

WORKFORCE PLANNING IN THE ED

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The need

- 24/7
- Trained Emergency Medicine Specialists

The Problem

- Too many patients
- Too few doctors

The ED Clinical Team

- Doctors
- Nurses
- Emergency Nurse Practitioners
- Primary Care Physicians
- Paramedics
- Physiotherapists
- Pharmacists
- Radiographers
- Etc., etc.

Medical Staffing

- Pyramid
- Too many inexperienced doctors
- Too few senior doctors

Training in Emergency Medicine

- Foundation Years 1 and 2 – generic for all doctors
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- Specialist training – years 1 and 2
- Acute care common stem
- 6/12 Emergency Medicine, Acute Medicine, Anaesthesia, Intensive Care
- Programme shared with trainees in these specialties

ST3

- 6 months Paediatric Emergency Medicine
- 6 months Trauma and Orthopaedics

ST4-6

Emergency Medicine including
opportunities for training in management,
work overseas, research and dual
accreditation

The College of Emergency Medicine Curriculum

- www.emergencymed.org.uk
- Workplace based assessments of knowledge, skills and competencies
- Mini clinical examinations
- Direct observation of practice
- Case based discussions
- Multi-source feedback

CEM Examinations

- MCEM
- FCEM

Numbers

- Currently 700 EM Consultants
- Aim to double by 2015
- Aim to provide 16/7 ED Consultant presence
- Overnight?

Consultants

- Overnight shifts
- On-call endpoint
- Infinite shifts
- Sustainability
- Attrition
- Burn-out
- Upper age limit?

Emergency Nurse Practitioners

- Experienced ED nurses
- Additional training for autonomous practice
- See and treat
- Order and interpret radiographs
- Prescribe analgesia
- Arrange follow up as required
- Limited scope of practice

ΣΑΣ ΕΥΧΑΡΙΣΤΩ