



# Finding Urgent Care (and the Value of Recognizing a Specialty)

■ GUY MELROSE, MB, ChB

I arrived in New Zealand 11 years ago, a doctor without direction and certainly with no inkling of urgent care. I was one of those doctors who had always hoped to find their ultimate career path whilst at university. Alas, whilst I was able to remove some options (here's looking at you Ob/Gyn), no single specialty sufficiently inspired me to follow that rabbit hole through to its conclusion.

So, my medical career began with an eclectic mix of jobs and travel, mainly focused around the emergency department. Maintaining this level of generalism seemed sensible, until such time as a specialty found me.

As a young person, the ED was an exciting and flexible option. Yet in the back of my mind, I always assumed the career that would suit my broad interest in medicine whilst also addressing my growing need for a work-life balance would be general practice (or family practice, as it's known in the U.S.).

Despite having great respect for both my GP and EM colleagues, neither specialty seemed to adequately tick the right boxes enough to allow me to commit comfortably and headlong into further training. I considered musculoskeletal and sports medicine, but again I wasn't convinced I'd found my calling. All the while, I watched members of my medical school class ascend the ladder and advance their professional careers.

I fell in love with New Zealand in 2005. Having lived my entire life in the UK, I spent a year living and working in another country (something I would recommend to all doctors). Upon returning to England I had a hankering to one day live and work again in Aotearoa, the land of the long white cloud, as the Maori refer to New Zealand. That opportunity came in 2009, in part to allow my wife to further her medical training and in part to assuage my desire to set foot once more on these



wonderful islands.

I was asked by my locum tenens agent what work I would be interested in doing. I answered that I had been working in EDs, but I would likely end up practicing as a GP.

She asked me "Have you thought about accident and medical practice?" (the name given to the branch of medicine we now call urgent care).

"What is that?" I asked.

"It is like a mix of GP and ED," she answered.

"Sure," I said, thinking more about returning to NZ than my career, if I'm being honest.

Upon arriving in New Zealand, I was given a tour of the clinic on my first day and immediately texted my locum agent saying that not only was this the perfect workplace but that she may have found my perfect job. A few days later, I learned there was a vocational training fellowship in accidental and medical practice and that was it. A career I did not even know existed had



**Guy Melrose, MB, ChB** is a practicing urgent care physician and a member of the Royal New Zealand College of Urgent Care's Executive Committee.

## URGENT PERSPECTIVES

suddenly announced itself to me in a “Eureka!” like moment of enlightenment. All the bits I enjoyed from EM, mixed with all the bits of GP that appealed to me, but without the quality-of-life issues that both those two specialties held over me.

I could now see myself practicing urgent care medicine for the rest of my medical career. Knowing this branch of medicine was officially recognized by New Zealand’s medical council, and that it had a full four-year Fellowship program gave me confidence to decide on urgent care as a career.

But why does this matter? Surely practicing medicine is about the interaction with your patients, about making people better. Should it matter that a postgraduate training pathway exists or that a group of like-minded clinicians gather under one banner? Does having a government body officially recognize your work as an independent specialty mean anything?

It makes a huge difference. Practicing medicine is difficult, stressful, and full of uncertainty. It is not as straightforward as just seeing patients, diagnosing, and treating them. There are so many potential pitfalls, with an ever-expanding knowledge base surrounded by the diagnostic uncertainty only an organism as fickle as the human body can create.

In order to exist comfortably, and thrive, within the modern medical world, we need support. A postgraduate training program delivered by a college that brings together and supports a community of like-minded clinicians is the best way of ensuring best practice. This creates a sense of supported personal growth, which with it brings a measured confidence in the work that you are doing. Ultimately, this then results in better patient care, along with better clinician self-care. It creates pride in what you do and a sense of belonging within the wider medical establishment. It matters to feel recognized.

In the modern healthcare arena, the need for urgent care is undeniable. Family physicians are increasingly focused on chronic disease management, and emergency departments are dealing with acute life- and limb-threatening conditions. Urgent care meets the needs of the population that fall between the two. This population will only continue to grow, and it needs the healthcare world to expand to meet that demand. The best way to expand that clinician base, and to ensure the very best healthcare delivery, is for there to be a government-recognized postgraduate training pathway. ■



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