Urgent and Emergency Care – Emergency Practitioner Framework



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Contents

[Scope 3](#_Toc125448541)

[Purpose 3](#_Toc125448542)

[Audience 3](#_Toc125448543)

[Background 4](#_Toc125448544)

[Framework 4](#_Toc125448545)

[Paediatrics 4](#_Toc125448546)

[Emergency Practitioner Roles 4](#_Toc125448547)

[Workforce Planning 6](#_Toc125448548)

[Professional Considerations 6](#_Toc125448549)

[Assessment 7](#_Toc125448550)

[Education 8](#_Toc125448551)

[Academic 8](#_Toc125448552)

[Courses 9](#_Toc125448553)

[Paediatric Specific Training 9](#_Toc125448554)

[Continuous Professional Development](#_Toc125448555) 10

[Competencies 10](#_Toc125448556)

[Core Competencies 10](#_Toc125448557)

[Pathways 14](#_Toc125448558)

[Appendix 15](#_Toc125448559)

[Appendix 1. Author and acknowledgements 15](#_Toc125448560)

[Appendix 2. Definitions 16](#_Toc125448561)

[Roles 16](#_Toc125448562)

[Other terms 16](#_Toc125448563)

[References 17](#_Toc125448564)

# 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 EP to examples of advanced practice progression. It details the core educational requirements and clinical competencies required at each level. The document also outlines the relationship between the emergency practitioner and that of the advanced practice.

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. It should also be noted that advanced practice education and associated workplace-based training will typically be undertaken as part of a Master’s level programme of study that develops capability and autonomy across the four pillars of clinical practice, leadership and management, education and research. Advanced practice curricula will need to fully align to the capabilities outlined in the [Multi-Professional Framework for Advanced Clinical Practice in England (2017)](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf).

# 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.

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](https://rcem.ac.uk/acp-curriculum/) refers to specialty learning outcomes (SLOs (Student Learning Objectives)) 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’ works 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 practitioners 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.

The EP role is an extended role rather than advanced role, most EPs work at an enhanced level of practice with specific knowledge and skills in a field of expertise. Practitioners working at an enhanced level of practice must make complex decisions using specific knowledge and skills in a field of expertise. They manage all aspects of a patient’s care in their current level of practice, which will be particular to a specific context. Experienced EPs, such as lead EPs, can and are often expected to have some advanced capabilities within the clinical pillar and cover aspects across the four pillars of advanced practice.

Urgent care advanced practitioners have developed their knowledge and skills to an advanced level of practice across all four pillars (clinical practice, leadership and management, education and research) and therefore are trained to manage the whole episode of a patient’s clinical care, from the time they first present, through to the end of the episode, working autonomously and safely in managing higher levels of risk, uncertainty and medical complexity when compared to that of EPs

The reference of staff development from EP to Advanced practitioners is for guidance only and is subject to the development of specialist, [multi-professional credentials](https://advanced-practice.hee.nhs.uk/credentials/) by Health Education England’s Centre for Advancing Practice.

|  |  |  |
| --- | --- | --- |
| **Practitioner role** | **Information** | **Band\*** |
| Trainee Emergency Practitioner (TEP) | 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.This stage normally takes a year, within generally 6 months supernumerary. Although if the practitioner is part-time then this will take proportionally longer. Following initial training practitioners often have a period of consolidation within practice, meaning that it is generally 18 months of training before they are working independently at an Enhanced Practice level. It is considered that a trainee should be a minimum of 0.5wte, to enable adequate progression of development. This role is mapped to the enhanced level of practice. | 6 |
| Emergency Practitioner (EP) | 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.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. | 7 |
| Lead Emergency Practitioner (Lead EP) | 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.Depending on the scope and the job plan of the Lead EP, some aspects of the role may map to individual capabilities of the advanced practice framework.  | 8a |
| Advanced Practitioner (Urgent Care)Please note this role is historically referred to as Advanced Clinical Practitioner (ACP). | An experienced EP, who has generally completed a minimum of 3 years’ experience at EP level. and can work autonomously and safely in managing risk, uncertainty and medical complexity. ACPs will demonstrate capability across the four pillars of advanced practice (clinical practice, leadership and management, education, research) as outlined in the [Multi-Professional Framework for Advanced Clinical Practice in England (2017)](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf). Their education and training will typically be underpinned by a master’s or equivalent award. ACPs can see all patients’ presentations to the UTC, including long term complex conditions. Generally, such a role will have an advanced primary care function and clinical work will be more aligned to the complex presentations a GP will see within this setting.  | 7 as a trainee8a 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.](https://learninghub.nhs.uk/Resource/1993/Item)

## 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 | * Patient Group Direction (PGD) awareness and training may be needed
* Role transition to autonomous decision-making role
* Physical assessment skills
 |
| Paramedic | * 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
* Will require 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 | * 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
* Will require blood investigation training
* Fundamentals of wound assessment, dressing and closure
* Limb splinting and plastering skills
* Resuscitation skills
 |
| Pharmacist | * 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 [Workplace Supervision Framework for Advanced Clinical Practice](https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/) outlines the expectations and guidance for good practice in development of the ACP workforce.

It is essential that every TEP at all levels of practice have a designated supervisor who will act in the role of ‘Coordinating Education Supervisor’ (as per the ACP [supervision framework](https://www.hee.nhs.uk/sites/default/files/documents/Workplace%20Supervision%20for%20ACPs.pdf)), 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 HEE’s advanced practice [credentials](https://advanced-practice.hee.nhs.uk/credentials/)[.](https://www.hee.nhs.uk/our-work/advanced-practice/credentials)

# Education

The development of the EP workforce requires a mixture of academic courses, short courses and development of clinical competencies in practice. Several 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 | Master’s award | Master’s award |
| PG Dip (Postgraduate Diploma) / MSc AdvancedPractice | No | No | Yes (MSc or PG Dip) | Yes (MSc only) |
| 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 assessmentModule | No | Desirable | Yes Level 6/7 | Yes Level 7 |
| Non-Medical Prescribing | No | Desirable | Yes  | Yes  |

## Courses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **tEP** | **EP** | **Lead EP** | **AP Urgent Care** |
| IRMER (Ionising Radiation (Medical Exposure) Regulation) | Yes | Yes | Yes | Yes |
| Interpretation of images (Red-dot course) | Yes | Yes | Yes | Yes |
| PGD / NMP (Non-medical Prescribing) | PGD | PGD / NMP | NMP | NMP |
| Plastering | Yes\* | Yes | Yes | Yes |
| Suturing | Yes\* | Yes | Yes | Yes |
| Wound assessment andManagement | Yes\* | Yes | Yes | Yes |
| Resuscitation training (BLS (Basic Life Support) or ILS (Immediate Life Support) level pendingon local guidance) | Yes | Yes | Yes | Yes – ILS level minimum |
| Trust MandatoryTraining (including safeguarding 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](https://learninghub.nhs.uk/Resource/6607/Item) and the [Future NHS Workspace: London Paediatrics in Urgent and Emergency Care Learning Resource](https://future.nhs.uk/connect.ti/LondonPaediatricsUECLearning/grouphome).

As well as these, the resources below are recommended:

|  |  |
| --- | --- |
| **Resource** | **Information** |
| [Spotting the Sick Child Course](https://spottingthesickchild.com/) | 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. |
| [Don’t Forget the Bubbles](https://dontforgetthebubbles.com/dftb-modules/) | This resource covers learning material for children with minor illness and injury as well as other presentations. |
| [E Learning for Health](https://www.e-lfh.org.uk/) | Several resources can be found on this website. EPs may need specific training in mental health and safeguarding specific to caring for children. |
| [RCEM Learning](https://www.rcemlearning.co.uk/) | The Royal College of Emergency Medicine (RCEM) also provides learning resources for its members. |

## Continuous Professional Development

Continuous professional development is essential to maintaining and continuing the development of clinical skills. There are a range of approached 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 base discussion sessions within the working day. The approach that you take for your service will vary depending on your size and scope.

HEE’s Centre for Advancing Practice have developed additional guidance and resources to support the governance of advanced practice in health and care provider organisations, including the [advanced practice maturity matrix](https://advanced-practice.hee.nhs.uk/resources-news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/).

# Competencies

There are several locally approved frameworks across the service area. The [RCEM ACP curriculum](https://rcem.ac.uk/emergency-care-advanced-clinical-practitioners/) (Advanced practitioners only) 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 clinical competencies that these roles require. For additional capabilities expected at advanced practice level, please refer to the [Multi-Professional Framework for Advanced Clinical Practice in England (2017)](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf).

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 competency may be required depending on the clinical area and level of expertise. In addition, the links under ‘RCEM Link’ are from [the Royal College of Emergency Medicine’s Advanced clinical practitioner curriculum (2022)](https://rcem.ac.uk/wp-content/uploads/2022/09/ACP_Curriculum_Adult_Final_060922.pdf), and each code (not abbreviations) references a specific skill or competency required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Core Competency** | **TEP** | **EP** | **Lead EP** | **Advanced EP** | **RCEM Link** |
| Time and workload management |  |  |  |  | SLO 7 |
| Team working and patient safety |  |  |  |  | SLO 7,811 |
| History taking |  |  |  |  | SLO 1 ,3,4,5  |
| Clinical examination |  |  |  |  | SLO 1 ,3,4,5 |
| Therapeutics and safe prescribing | PGD | PGD/NMP | NMP | NMP | SLO 1,3,4,5 12 |
| Decision making and clinical reasoning |  |  |  |  | SLO2 |
| The patient as a central focus of care |  |  |  |  | SLO 1,3,4,511 |
| Prioritisation of patient safety in clinical practice |  |  |  |  | SLO 11 |
| Principles of quality and safety improvement |  |  |  |  | SLO 11 |
| Infection control |  |  |  |  | SLO 1,3,4,5 |
| Managing long term conditions and promoting patient/family self-care |  |  |  |  | SLO 1,3,4,5 |
| Relationships with patients and communication within a consultation |  |  |  |  | SLO1,3,4,5 |
| Breaking bad news |  |  |  |  | SLO 3 |
| Complaints and medical error |  |  |  |  | SLO 11-12 |
| Communication with colleagues and cooperation |  |  |  |  | SLO 2,7,8 |
| Health promotion and public health |  |  |  |  | GPCs (General Professional Capabilities) Domain 4 |
| Principles of medical ethics and confidentiality |  |  |  |  | SLO 10 |
| Valid consent |  |  |  |  | SLO 13.4.5 |
| Legal framework for practice |  |  |  |  | SLO 1,3,4,5 |
| Ethical research |  |  |  |  | SLO 10 |
| Evidence and guidelines |  |  |  |  | SLO 10 |
| Audit |  | \* |  |  |  SLO 12  |
| Teaching and training |  | \* |  |  | SLO 9 |
| Personal behaviour |  |  |  |  | Domain 1  |
| Management and NHS structure |  |  |  |  | SLO 12 |
| **Minor Injury Presentations** | **TEP** | **EP** | **Lead EP** | **Advanced EP** | **RCEM Link** |
| Anaphylaxis |  |  |  |  | RP2 |
| Falls |  |  |  |  | SLO1 – EIP3 |
| Head injury (In adults and children) |  |  |  |  | TP1 |
| Facial Injuries |  |  |  |  | MaP2 |
| Limb pain, swelling, and joint pain |  |  |  |  | MuP2 and 4 MuC4 |
| 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 |
| Neck pain |  |  |  |  | MuP3 |
| Patient in pain |  |  |  |  | PC3 |
| Acute back pain |  |  |  |  | MuP1 |
| Ophthalmology/Painful eyes |  |  |  |  | OptP1-5 |
| Traumatic limb injury |  |  |  |  | TP7 |
| Aspects of regional anaesthesia |  |  |  |  | SLO 4  |
| Wound assessment |  |  |  |  | SLO 6 |
| Burn assessment and management |  |  |  |  | TP8 |
| Chest Thorax Injury - Minor |  |  |  |  | TP3 |
| **Minor Illness Presentations** | **TEP** | **EP** | **Lead EP** | **Advanced EP** | **RCEM Link** |
| Abdominal pain including loin / groin pain |  |  |  |  | SuP1, GP1 and UP5 |
| Breathlessness |  |  |  |  | CP2 and ResP2 |
| Chest pain |  |  |  |  | CP1 and ResP1 |
| Mental Health |  |  |  |  | CAP30 |
| Abdominal swelling |  |  |  |  | GP2 and SuP2 |
| Cough |  |  |  |  | ResP4 |
| Diarrhoea |  |  |  |  | GP5 and SuP4 |
| Dizziness and vertigo |  |  |  |  | NeuP9 |
| Fever |  |  |  |  | IP1 |
| Headache |  |  |  |  | NeuP2 |
| Painful ears/ENT |  |  |  |  | EP5 |
| Epistaxis |  |  |  |  | EP3 |
| Pelvic pain |  |  |  |  | ObP1  |
| Rash (and Dermatology presentations) |  |  |  |  | DP1 and 2 |
| Sore throat |  |  |  |  | EP6 |
| Vomiting/ nausea |  |  |  |  | GP9 and SuP7 |
| Dysuria |  |  |  |  | UP1  |
| Needlestick injury |  |  |  |  | IP4 |
| Testicular pain |  |  |  |  | UP4 |
| Exposure to Hepatitis risk (PEPSE indications) |  |  |  |  | IP4 |
| Emergency contraception |  |  |  |  | SeP3 |
| Deep Vein Thrombosis |  |  |  |  | VC3 |
| **Procedures** | **TEP** | **EP** | **Lead EP** | **Advanced EP** | **RCEM Link** |
| Peripheral venous cannulation |  |  |  |  | SLO 6 |
| Knee aspiration |  |  |  |  | MuP4. MUP5  |
| Reduction of dislocation/ fracture |  |  |  |  | SLO 4 and 6 |
| Large joint examination |  |  |  |  | SLO 1  |
| Wound management |  |  |  |  | SLO 6 |
| Haematoma Block (distal forearm / wrist) |  |  |  |  | SLO4  |
| Distal Radius Fracture Reduction |  |  |  |  | TP7 |
| Regional Anaesthesia: Wound and digital nerve block |  |  |  |  | Foundation skills |
| Nasal packing/ Rapid Rhino / nasal cautery |  |  |  |  | EP3 |
| Abscess I and D |  |  |  |  | DC5 |
| FB removal: eye, ENT, Vaginal,soft tissue |  |  |  |  | SLO4 – EP1, ObP6 OptP2 |
| Slit Lamp (fundamentalvisualisation or cornea and AC) |  |  |  |  | OptP3 |
| **Paediatric Specific Competencies** | **TEP** | **EP** | **Lead EP** | **Advanced EP** | **RCEM Link** |
| Dehydration secondary to diarrhoea and vomiting |  |  |  |  | GC3 |
| ENT |  |  |  |  | SLO4  |
| Foreign body in ENT |  |  |  |  | EP1 |
| Fever in all age groups |  |  |  |  | IP1 |
| Headache |  |  |  |  | NeuP2 |
| Ophthalmology |  |  |  |  | OptP1-5 |
| Pain in children |  |  |  |  | PC1-4 |
| Painful limbs atraumatic |  |  |  |  | MuP2 |
| Painful limbs traumatic |  |  |  |  | TP7 |
| Rashes in children |  |  |  |  | DP2 |
| Sore throat |  |  |  |  | EP6 |
| Venous access in children |  |  |  |  | SLO 6  |
| Minor Head Injury |  |  |  |  | TP1 |
| Wound Management |  |  |  |  | SLO 4  |
| Burn Management |  |  |  |  | TP8 |

# 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.



**Advanced Practitioner (AP) MSc**

**Nurse**

**Physiotherapist**

**Paramedic**

**Pharmacist**

**AP unit / ward**

**AP primary care**

**AP Acute Medical Unit (AMU)**

**Advanced 1**

**AP / ED**

**AP MSK services**

**AP rapid response**

**Advanced 2**

**Advanced Mastery**

**AP / ED**

**AP urgent care**

**Primary care**

**AP specialist**

**AP / ED**

**Advanced paramedic practitioner – critical care**

**AP community, secondary and tertiary care**

**AP community**

**AP primary care**

**Advanced paramedic practitioner – urgent care**

# Appendix

## Appendix 1. Author and acknowledgements

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## Appendix 2. Definitions

### Roles

|  |  |
| --- | --- |
| **Role** | **Description** |
| Trainee EmergencyPractitioner (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 EmergencyPractitioner (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 Master’s 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://rcem.ac.uk/acp-curriculum/>

2 Leary, A (2019) [Enhanced Practice - A workforce modelling project for Health Education England.](https://www.lscthub.co.uk/wp-content/uploads/2021/10/Enhanced-PracticeREPORTFINALWOAppx.pdf)

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

4 Health Education England (2017) Multi-professional framework and Centre of advancing practice: <https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-clinical-practice-in-england/>

5 Centre of Advancing Practice. Health Education England: <https://advanced-practice.hee.nhs.uk/>

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