

*“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.”*

Specialty doctor in large DGH 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, so the unit is busy. Despite this there was an obvious gap in knowledge of toxicology among the junior and middle grade doctors, myself included. I felt that a formal programme in toxicology would both enhance my own patient care and help me to deliver teaching to the other junior and middle grade doctors on the unit, who would be expected to manage these patients on a daily basis.

Using the SAS Development Fund, I was able to enroll 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.

Since completing the Post-Graduate Certificate, I have been able to provide teaching sessions on toxicology for doctors, nurses and paramedics working in my Trust. Sessions to date 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 gained from the programme; in some cases (e.g. use of uncommon antidotes such as intravenous lipid emulsion and

dantrolene) I have been able to initiate these treatments rapidly in critically ill patients without having to discuss them with the National Poisons Information Service first.

Looking forwards, I intend to continue working as an SAS doctor in Emergency Medicine, whilst accumulating evidence for a possible CESR application in the future. 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.

I would absolutely 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.

I'm proud to be an SAS doctor working in NHS Scotland - I have lost count of the number of trainees (and indeed consultants) who 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.