New Roles: Emergency Care Practitioners (ECPs)

There are many examples of where new roles have been developed within the health service and readers can learn much from successful initiatives.

This article outlines the role of Emergency Care Practitioners and some examples of this way of working. This role has allowed more holistic, accessible and responsive services for patients, as well as maximising the practitioners' skills and varying their day-to-day work.

Emergency Care Practitioners

Services across the UK require a workforce that can respond to the unexpected in emergency care.

Roles such as Emergency Care Practitioners (ECPs) have evolved over a number of years and some examples of this way of working are provided here.

It is recognised that health care professionals who have worked for many years within emergency care are highly knowledgeable and skilled in the practical work involved.

As many minor illnesses and injuries are specific to accident and emergency, such as sprains and bruises, employees that work in these areas have a great deal of experience in dealing with such conditions.

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Examples of ECP Roles

With specialised training to become an Emergency Care Practitioner, nurses and other healthcare professionals can assess, diagnose, treat, refer and discharge certain patients without reference to a doctor.

Emergency Nurse Practitioners

One example of an ECP role, Emergency Nurse Practitioners (ENPs), is operational in 69 accident and emergency (A&E) departments across Scotland. They have a lively learning and development network, and held their first national conference in 2002.
Paramedics

Extended training is also allowing some paramedics in Scotland to offer emergency care in the place of General Practitioners. This involves responding to emergency calls, outpatient assessment and referring for admission where necessary.

The paramedic role in this situation provides general support in emergency and unscheduled care environments.

Minor Injuries Unit (MIU), Western General Hospital, Edinburgh

The Minor Injuries Unit (MIU) at the Western General Hospital in Edinburgh was one of the first MIUs in the UK.

Currently seven emergency nurse practitioners, paramedics and a physiotherapist manage 18,000 patients a year and discharge 72% of these. Services provided include X-rays, provision of painkillers, tetanus vaccinations, physiotherapy referral, advice and health promotion.

The unit is open 12-hours a day and the waiting time is six minutes from booking and triage to treatment. Each practitioner has achieved a common set of core competencies through formal preparation for the role and performance is judged against standard criteria.

Nurses are currently progressing through a prescribing course, which is also available to other practitioners within the team.

Advantages of ECPs

By sharing the workload with doctors, ECPs can reduce waiting times for patients within emergency care and alleviate staffing difficulties. The ECP role has allowed more holistic, accessible and responsive services for patients, as well as maximising the practitioners’ skills and varying their day-to-day work.

Training

The training to become an ECP involves developing skills in physical diagnosis, psycho-social assessment, prescription of therapy, preventative treatment and the promotion of health. Training has varied in different locations and included internal or external training, placements, workshops and self-directed study.

Leighton Hospital in England, for example, provides in-house training with supplementary one-day courses such as radiographic interpretation. Within Scotland, there are a number of academically accredited courses that are popular with practitioners and employers. Updating days are essential for ECPs to keep their skills current.

Responsibilities

Emergency Care Practitioners take on more responsibility within their traditional A&E role.

Their sphere of practice includes:

- Superficial abrasions and bruises without deep tissue damage
- Laceration with no tendon or neurovascular involvement
- Superficial puncture wounds
- Sprains and bruises
- Wound management
- Superficial burns
- Advice on health and accident prevention
The precise nature of the role, however, will vary in different settings and depending on the experience of the practitioner.

**Role Requirements**

The role has certain requirements, including:

- Competence and aptitude
- Experience
- Confidence
- The ability to accept responsibility
- The ability to recognise their own limitations
- The ability to ask for help
- Enthusiasm
- Communication skills

All patients, when being treated by an Emergency Care Practitioner, must be made aware that they have the option to be treated by a doctor.

Also, care must be taken so that practitioners maintain their traditional roles and skills, so that clinical judgement and skills are not lost within departments at the expense of specialisation.

**Decisions**

Before implementing ECP roles within an emergency department, the role has to be clearly defined and certain decisions made, for example, which X-rays practitioners may interpret, which medicines they are allowed to prescribe and which cases are unsuitable for treatment by an ECP.

Such decisions are determined by mutual agreement between ECPs, senior medical staff and the employing organisation.

All decisions must be fully understood and guidelines and protocols must be agreed and followed. MIUs have been developed to provide new services and ECPs play a major role within this context of healthcare.

The Department of Health in England reports that almost half the patients who visit A&E have relatively minor illnesses and injuries. These patients often wait for the longest periods of time in an A&E department as priority is given to more critical cases.

MIUs provide an alternative approach for these patients and ensure that patients receive appropriate treatment that is both accessible and available.