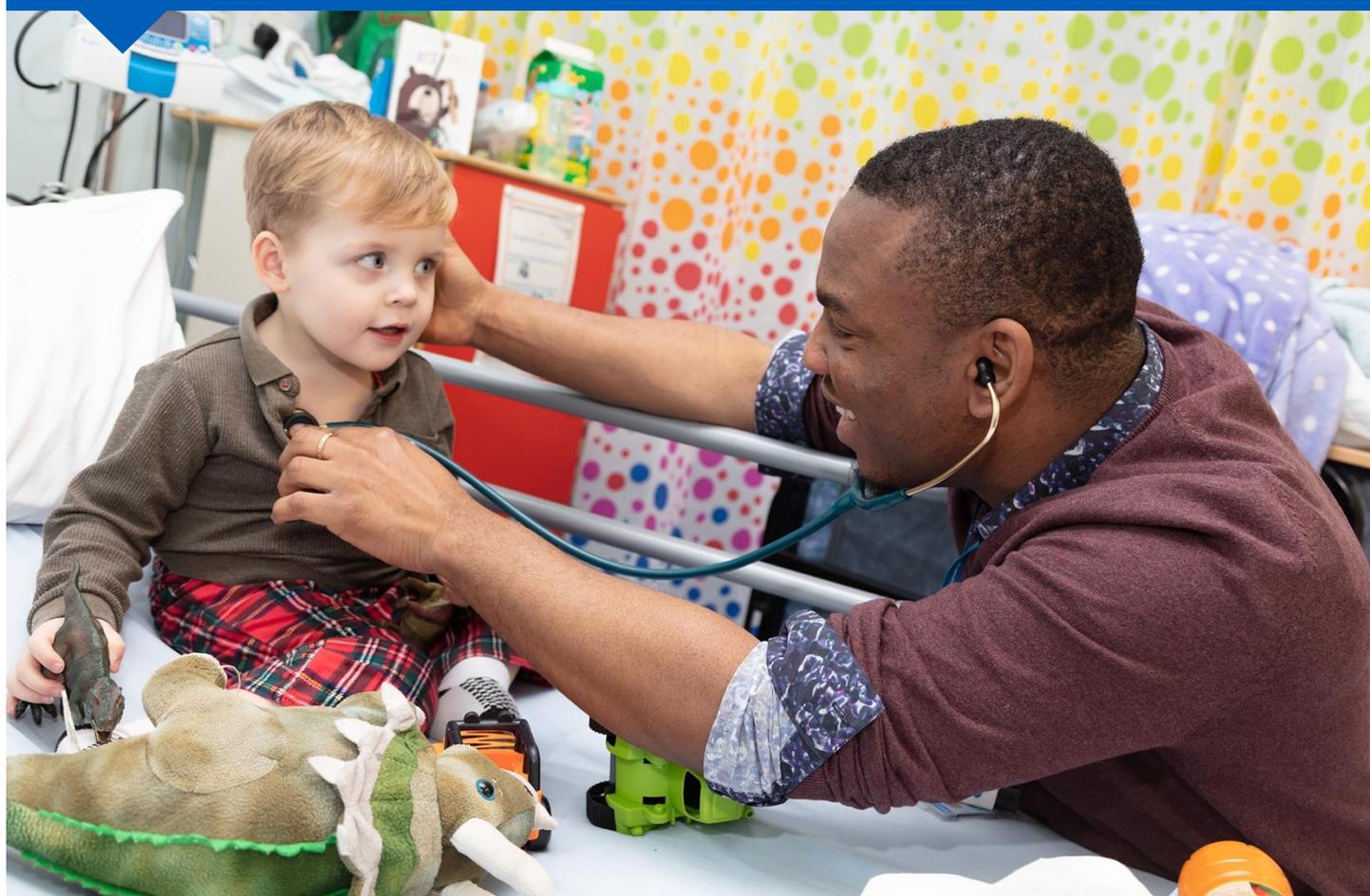


Urgent and Emergency Care Emergency Practitioner Framework



Urgent and emergency care – emergency practitioner framework

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Scope

This document aims to outline the framework for developing the Emergency Practitioner (EP) workforce within the Urgent and Emergency Care (UEC) setting. The aim is to provide the necessary information for those wanting to develop an Urgent Treatment Centre (UTC) service with the necessary information to develop the EP workforce to deliver such a service.

The document defines the training and competencies required at the various levels of practice within this workforce. It is noted that UTC services can be either a stand-alone community based or co-located within an acute service, this document provides a framework for both models.

Purpose

This document describes the development of the emergency practitioner workforce from trainee to advanced practice. It details the educational requirements and clinical competencies required at each level. The document also outlines the relationship between the emergency practitioner and that of the advanced practitioner.

It is not an in-depth curriculum to be completed by individuals, but a tool for this multi-professional group to guide, measure and track their development.

Audience

This document is designed as a generic document to be used by a range of audiences. The table below identifies key audiences and how they can use this framework.

Audience	Using the framework
Organisations (leads and managers)	To support those wishing to develop an emergency practitioner workforce.
Trainee practitioners	To map career progression and possible development routes into advanced practice areas.
Supervisors	To measure where an individual is on the emergency practitioner trajectory (for example as part of appraisal process).
Employers and HR	To inform recruitment and assist in the selection of substantive and locum staff.

Background

The EP role has been around for several years and is well established. The role generally started with the nursing profession, where such roles were and often still are referred to as Emergency Nurse Practitioners (ENP). In recent years the role has diversified to have an increased scope of minor illness as well as injury and included a range of Allied-Healthcare-Professionals (AHPs) who undertake the role.

In the current workforce EPs include nurses, paramedics, physiotherapist as well as pharmacists. It is recognised what the varied core professions can bring to the team and overall service provision.

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Framework

A range of role titles exist in practice, for the purpose of this document the term Emergency Practitioner will be used. However, it is recognised that such roles are also referred to as Emergency Nurse Practitioner (ENP), Emergency Clinical/Care Practitioner (ECP) or Nurse practitioner.

The various roles map the career pathway that a practitioner may wish to develop, from trainee EP to EP and then to a lead EP or Advanced Practitioner (AP). It is considered that a further role could be explored beyond this, as many lead AP roles could be mapped to consultant level practice; however, this role has not been covered within the scope of this framework.

The authors of this framework are aware that the [RCEM curriculum¹](#) refers to specialty learning outcomes (SLOs) rather than competencies. Future iterations of this framework will reflect this update.

Paediatrics

Each of the roles defined in this document could be working solely in the speciality of paediatrics, in which cases the training referred to in this document would benefit from having a paediatric focus.

It is also recognised that many EPs' work in areas that see both adults and paediatrics, and as such would need training and skill in both these areas. It would be beneficial for dedicated paediatric training modules for adult nurses and vice versa, however it is noted that often Higher Education Institutions (HEIs) do not provide a paediatric specific minor injury and illness modules, but often incorporate these aspects. For those working in paediatrics it is recommended that you look specifically at the indicative content of such courses, to ensure it meets your service needs.

Emergency Practitioner Roles

The table below outlines the range of roles that are defined within this framework, noting the pre-requirements and progression points between such roles.

Practitioner role	Information	Band*
Trainee Emergency Practitioner (tEP)	<p>A registered healthcare professional who generally has a minimum of 5 years' experience, which will generally include experience at a band 6 level, who is entering a trainee post to develop minor injury and illness skills.</p> <p>This stage normally takes a year, within generally 6 months supernumerary. Although if the practitioner is part-time then this will take proportionally longer.</p> <p>It is considered that a trainee should be a minimum of 0.5wte, to enable adequate progression of development.</p>	6

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	This role is mapped to the enhanced level of practice.	
Emergency Practitioner (EP)	<p>An EP who has completed tEP process and considered as competent and confident in autonomous management of minor injury and illness presentations. This will be defined by the clinical area but should be reflective of this framework. All EP's will need a personal development plan to continue developing as an EP.</p> <p>This role is mapped to either enhanced or advanced level of practice, which depends on the individual areas scope of practice, level of skill and experience.</p>	7
Lead Emergency Practitioner (Lead EP)	<p>An experienced and competent EP (as per this framework) who has generally completed 5 years' experience at EP level, who is leading a team of tEP and EPs as well as contributing to service development and leadership.</p> <p>This role is mapped to the advanced clinical practice framework.</p>	8a
<p>Advanced Practitioner (Urgent Care)</p> <p>Please note this role is historically referred to as Advanced Clinical Practitioner (ACP).</p>	<p>An experienced EP, who has generally completed a minimum of 3 years' experience at EP level, who is advancing their practice within the UTC field. This practitioner is able to see all patients' presentations to the UTC, including long term complex conditions.</p> <p>Generally such a role will have an enhanced primary care role; clinical work will be more aligned to the complex presentations a GP may see within this setting for example.</p> <p>This role is linked to the advanced level of practice, and the job plan will cover the four pillars of Advanced Practice.</p> <p>This role is mapped to the advanced clinical practice framework.</p>	7 as a trainee 8a once trained

*Expected Agenda for Change pay scales.

Workforce Planning

The workforce needs for a service can vary based on the service scope and demands on the service. This document outlines considerations for the EP part of such workforce teams, however further information on workforce planning can be found in [the learning hub](#).

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Professional Considerations

The following is a list of considerations required if employing a nurse or a range of AHP to the trainee EP role, which may be additional training needs depending on their prior experience, but these are generalisations. The table below lists the main registered professional roles that are likely to undertake these roles, but could include other AHP roles, depending on prior skills and experience.

Registered Professional	Professional Considerations for starting trainee EP role
Nurse	<ul style="list-style-type: none"> ▪ PGD awareness and training may be needed ▪ Role transition to autonomous decision-making role ▪ Physical assessment skills
Paramedic	<ul style="list-style-type: none"> ▪ Likely to have good physical assessment skills given prior training ▪ They have medicines awareness as through the Schedule 17 and 19 of the Humans Medicines Regulations 2012 they are able to possess and administer drugs as defined in these documents. However wider PGD awareness may be needed. ▪ ED/UTC working may be needed, likely to input into triage system ▪ Blood investigation training ▪ Cannulation skills exist, but may need phlebotomy skills ▪ Fundamentals of wound assessment, dressing and closure ▪ Limb splinting and plastering skills ▪ Safe discharge follow up with health promotion skills
Physiotherapist	<ul style="list-style-type: none"> ▪ Will come with expertise in musculoskeletal assessment, but may need input into initial first line treatment ▪ PGD awareness and training may be needed ▪ Medicines management and administration training, including Intravenous medicine skills may be needed ▪ Phlebotomy and cannulation skills may be needed ▪ Fundamentals of wound assessment, dressing and closure ▪ Limb splinting and plastering skills ▪ Resuscitation skills
Pharmacist	<ul style="list-style-type: none"> ▪ Likely to need extensive patient initial assessment and physical examination skills (pending on prior roles) ▪ ED/UTC team orientation ▪ Administration of medicines ▪ Consultation skills ▪ Cannulation and phlebotomy skills ▪ Fundamentals of wound assessment, dressing and closure ▪ Limb splinting and plastering skills ▪ Resuscitation skills

Assessment

Supervision and assessment are key for the development of all clinical staff. The national document around advancing practice supervision provides detailed information - [supervisionframework](#).

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It is essential that every tEP have a designated supervisor who will act in the role of “Coordinating Education Supervisor” (as per the [supervision framework](#)), to provide an overview of their development. One to one meetings should occur as a minimum bi-monthly to support the tEP during this time. It is further acknowledged the benefit of having a newly qualified EP who can act as a buddy for that tEP in their development. However, the ability to allocate a buddy role will be dependent of the skill mix of the team, and as such may not be possible.

Role transition is a key aspect from a competent professional nurse or AHP to a tEP. The role transition requires support from the supervisor, line manager and buddy. It is important for service leads to ensure this transition phase is supported.

The utilisation of work-base assessment tools is the preferred method of assessment of these clinical roles throughout the career pathway. Work base assessments include:

- Mini-Cex
- Case base Discussions (CBD)
- Direct Observation of Procedures (DOPS)
- Multisource feedback (MSF)

A number of curriculums utilise these tools, such as the Royal College of Emergency Medicine curriculum¹, and national [core advanced clinical curriculums](#).

Education

The development of the EP workforce requires a mixture of academic courses, short courses and development of clinical competencies in practice. A number of adult nurses/AHPs will also assess and manage paediatric patients within the clinical areas, as such below is a defined set of skills that such practitioners should develop to ensure they have the skills and ability to assess this age group of patients within the setting. On completion of initial training, the continuous professional development (CPD) needs of the practitioner should be factored in by service leaders. These needs will be defined for each level of practice.

Academic

	tEP	EP	Lead EP	AP Urgent Care
Academic Level	Level 6	Level 6/7	Masters award	Masters award
PG Dip / MSc Advanced Practice	No	No	Yes	Yes
Minor Injury	Complete in Year 1	Yes Level 6/7	Yes Level 6/7	Yes Level 6/7
Minor Illness	Complete in Year 1	Yes Level 6/7	Yes Level 6/7	Yes Level 6/7
Advanced assessment Module	No	Desirable	Yes	Yes
NMP	No	Desirable	Yes	Yes

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Courses

	tEP	EP	Lead EP	AP Urgent Care
IRMER	Yes	Yes	Yes	Yes
Interpretation of images (Red-dot course)	Yes	Yes	Yes	Yes
PGD / NMP	PGD	PGD / NMP	NMP	NMP
Plastering	Yes*	Yes	Yes	Yes
Suturing	Yes*	Yes	Yes	Yes
Wound assessment and Management	Yes*	Yes	Yes	Yes
Resuscitation training (BLS or ILS level pending on local guidance)	Yes	Yes	Yes	Yes – ILS level minimum
Trust Mandatory Training	Yes	Yes	Yes	Yes

*Undertake during trainee EP role if not a pre-requisite

Paediatric Specific Training

As outlined above for those working with both adults and children it is important to develop and maintain the paediatric skills for this service area. Below are some recommendations and resources to consider for this, although it is acknowledged that this will depend on the service scope of practice within the paediatric area.

To support those working in paediatrics and to increase confidence of the workforce in treating children and young people, HEE have developed the London Paediatrics in Urgent and Emergency Care Learning resource. This is a collection of guidelines and varied learning resources covering common clinical and non-clinical presentations for children and young people. There are two groups of resources; they can be accessed via the [HEE learning hub](#) and the [Future NHS Workspace: London Paediatrics in Urgent and Emergency Care Learning Resource](#).

As well as these, the resources below are recommended.

Resource	Information
Spotting the Sick Child Course	This course could be a good baseline for tEPs who may wish to expand their knowledge in this area. The course has helped EPs new to the speciality to gain fundamental knowledge - https://spottingthesickchild.com .
Don't Forget the Bubbles	This resource covers learning material for children with minor illness and injury as well as other presentations - https://dontforgetthebubbles.com/dftb-modules .
E Learning for Health	Several resources can be found on this website. EPs may need specific training in mental health and safeguarding specific to caring for children - www.e-lfh.org.uk .

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RCEM Learning	The Royal College of Emergency Medicine also provides learning resources for its members.
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Continuous Professional Development

Continuous professional development is essential to maintaining and continuing the development of clinical skills. There are a range of approaches to the provision of this which includes dedicated EP days, integrations with UEC doctor teaching and / or Advanced Practitioner (AP) training. Some areas have provision for regular short case based discussion sessions within the working day. The approach that you take for your service will vary depending on your size and scope.

Competencies

There are a number of locally approved frameworks across the service area. The [RCEM ACP curriculum](#) also includes the competencies that are required for working within the service area. Furthermore the scope of practice of the EP workforce can differ between departments, as such this framework will provide an overview of the competencies that are required for EPs working within this clinical area.

It is noted that the RCEM portfolio may also be an option for supporting portfolio development, as such acknowledgement to the competency within the RCEM ACP portfolio is noted in the tables below.

When using these competencies you must always keep within your scope of practice to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.

Core Competencies

The list below outlines the core competencies that these roles require. However, it is noted that the national ACP core curriculum is under development and it is anticipated that this document will replace this section once published.

The competencies for the tEP are anticipated to be achieved within the first year.

The fields highlighted in green next to each competency indicate they are required for the role shown in the column heading. The * in the fields below indicates the competency may be required depending on the clinical area and level of expertise.

Core Competency	tEP	EP	Lead EP	Advanced EP	RCEM Link
Time and workload management					CC4
Team working and patient safety					CC8
History taking					CC1
Clinical examination					CC2

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Therapeutics and safe prescribing	PGD	PGD/NMP	NMP	NMP	CC3
Decision making and clinical reasoning					CC5
The patient as a central focus of care					CC6
Prioritisation of patient safety in clinical practice					CC7
Principles of quality and safety improvement					CC9
Infection control					CC10
Managing long term conditions and promoting patient/family self-care					CC11
Relationships with patients and communication within a consultation					CC12
Breaking bad news					CC13
Complaints and medical error					CC14
Communication with colleagues and cooperation					CC15
Health promotion and public health					CC16
Principles of medical ethics and confidentiality					CC17
Valid consent					CC18
Legal framework for practice					CC19
Ethical research					CC20
Evidence and guidelines					CC21
Audit		*			CC22
Teaching and training		*			CC23
Personal behaviour					CC24
Management and NHS structure					CC25
Minor Injury Presentations	tEP	EP	Lead EP	Advanced EP	RCEM Link
Anaphylaxis					CMP1
Falls					CAP13
Head injury (In adults and children)					CAP18
Facial Injuries					No link
Limb pain, swelling, and joint pain					CAP20
Shoulder Injuries					No link
Elbow and forearm injuries					No link
Wrist and Hand injuries					No link
Hip and thigh injuries					No link
Knee and Lower limb injuries					No link
Ankle and Foot injuries					No link

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Neck pain					CAP21
Patient in pain					CAP23
Acute back pain					CAP3
Ophthalmology/Painful eyes					CAP29
Traumatic limb injury					CAP33
Traumatic limb injury					C3AP2 A&B
Aspects of regional anaesthesia					O4
Wound assessment					CAP38
Burn assessment and management					No link
Chest Thorax Injury - Minor					No link
Minor Illness Presentations	tEP	EP	Lead EP	Advanced EP	RCEM Link
Abdominal pain including loin / groin pain					CAP1
Breathlessness					CAP6
Chest pain					CAP7
Mental Health					CAP30
Abdominal swelling					CAP2
Cough					CAP9
Diarrhoea					CAP11
Dizziness and vertigo					CAP12
Fever					CAP14
Headache					CAP17
Painful ears/ENT					CAP24
Epistaxis					No link
Pelvic pain					CAP26
Rash (& Dermatology presentations)					CAP28
Sore throat					CAP31
Vomiting/ nausea					CAP36
Dysuria					C3AP5
Needlestick injury					C3AP7
Testicular pain					C3AP8
Exposure to Hepatitis risk (PEPSE indications)					No link
Emergency contraception					No link
Deep Vein Thrombosis					No link
Procedures	tEP	EP	Lead EP	Advanced EP	RCEM Link
Peripheral venous cannulation					PP2
Knee aspiration					PP14
Reduction of dislocation/ fracture					PP16
Large joint examination					PP17
Wound management					PP18

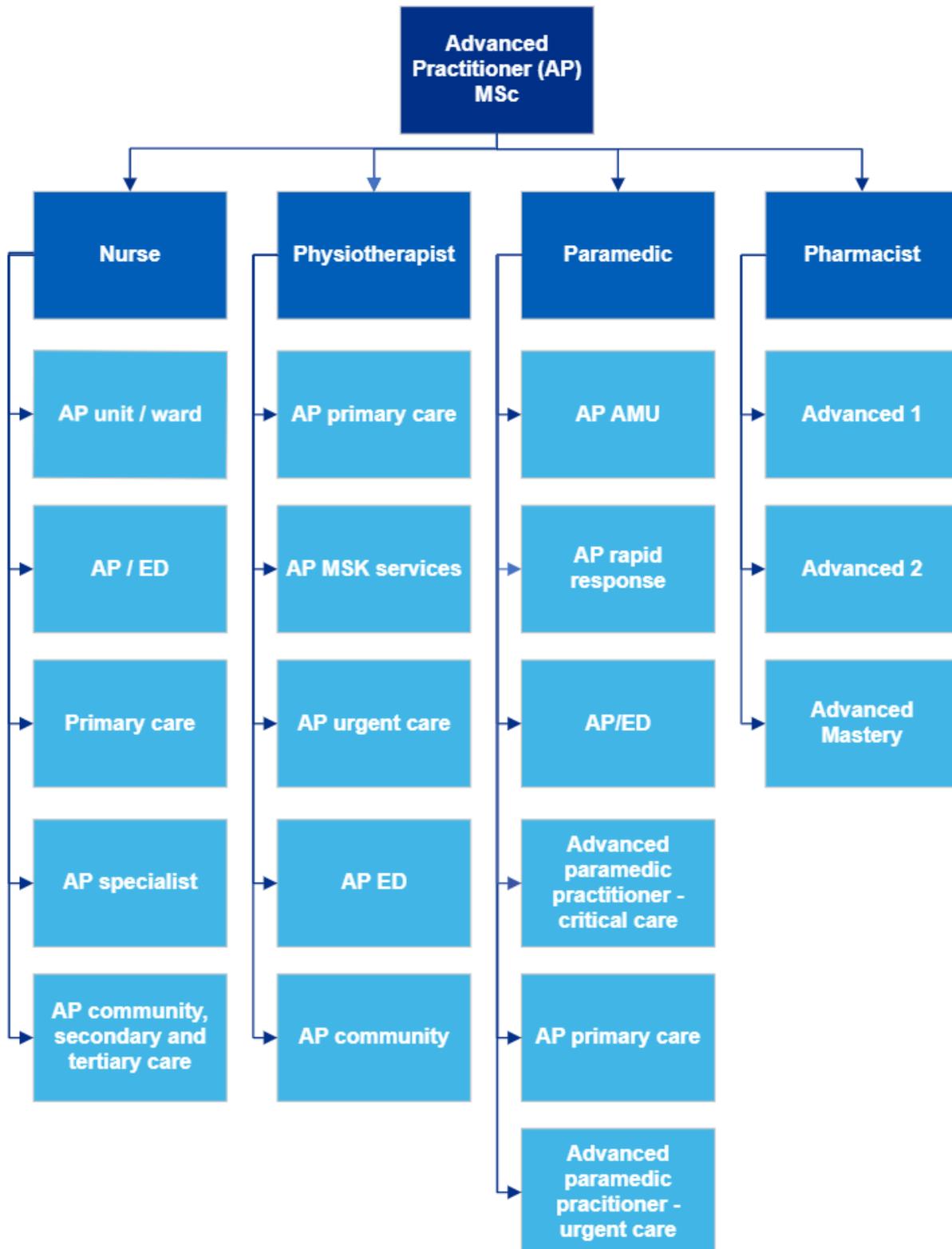
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Haematoma Block (distal forearm / wrist)					No link
Distal Radius Fracture Reduction					No Link
Regional Anaesthesia: Wound & digital nerve block					No Link
Nasal packing/ Rapid Rhino / nasal cautery					No Link
Abscess I&D					No Link
FB removal: eye, ENT, Vaginal, soft tissue					No Link
Slit Lamp (fundamental visualisation or cornea & AC)					No Link
Paediatric Specific Competencies	tEP	EP	Lead EP	Advanced EP	RCEM Link
Dehydration secondary to diarrhoea and vomiting					PAP7
ENT					PAP8
Foreign body in ENT					No link
Fever in all age groups					PAP9
Headache					PAP12
Ophthalmology					PAP14
Pain in children					PAP 15
Painful limbs atraumatic					PAP16
Painful limbs traumatic					PAP17
Rashes in children					PAP18
Sore throat					PAP19
Venous access in children					PEMP1
Minor Head Injury					No link
Wound Management					No link
Burn Management					No link

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Pathways

The diagram below indicates potential pathways for UEC staff who undertake an Advanced Practice MSc. This is designed as guidance and is not exhaustive.



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Appendix

Appendix 1. Author and acknowledgements

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Appendix 2. Definitions

Roles

Role	Description
Trainee Emergency Practitioner (tEP)	A registered professional in the training phase to develop to an EP
Emergency Practitioner (EP)	A registered professional able to autonomously manage patient presenting with minor injuries and illnesses
Lead Emergency Practitioner (Lead EP)	A senior EP who has the leadership responsibilities for an EP team and the service it provides
Advanced Practitioner (Urgent Care)	A practitioner working at an advanced level of practice within the urgent treatment centre environment, as per the Multi- professional Framework for Advancing Practice (HEE, 2017)

Other terms

Item	Description
Enhanced Level Practice	Enhanced level practitioners can be found in various settings across professions with a specific body of knowledge. They undertake complex decision making but defer to others for overall plan. They will have undertaken post reg/ CPD and occasionally Masters level. ²
Advanced Level Practice	Advanced practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy. They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. ³
Consultant Level Practice	The Consultant Level Practice is a senior role providing expertise in all four pillars of advanced practice. Additionally, the role provides strong strategic and system leadership in the given area.
Urgent Treatment Centre (UTC)	New term for Urgent Care Centre
Urgent Care Centre (UCC)	A service area providing urgent treatment and care provision for patients
Minor Injury Unit (MIU)	Now called UTC
Allied-Health Professional (AHP)	Allied health professionals
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
PGD	Patient Group Direction
NMP	Non-medical Prescribing
ED	Emergency Department
UEC	Urgent and Emergency Care

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References

¹ RCEM Curriculum - <https://rcemcurriculum.co.uk/>

² Leary, A (2019) Enhanced Practice - A workforce modelling project for Health Education England.

³ Health Education England (2021) What is Advanced Clinical Practice? Available at: <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice>