



# The Royal College of Emergency Medicine

Patron: HRH The Princess Royal  
7-9 Bream's Buildings  
London  
EC4A 1DT

Tel +44 (0)207 404 1995  
Fax +44 (0)207 067 126  
www.rcem.ac.uk



## PRESS STATEMENT

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### **Adequate staffing needed to care for the highest risk patients in UK Emergency Departments**

**Workforce challenges must be addressed to make sure that the riskiest patients can receive safe and appropriate care as EDs struggle to meet standards, according to a new audit by the Royal College of Emergency Medicine.**

The report published today audited 24,341 of the most high-risk patients presenting to 180 Emergency Departments (ED). RCEM has identified a number of high risk conditions that merit senior review or sign off. These are atraumatic chest pain in patients aged 30 years and over, fever in children under 1 year of age, abdominal pain in patients aged 70 years and over, and patients making an unscheduled return to the ED with the same condition within 72 hours of discharge.

These high-risk cases present to EDs throughout the week and at all times of day and night. RCEM recommends EDs should consider how staffing and seniority are balanced not only to demand, but also to the requirement for senior staff to care for high risk conditions.

The audit is designed to drive clinical practice forward by helping clinicians examine the work they do day-to-day and benchmark against their peers but also recognise excellence.

Dr Taj Hassan, President of the Royal College of Emergency Medicine said: *"Most will agree that our services at a senior level are stretched to their very limits and safety is compromised as a result both for our patients and our juniors who care for them."*

Dr Hassan added: *"Caring for patients in the ED is of course all about managing risk. In an ideal world, all our patients would be either seen or 'signed off' by a trained or an ST4+ trainee (or equivalent) emergency physician. The present workforce challenges in the UK & Ireland suggest we have a long way to travel to achieve that standard."*

Evidencing senior reviews is important for a number of reasons, including the need for clear documentation, communication and for medicolegal reasons.

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The broad message from the report is that if senior sign off is a powerful surrogate marker of safety, then we will need to address our workforce challenges. We also need our EDIS systems to be improved so we can track progress in a much better way.

Dr Rob Stacey, Emergency Medicine Consultant, said: *“There is much to learn from this audit. It gives a picture of the current state of staffing, the reliance on locums and the areas on which departments need to focus.”*

Dr Hassan emphasised the need for joined up working to improve care: *“The results from this College audit should be of interest to quality regulators, commissioners, risk managers and Executive Boards as well as the clinicians in ED. We should all be aiming to create solutions to manage and mitigate risk so that we can improve the delivery of care for our patients.”*

**-Ends-**

## **Contact**

For further information, or to speak with a spokesperson for The Royal College of Emergency Medicine (between 9am and 5pm), please contact Luke O'Reilly at [luke.oreilly@rcem.ac.uk](mailto:luke.oreilly@rcem.ac.uk) or on 020 7067 1275.

For out of hours enquiries, please contact Gordon Miles at [gordon.miles@rcem.ac.uk](mailto:gordon.miles@rcem.ac.uk) or on 07715 456 784.

## **About the Royal College of Emergency Medicine**

The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors and consultants to A&E departments in the NHS in the UK and other healthcare systems across the world.

The Royal College works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

The Royal College has over 5,800 fellows and members, who are doctors and consultants in emergency departments working in the health services in England, Wales, Scotland and Northern Ireland, Republic of Ireland and across the world.