

a passion for leadership development, please contact your Head of School in your region for further details. All of these posts will have clear backfill resourcing to ensure we produce a high quality product. Much more on this soon.

A mention too for Dr Tara Sood and her team who are leading the RCEM Group on Ambulatory Emergency Care & CDUs. You will remember we set up a Special Interest Group back in 2017 in this key area. They will be publishing an excellent toolkit soon that I urge to read and feedback on so that we can help them to develop further. In addition I know that the Informatics Group led by David Gaunt are soon publishing on a range of issues related to the way in which we make the best uses of technology – rather than trying hard to just kick the computer as the screen hangs and help minimise the angst of Electronic Patient Record launches! Thanks David for all help with that especially.

SHOWCASING EXCELLENCE

On December 6th we will be holding the Annual RCEM Diploma Ceremony. This is certainly one of the absolute highlights of the year for our College and my favourite day. This year there are another huge number of diplomates – 2 ACPs, 179 collecting MRCEM and 118 their FRCEM. It is a thrilling day for them and their families and we hope to make it very special indeed. I am really grateful to so many people for their help in organising such events but especially Emily Beet our Deputy CEO, and of course Harriet Ambroziak and the RCEM Events Team. This year will also be the announcement of the RCEM Annual Awards for 2018 for the first time at this event. Overall a great day for just some of our members to celebrate both embarking on their clinical careers as well as those further down the road to recognize what they have achieved as trained staff.

AND FINALLY...

This is a chance to announce that in January we will be starting the process to elect a new President. No doubt there will be an excellent array of candidates. I urge you to make sure you contribute by voting. It is remarkable to think that I am well into my last year. As I have previously recorded it is indeed a remarkable honour to be the RCEM President and time has certainly flown by. I am grateful for all the ongoing support and feedback.

Lastly, a chance indeed to wish you an early Seasons Greetings. I hope that amongst everything else that you get some quality time with your families away from the hurly burly of the ED. Here's looking forward to an excellent 2019!

Dr Taj Hassan
President, RCEM

Escape... to the wilderness.

After a wonderful summer but as another NHS winter of discontent looms, is it time to reflect on how best to sustain our working lives in Emergency Medicine? We all love the clinical and managerial challenges that working at the coal face brings, but can also identify the change in our personalities and working practices that working under constant pressure brings. "Re-wilding" can lower the tempo and allow space to reflect and regenerate.

The desire for F3 to F∞, time out of training, sabbaticals or the development of a portfolio career is gaining momentum. Whilst a "gap life" might be unrealistic, the sustainability of the latter is eased by being part of a shift-based specialty. With annualised rotas, shifts may be clustered to plan time chunks to pursue interests outside the Emergency Department.

Such an interest may be 'wilderness medicine' - the practice of medicine in remote places where rescue might not be available and definitive care may be hours, if not days away. There are many skills in this field that also are useful in humanitarian

work, disaster relief, foreign clinic work and other stimulating situations.

The personality traits that drew me to urgent and emergency care are the very qualities needed by an expedition medic; flexibility, adaptability, team working, improvising and overcoming problems as well as the ability to work in an austere setting, from a hospital corridor to deep in the Amazon rain forest!

If you yearn to travel with a purpose – personal and professional enrichment – there are growing opportunities in wilderness medicine. Being the medic on a charity trip to walk the Great Wall of China, working with young people or those with disability, supporting sustainable and responsible global health projects, teaching and mentoring in the overseas setting are the tip of the iceberg. Some projects only require a week or two of involvement. Furthest afield, the British Antarctic Survey's jobs last many months. Varying client groups, environments and objectives will pose diverse challenges physically, mentally and medically. There will

be opportunities to develop leadership skills and core outdoor skills and practice resource management and living "in the field" with reduced creature comforts. The medic may brush up against other professionals on the team and insights and skills inevitably rub off be they related to vehicle maintenance, catering, photography, social media management, press and PR to name a few non-medical strands that projects often involve.

Before a trip, the medic will be expected to help in the planning, selection and screening processes - get this right and hopefully the trip will be medically low stress. Aim to anticipate and prevent problems by optimising pre-existing medical conditions like asthma (ensure preventers are used / spacers are carried).

Once abroad, one has to rely more heavily on clinical acumen. Doctors may have to complete tasks they are rusty at (putting on slings without the trusty Band 5 nurse at your side) or have little experience of (providing basic nursing care to a hammock ridden patient with D&V). Routinely, the medic should ensure expedition toilet facilities are as salubrious as possible, hand washing is rigorous and that food preparation is hygienic. Simple

illnesses or injury such as sunburn or foot rot can have a devastating effect on a patient's comfort - knowledge of prevention and management will make everyone's life much more tolerable and contribute to the venture's success.

As generalists we have the skill set to provide medical care in a wilderness setting¹. Interventions such as haematoma blocks might be useful for many different fractures and dislocations, not just distal radius fractures. Improvisation and lateral thinking are often required. A fracture incurred on a high mountain in adverse weather might need to be splinted using food packs (pictured) and duct tape or a femoral fracture might need traction applied with climbing kit to hand in place of a Kendrick traction device.

New skills might need to be learned before deployment such as how to replace a dental filling, improvising a stretcher or performing an ankle nerve block to remove a foreign body from the sole of the foot. Specialist knowledge of altitude illness, hyperbaric illness, freezing and non-freezing cold injury, exertion associated collapse and hypothermia might be required. Above all though communication skills with both the leadership team and the participants (your patients) will be most important. You will be their physician, probably their support network and possibly their life coach.

With advancements in technology, 'reach back' to top cover, whether formal or informal, has never been easier. It is rare to be so remotely 'off grid' to not be able to access a second opinion via WhatsApp or satellite messaging device or phone. Daunting perhaps if you are the sole medic, but with the right communications gadget, this doesn't have to be the case.

For the more junior wishing to take time out of specialist training you can continue to collate evidence for your portfolios. WBPA² forms can be completed and client feedback



Mobilising well with a splinted radius fracture

from groups that you support as a medic play well at interview or future ARCPs.

Helping people achieve their expedition goal, whether it is climbing Kilimanjaro or hiking the Namibian Skeleton Coast, brings huge satisfaction that is also rejuvenating and grounding. You will return to work more resilient with renewed vigour and purpose. Just what the doctor ordered.

Every journey begins with the first step. Here's two suggestions on how to embark on that first wilderness venture.

1. The Bristol Royal Infirmary offers a clinical fellow post in expedition and wilderness medicine (SHO or middle grade level) including mentoring and support before, during and after an expedition on a 12-month (75% EM 25% expedition medicine) contract.
2. Attend a specialist course. Join me in Chamonix, France 21-25 January

for a diverse Expedition Medicine conference³ run by Wilderness Medical Training.

Harvey Pynn
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REFERENCES

1. Faculty of Prehospital Care, Royal College of Surgeons Edinburgh guidance for medical provision for wilderness medicine Mellor et al. *Extrem Physiol Med* (2015) 4:22 <https://extremphysiolmed.biomedcentral.com/track/pdf/10.1186/s13728-015-0041-x> or <https://www.ncbi.nlm.nih.gov/pubmed/26629337>
2. https://wildernessmedicaltraining.co.uk/wp-content/uploads/2018/11/WPBA_Remote-and-Global-Medicine_V1.pdf
3. <https://wildernessmedicaltraining.co.uk/medics-series-courses/expedition-medicine-in-chamonix-winter-2/>

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