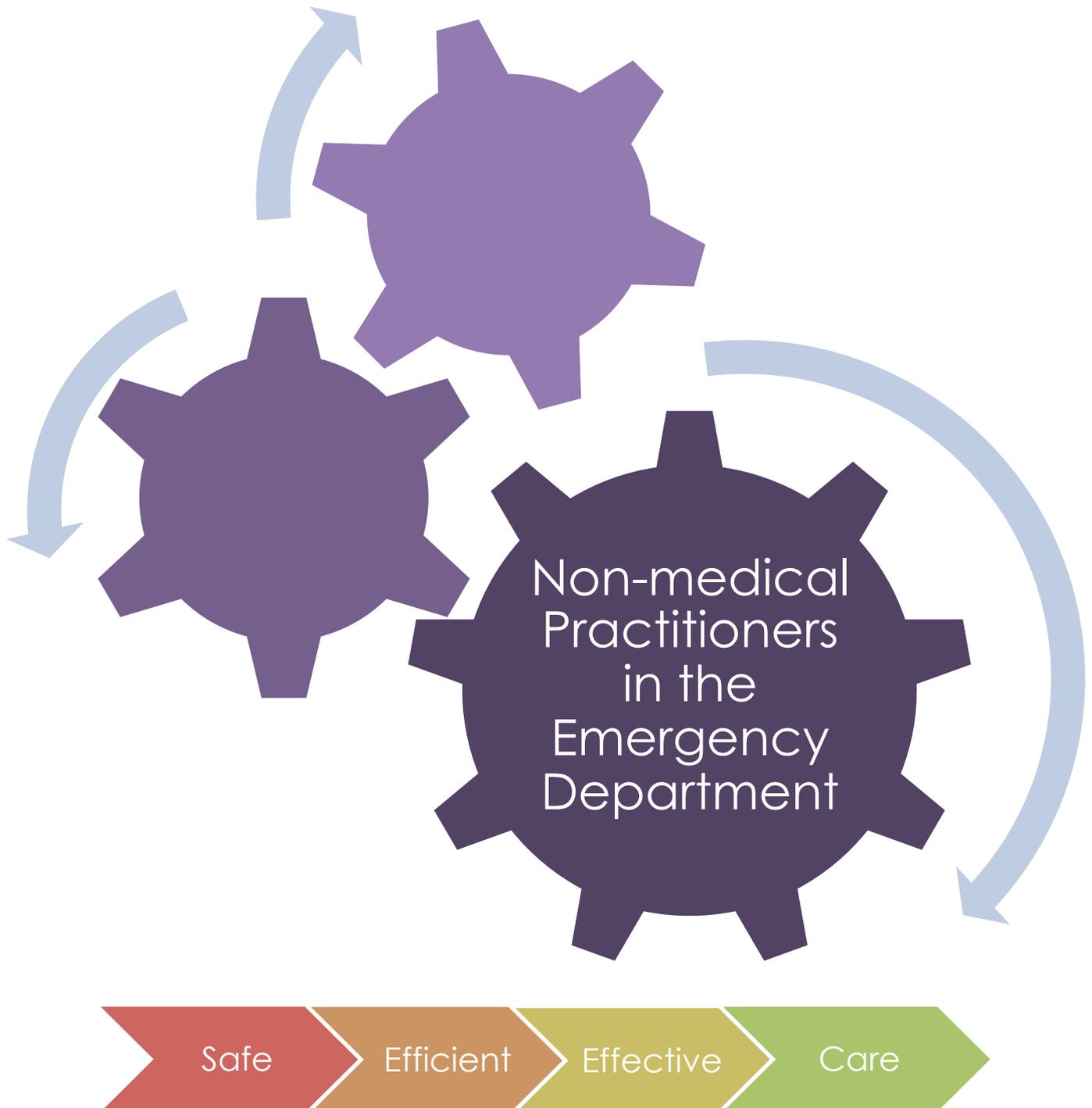




# The College of Emergency Medicine



Service Design and Delivery



## **Non-medical practitioners working in Emergency Departments**

Emergency Departments have been, and will, remain at the forefront of multidisciplinary and team working. Doctors, nurses and other professionals all possess valuable, often overlapping skill sets.

The current workforce requirements for the practice of Emergency Medicine, along with difficulties in recruitment and retention of medical staff, have prompted a re-evaluation of the role of non-medical practitioners working in the ED.

CEM has been working with HEE for the past four years and as part of the Emergency Medicine Workforce implementation group (EMWIG) is sponsoring two streams of work: (1) Advanced Clinical Practitioners (a term encompassing ANPs, and other practitioners from non-nursing backgrounds working at a similar level). This work is making excellent progress and is likely to deliver a national curriculum for ACPs (modelled on the CEM ACCS curriculum) (2) Physician Associates. The RCP Faculty for PAs (and UKAPA) is fully involved in the PA work stream, which will determine standards and develop national regulation for PAs.

These roles will form part of the emergency medicine workforce in the future *alongside* trained and training emergency physicians. The use of alternative practitioners is not designed to *replace* emergency physicians on the shop floor. For instance the roles of command and control, clinical supervision, and support for trainees will remain that of the consultant or senior EM doctor.

The presence of permanent staff, who are trained to be able to assess and treat patients with senior supervision, is both valuable and necessary. Emergency Departments using advanced practitioners and PAs report high levels of satisfaction from patients, and staff.

## **Emergency Nurse Practitioners and Advanced Nurse Practitioners / Advanced Clinical Practitioners**

Nurses who undertake advanced practice roles in the department contribute significantly to the patient experience and have been shown to provide safe and effective care.

Nursing staff, in either an ENP or more advanced role, are not direct substitutions for medical staff at any grade, and correct staffing of a department with medical staff to achieve command and control, supervision, and senior decision making, is essential. Depending on the experience of the individual nurse, there will be a need for varying levels of supervision from senior medical staff, and this is done on an individual basis.

	<b>Emergency Nurse Practitioner (ENP)</b>	<b>Advanced Nurse Practitioner (ANP) / Advanced Clinical Practitioner (ACP)</b>
<b>Role / area of practice</b>	Traditionally working in the "Minors" area of the department seeing a spectrum of injury and illness defined by local parameters.	Works across the emergency department seeing patients in the resuscitation room and majors area, along with minors area as required.  Able to see all patients who present to the department with undifferentiated problems with appropriate supervision.
<b>Training</b>	Will ideally have undertaken a period of learning at a higher education establishment which focused on the care of minor injuries and illness.  The use of "in-house" courses which are not accredited by an education establishment should be discouraged.  Ability to independently prescribe is useful, although they may utilise a wide scope PGD in some trusts.  A period of supervised practice is an essential part of the training	Required to have undertaken courses in advanced assessment, which will typically be at Masters level.  Will be required to have an independent prescribing qualification.  Will typically (but not required to) have qualified as an ENP prior to starting on an ANP route.  A period of supervised practice is an essential part of the training.
<b>Pay grades</b> (Agenda for Change)	During Training: 6-7 Whilst Practicing: 7	During Training: 7-8a Whilst Practicing: 8a
<b>Required qualifications</b>	Certificate in minor injuries / minor health from a recognised education establishment or local training that is accredited by an education establishment.	MSc Advanced Practice or equivalent depending on educational establishment.  Ideally an Independent prescribing qualification  ALS  ATNC / EPLS / APLS as required depending on job role

## Physician Associates

- Physician Associates (PAs) are defined as “healthcare professionals working to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision”.
- PAs have been trained and widely utilised in the USA for around 40 years and the first US-trained PAs started work in the UK in 2003.
- PA training commenced in the UK in 2006 and consists of a 2 year post-graduate diploma (bioscience entry) including 160 hours of clinical placement in an ED setting.
- Following graduation there is no formal internship or other Foundation-equivalent.
- Since 2008 UK-trained PAs have worked in a number of settings, including Emergency Departments, and are typically employed on band 7 contracts.
- PAs do not currently have any recognised statutory registration in the UK and therefore have no prescribing rights nor can they automatically request imaging.

### Literature review and evidence

- There is very little published evidence on the utility of PAs in UK EDs and none on UK-trained PAs. Limited evidence from abroad suggests that US-trained PAs can work usefully and safely in EDs in defined roles.
- It is self-evident that UK-trained PAs without prior ED experience are likely to require more support, have lower initial productivity and a higher cost per patient seen in comparison to other non-Consultant clinical grades.

	<b>Physician associate</b>
<b>Role / area of practice</b>	Working in all areas of the department under supervision Able to see most patients but requiring closer support for more complex patients
<b>Training</b>	Degree entry (bioscience) Required to have undertaken a diploma course (or US-equivalent) and National PA examination A period of supervised practice and assessment post-graduation is an essential part of training
<b>Pay grades</b> (Agenda for Change)	During training: 6 Whilst practicing: 7
<b>Required qualifications</b>	UK national exam

## Summary and recommendations

- 1) Non-medical practitioners have a role within the tiered approach to workforce planning but they are unlikely to provide the mainstay of any expansion to meet demand.
- 2) These practitioners can be used in different ways in the ED:
  - Assessment of undifferentiated patients with appropriate supervision, assisting senior staff with complex patients or patients requiring a team
  - Pathway-based care for defined conditions/presentations in all areas of the ED
  - Practical tasks
  - Ongoing patient care where required
- 3) The pool of potentially available PAs in the UK with prior ED experience is likely to be very small and therefore most recruitment is likely to yield relative novices. The pool of ANPs /ACPs in the UK is slightly larger but still limited. Supervised training in EM is the rate-limiting factor in both cases.
- 4) Non-medical practitioners will thus only deliver a significant service benefit following considerable initial investment in terms of supervision and training.
- 5) Introducing non-medical practitioners to the ED should be viewed as a medium- to long-term investment and not a "quick-fix" for service and/or performance pressures.
- 6) Development of longer-term workforce models, which include supervised practice placements for both types of practitioner, is key to developing a workforce of the future. Standardised curriculum and assessments is a critical part of this work.

**Authors:** James Bird (nurse practitioners) and Dan Becker (physician associates) on behalf of the Service Design and Delivery Committee. Thanks to Ruth Brown for her contribution.