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Specialty doctor in large District General Hospital A&E with a 6-bedded observation ward primarily used for toxicology patients.

The vast majority of toxicology patients in my hospital are managed in the A&E observation unit. Recreational drug use and deliberate self-poisoning are very common in this part of Scotland. Despite this, there was a gap in knowledge among the junior and middle grade doctors, myself included. I felt that a formal programme in toxicology would enhance patient care and help me to deliver teaching to the other junior and middle grade doctors on the unit.

SAS Development Fund

Using the SAS Development Fund, I enrolled in the Post-Graduate Certificate in Medical Toxicology with Cardiff University. This is a one-year part-time distance-learning programme consisting of three modules. Information was provided on the prevalence and demographics of different types of poisoning, but the bulk of the learning was clinical: presentation, diagnosis and management of a wide variety of poisonings. These included accidental and non-accidental poisonings, pharmaceuticals, drugs of abuse, alcohol, and naturally occurring toxins.

Teaching

Since completing the Post-Graduate Certificate, I have provided teaching sessions on toxicology for doctors, nurses and paramedics working in my Trust. Sessions have included toxidrome recognition, ECG interpretation in toxicology, alcohol intoxication and dependence, and updated guidance on paracetamol poisoning. A series of further teaching sessions are planned.

I have used clinical knowledge from the programme; in some cases (e.g. uncommon antidotes such as intravenous lipid emulsion and dantrolene) I have initiated treatment

rapidly in critically ill patients without discussion with the National Poisons Information Service.

Future

Looking forwards, I intend to continue working as an SAS doctor in Emergency Medicine, whilst accumulating evidence for a possible CESR application. I spend part of my time working outside the UK, particularly in the Caribbean (I have been able to do this every 1-2 years since qualifying - one of the major benefits of not being in a training programme) and intend to continue doing so in the future.

Advice to Others

I would recommend using the SAS development fund to SAS colleagues. In my case it would have been completely impossible to undertake a programme such as this without external funding. The Fund is administered by a highly professional, efficient and friendly team who go out of their way to ensure that the application process runs smoothly and any issues with the funding are quickly resolved.

Being an SAS Doctor

I'm proud to be an SAS doctor working in NHS Scotland. Many trainees (and consultants) have said to me: "I wish I had your lifestyle." They refer to frequent periods of time spent overseas, and the option of arranging work around the requirements of a young family rather than the other way around. These things can potentially be more straightforward for an SAS doctor, and particularly one working in NHS Scotland - for me, this somewhat less pressured lifestyle will be a crucial factor in my decision to remain in Emergency Medicine in the future.