The development of workforce to support urgent and emergency care – the story so far…

College of Emergency Medicine Clinical Leads Conference

-Patrick Mitchell
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HEE exists:
To improve the quality of care delivered to patients. Through our Local Education and Training Boards (LETBs), we ensure that our workforce has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

HEE promises:

*to oversee that education contracts include consultant availability to provide adequate supervision of doctors in training 7 days a week.*
Our business
How it all fits together – our key documents

15 year strategic framework (F-15)
- Mandate 2014/15
- Business Plan 14/15
- Workforce Planning Guidance
- Workforce Plan for England 15/16

Informed by local plans
Workforce plan for England


Historically, the main drivers for investment and disinvestment in the overall workforce as a whole appears to have been a reaction to a combination of factors including the economy, politics/policy and supply driven demand.

The Consultant workforce grew most, by over 50% (although the UK still remains below other nations in terms of number of doctors per 1,000 population). The World Health Organisation (WHO) ranks UK 41st, with only 2.77 physicians per 1,000 population.
The HEE Mandate

- HEE published a report on *Emergency Medicine: Background to HEE proposals to address workforce shortages.*
- The Emergency Medicine Workforce Implementation Group (EMWIG) was established to implement *both medicine and alternative workforce interventions.*
- Working in partnership the College of Emergency Medicine (CEM) to implement innovative workforce support and solutions.
- Many LETBs responded to the national priority to tackle emergency medicine workforce shortages by establishing *local emergency medicine workforce programmes* and appointing specific project managers.
- EMWIG interim report was presented to the HEE Board in July 2013. HEE fully supports the work around emergency medicine and supported its continuation asking for future work to look at retention of staff in the emergency department.
Progress to date

• Poor recruitment at ST4 in Emergency Medicine (EM) in 2012, 2013 and 2014 achieved < 50% fill rate.

• HEE funding additional **75 ACCS EM posts/year** for the next three years – investment of 101 in 2014.

• All LETBs in England offering trainees the choice of taking up Run-through instead of ACCS EM (**88% signed up**).

• DRE-EM - **Defined Route of entry** to EM – allows transferable competencies from other specialties across into EM training. New in 2014, has its own national selection process and recruited 61.

• **Overseas Development Programme** - to recruit c.50 emergency medicine medics onto the Work, Learn and Return programme. Maximum of a 4 year placement.
Overseas Development Programme

- The primary objective of the Overseas Development Project is to facilitate placement of c. 50 overseas doctors in to Emergency departments in a ‘Work, Learn and Return’ programme
- This programme primarily seeks to fill vacant non-training capacity posts to ensure an immediate response to the need for more doctors in Emergency Medicine
- This extra capacity was planned to ease pressure whilst other workforce interventions, such as an increase in ACCS-EM posts, has time to evolve
Overseas Development Programme

• Working in partnership the College of Emergency Medicine to design a bespoke emergency medicine development programme

• International advert in BMJ, 20 March 2014, the development programme - maximum period of four years

• Initial recruitment in India (May 2014) - competencies required for emergency medicine map to those currently delivered in India – and many applicants from this geography

• High-calibre applicants were identified from outside of India including countries such as Egypt, Malaysia, and UAE

• The programme will support and develop individuals to achieve MCEM and FCEM depending on their previous experience during their time working in England

• Aim of the programme is for recruits to work, learn and return to their home country with enhanced skills and qualifications in emergency medicine

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Overseas Recruitment

Applications

• HEE received a high number of unique applications for the 2 rounds of recruitment

• Applications went through long-listing to ensure that all essential areas of the person specification were met

Skype Eligibility Checking

• Skype was used as part an eligibility assessment, following long-listing and prior to the formal interviews.

• Skype interview used to gain a clinical view of the candidates eligibility; involved application form review and a conversation with the applicant to review/query any aspect of their application including:
  • postgraduate qualifications
  • Reason for application and achievement expectations of the programme
  • ensure the candidate can demonstrate an understanding of patient safety and an assessment of communication skills
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Overseas Development Programme ‘Work, Learn and Return’

• Of the 67 appointable doctors, two have not accepted a place on the scheme. The national team are working with the doctors to enable them to gain the appropriate paperwork to enter and work in the UK.

• Two doctors came into the country last week and have completed a national induction supported by the GMC. The doctors started rotation at Hull and East Yorkshire Hospitals NHS Trust.

• Further doctors will enter during the Winter, three are expected in December, six in January. Numbers for February through to April still to be confirmed. Hospital Trusts in the North will take the first doctors followed by the Midlands, The South and London.
Emergency Medicine

Joint HEE?CEM - Emergency Medicine Workforce Implementation working on:

- Workforce analysis
- ACCS core training
- Run-through training
- Transferable competences
- Supporting SAS grade doctor
- Overseas recruitment
- Careers development

- Alternative workforce solutions:
  - Advanced Clinical Practitioner
  - Physician Associate
  - Pharmacy roles
  - Paramedics
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Advanced Clinical Practitioner

- Advanced Clinical Practitioner Group – will shortly be publishing a competency framework which outlines those competency required for the ACP role in the emergency department.

- Competences required mapped to those in the Member of the College of Emergency Medicine (MCEM) exam curriculum.

- Some LETBs commissioning courses at scale - Y&H c.200 places

- CEM are developing a section under the e-portfolio for the ACP.
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Pharmacy

• The Emergency Medicine Pharmacy Group is developing a pharmacy pilot to introduce pharmacists across emergency departments to support the multi-professional team. This work builds on the work of HE West Midlands.

• Exploring and reviewing the opportunities that exist for pharmacists to work in ED.
  o clinical specialist pharmacists; front door ED managing ailment services
  o clinical specialists working directly in the department supporting key peak periods

• The group has been asked to extend its remit to cover primary care as it has been recognised that the pharmacist role can be used in a primary care setting supporting General Practice.

• National roll out of clinical consultation skills training for community pharmacists to support the urgent care review recommendations
Physician Associate

- Currently c.240 practicing in the UK, work across primary and secondary care under the supervision of the doctor
- 2 year postgraduate course leading to Diploma in PA
- HEE have commissioned Royal College of Physicians (RCP) to established a multi-college faculty of physician associates to manage the current voluntary register
- Looking at options for regulation
- Recently delivered a conference to engage with HEI’s and LETBs on how to set up a training programme on their regions. Over 100 people attended.
- Numbers of PAs in training:
  - St Georges – 36
  - Birmingham – 30 (New for 2014)
  - Worcester – 18 (New for 2014)
  - Wolverhampton – 5 (New for 2014)
- Plymouth University Peninsula Schools of Medicine and Dentistry opens January 2015.
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Paramedic Evidence-Based Education Project (PEEP)

- Commissioned by DH’s National Allied Health Professional Advisory Board - funded by the College of Paramedics, reporting in August 2013
- Provides an evidence base to progress the strategic direction of the standardisation of education and training
- Various education and funding models in place across the UK - PEEP seeks to address these issues
- Delivery lies with Health Education England (HEE), the College of Paramedics and the Association of Ambulance Service Chief Executives
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Key recommendations include:

- A standardised approach to paramedic education and training
- Agree a pre-registration education development model leading to an all graduate profession
- Enhancement of current knowledge and skills
- Development of a partnership model
- Developing Paramedic leadership models for England
- A standard to “visible identification”
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Paramedic next steps:

• Financial viability to be fully assessed
• Education Delivery Model to be developed and agreed
• A suitable commissioning model needs to be determined
• Workforce planning to confirm if there is likely to be any change in the numbers in training to meet future service need and any new models of care.
• Development of a Paramedic Employers group to discuss employment implications of the changes of the Paramedic role.
• Communications strategy to be developed alongside this work to ensure there is National platform, supported by local delivery plans.
• Development of implementation and transition plan.
Clinical Skill Enhancement

There should be additions to the clinical skills in pre-registration training in the areas of:

- Dementia and mental health awareness
- Clinical leadership skills
- Multi-professional learning opportunities
- Integrated care
- End of life care
- Inclusion health

There should be a closer engagement of this workforce with pre-hospital urgent care, and prevention of hospital admission, should be of benefit to the wider community.
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There are two critical interdependencies to the engagement programme:

Consultation on paramedic prescribing
• Intention to commence public consultation on paramedic prescribing by the end of the calendar year
• To be delivered in advance or alongside PEEP strategy consultation in order to ensure stakeholders can present an informed view

The outcomes of Keogh’s urgent and emergency care review
• *PEEP is a major contributor to the success of both hear and treat & see and treat strategies*
• New paramedics roles in ED and primary care settings
• Will require a significant increase in training capacity at scale
Next steps

• Further **discussions** with key stakeholders including employers, commissioners and unions

• HEE **Board approval** March 2015

• Final sign off nationally with **employers and commissioners**

• Formal notice to **higher education institutions**

• Finalise timeline with HCPC
Better Training Better Care

Temple – 2010. Time for Training - called for better use of the expanded consultant workforce:

- Ensure improved training for junior doctors
  - Making every moment count
  - Providing appropriate supervision
  - Taking in to account education when planning service redesign
- enhanced safety and higher quality care for patients.

Collins – 2010 Foundation for Excellence

- Evaluated the foundation programme
- identified Trusts that were doing well.
King’s College Hospital NHS Foundation Trust  RAT+

Reducing the length of time patients spent in the Emergency Department, using the Rapid Assessment & Treatment (RAT+) model.

A reduction in the ‘total time’ in the emergency department, when compared to the non-RAT+ control group

67% of medical and 60% of nursing staff reported that RAT+ improves the quality of care

78% of clinical staff agreed that RAT+ improved patient safety

‘Time to referral’: considerably reducing the time to in-patient teams by approx. 75 minutes

‘Time to treatment’: consistently achieving the 60 minute quality indication for majors patients

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c. £25K investment
Pennine Acute Hospitals NHS Foundation Trust - EPIC
Emergency Physician In-House Challenge

Rewarding trainees who take part in a right mix of educational and clinical activities using the Emergency Physician In-House Challenge (EPIC).

- Trainees are awarded credits for specific types of clinical work (supervised)
- The results show that more WBAs carried out
- Trainees are awarded credits for workplace based assessments (WBAs)
- The results show that the average no. of patients seen per shift increased
- Trainees are awarded credits for procedures and teaching.

c. £47K investment

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Questions?