Advanced clinical practitioners in emergency care: past, present and future

ABSTRACT

Developing a consistent and skilled workforce is critical to the sustainability of any clinical service. Nurses and paramedics have formed part of the emergency care workforce for many years and the extended role of these staff groups has supported patient care as the demand has risen and outstripped the capacity of the medical staff. In many hospitals and health-care systems, these extended roles have developed in response to local demand and case mix, resulting in inconsistent role descriptions and lack of transportable qualifications. Even for established roles such as emergency nurse practitioners, there is no UK-wide defined scope of practice or curriculum to support the role.

In 2014 a joint working group of the Royal College of Emergency Medicine and Health Education England agreed a programme of work to support a sustainable emergency care workforce. One stream of that work focused on developing non-medical roles within emergency care and in particular the role of the advanced clinical practitioner in emergency medicine.

Advanced practice has developed in the UK in many specialties and the new advanced practice framework from Health Education England (2017) allows a cross-discipline understanding of the principles and key aspects of advanced practice. However, this framework is naturally generic and does not focus on what a practitioner is capable of within a specific clinical area, but more on the core capabilities. This article outlines the development of a UK-wide curriculum and credentialing process for emergency care advanced clinical practitioners and reports on progress to date.

Emergency care is at the forefront of developing and formally recognizing the range of skills of the multiprofessional workforce in delivering high quality care to patients, alongside consultants and medical staff.

Drivers for change

Emergency departments, and the emergency care pathway, have seen significant change over the last two decades, both in demand, with over 23 million patient visits to emergency departments alone in 2016 (Royal College of Emergency Medicine and NHS, 2017), and with workforce configuration. In order to achieve the NHS Five Year Forward View, there is an urgent need to reshape the NHS workforce (NHS England et al, 2014); advanced roles for non-medical practitioners from all backgrounds may be important in delivering new models of care for the future (Imison et al, 2016). In 2011 an emergency medicine taskforce was establish to explore workforce issues in emergency medicine. This led to the establishment of the Emergency Medicine Workforce Implementation Group to implement the taskforce recommendations, one of which was to support the expansion of the non-medical advanced practice workforce (Health Education England, 2013).

In addition to the challenges in medical workforce, attrition of emergency nurses and paramedics has resulted in a significant workforce challenge across the emergency care pathway. Historically, career pathways for nursing staff in emergency departments have included clinical leadership roles such as sister or charge nurse to matron, or emergency nurse practitioner and latterly roles such as advanced nurse or advanced clinical practitioners. Opportunities have also existed for clinical academic roles and consultant nurse appointments (Crouch and Dawood, 2018). Likewise paramedic staff have until recently been limited to working in the pre-hospital setting but now have much wider opportunities in both urgent and emergency care settings (Health Education England, 2018).

Development of extended skills within the non-medical workforce has relied on combinations of local courses, some degree courses with variable content, and departmental need. Extended roles within the emergency care pathway have been effective by sharing workload with medical staff. Emergency nurse practitioners manage a defined cohort of clinical conditions, often following protocolised care pathways. Additional activities alongside traditional nursing roles (suturing, cannulation, assessment and triage) provide truly shared multidisciplinary care. Some of these extended skills are now part of the standard emergency nurse competencies (Royal College of Nursing, 2017). While there is some evidence for the safety and effectiveness of nurse practitioner services in urgent and emergency care, interpreting the evidence in these settings is complex. It is compounded by the lack of common definition of role, scope of practice and standardization of new and advanced roles (Dall'Ora et al, 2017).

Recent changes in medical training resulting in shorter attachments and reduced clinical experience in junior doctors increases the pressure on the permanent

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> Selected presentations, competences and practical skills must have a mandatory consultant-delivered workplace-based assessment, in line with the emergency medicine trainee's assessment framework.

medical workforce. High patient numbers and complexity compounds the mismatch of available clinical skills (assessment, diagnostic and clinical decision-making skills) to the patient casemix in the department. Training grade vacancies and high attrition rates compounded the relative deficiencies in the workforce.

Workforce solutions for the future

This emergency medicine workforce crisis precipitated the need to develop some broader thinking around future workforce solutions. There were many successful models from around the UK where advanced clinical practitioners contributed substantially to the workforce (Birmingham, Derby, Leeds, Salford and Portsmouth). In addition, in selected departments, there were examples of advanced clinical practitioners providing clinical supervision and leadership roles on an individual shift.

The advanced clinical practitioner subgroup of the Emergency Medicine Workforce Implementation Group developed a proposal for a framework and curriculum to guide the experience required for a nationally recognized emergency care – advanced clinical practitioner (EC-ACP). This would be sponsored by the Royal College of Emergency Medicine and modelled on the first 3 years of emergency medicine training – the 'acute care common stem plus' curriculum. Some competences, particularly those related to anaesthetics and intensive care medicine, were excluded, and it was agreed that in some practical skills, a working knowledge rather than personal competence was appropriate.

This curriculum was approved by the Royal College of Emergency Medicine as well as the Royal College of Nursing and the College of Paramedics. The breadth of the curriculum, as well as the standard required for practice, allows the EC-ACP who follows the curriculum to practice at the level of a doctor at the end of his/her third year of training. It should be noted that this is only in the selected clinical areas or casemix that are common to the acute care common stem plus and EC-ACP curricula (Royal College of Emergency Medicine, 2017).

Educational preparation at level 7 – Masters – is essential, with a minimum award at postgraduate diploma, which must contain history taking and physical assessment, pharmacology, clinical decision making and diagnostics and from 2019 independent prescribing for all professions.

The Royal College of Emergency Medicine also approved the principle of awarding a credential that would recognize that the individual practitioner had presented evidence of his/her competence at the required level in the full range of the stated curriculum. Evidence is collected in the Royal College of Emergency Medicine e-portfolio and all elements of the curriculum must have recent (within 5 years) evidence that is validated by the supervisor. Selected presentations, competences and practical skills must have a mandatory consultant-delivered workplace-based assessment, in line with the emergency medicine trainee's assessment framework. This local confirmation of competence is critical to the process of ensuring the clinical standard of practice is maintained. Consultant and other assessors are required to undergo training in assessment. The final sign off before submission of the portfolio must be by a Royal College of Emergency Medicine-trained educational supervisor.

This credential process was piloted in 2016 and has now become a standard process for the Royal College of Emergency Medicine after a limited curriculum update in 2017 and refinement of the credentialing process. To date, nine EC-ACPs have been successfully credentialed and over 400 practitioners are in the process of collecting evidence.

EC-ACPs are able to follow a curriculum for adults only, children only or for both adults and children, depending on their career intentions and scope of practice in the department. Restriction to the adult or children only curriculum will limit portability to a new department if the new role demands competence in all areas but may suit those who intended to stay in one department or continue to care for one age group.

Relation to the national framework

The Health Education England framework, published in 2017, in conjunction with NHS England and NHS Improvement, defines advanced practice as:

> '…a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.'

The EC-ACP curriculum ensures coverage of all four pillars, by specifying a requirement for evidence of competence in leadership and management, education and research within the common competences. It is acknowledged that many EC-ACPs, particularly those who have been working at this level for some years, will exceed the standard required (ST3 equivalent) in these particular areas through previous work and study. What is unique to the EC-ACP curriculum is the standardized definition of expected level of clinical care which is shared with ST3 doctors working in emergency care. This allows a truly multiprofessional workforce where, regardless of the professional background of the practitioner, the patient receives the same care if treated by a ST3 doctor or a credentialed nurse or paramedic.

The future

The current Royal College of Emergency Medicine credentialing process is only open to nurses and paramedics. This is a deliberate decision from the Royal College of Emergency Medicine council to enable a consistent approach in these early years and manage potential demand for assessment and credentialing. Currently, practitioners from other professional backgrounds (e.g. pharmacy and physiotherapy) can follow the curriculum and collect evidence – it is possible in the future that the Royal College of Emergency Medicine will credential other professionals.

The evidence requirement for the demonstration of competence is significant – similar to that of a doctor approaching the Article 14 Certificate of Equivalence for Specialist Registration. The supervisory demands on the consultants in the department is at least as much as for a junior doctor in the same role, both in clinical terms to ensure patient and staff safety but also the educational feedback on progress, skills development and personal development. Embarking on developing a cohort of EC-ACPs in the department requires considerably more financial support than simply the cost of the academic component and time for study and must include a minimum of 0.25 educational programmed activities a week per trainee advanced clinical practitioner as well as time for clinical supervision of between 4 and 8 hours a week depending on the experience and working pattern of the trainee advanced clinical practitioner. Clinical supervision and support should be multiprofessional, with trainee advanced clinical practitioners requiring professional supervision and support from both their professional group as well as medical supervision.

Developing the advanced clinical practitioner skills in emergency care, separate to the academic preparation, will usually take somewhere between 2 and 5 years. This length of time is required as experiential learning is essential in the emergency care environment of diagnostic uncertainty, limited prior information about patients and a requirement for complex decision making. During this time in following the curriculum and developing their skills, the trainee advanced clinical practitioner is contributing to the multiprofessional workforce but at the level of FY1 progressing to FY2 and core level as he/she gains experience. The trajectory of learning varies with the trainee advanced clinical practitioner's prior knowledge and experience.

There are numerous higher education institutions which are offering Masters' in Advanced Practice, some of which have tailored the curriculum for the clinical aspects of the Masters' to the emergency care curriculum. In future, focused Masters' degrees may facilitate the early achievement of competences by the trainee advanced clinical practitioner and allow fast track credentialing – although the nature of emergency care means that considerable patient contact hours are required until proficiency is reached at the required standard.

The scope of practice and the revalidation of the EC-ACP is defined locally by the job plan, appraisal and personal development plan of the EC-ACP. In some cases this scope of practice may not be the same as the full curriculum described case mix, in other cases a department may choose to extend the scope of practice further. These are matters for the local employer, the practitioner and the relevant regulatory body for that practitioner. The intention of the credentialing process is not to create practitioners who take on the role of the 'senior decision maker' in the department, a role undertaken by ST4 medical trainee (or equivalent) and above. EC-ACPs are seen as part of the multiprofessional workforce and are intended to complement the existing medical workforce not replace it.

For the first time the Royal College of Emergency Medicine EC-ACP curriculum and credentialing framework provides a national standard for advanced practice in emergency care that is transparent and portable between departments and settings. It is a replicable standard that is reproducible and should help protect patients, public and professionals.

The development of this role, the adaptation of a primarily medical curriculum and credentialing by a medical Royal College by other professional groups has not been without some significant criticism and debate. However, it must be recognized that the fundamental educational preparation of all our professions is changing. Traditional roles and responsibilities, by necessity and design, are converging; to ensure patient safety and quality, it is necessary to think differently about how we prepare clinicians of all disciplines for advanced practice post qualification.

Conclusions

There is a strong commitment to growing a multiprofessional workforce for the future (Royal College of Emergency Medicine and NHS, 2017). Future models should be

focused around the needs of the patient and not necessarily professional roles. Competency-based approaches, with a shared curriculum valuing the unique contributions of different professional groups, may lead to richer skill mixes while maintaining quality and safety. Broadening access to modified curricula and credentialing of individuals as has been demonstrated through the emergency care advanced clinical practitioner offers one such model for the future. **BJHM**

Conflict of interest: Professor R Crouch chaired the Royal College of Emergency Medicine Advanced Clinical Practitioner Curriculum Development Sub-Committee and is a member of the Credentialing Sub-Committee; Dr R Brown was a member of the Royal College of Emergency Medicine Advanced Clinical Practitioner Curriculum Development Sub-Committee and is the Chair of the Credentialing Sub-Committee.

KEY POINTS

- The multiprofessional workforce is critical to emergency care.
- There is a need for the definition of advanced practice in emergency care and the standard thereof.
- A curriculum for emergency care advanced practice allows portability of experience.
- The emergency care curriculum for advanced practice focuses on clinical care but includes descriptions of the standards required for the other pillars of advanced practice.
- The award of a credential, based on documented evidence of performance, allows local accreditation of experience, which is then centrally validated.

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