

1 August 2022

Dr Kneale and Dr Welch
Doctors' Association UK
1-3-8 The Barracks White Cross
Lancaster
Lancashire
LA1 4XQ

Dear Dr Kneale, Dr Welch,

Thank you for your letter dated 1 July 2022, in which you mention a prior letter dated 12 May. Regrettably we do not appear to have received this at the time.

As a membership organisation we value the work of all our members, not least our incredible trainees who are the future of Emergency Medicine and the NHS.

Right now, working in health care is the most difficult it has ever been, and while it is still immensely rewarding work, we acknowledge and understand that staff are tired and demoralised. While we are sympathetic to concerns around 'poor remuneration' we are not a trade union, that is the role of the British Medical Association. It is our role as a Royal College to set training standards, administer exams and campaign for better working conditions in order to improve the lives of staff and patients alike. We continue to regularly make the case that more clinicians would ease the burden on staff. We estimate that in England alone we are short of around 2,500 consultants, and we acknowledge that training numbers at present make that figure difficult to attain; we know we have more work to do.

In regard to your concerns around Advanced Clinical Practitioners, the College is clear in its position, and I can confirm that our guidance remains unchanged; ACPs should not be supervising in EDs at night in the role of a tier 4 clinician.

The College was not consulted about recruiting to the post you reference. As you are aware, such decisions will be made locally, based on need and what the Trust believes appropriate. The College has no jurisdiction over recruitment and can only provide guidance and recommendations. We have contacted the Trust in question to remind them of our guidance.

ACPs are a valued and important part of our workforce; their work complimenting the work of senior clinicians and the wider workforce. RCEM are not working in isolation in the development of non-medical workforce such as Advanced Practitioners and we are in line with the LTP workforce development and planning as per DoH and NHSEI National direction of travel for all scopes of practice. Having been an early adopter/supporter of AP development we are at the forefront of such workforce developments with our APs more mature in their careers than in many other specialties that are now developing similar such workforce. However, narratives that ACPs are viewed as replacements for junior doctors are completely false.

As a College, we want all grades to be supported and enabled to have sustainable, long term careers in Emergency Medicine, and part of that means looking at how all parts of the workforce can develop.



The statement you refer to mentions the progressive entrustment of ACPs. While we will look at how we can do this, this would not involve working in place of 'Tier 4' or 'Tier 5' clinicians.

Like The Doctors' Association, we aim for – and want to continue to foster – a culture of learning and compassion. Everyone should have the right to learn, and everyone wants and deserves to be treated with respect. EM is a family; NHS staff are all on the same team and should work together in ways which support and complement each other to enable the best possible care for our patients. We hope that you agree.

Yours sincerely,

Dr Katherine Henderson
President, The Royal College of Emergency Medicine