The Royal College of Emergency Medicine

RCEM Emergency Care ACP Sustainable Careers

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Key recommendations

Below are the key recommendations of this document, further important considerations and recommendations are explored.

- There should be a positive Departmental approach to shift work that has built into it, the opportunity for recovery between shifts and a forward rotating rota design.

- EC-ACPs at the age of 55 should have a choice around night working which reflects current RCEM guidance for other working groups. The shift pattern must be tailored and adjusted to the individual's needs.

- It is a recommendation of the Forum that the ACP rota is managed by a Lead ACP where possible, with experience of managing a rota in line with the specifics of Agenda for Change contracts.

- EC-ACPs are permanent members of staff. Investment in them as a group from senior leadership within departments will support their sense of belonging in the multi-disciplinary team. EC-ACPs must have representation at departmental senior team meetings and have the opportunity to influence developments in ED.

- There should be a Lead ACP or a nominated EC-ACP to represent EC-ACPs at Senior Team meetings. Departments with smaller numbers of EC-ACPs may initially be represented by their Educational Supervisor, but should be working towards having their own representation once a "critical mass" is achieved. The ACP Forum recognises this will vary from department to department.

- EC-ACP teams should be managed by a Lead ACP. Departments with smaller numbers of EC-ACPs may initially be managed by a Medical and Nursing/Allied Health Professional management structure, who have an understanding of the role and advancing practice.

- EC-ACP's should be included and encouraged to be involved in the development and improvement of departments.

- The EC-ACP workforce should be utilised in all areas of the Emergency Department.

- EC-ACPs should have an identifiable uniform.

- EC-ACPs should have 7.5 hours a week or annualised equivalent amount of SPA time.

- EC-ACP supervisors should have adequate time built into their job plans for supervision related to credentialing including attendance at RCEM approved ACP supervisors Days.

- The four pillars of advanced practice need to be maintained, and the opportunity to do this facilitated by the department.

Context

In 2015, the Royal College of Emergency Medicine opened a pilot scheme for credentialing Advanced Clinical Practitioners in Emergency Medicine. The pilot completed in summer 2017 and the process is now an accepted part of College activity.

Health Education England (HEE 2016) defines Advanced Clinical Practitioners as "professionals from a range of backgrounds including nursing, pharmacy, paramedic and occupational therapy. ACPs hold Masters level education, as well as having skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients".

RCEM EC-ACPs;

- Look after patients with a wide range of pathologies from the life-threatening to the self-limiting.
- Are able to identify the critically ill and injured, providing safe and effective immediate care.
- Have expertise in resuscitation and are skilled in the practical procedures needed.
- Establish the diagnosis and differential diagnosis rapidly, and initiate or plan for definitive care.
- Work with all the in-patient and supporting specialties as well as primary care and pre-hospital services.
- Are able to correctly identify who needs admission and who can be safely discharged.

(RCEM EC ACP Curriculum V2 2018)

This standard is achieved through Masters level education and a national Curriculum and E-Portfolio demonstrating both clinical competencies as those of leadership, education and research.

This document is intended to be a universal document, written for all ACPs working in Emergency Care.

Wellbeing, autonomy and control

The College advocates that all emergency care staff have a long fulfilling career in Emergency Medicine. Therefore the wellbeing of EC-ACPs is also a vital factor to be considered in the development of an effective and sustainable workforce.

Working with the Sustainable Working Practices Committee the RCEM Forum have created the following guidance that we believe will be a useful document for all EC-ACPs and Emergency Departments in managing their growing ACP workforce.

Voice, influence and fairness

EC-ACPs are an integral part of the Emergency Department Team as supported by the document Securing The Future Workforce For Emergency Departments In England (2017). EC-ACPs are senior members within their own professions who have significant clinical and managerial experience and therefore have a unique understanding of the ED environment.

These clinicians may have directly influenced local and national developments in the ED. It is vital that this experienced voice is not lost during the transition to a new role and way of working. In addition EC-ACPs will have previously had a high level of control and autonomy within their work life. Therefore EC-ACPs will require support from the department and their supervisors to complete the transition from a senior role to a trainee role. It is crucial this continues to ensure that their skills are fully utilised and retained.

Control over work life balance is a recurring theme within the GMCs report Caring for Doctors. Caring for patients (2019) and applies to all clinicians in the ED.

To ensure parity within the multi professional workforce EC-ACPs must have representation on departmental senior team meetings through to National groups and colleges. There should be a Lead ACP or a nominated EC-ACP to represent EC-ACPs at Senior Team meetings. Departments with smaller numbers of EC-ACPs may initially be represented by their Educational Supervisor, but should be working towards having their own representation once a "critical mass" is achieved. The ACP Forum recognises this will vary from department to department.

The NHS Staff Survey highlighted (2019) that 12.6% of NHS staff reported discrimination at work. As EC-ACPs numbers increase a key role is ensuring a positive contribution to inclusiveness for all and a focus on creating an NHS culture where bullying and harassment is not tolerated. This is supported within the RCEM Wellness Compendium (2019) which specifically mentions the harm caused by bullying and rudeness in the workplace.

Work conditions

The Emergency Department is a busy and stressful environment. It can be easy to become desensitised to this, and adopt unhelpful working practices.

EC-ACPs should have access to a non-clinical space with provision of telephones and IT equipment to allow the competition of projects such as Audit, Service Improvement, study and other administrative work.

Preferably this is a shared space with Registrar, Staff Grade and CT3 cohort to encourage integration, support and development of professional relationships. There should also be the option for remote working, to reduce unnecessary travel for staff and to facilitate social distancing when required.

There should be a culture of taking breaks during shifts, EC-ACPs should role model this behaviour and support colleagues in taking breaks by assisting with workload and escalating appropriately. All staff must have access to kitchen facilities and a safe secure area to store belongings is essential.

Recently there has been much publication of the effects of sleep deprivation, fatigue and intershift recovery within the medical workforce, the impact of which has a professional and personal impact. The need for trusts and health boards to provide rest provision for Doctors is well recognised (BMA, TERN RCPCH). It is expected that EC-ACPs as senior members of the workforce, will look out for fatigue in their colleagues and speak up when there are concerns. The RCEM Forum believes this provision should be extended to all clinicians within the Emergency Department and fully endorse the Rest and Rota Charter (EMTA 2020).

Rotas and work schedules

EC-ACPs should have input into their work schedule and rota as well as an active role in assisting the department in improving rotas and working conditions in general. It is a recommendation of the forum that the ACP rota is managed by a Lead ACP with experience of managing a rota inline with the specifics of Agenda for Change contract. Where the rota includes night shifts the rota should be a forward rotating design, working patterns should progress from day to night shifts. They should ensure adequate recovery time (Rest and Rota charter EMTA 2020), this is to facilitate sustainable working lives and longevity in the role.

The ACP rota should be shared with other rota leads in the department in a constructive and measured way to instigate a consistent approach to feedback.

The ACP Forum suggests a working pattern based on Agenda for Change. Full time this is 37.5 hrs a week, or 150 hours a month. There should be a 80/20 split between clinical care and SPA. This would be approximately 7.5 hours a week of SPA or equivalent pro rata.

RCEM recommends that Consultant supervisors have 0.25PA per Trainee EC-ACP in their job plan (RCEM 2020). It is a recommendation of this document that trainees should receive this supervision weekly, once qualified a monthly supervision session would be appropriate.

EC-ACPs are experienced clinicians from a background of professions and often have extended roles outside of their clinical commitments. As such EC-ACPs should have 10 days of professional leave annually in addition to their SPA time. It should also be recognised that these commitments have a positive benefit to the department.

It needs to be appreciated that this is a long term, and in some cases career long role, and a workable rota is imperative to the success and longevity of an EC-ACP service.

As the working age of the EC-ACP workforce advances, changes to working patterns need to be reviewed. This workforce will have worked extensive unsociable shifts and work patterns in their career. We advocate that departments give those over 55 the choice to work night shifts or not. This will increase the duration of the EC-ACP's career and maintain stability and reduce attrition. RCEM Wellness Compendium states job plans should be altered over time, and should be personalised to the clinician. We recommend that this is also reflected in the working patterns of the EC-ACP workforce.

Where possible self rostering should be advocated, it ensures fair working and allows clinicians to attend specific learning opportunities and development of professional interests. The 2017 RCEM document Creating successful, satisfying and sustainable careers in Emergency Medicine supports self rostering. It is known to improve morale and is a key component in ensuring an interesting and sustainable career.

Supervision must be part of the EC-ACPs job plan and occur at least on a monthly basis and should include for example pastoral care, case studies with ED Consultant input and specific educational sessions.

There should be regular opportunities for SPA time. Our recommendation is that an EC-ACP would have 7.5 hours a week or an annualised equivalent. This time is for EC-ACPs to contribute to service development, as well as their own development, including areas of specialist interests, research and leadership. This will also include working towards their portfolio including credentialing. Study days should be considered by the department in line with local agreements for equivalent members of the emergency department team.

Belonging

Team working

A culture of belonging has been cited as critical in the General Medical Council (GMC) document "Caring for doctors. Caring for Patients'' at improving retention and workplace well being. Multi-disciplinary teams are a huge part of this culture and emergency departments are well placed to employ this model of working with several already doing so successfully. It has been shown that effective inclusive teams have improved patient outcomes, satisfaction and lower avoidable patient mortality.

They bring to a team a breadth of knowledge and skills that should be utilised in emergency departments to shape emergency medicine nationally as well as locally. This gives the EC-ACP opportunity to invest in their department and emergency medicine as a whole, which should only further encourage the development of the EC-ACP as an individual, the MDT and emergency department. This should be reflected in the EC-ACP's pay banding. The ACP Forum advocate that a qualified EC-ACP commences at a band 8a. In a training role they should be paid as a minimum Band 7.

The Forum also advocate that the trainee moves directly into a qualified post on completion of their trust or heath boards local sign off process. In addition to the outline of the role description at the start of this document EC-ACPs should also:

- Deliver teaching and training to all members of the Emergency Department team
- Lead on and contribute to research, development and audit
- Act as an expert resource, lead areas of the emergency department, promote patient safety and high standards of clinical care.
- Develop and maintain working relationships with other specialties in the hospital through evidenced based pathways of care directly improving patients' journey through ED and improving efficiency within the department.

Experienced ACPs who take on additional responsibilities should be recognised through Agenda for Change.

EC-ACPs must have a clear sense of belonging in the multi-disciplinary team, their views must be taken into consideration and they must have a clear support structure around them with clear reporting lines. EC-ACPs come from a range of professional backgrounds and their role must be clearly identifiable to the public through a specific coloured uniform. Potential impacts on the EC-ACP workforce due to departmental changes must be considered.

Culture and leadership

A positive, compassionate, supportive and open culture is necessary for effective teamwork, however an absence of these can erode the wellbeing of a team to detrimental levels.

EC-ACP teams should be managed by a Lead ACP. Departments with smaller numbers of EC-ACPs may initially be managed by a Medical and Nursing/Allied Health Professional management structure, who have an understanding of the role and advancing practice.

EC-ACPs should be fully supported by senior leaders within the emergency department, as the unique nature of the role and training programme can present unique challenges. This support will need to be ongoing and will be for a longer time period than a traditional training programme's supervision, potentially ongoing for years. This along with the training programme and credentialing process needs to be understood by the EC-ACP's supervisor.

The longevity of this relationship can have positive implications, as the relationship develops so too can the EC-ACP and supervisor alike. In addition the supervisor needs to be given adequate departmental support to ensure they are able to be effective in this role.

EC-ACPs undertake complex decision making in difficult, often stressful, pressured emergency departments the same as their medical colleagues; it is important that this is acknowledged by the senior leadership team.

Effective leadership will integrate EC-ACPs into the team and embed a culture of learning and development, which will positively impact on the whole multi-disciplinary team. EC-ACPs often have extensive experience in leadership which is one of the four pillars of advanced practice. This should be utilised in developing future leaders for emergency departments and ACP services.

Advanced practice is a culmination of all four pillars. EC-ACPs should be supported to maintain and develop these, not just solely focusing on the clinical aspects.

Competence

Workload

As a trainee EC-ACP advances through the programme it is recognised that the numbers of patients seen will increase, as they acquire experience and clinical acumen. It is important to recognise that the experienced EC-ACP will be working in higher acuity areas of the department, such as the Resuscitation room where there is increased complexity. This is also true in CDU (observational medicine) where more complex patients are seen who often require multi-professional and multi-specialist input to facilitate care or discharge.

The experienced EC-ACP will have the skill set and critical decision making abilities to manage more complex patients, and supervise junior medical and nursing staff. This needs to be appreciated by the senior leadership team

EC-ACPs contribute to service delivery and departmental flow regarding numbers of patients seen (Fenwick 2020). In addition to this the EC-ACP workforce also contribute to patient safety and quality of care. These are the benefits of a permanent workforce. The expertise and experience brought to the team by this role needs to be tempered with the impact on service delivery and departmental flow. There will be an ongoing tension between education and training versus service provision.

Training, learning and development

The training pathway for an EC-ACP is different to the traditional emergency medicine training pathway. This has to be appreciated within emergency departments to ensure quality supervision and support is achieved.

Appraisals systems should be appropriate to advanced clinical practice and take an integrated approach, to avoid duplication across professional requirements. This is most easily achieved with a multi-disciplinary approach to the ARCP process. This document would support the notion that all departments with more than 4 EC-ACPs should have an advanced practice faculty.

Mentoring

As EC-ACP cohorts grow within departments, the need for mentorship alongside the educational and clinical supervisors will be needed. This is to ensure growth and development through the career of the EC-ACP but also the importance of maintaining work life balance.

One of the hardest challenges of becoming an EC-ACP is the change in role and the challenges of integration within a new workforce.

A mentor provides the opportunity to address problems and concerns, as well as reinforcing good practice and behaviours. This is achieved through the development of skills and techniques that the EC-ACP can deploy to help manage themselves. The mentor-mentee relationship should be voluntary and separate from the operational hierarchy. Mentors must understand the EC-ACP role and have had training in what mentoring entails.

Recommendations

- There should be a positive departmental approach to shift work that has built into it, the opportunity for recovery between shifts and a forward rotating rota design.
- EC-ACPs at the age of 55 should have a choice around night working which reflects current RCEM guidance for other working groups. The shift pattern must be tailored and adjusted to the individual's needs.
- It is a recommendation of the forum that the ACP rota is managed by a Lead ACP where possible, with experience of managing a rota inline with the specifics of Agenda for Change contract.
- EC-ACPs are permanent members of staff. Investment in them as a group from senior leadership within departments will support their sense of belonging in the multi disciplinary team. EC-ACPs must have representation at departmental senior team meetings and have the opportunity to influence developments in ED.
- There should be a Lead ACP or a nominated EC-ACP to represent EC-ACPs at Senior Team meetings. Departments with smaller numbers of EC-ACPs may initially be represented by their Educational Supervisor, but should be working towards having their own representation once a "critical mass" is achieved. The ACP Forum recognises this will vary from department to department.
- EC-ACP teams should be managed by a Lead ACP. Departments with smaller numbers of EC-ACPs may initially be managed by a Medical and Nursing/Allied Health Professional management structure, who have an understanding of the role and advancing practice.
- EC-ACP's should be included and encouraged to be involved in the development and improvement of departments.
- The EC-ACP workforce should be utilised in all areas of the Emergency Department.
- EC-ACPs should have an identifiable uniform.
- EC-ACPs should as a minimum have 7.5 hours a week or annualised equivalent amount of SPA time.
- EC-ACP supervisors should have adequate time built into their job plans for supervision related to credentialing including attendance at RCEM approved ACP supervisors days.

- The four pillars of advanced practice need to be maintained, and the opportunity to do this facilitated by the department.
- Recognition that this is a new role for the EC-ACP in the early stages of their careers may require additional support transitioning from a senior role into a junior role and the challenge of this transition is recognised.
- EC-ACPs are vital members of the workforce and although their permanence helps reduce reliance on locums and thus increase stability of rotas, they should not be seen as a solution to a rota problem.
- Flexibility within the rota should be available. This can be restricted due to EC-ACPs working under Agenda for Change contracts, but within the allowed limits flexible working should be considered and applied.
- In line with best practice for all clinicians, EC-ACPs should have provision/access to rest facilities during night shift work.
- EC-ACPs must have representation at departmental senior team meetings and have the opportunity to influence developments in ED. This investment made by the EC-ACP group will enable them to feel valued and respected.
- The transition from a trainee EC-ACP to qualified should be seamless and further interview is not required.
- Qualified EC-ACPs skill set and seniority should be reflected in their salary. Agenda for Change pay scale 8a is recommended for qualified EC-ACPs.
- EC-ACP supervisors need to understand and appreciate the unique training program and backgrounds of the ACP.
- EC-ACP supervisors should have adequate time built into their job plans for supervision related to credentialing.
- EC-ACP supervisors need to be supported to allow longer duration of supervision than other members of the emergency medicine team.
- There should be a culture of open dialogue and mentorship within the senior leadership team. This encourages good practice and EC-ACP wellbeing.
- EC-ACPs should be considered as future leaders within the MDT.
- Appraisals should take an integrated approach, to avoid duplication across professional requirements.

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