EM in UK : An Informed Decision

WHITE PAPER
June 2012

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EM INSIDE WHITEPAPERS

An initiative of
EmergencyMedicine.in

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EM INSIDE Whitepaper – Emergency Medicine in United Kingdom: An Informed Decision

DOI – 10.7339/eminside2012-002
ISSN – Pending allocation
Version - 1.0, Release date - 01 June 2012.

Emergency Medicine in United Kingdom: An Informed Decision

The increasing popularity of emergency medicine training programs in India which accredit emergency physicians to work in United Kingdom, is leading to a constant efflux of students and residents out of India. Most of them have no reliable information of what they will be facing or are misled into believing that "the grass is greener on the other side"!

The intention of this whitepaper is to give an insight into the career options, daily life, finances, insurance, work ethics, skill levels, etc.

About the authors

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INTRODUCTION

Every trust in the NHS system in the UK runs a one day induction program for new appointees to introduce them to the various departments within the hospitals, the process flow within their respective department and the different documents they will need to complete to validate their qualification and presence. This proves very useful to a person who has started fresh and is unaware of new systems and protocols.

From this arose our thought that doctors who come from India are often in the deep end in this vast organization as the NHS. It is easy to lose morale, feel isolated and undervalued.

Ours is a sincere effort to provide the insider information for doctors trained in emergency medicine who wish to come to UK, so as to empower them to make an informed decision with their choice.

COMING TO THE UNITED KINGDOM

An Indian wanting to work in the UK will need a valid visa. The statement sounds oversimplified. But the idea behind the statement is to emphasize the fact that often people are misled into choosing the wrong kind of visa and then feel trapped upon arrival to the UK. Currently, after several changes to the UK Border Agency (UKBA) rules, there are 2 types of visa available for doctors who wish to work/train in the UK.

Tier 2 Visa (maximum period is 3 years which is extendable) and dependants of this visa.
Tier 5 Visa (maximum period is 2 years at the end of which one has to leave the country)

One can visit the UKBA website to look into the details of all the work visas available.
http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/applying/

Both the above visas are points based system where you need to gain a specified number of points to qualify for the visa. The points are awarded for qualification, sponsorship, maintenance funds, IELTS/equivalent test, and Job offer with salary details.

Tier 2: GENERAL- SKILLED WORKER

This is a sponsorship based visa where an individual trust or deanery (which will employ you) can issue a certificate of sponsorship along with your job contract and salary details (pa), so as to enable you to apply for a visa through the VFS global offices present in all capital cities of India. The maximum period for which you can get this visa is 3 years which can be further extended if the employer wishes to extend your contract. You can also switch into any other visa applicable to you, from Tier -2.
http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/eligibility/

Tier 5: TEMPORARY WORKER

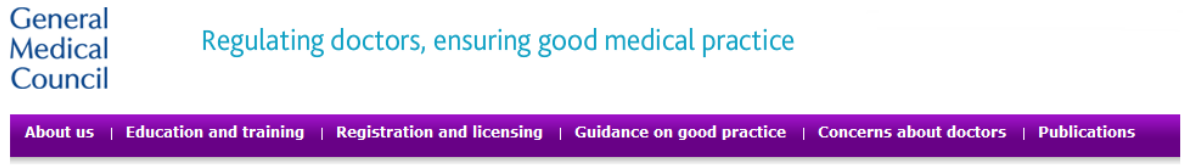
This too is a sponsorship based visa and limited only for 2 years after which one will have to leave the country. You cannot switch to another visa category. The medical training initiative which several Royal Colleges have undertaken, offer this kind of sponsorship to enable people who have several years of experience in their specialty (with or without post graduate degree) to come to the UK and train for two years. This should not be mistaken as a national training number towards a fellowship as the training programs and structure differ. The training does not promise you a degree or an eligibility to sit for a fellowship exam. It also does not ensure that you will be in a large teaching university hospital. In fact you may be posted in small hospitals to make up for the staffing numbers.
http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier5/governmentauthorised-exchange/

The visa rules have changed several times in the last 10 years and the visas have become much dearer as well over the same period. It is therefore important to realize that whatever visa you come under, rules might change in the next few weeks. So keep a watchful eye on their website for regular updates on regulations. Also make sure that you use the right form and more importantly the latest version of the same.

Finally, one last word of wisdom, make sure you check the date of validity of your visa as it is easy to assume that the visa is valid from the date of issue.

REGISTRATION WITH GMC

The General Medical Council (GMC) is the central regulating authority of the UK medical system. The registration itself is not difficult if all your paper work is in place. What is challenging however is getting the certificate of good standing from the medical council of India or individual state medical councils, which is one of the most important document required for registration along with your qualifications and experience documents. GMC in England is based in London and Manchester, Scotland-Edinburgh, Wales-Cardiff and Northern Ireland-Belfast.



http://www.gmc-uk.org/

One has to attend in person with originals and photocopy of all documents for the final step of registration only after which you will be formally employed and allowed to practice in the UK. Remember, on the day of your registration, it is advisable that you dress yourself in formal wear which includes tie for men. A photo of yours will be taken by a overhead camera at their office which is the only picture of yours saved in their files. GMC also issues the License to practice for doctors actively practicing in the country. You will need this too.

You should be well aware of the recent introduction of the concept of revalidation where you could lose registration/license to practice if found to not have updated your skills and knowledge. This process will roll out to all doctors practicing in the UK in 2012.

APPLYING FOR JOBS

There are many ways of applying for Jobs in the UK from India. The most popular is via recruitment agencies. Medacs, Medic International, HCL, etc, are a few to name. They have their websites and all that needs to be done is to update your CV onto them. This sets the ball rolling and the agencies would then liaise with trusts/deaneries and would arrange telephone/video conference interviews.

The following websites are also useful to look for jobs posted by individual trusts and one can directly apply to them without the intervening agency.

www.jobs.nhs.uk
www.bmjcareers.com

You should familiarize with the different grades of jobs / job descriptions in the UK. The hierarchy of jobs in the UK from junior to senior is:

1) **Foundation year 1** - is pre-registration house officer job - equivalent to internship in India.

2) **Foundation year 2** - Senior House officer job.

3) **SHO / Core trainee (CT) /Specialty trainee (ST)** - This job could be training or a non training post. However, CT and ST posts are trainee posts only.

4) **Registrar Level jobs** - could be training posts (Specialty Registrar - SpR) ST4 onwards, which includes Locum appointment for training (LAT) and fixed term specialty training appointment (FTSTA) OR trust grade non training jobs which are called as clinical fellows, Specialty Doctor, Locum appointment for service (LAS). All these posts at this level are uniformly called as Middle grades.

5) **Consultant** - Post fellowship doctors

PREPARING FOR LIFE IN UK

FINANCE

Though the UKBA requires for you to have had £800 per month as available funds to survive in UK, we believe that provided you have secured a job even before arrival to the UK, you will need nothing less than £1500 for the first month.

If you haven't got a job at the time of arrival and here on a Visitor/PLAB visa, you will need almost double the above amount per month as accommodation, public transport and food is expensive.

Forex cards are easily made available by several banks in India and it is a good idea to have your money in the form of a card. However you will also need some loose cash as taxies, trolleys, airport transfers will need to be paid in cash.

To give you a snapshot of the things you will be spending on and the expenditure on them compared to Indian rupees; Example:

Milk 1lt	Rs.24 approx. - £0.52
Bread 1loaf	Rs. 15 approx. - £1.25
Public Transport Bus	Minimum charge £1.40
Train	Minimum charge £5.00 approx
Hair Cut	Minimum cost -£10.00
Coffee in a coffee shop	Rs. 65 - £2.20, even the vending machine coffee is £1.50

If you would like a detailed cost of every day to day product please visit:

www.asda.com
www.tesco.com
www.sainsburys.co.uk

MISCELLANEOUS

Most hospitals in the UK have on site accommodation and it works out cheaper per month for single rooms as the rent includes bills and comes with a shared kitchen and hall. Family accommodations are usually not available.

For more than 6 months of the year, UK experiences cold temperatures (<10 degree celsius) and warm clothes should be best bought here as the winter wear available in India does not protect you from the intense cold here.

Food is not a problem as long as you are open to new cuisines. Almost all big cities of UK have Asian shops where every Indian grocery items are available.

You can bring your own mobile phone from India, preferably a smart phone. SIM cards on 'pay as you go' schemes are easily available.

Internet is a basic requisite in this country as all important communication occurs by e-mails and navigation across the country is easy with Satellite Navigation Devices (Sat-Navs) / Google maps as you will not find people on the way-side eager to give you directions.

From personal experiences and passed down wisdom, we advice that it is very important to know someone in this country...even the most distant relative or a friend's friend's friend will do, as there will be moments when you will be literally lost and one phone number within the UK will be your lifesaver!!

Pre book your transportation from the airport to your destination from India itself as that can save you a decent amount of money. The airport taxis will cost almost double that amount.

If you drive in India and carry a valid license then it may be a good idea to get an international license (which is valid for 1 year). This may let you buy a car and drive in the UK which you will want to do as public transport is very expensive. Having said this, driving in UK is not the same as India. It is recommended that you take a few lessons in driving after arrival to this country.

EMERGENCY MEDICINE

Once you have decided to come to the UK to train/gain experience in Emergency Medicine, It is important that you give yourself six months to get all your documents in place.

This includes experience letters from all your jobs after MBBS. If you have had a structured training in EM in India then it is a good idea to have a portfolio where you have a log of every procedure done and which has been supervised. It is painful to get your documents in retrospect from your supervisors / seniors in India once you are in the UK. Postage is expensive and the last thing you will want is to pay for the certificates to arrive from India.

All course certificates, conference attendances, papers published or presentations made in conferences, audits done and involvement in any departmental activities should be filed in a manner which is easily understandable.

Remember, if you don't have a paper to show that means you haven't done it or you don't know it!!

EVIDENCE OF COMPETENCIES

If intending to get into a national training program, it makes life very easy if all your training from India can get unquestionably recognized. To do so, have your documentation of competencies in the form of Mini-CEX, DOPS, and CBD in order. The guide of how this could be done and word docs of the same are available on the CEM website. A little bit of pain will go a long way in securing the right job and demonstrating your intent to train further.

Trainee's Portfolio

Remember, stating competencies that you haven't achieved or not confident with will land you in trouble as in EM every skill gained will be put to test in good time and you will soon be found out, this will put your credibility in question. There are plenty of such stories that come to light on a daily basis about doctors who oversell themselves and fail to deliver.

WORKPLACE BASED ASSESSMENT FORMS:

http://www.collemergencymed.ac.uk/Training-Exams/Work%20place%20based%20assessment/Workplace%20based%20assessment%20forms%20from%20August%202010/default.asp

The EM related courses which you could do once you are in the UK are:

1. **Prehospital & Resuscitative Thoracotomy Course conducted at the RCS - England in London.**
   http://www.rcseng.ac.uk/education/courses/resuscitative-thoracotomy

2. **Major Incident Medical Management and Support Course** run by the ALSG.
   http://www.alsg.org/en/?q=mimms

3. **Expedition and Wilderness Medicine Course**
   http://www.expeditionmedicine.co.uk/index.php/products/event/p-004.html

4. **Advanced Trauma and Critical Care Course**
   http://www.atacc.net/atacc_courses.asp

5. **Critical Appraisal Course.**
   http://www.criticalappraisal.com/online-course/subscribe

6. **Ultrasound Guided Regional Anesthesia course**
   http://www.ucl.ac.uk/anaesthesia/education/UltrasoundRegional

7. **Diploma in Immediate Medical Care** (RCS - Edinburgh)

8. **Pre-Hospital Care Course**

9. http://www.basics.org.uk/basics_education/phec

This is not a comprehensive list and definitely there are more courses which may interest you. You can manage to get information about courses from department notice boards or from the EM Journal published every month by the CEM.

Try to gain Emergency Ultrasound competencies in India as it's a very sought after skill and the courses here are expensive.

LIFE IN THE UK: WHAT'S UNIQUE

If you thought the grass was greener on this side of the hemisphere, think again!

English Language:

Having educated yourself in top schools in India with English being your medium of education right from childhood, having studied medicine in English and having passed your IELTS with good scores, if you thought that language is the last problem you will have in this country then you are so mistaken. Every region has a different English dialect with their own local jargon for common day to day words and activities that you will look like an alien who speaks English so clearly that it is not understandable by the local public.

"Please, Mate! Bung us some dosh for the dog and bone! "

Bung = Bribe/Give, Dosh = Money, Dog & bone = Phone

Communication:

EM is one specialty where communication plays a big role and there is no better place to understand this than here in the UK. You will be in regular conversations with different specialties, your colleagues within the department and your patients. You will be seen as a better doctor if you could communicate better, as clinical skills are something uniform among all doctors.

The jargon used to gain history from patients is very unique in this country as opposed to what we have been trained in India. A small taster of this is this document which may give you an idea.

http://regmedia.co.uk/2006/04/24/glossary_for_international_recruits.pdf

The emphasis is on social history i.e. whether the patient lives alone, how independent he/she is, how mobile they are and you may sometimes even ask about the layout of their house as there is a big geriatric population who are on their own and present to the ED.

It is not just your job to treat the medical condition but also your responsibility is to make sure that the patient can manage safely when discharged from the ED. Do not take it for granted that the family will take over the care of your patient.

This history is more important than the clinical history itself as you the doctor will have to arrange for social support if needed.

Failing to cover this aspect of care is considered poor quality of EM care and will not be taken lightly.

The other big difference is the emphasis on Child protection. You need to have a very high degree of suspicion about non accidental injuries when you are dealing with pediatric patients. Not highlighting/reporting concerns about a child's welfare would be considered negligence and you may be reported to GMC.

Mental capacity act: this is one other very unique aspect about the UK and other developed countries will also have its equivalent. Please look into the details of this as you will be required to make use of this assessment tool in patients who wish to self discharge themselves or refuse treatment.
Refer to the following link: http://www.legislation.gov.uk/ukpga/2005/9/contents

WORKPLACE

Ethics

There are very strong work place ethics which the medical fraternity here follows. And not following them is frowned upon seriously. It will affect your professional progression and feedback.

Time keeping

Punctuality is very in-grained in the British way of life and reporting late even by a few minutes is not appreciated. You will not be scolded or criticized openly but a very subtle look at the clock when you arrive will do the trick of hurting you!

Confidentiality

The NHS is extremely touchy about patient confidentiality and you could lose your GMC registration if you have breached it. So, be very cautious when you discuss patients with colleagues/ friends outside your workplace and make sure that you do not disclose any information about your patient to anyone over the phone even to their relatives without the patient's consent.

Others

There is a very defensive approach to practice here and documentation of everything done/said with the patient along with their timelines is very important. You have no one to defend for you on this aspect.

It puts you in bad light if you are seen having personal conversations on your mobile phone at the workplace. The eight-ten hours you will spend in the hospital is clearly professional/patient time. However, you can use your allocated break time for this.

There is no such thing as the doctor being superior to the nurse/health care assistant/porter. Everyone in the hospital is there to do their job and you as a doctor are expected do your bit. The attitude here is that the whole department is a team and not one person is the most important. There may be times when you will be doing the ECG yourself or offering the patient a bedpan.

The nurses are the backbone of the NHS and annoying them will get you nowhere. They are again the only people who can make you feel welcome and wanted. Hence it is more important to win their trust and friendship than your own fellow colleagues' or for that matter your seniors in the department. This fact cannot be overemphasized enough.

GMC lays out clear guidance about alcohol related problems among doctors. It is not tolerated if found drunk/drugged at work. If you intend to drink or have a social night out, make sure you give yourself ample time to sober up before you report for your next shift.

If found drunk while driving you will not only lose your driving license but you will be reported to the GMC. Almost all hospitals in the UK prohibit smoking within their premises. You can smoke outside the hospital in the freezing cold though.

Any unethical activity as a medical professional at work is unacceptable. Doctors have been struck off from the GMC register for having used the hospital phones to make personal calls/ or using hospital property for personal use.

There is a 6 book pack which the GMC issue following registration which covers all expectations of a Doctor working in the UK.

MEDICAL PRACTICE

Every trust has its own protocols, policies and guidelines. And they have them for almost every clinical condition. Deviation from these will need a lot of justification and the trouble taken to do so will not be worth it. Nurses will not do something for the patient just because you said so. Their registration is in line if they deviated from the protocol.

Every ED in UK has a 4 hour target policy. It is a performance indicator and everyone in the department is liable to explanation if patient breaches. Patients in the ED should be seen, treated and disposition charted out within the 4 hours of their arrival. If the patient stays in the ED beyond 4 hours, it is termed as a breach. The pressure to adhere to this timeline is mostly on the doctor seeing the patient and letting a patient breach will put you in bad light among the nursing and management staff of the department.

It is a requirement for every trust that you do your life support courses. It is best done in the UK as they will eventually not accept the ACLS guidelines.

Every trust will have its antibiotic policy and only those drugs will be made available in the department. We from India are used to various different antibiotics and varied dosages and this is unacceptable practice here.

While prescribing we have to work in tandem with the clinical pharmacist. They have the authority to not issue the medication prescribed. Again this is not something you may be used to.

Check and document allergies on every patient as part of their history taking.

Radiographers are trained to question your x-ray/imaging requests. Just because an x-ray has been requested does not mean it will be done. You should not be offended when your request is being questioned.

You do not have to address your seniors/consultants by sir/madam. You should either call them by their first name or by Dr. Surname and not Dr. Forename. If unsure it will be appreciated if you ask them how they would like to be addressed by you.

Any request/query should be in the written form (e-mail) as any verbal discussion or communication is lost in thin air. This is especially true when requesting for study leave/annual leave or shift swaps.

You need to give a six week notice when applying for leave.

Based on your job contract you will have 25-32 annual leaves per year. This in some departments will be in built within the Rota. Make sure you are aware of this if that's the case.

European work time directive: Please refer to this weblink about your working hours per week.
http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/ EWTD.aspx

As a rule, do not share your passwords for the hospital IT software. It can get you into trouble.

WHILE IN UK

Once in the UK, before you receive your first salary you will need to register yourself for the National Insurance number. This is for the Government to withdraw 9% of your hard earned money towards your national insurance which will let you use NHS facilities.

It is best to open a bank account at the earliest upon arrival to the UK. The details need to be forwarded to the HR for your salary to be deposited into it. The statement also provides you with an address proof for a lot of other facilities which you may need. Example: Mobile phone contracts.

Use the link below to register yourself for national Insurance when you come to the UK.
http://www.direct.gov.uk/en/MoneyTaxAndBenefits/Taxes/BeginnersGuideToTax/NationalInsurance/IntroductiontoNationalInsurance/DG_190048

You should register yourself with a GP surgery once you have sorted your stay in the UK.
http://www.nhs.uk/chq/Pages/1095.aspx?CategoryID=68&SubCategoryID=158

Pensions and tax structure: You have the benefit of an NHS pension and you can decide to opt out of it at the end of two years of your stay in the country. http://www.hmrc.gov.uk

CAREER PROGRESSION

It is very easy to be lost in the overwhelming system of the NHS. It may take you somewhere between 3-6 months to find your feet within this system. It would be good if you had a clear career plan in mind. If higher specialist training is why you are here, then getting your MCEM out of the way in India is your best way forward.

Once you have done your MCEM, and have 3 years of EM and allied specialties experience in India, the ideal job to look out for is a ST-3 equivalent job which will give 50% Pediatric EM experience. This can be a non training job as long as you can get your PEM competencies signed off by appropriately trained consultants.
The round-2 interviews for St-4 to St-6 open up each year for entry in August. Keep a constant look out in the deanery website or BMA journal for the advertisement. There is usually a 1 month window within which you can apply. It will be a mandatory requirement for you to have completed your life support courses to apply at ST-4.

ST-4 to ST-6 is usually a run through, where at the beginning of ST-6 you would be eligible to sit your FCEM exams. You could however take the critical appraisal part of the FCEM well ahead in ST-4 or ST-5 years. The details of all this is available on the CEM website. Following successful completion of the fellowship exam and training, the college will recommend you for entry into the specialist register (CESR-CP) route.

The training at local regions is organized by the deanery. England is divided into several deaneries and Scotland and Wales are individual deaneries and hence jobs are advertised separately in their respective websites. http://www.mmc.nhs.uk/colleges__deaneries/deaneries.aspx

You may end up not getting a training post or choosing to not enter a training post...and may be content with the clinical practice as a Staff grade Registrar...You may have to work for several years in the ED and gain all the relevant competencies and get them signed off. The consultants can then recommend you for entry into the specialist register through the Article 14 route.
http://www.collemergencymed.ac.uk/code/document.asp?id=5225

SOCIAL LIFE IN UK

Housing:
Most Hospitals provide single and sometimes family accommodation. They are usually placed very close to the hospital and may save you travel expenses. However you may have to share kitchen/toilet/bath and a common area. The one big advantage is that the place is kept in good condition by the hospital maintenance/domestic staff. To rent a house or planning to buy a house – look for estate agents or better still browse on some very efficient websites like - www.rightmove.co.uk

Schools:
The state education in the UK is of fairly good standards but this will depend in the region you reside in. Some state schools offer better facilities than others. There are private/independent schools too and obviously they come with a cost.
http://www.ofsted.gov.uk
http://www.isc.co.uk

Cost of Living:
This is a very subjective issue depending upon your lifestyle. However the minimum required amount to survive a month including accommodation costs is £1000 for an average individual and may be £1500 for a single child family. Note: the amounts quoted are just a ball-park figure and based on our personal experience.

Driving:
A car in this country is as important as an internet connection. It makes life easy, what with expensive public transport and the country being so cold and dark half the year. Second hand cars are available at a very wide price range and will still be of good quality. You could buy the car through authorized dealers which will ensure genuine parts and keep you away from stolen cars. You will need insurance on the car and you are not allowed to drive without insurance. Every car should have MOT check on them every year and proof of it on the windscreen. Apply - http://www.direct.gov.uk/en/Motoring/LearnerAndNewDrivers/index.htm

WORDS OF WISDOM

Just because you are in a developed country and practicing in a structured department, do not have unrealistic expectations of becoming a 'superdoc' at the end of it. Like anywhere else in the world, it is a very self directed learning exercise and requires an undying motivation to improve your own self.

The structure of training itself is tailored to improve practice within the UK system of delivering healthcare. How far this can be extrapolated to any other system of practice is yet to be assessed and quantified.

You may have to unlearn several practices and relearn a lot more to tailor it to the Indian system of healthcare if you intend to go back. For Example: you may lose your skills in Rapid Sequence Intubation (RSI) and ventilation as it is common practice to involve the anesthetist or ITU registrar for RSI. However you will still be able to intubate in an arrest scenario where no drugs are used. The same applies for tropical medicine as you do not see a lot of these conditions.

While you are here you will get ample opportunity to sharpen your skills in leadership, planning and organization within the ED and in your own life. You will start appreciating how a well oiled department and team work can make a difference to patient care.

SUMMARY

To come to UK and making it on your own without your near and dear ones close by, is a challenge. The effort may not be worth it in the end. You should make a very well thought decision and weigh your risks before opting to come here. In this day and age with a booming economy in India, with growing recognition for emergency physicians, you should consider widening your skill base and experience within your own turf.

To end this document in a lighter note, one last piece of advice. Until you adapt to the tissue paper culture in this country do not forget to bring along a mug from India!

:)

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EM INSIDE Whitepaper – Emergency Medicine in United Kingdom: An Informed Decision

DOI – 10.7339/eminside2012-002
ISSN – Pending allocation
Version - 1.0, Release date - 01 June 2012.

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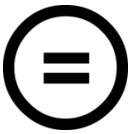

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