Emergency Medicine is a specialty in which doctors use their knowledge and skills to recognise and treat the acute, urgent, and emergency aspects of illness and injury affecting patients of all age groups.

Emergency Physicians manage the full spectrum of undifferentiated physical and behavioural emergencies at any hour of the day or night, using both their clinical acumen and an appreciation of the wider emergency services as a whole.

based on the definition by the International Federation of Emergency Medicine (1989)
The Emergency Physician (EP) is often the first doctor to see a patient; working with limited information in an uncertain situation. They use their clinical skills to recognise the sick patient and identify priorities. They are responsible for leading the team in the initial assessment and resuscitation of patients, making decisions in a time-pressured environment where the stakes and emotions are high. Often it is initially unclear how seriously unwell a patient is, and dealing with this uncertainty, whilst caring for our patients and relieving their symptoms, is part of the challenge and the thrill of Emergency Medicine.

The Emergency Department (ED) is the front door of the hospital and the “shop-window” of the NHS. It is open 24 hours a day, 365 days a year, and it is where the public know to come if they need medical help. It also acts as the hub of the acute hospital, linking the work of the specialties. Emergency Physicians liaise with these other specialties, coordinating the initial phase of the patient’s journey through the hospital. They also interact with many people in every shift, including anxious patients, concerned relatives, nursing staff, junior doctors, consultant colleagues, ambulance crews, and the police.

Emergency Medicine (EM) attracts a wide range of dynamic individuals who enjoy variety and a challenge. It is an exciting and rewarding career choice, with considerable scope to develop a range of interests.

Is Emergency Medicine for you?

Continue reading... The next few pages should help you to decide!
All in a Day’s Work...

The day-to-day work of a Consultant in Emergency Medicine is exciting, varied and unpredictable. Most consultants have four main areas of activity: clinical “shop-floor” work, teaching, management, and personal development. Many also pursue sub-specialty interests or work for regional organisations.

Clinical Work

“Shop-floor” work ranges from seeing new patients and running trauma or cardiac arrest calls, to supervising junior doctors and managing the department. Consultants also review patients in observation or clinical decision units, or at review clinics where patients return with minor injuries or illness for ambulatory care. Much of this work takes place in normal working hours, and consultants take it in turns to cover the out of hours period. Most departments have at least 6 consultants, with larger departments having as many as 20.

Teaching

The Emergency Department is a fantastic place to learn generic skills and gain invaluable clinical experience for medical students and junior doctors. Consultants and registrars are involved in teaching both on the shop-floor and in timetabled sessions. Registrars also have a structured training programme and consultants are involved in delivering this in a number of different ways.
Management
Consultants are responsible for running the service, which includes managing the rota, writing clinical guidelines, ensuring patient safety, liaising with other specialties, the pre-hospital services and the local community. Consultants work closely with the multidisciplinary team to develop the service and improve patient care, through audit, research and risk management. Consultants might also have responsibility for major incident planning.

Subspecialty Interests
Many consultants choose to train in other specialties, including Pre-hospital Emergency Medicine, Paediatric Emergency Medicine, Intensive Care, Sports and Exercise Medicine, Academic Emergency Medicine and Education.
Is Emergency Medicine for me?

If you enjoy variety and excitement, then Emergency Medicine is for you. Emergency Physicians work with patients of all ages, with all presentations, enjoying the “best bits” of the acute specialties. There is never a dull day, as the Emergency Physician works their way from one challenge to the next, applying a variety of skills to each new situation.

These challenges can range from leading a resuscitation, to managing sepsis, to trying to work out what has caused an elderly person to collapse, to reducing a shoulder dislocation, to reassuring an anxious parent whilst simultaneously treating their unwell child. There is always a new challenge!

Emergency Physicians are often the first to see a patient. Patients arrive at the Emergency Department unprepared and unrehearsed, often in pain and anxious about what is happening to them. It is the Emergency Physician’s task to gather information about what has taken place in this uncertain situation, and using their problem solving skills, to come to a working diagnosis.
You enjoy the privilege of helping people at their greatest time of need and the satisfaction of seeing patients respond to your interventions in a short period of time.

Emergency Physicians also have to be flexible, be able to multitask, and to think on their feet. It’s helpful if you are well organised, but not too stuck in your ways, as a changing situation might require you to rapidly adapt your approach.

If you are the kind of person who likes working as part of a wider team, you will flourish in the Emergency Department. You will work closely with many types of characters - they will help you and look out for you when the pressure is on, and you will make some close friends of your colleagues who you will find to be a very sociable group. Your communication and interpersonal skills will blossom within the ED environment which will, in turn, bring huge benefits to your interactions with the public and with other specialties.

Most of all you will find that the qualities of care and compassion for patients at their time of need will go a long way in this specialty - and this is often what our patients say that they value the most.
“It’s fascinating, varied, rewarding... You’ll have the best stories to tell at dinner parties.”

DR HEIDI EDMUNDSON

“You should stay calm in a crisis, enjoy taking charge, and be able to step back and make decisions.”

DR NICOLA RADFORD

“You need to be a statesman, and a leader. Emergency Medicine needs a balance of individuals, there is no one personality trait, and each person brings different qualities to the specialty.”

DR GERAINT MORRIS

“You should like people, you meet a lot of them... be a good team worker and be able to motivate yourself and others to work hard.”

DR LAURENCE GANT

“The continuous challenge of new patients with unknown conditions makes the specialty perfect for me, I like the unpredictable nature of the work, and I like the characters you get in the ED - both the patients and the staff.”

DR RUTH BROWN
These are exciting times for Emergency Medicine. We are incredibly popular with the public, there is a lot of media focus on us and we remain a priority for the NHS. The spotlight is on us! This is good news for our specialty and will mean continued development and investment in our workforce.

The specialty is expanding rapidly with an increase in consultant numbers each year. As the number of consultants in each department grows, there will be a developing senior presence on the shop-floor across the 24 hour period. This will mean some ongoing shift work for most consultants in the future. Many people enjoy working a mixture of day and evening shifts, and it is unlikely that consultants will be expected to work nights unless these are shared between a large group of them working together. Future negotiations around pay and hours are likely to reward this work well, and often out-of-hours work will reduce the overall number of hours a consultant is asked to work.

Overall the profile of Emergency Medicine continues to rise, and the passion and enthusiasm amongst Emergency Physicians drives them to provide the best quality care for patients at significant moments in their lives.
Ten reasons to do Emergency Medicine...

1. The Emergency Department is where the public know to come when they need help, they value the service and in return you have the privilege of helping people when they are most in need.

2. You manage the full spectrum of illness and injury, in all patients.

3. It is what it really means to be a doctor.

4. You see the ‘best bits’ of all the specialties.

5. There are no long ward rounds and few bleeps.

6. The Emergency Department is the front door of the Hospital and the ‘shop-window’ of the NHS.

7. You work with a variety of different people with whom you share team spirit and camaraderie - you are part of a team.

8. Emergency Medicine attracts a wide variety of inspiring characters and dynamic personalities.

9. There is huge scope to develop a special interest in almost anything you can think of.

10. Emergency Medicine is the most important specialty in medicine!
Emergency Medicine Training Programme

Certificate of Completion of Training in Emergency Medicine
*If all training is not completed in posts prospectively approved by GMC then entry to Specialist register can be achieved by CESR-CP

Final Fellowship examination

ST4-6 Higher Specialist Training in Emergency Medicine
- 3 years of training.
- Competitive entry
(Note: pilot of run through training-automatic progression to HST subject to satisfactory ARCP in some training programmes)

Optional
Sub-specialty training: Paediatric EM Pre-hospital EM
Further training / Dual accreditation in ICM

Intermediate examination
Required for progression to higher specialist training

ACCS CT3 EM
6/12 Paediatric Emergency Medicine
6/12 Emergency Medicine
- 3 Year posts normally completed as ACCS then CT3 but order can be changed

Primary examination
Can be taken from FY1 onwards

Acute Care Common Stem CT1&2
Consists of EM, AM, Anaesthetics & ICM
- May be completed in any order
- Minimum of 3/12 in each specialty except for 6/12 in EM
- ACCS EM - 3 years
- Competitive entry

Transitional training in AM/ICM/AAnaesthesia

Emergency Medicine with particular focus on Paediatric EM and general EM competences not achieved in prior core training programme
- Competitive entry

Surgical Core training programme or EM experience

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- 3 years of training.
- Competitive entry

Optional
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- Competitive entry

Surgical Core training programme or EM experience

Please note that person specifications are issued annually and may vary from year to year. Programme subject to GMC approval. Up to date guidance will be posted on the College website at www.rcem.ac.uk
Emergency Medicine as a Student

It is never too early to start preparing for a career in Emergency Medicine. You will find that the Emergency Department is the best place to learn the core skills of history taking, examination and recognition of the critically unwell patient.

Spend as much time as possible in the Emergency Department during your core study modules, gaining experience in this environment. This will help you to decide if Emergency Medicine is for you and will provide plenty of opportunity to gain the skills and experience you will need as a junior doctor.

Many medical schools will also allow you to choose special study modules based in the Emergency Department, which will allow you to look at certain aspects in more depth, or enable you to complete a special project.

There are many electives available in EM, either in the UK or abroad, and an elective in EM will help to broaden your experience and demonstrate a commitment to EM.

Consider volunteering as a helper for local life support courses - this is a great way to revise for exams and get some experience in resuscitation and recognition of the seriously ill or injured patient.
As a student you can become an affiliate member of the College. This will give you access to the latest information and advice on EM training, a wealth of educational resources such as e-learning modules and up-to-date clinical guidelines, and reduced price entry to College conferences and educational events.

You can also receive the Emergency Medicine Journal (EMJ) at a reduced cost as an affiliate member.

What next?

We’ve put together a checklist to get you started...

- [x] Read our booklet *A Career In Emergency Medicine*
- [ ] Maximise your time in an Emergency Department
- [ ] Do an elective - at home or abroad
- [ ] Volunteer for life support courses
- [ ] Attend a College Careers Day
- [ ] Become an Affiliate Member of the College
- [ ] Visit the College website at [www.rcem.ac.uk](http://www.rcem.ac.uk)

If you have any questions, please email us at: [careers@rcem.ac.uk](mailto:careers@rcem.ac.uk)
Emergency Medicine in Foundation Training

During your foundation years you will make important decisions about your future career. You are also likely to get first hand experience of working in an Emergency Department both as an EM doctor and working for the inpatient teams.

There is much that you can do during foundation training to start to build a career in Emergency Medicine. If you can access a foundation program with a post in EM (either four or six months), we would recommend that you apply for it. This is excellent experience for any specialty and will allow you to gain a wide range of clinical skills in an environment with plenty of senior support.

These posts are very popular, so even if you have not completed a foundation post in EM, you can still apply for specialist training. We would recommend that you complete a taster week in EM during your F1 year in any case. Make the most of your taster week by meeting with an EM Consultant beforehand, setting objectives and consider completing a short, relevant project. Emergency Departments provide plenty of opportunity for audit projects and quality improvement activities. All of these things will enhance your experience, deepen your insight into the specialty and be viewed favourably.
You will need to complete an ALS course by the end of F2. You could also consider sitting MCEM Part A during foundation training as there is much crossover of basic science between this and medical school exams.

For further advice attend a College careers day or ACCS study day and refer to the College website. It is also worth speaking to your Foundation Program Director or finding your College tutor in EM for further guidance.

What next?

We’ve put together a checklist to get you started...

- ✔ Read our booklet *A Career In Emergency Medicine*
- ☐ Apply for a foundation job that includes Emergency Medicine
- ☐ Do a taster week in F1
- ☐ Complete an ALS course
- ☐ Attend a College Careers or ACCS Training Day
- ☐ Become an affiliate member of the College
- ☐ Visit the College website at [www.rcem.ac.uk](http://www.rcem.ac.uk)

If you have any questions, please email us at:

careers@rcem.ac.uk
There is an ‘urban myth’ that a career in EM has a poor work life balance with little opportunity for flexible working. Nothing could in fact be further from the truth.

Sessional working as a consultant in EM is the most flexible of hospital careers and very enabling of family life and work life balance where appropriate job planning is applied.

The very fact that our sessions include out of hours working means that in a balanced job plan we have far more free time in ‘standard working hours’. This allows you to get the necessities of life completed (going to the bank, dentist, and other appointments, being home for deliveries etc.) without having to take leave as you would in an inflexible, fixed weekday job plan, as in other hospital specialities, where working is dictated by fixed clinic, ward round, and theatre list timings.

This flexible sessional working also allows for a more family friendly environment, making it easier to co-ordinate around partner working and child care arrangements, often making this far more affordable with increased parental input in child care. Working in an annualised manner, as many EM clinician rotas do, enables those who wish to have their sessions weighted towards term time working the opportunity to do just that, or those who are child free to have extended periods of time away by meeting sessional requirements in blocks. This can support other activities within or without a clinical career.

As consultant numbers increase this becomes more and more of a positive for a career in EM and with full RCEM support for sustainable career structures this makes EM an excellent career choice for those looking for flexiblity and balance.
“Emergency Medicine is good with a family - you can fit life around it. I come to work to relax - it's far more stressful at home!”

DR NICOLA RADFORD

“You can balance the intensity of work with an outside interest - especially these days when there is a trend towards portfolio careers - for example I completed my teacher training in yoga during my time as a flexible trainee, which has allowed me to have a parallel career and feel fulfilled as a person.”

DR RITA DAS

“Emergency Medicine is much more set up for flexible working than other specialties - you can leave the shift and feel as if you are not leaving things behind that you are responsible for but that others have to sort out.”

DR RACHEL MAYNARD

“Working in EM has allowed me to travel and expand my horizons. I worked as an expedition medic in Borneo and taught first aid, helped to plan casualty evacuations, and coached the young people on leadership and personal development skills. My job in EM allowed me to take this time off and supported me on return.”

DR NICK MANNERING

If you would like any further information about a career in EM please visit www.rcem.ac.uk, speak to a consultant in your Emergency Department or your local EM College Tutor.
Training in Emergency Medicine will put you in the frontline of medical care. You will join a team of dedicated and talented individuals from different backgrounds and disciplines and you will learn to manage the breadth of acute presentations.

The majority of Emergency Medicine trainees complete a core training program called Acute Care Common Stem (ACCS). This starts with six months each of EM, Intensive Care Medicine, Anaesthetics and Acute Medicine, then a further year focusing on Trauma and Paediatric EM.

Providing that you have passed your MCEM exam, you will seamlessly progress into the ST4 year of higher training. Trainees can apply for run-through training for six years, with the benefit of not having to reapply to higher specialist training at ST4 level.

Currently doctors can also enter training at CT3 level, providing they have completed sufficient time in Emergency Medicine, or completed core surgical training but wish to change career. This is known as Direct Route of Entry into EM or DRE-EM. These trainees will have individually tailored training programmes enabling them to acquire any missing ACCS competences prior to entering ST4.
Core Training

In core training, the curriculum is shared between the specialties and you will need to complete a number of linked WPBAs. These are divided into major and acute presentations and are easy to follow. The assessments include competences and procedures relevant to all of the acute specialties in the programme. These are logged on an e-portfolio which is accessible after registering with the College of EM.

Higher Training

Entrance into higher specialist training at ST4 level requires MCEM parts B and C and up to date certification in ALS, ATLS and APLS courses is highly recommended.

During your training you will master a wide range of clinical skills, competences and procedures due to the breadth of exposure you will get. As you progress further through training you will be supported to develop more managerial skills such as running the ‘shop-floor’ and supervising more junior members of staff. You will enjoy regular teaching both locally and regionally and be asked to deliver some teaching yourself.

You will be encouraged to start developing sub-specialty interests and will be given the opportunity to take some time ‘Out Of Program (OOP)’ to gain additional skills that will complement your career.

Finally you will need to pass the FCEM before the end of higher specialist training to complete your CCT and become a Consultant. Go for it!

If you would like any further information about a career in EM please visit www.rcem.ac.uk, speak to a consultant in your Emergency Department or your local EM College Tutor.
The broad base of Emergency Medicine means that there is huge scope to develop a specialist interest in almost anything you can think of. Well recognised sub specialties and niche personal interests happily coexist.

**Paediatric EM**

Trainees from both EM and Paediatrics can apply for sub-specialty training in PEM. This consists of six months based in a recognised Paediatric Emergency Medicine department and six months of ward-based paediatrics including care of critically ill children. There are a number of posts around the country, please see the sub-specialty pages of the College website for more details.

**Pre-hospital EM**

PHEM has expanded hugely in recent years and you can now obtain sub-specialty accreditation in PHEM. Please see [www.ibtphem.org.uk](http://www.ibtphem.org.uk) for more details. Many more consultants now have time in their jobs to undertake PHEM. Training in PHEM involves learning how to manage the critically ill and injured in a range of challenging locations, managing hazards, crowds and major incidents.
Intensive Care Medicine

You can now dual accredit in EM and ICM. ICM training can be entered from ACCS core training by applying for EM first and then reapplying to ICM in the subsequent annual recruitment round, or vice versa. The minimum timeframe for completion is 8.5 years and dual-accredited trainees can become affiliate fellows of the faculty of ICM. This enables Consultant appointments with ICM commitments. For more information please see the Faculty of Intensive Care Medicine website at www.ficm.ac.uk

Other special interests

There are a number of other recently developed (and developing) options for special interests that can be included in your training. These include Academic EM, Geriatric EM, Ambulatory Care and a number of other allied specialties.

Some Emergency Physicians also work as General Practitioners or have an interest in almost anything you can think of, including Toxicology, Infectious Diseases, Sexual Health, Wilderness Medicine, Retrieval Medicine... the list goes on and on!

If you would like any further information about a career in EM please visit www.rcem.ac.uk, speak to a consultant in your Emergency Department or your local EM College Tutor.
Defined Route of Entry (DRE-EM)

There is now an alternative way to get into Emergency Medicine training for doctors with relevant previous experience and transferable competencies.

Defined Route of Entry into Emergency Medicine, ‘DRE-EM’, is an entry point into Emergency Medicine specialty training. DRE-EM was introduced in 2014, and has its own national selection process. The intention of DRE-EM is to increase recruitment to Emergency Medicine training whilst maintaining quality, providing an opportunity for those who already have relevant skills and experience to get on board.
There are two groups of doctors eligible for DRE-EM:

**Those who have completed core surgical training** - having successfully completed two years of core surgical training or the first two years of run-through surgical training in the UK, with evidence of achievement of CT/ST1 competences in surgery at the time of application and CT/ST2 competences in surgery by the date the post commences. Entry via this route leads to a Certificate of Completion of Training (CCT) in Emergency Medicine.

**Those who have sufficient EM / acute specialty experience** - with evidence of a minimum of 24 months at core trainee level in any ACCS specialties (Anaesthesia, Emergency Medicine, Intensive Care Medicine or Acute Medicine), of which at least 12 months must be in Emergency Medicine OR completion of the equivalent of core surgical training with evidence of achievement of CT/ST1 competences in surgery at the time of application and CT/ST2 competences in surgery by the time of appointment. This route leads to a Certificate of Eligibility for Specialist Registration – Combined Programme (CESR CP) in Emergency Medicine.

Successful DRE-EM applicants will be offered an appointment to an ST3 Emergency Medicine post. Prior to the successful applicant commencing in post, a review will be conducted by the College of Emergency Medicine, in conjunction with the local training programme, to define transferable competences and establish future requirements. A decision will be made as to the additional time/competences required prior to moving to ST4 Emergency Medicine. Successful applicants will usually undertake a minimum of one year of Emergency Medicine, plus additional time as needed in Acute Medicine, Anaesthesia, Intensive Care Medicine, etc. It is recognised that successful applicants will normally require between 12 months and 24 months at ST3 level prior to progressing to ST4 Emergency Medicine.

If you would like any further information about a career in EM please visit [www.rcem.ac.uk](http://www.rcem.ac.uk), speak to a consultant in your Emergency Department or your local EM College Tutor.
Academic Emergency Medicine

It has been said that there are two ways to be a great doctor. The first is to be an outstanding clinician. The second is to be an outstanding clinical researcher. The first way benefits each patient, one at a time. The second benefits untold numbers of patients, by affecting healthcare itself.

Academic Emergency Medicine is the pursuit of new knowledge that will benefit Emergency Department patients. As patients with almost any condition can pass through the doors of the ED, Academic EM covers a huge span of conditions.

Emergency medicine is different to other specialties. Other specialties are defined by system (cardiology, respiratory, gastroenterology, renal); anatomy (orthopaedic, lower GI surgery, upper GI surgery, gynaecology), or skill (anaesthesia). Emergency Medicine is defined unlike any other specialty; by time. Decisions made within the first few precious hours could affect the patient for the rest of their life. From immediate lifesaving decisions to careful consideration of risk prior to discharge, Academic Emergency Medicine provides the evidence that will back up the decisions.

Without academic skills, patients cannot benefit from up to date evidence based EM. Learning to search the available literature, to read a paper and appraise it, and to synthesise the many papers on any single topic are part of the curriculum. They are examined via the Clinical Topic Review and the Critical Appraisal exam. These skills form a fantastic foundation to academia, and they come, as it were, completely free, with the standard training package in EM.
For those who wish to pursue Academic Emergency Medicine further, there are a wealth of options. The UK Clinical Research Network lists all ongoing studies and trials into which any site can enrol patients, given the infrastructure. The CRN will also provide assistance and direction in building a site up to capacity for enrolling patients.

All an EM doctor needs to get into Academic EM is enthusiasm. Like any branch of academic medicine, objectivity and an ability to isolate a clinical question are essential. With EM training and a passion for objectivity, you will learn the skills involved in designing studies and trials to answer clinical questions in ways that benefit patients the most.

A paradigm shift is occurring regarding clinical research. Whereas previously participating in research, whether by patients or healthcare professionals, was seen as onerous, it is now becoming the norm. All patients should be offered the opportunity to participate in research. For this to happen, EM research needs more doctors and nurses involved, helping conceive, design, recruit to and publish research.

Where to see Academic Emergency Medicine in action:

- www.bestbets.org - Evidence Based Medicine applied to specific clinical questions
- www.annemergmed.com - Emergency Medicine research journal
- www.rcemlearning.co.uk/foamed-layout - free open access medical education
- http://haltit.lshtm.ac.uk - a current trial running in Emergency Departments

If you would like any further information about a career in EM please visit www.rcem.ac.uk, speak to a consultant in your Emergency Department or your local EM College Tutor.
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