support from the centre. BAEM is actively involved in contributing to this process to ensure that the final result reflects the needs and aspirations of our departments. Following a meeting at the Royal College of Surgeons in July a large number of colleagues expressed an interest in being involved with the development of electronic care pathways across the range of emergency care. We are concerned that some of the difficulties

associated with the rapid roll out of NHS Direct in its initial form must be avoided.

- Last month I had an initial meeting with Sir Michael Rawlinson, Chair of NICE to discuss the development of NICE Guidance on Emergency Care.

- There is continuing confusion with regard to "trolley waits". The results of the recent BAEM survey will be available shortly. During the current transition period from the old "decision to admit" definition to the new parameters of "time from arrival to admission, transfer or discharge", many trusts are using a number of permutations of the definitions. This is confusing and bound to provide unreliable and inconsistent data from which any conclusions must inevitably be flawed. BAEM's recommendation is to focus on the new definition and ensure that the criteria for recording these times are understood. This will provide a realistic indication of the current state of play and the changes required to meet the targets set for 2004 in the NHS plan.

- A brochure on "A Career in Emergency Medicine" is nearing completion. This is a joint Association/Faculty production and is aimed to provide practical advice for those considering a career in our specialty. Abstracts from the booklet will provide material for display at careers fairs, thus raising the profile of the specialty for interested students and junior doctors.

- With regard to workforce planning, the first of a series of meetings between the specialty and the Workforce Numbers Advisory Board is being held on 8 November 2001. Members of the Association and Faculty will be kept informed of developments.

JOHN HEYWORTH

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News from BAETA

Faculty update

The Faculty is hoping to take over the administration of the Joint Committee for Higher Training in A&E (JCHT(A&E)). This will enhance the independence of our specialty and also has the potential to improve the training and accreditation process. All trainees must either be members of the Faculty (recommended) or enrol with the JCHT(A&E), and formal reminders are being sent to those who have not yet done either.

Annual Scientific Meeting of the Faculty

The Annual Scientific Meeting of the Faculty is being held at the Royal College of Surgeons of England between 15–17 November 2001. This is an educational meeting, covering subjects such as research methods, medical emergencies, and the future of the specialty. There will be a range of workshops including chest pain assessment, ultrasound, airway management, and many other topics. It promises to be an excellent event with day passes available and an accompanying social programme. There will also be a meeting for trainees at 0800 on Saturday 17 November—we hope to see you there.

EMTEL

EMTEL (the emergency medicine trainees email list) has expanded to encompass the majority of trainees in the specialty—if you are not currently on the EMTEL mailing list and would like to receive a regular update of relevant news and information by email please contact Jonathan Benger (JB@sectae.org.uk) with your email address. The EMTEL database is confidential, contains no advertising, and is used only by your elected committee to disseminate information of interest to all.

EMJ journal scans

The *EMJ* journal scans are written by several authors in rotation, a system that is open to willing volunteers. The process is simple, involves minimal work, and yields an almost guaranteed publication. Every two months you will be required to look through recent editions of one or two nominated journals, and send any relevant articles to the nominated author for that issue. When your turn arrives, you will be required to appraise about 10 articles. If you are interested in becoming involved, contact lee.wallis@lineone.net.

Exams and education

The position of FFAEM examiners and their role in training and courses has now been clarified. The examiners have been given specific advice that states they should not be involved in profit making courses relating to the FFAEM exam and they should not examine in any of the mock exams that are held around the country. On the positive side they are encouraged to give trainees information about the content and format of the exam.

For those taking the exam in the near future, a reminder that the FFAEM examiner's marking sheet is available on the FAEM half of the web site (www.BAEM.org.uk) under the heading "guidance notes for examiners". Lists of papers used for critical appraisal in previous exams are available from the Faculty, and it is hoped that further examples of clinical topic reviews will be published in the

EMJ to help trainees prepare for the exam. In order to be accepted by the examiners, clinical topic reviews must be written by the candidate only—reviews with more than one author will not be accepted.

Finally, a group is being formed (with trainee representation) to look into the development of a membership exam that would become an entry qualification to higher specialist training in emergency medicine. If anyone has any views on the exam format, contact Sunil Dasan via the Faculty office or email at s_dasan@hotmail.com. He is particularly interested in hearing from trainees who have taken the MRCSEd (A&E) exam and their experiences, good and bad . . .

JASON SMITH

President, BAETA

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Are you interested in clinical effectiveness?

Would you like to sit on the Clinical Effectiveness Committee of the British Association of Accident and Emergency Medicine? We are looking for people who have an interest or expertise in the following areas:

- Writing guidelines using evidence based practice
- Setting clinical standards
- Developing national audit tools
- Clinically based research and practice
- Improving access to emergency and urgent care
- Developing peer review

The Clinical Effectiveness Committee meets approximately monthly. We can promise you a lot of hard work but the reward will be establishment of national guidelines and standards for accident and emergency medicine. Contact Martin Shalley on tel: 0121 424 1257, fax: 0121 424 0260, email: shallem@heartsol.wmids.nhs.uk.