The Role of the Consultant Paediatrician with Subspecialty Training in Paediatric Emergency Medicine

August 2008

Royal College of Paediatrics
and Child Health

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Acknowledgements

This report was prepared on behalf of the Intercollegiate Committee for Services for Children in Emergency Departments. Dr Kathleen Berry was the main author, in collaboration with Dr Ffion Davies. Other members of the Committee contributed extensively in discussing the document in various drafts.

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a) To act as an expert advisory group on the emergency care of children.
b) To influence policy development proactively at national level.
c) To respond reactively to consultation documents relevant to the emergency care of children.
d) To support practitioners and inspection agencies in the improvement of services by developing standards and measurements of those standards.
e) To identify and disseminate best practice.

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Background

Paediatric Emergency Medicine (PEM) has evolved as a paediatric subspecialty and in 2007 the first RCPCH National Grid trainee completed formal training in PEM. However, for more than 10 years paediatric consultants with Emergency Medicine (EM) training have been in post. This document has been produced as an aid to understanding the role of such consultants.

It is recommended that in Emergency Departments (ED) seeing more than 16,000 children per year, there should be an EM consultant with PEM training (RCPCH, 2007). If there is on-site paediatrics in that hospital, there should also be a paediatric consultant with PEM training and this applies to an estimated 140 EDs in the UK. If the current trend in paediatric attendances is not reversed, the number of EDs seeing more than 16,000 children per year will continue to rise.

In a study by Geelhoed and Geelhoed an increase in PEM consultants coincided with a decrease in the number of children admitted, in complaints to the department, and in average waiting times, while also being cost effective (Geelhoed G, 2008).

EDs without on-site inpatient paediatrics need strong support from their affiliated paediatric departments, so a further 60 or so EDs would benefit from formal input from a paediatric consultant trained in PEM. This number may increase under pressure from Department of Health reconfiguration reforms and Working Time Directive pressures.

Each year up to 10 new paediatric consultants with PEM training will be created. In parallel, approximately the same number of EM consultants with PEM training are being generated. They will not perform identical jobs. This document provides suggestions on how to utilise the skills of this growing workforce.

What is PEM Subspecialty Training for a Paediatrician?

In September 2005 PEM received recognition as a paediatric subspecialty from the Specialist Training Authority (STA). Trainees holding a National Training Grid Number can now attain a CCT in General Paediatrics with specialist training in PEM by fulfilling competency and experience-based criteria. In July 2005 a framework of competencies for PEM training was ratified by the RCPCH as well as the College of Emergency Medicine (http://www.rcpch.ac.uk/doc.aspx?id_Resource=2486) and accepted by the STA. This framework underpins a two-year training programme, one year of which is spent training exclusively in a paediatric ED, with the second year requiring periods of training in paediatric intensive care medicine, anaesthesia, paediatric surgery and paediatric orthopaedics.

Potential Roles for Paediatricians with Subspecialty Training in PEM

Contributing to the general paediatric on-call rota, the job plan of a paediatrician with subspecialty training in PEM could include:

- Shop floor ED sessions with senior input into paediatric patient care and streamlining of admissions.
- ED review and soft tissue injury clinics.
- Urgent referral clinics/ rapid access clinics.
- A clinical link providing support to nursing outreach programs.
- Named doctor for child protection.
- Ensuring awareness, teaching and guideline development for the ED for child protection.
- Liaison with Child and Adolescent Mental Health Services (CAMHS).
- Ensuring appropriate care and facilities for adolescent patients.
- Paediatric link with local minor injuries units/ local DGH EDs without on-site paediatrics.
- Managerial responsibility for quality improvement, department design and process for paediatric patients.
- Development of observation/short stay assessment units for children.
- Development and clinical lead for paediatric High Dependency Units (HDU).
- Ensuring robust PEM teaching and training for paediatric and emergency medicine trainees.
- Establishing audit and research activities within and between departments.
- A link between paediatrics and surgical specialties giving subspecialty training.
- Coordination of paediatric resuscitation courses and regular departmental scenario teaching.
- Emergency preparedness for a major incident involving children.
- Support local ambulance service paramedic and emergency care practitioners' education.

How does this translate into a consultant post?

EDs in stand alone tertiary care children's hospitals have a complement of consultants in PEM whose job plans consist of sessions solely providing clinical care in the ED; but there are different models in district general departments that have appointed paediatricians with subspecialty training. The provision of funding for these posts usually comes from both paediatric as well as ED budgets, with the majority from paediatrics given the on call provision in that specialty. Careful scrutiny of income generation based on duties of the post holder through Payment by Results may help to identify funding for new consultant posts.

At University Hospital North Staffordshire, the PEM consultant's job plan is divided between the ED and the Paediatric Intensive Care Unit (PICU) with on call in PICU. At University Hospital Lewisham the consultant spends one third of their clinical time in general paediatrics providing outpatient clinics, ward rounds and on call commitment, and two thirds in PEM.

Appendix 1 contains some models of possible job plans. Acute trusts and commissioners will need to look at the needs of the local population, the existing skills in the medical workforce, the requirements of national guidance, and the services in the surrounding network when utilising the skills of this consultant workforce.

In hospitals with EM consultants with PEM training already in post, the ED lead must be consulted as to how best to dovetail the two posts.

Summary

As urgent and unscheduled care services evolve, and with the reconfiguration of services, it seems unlikely that an NHS Trust would have full paediatric services without an ED, and the need for consultant paediatricians with PEM training is likely to increase.

This document suggests how to employ a consultant paediatrician with PEM training. Individuals from departments cited have given permission to be contacted for advice regarding their role. They may be contacted via kathleen.berry@bch.nhs.uk

References

Geelhoed G, Geelhoed E. Positive impact of increased number of emergency consultants. Arch Dis Child 2008; **93**; 62-64

Royal College of Paediatrics and Child Health. *Services for Children in Emergency Departments: report of the intercollegiate committee for services for children in emergency departments*. London: RCPCH, April 2007

Appendix 1

The following tables give examples of job plans for a full-time consultant paediatrician with PEM subspeciality training.

Example 1 Paediatric Emergency Medicine with Child Protection

	AM	PM	EVENING
Mon	-	ED	ED
Tues	Child Protection Clinic	Supporting Professional Activities (SPA)	
Wed	SPA	Child Protection Admin	
Thurs	ED	ED	
Fri	Child Protection Clinic	-	
Sat/Sun	1:6 On Call for the General Paediatric Department		

Example 2 Paediatric Emergency Medicine with PICU (HDU)

	AM	PM	EVENING
Mon	ED	ED	
Tues	SPA	ED	
Wed	SPA	ED	
Thurs	PICU	PICU	
Fri	Admin	-	
Sat/Sun	1:5.5 On Call for the PICU		

Example 3 Paediatric Emergency Medicine with General Paediatrics

	AM	PM	Evenings
Mon	Post take ward round/ ED	Admin	
Tues	General Paediatric Clinic	ED	
Wed		ED	ED
Thurs	SPA	SPA	
Fri	ED	ED	
Sat/Sun	1:5 On Call for the General Paediatric Department		

Example 4 Paediatric Emergency Medicine with Paediatric Assessment Unit (PAU) (consultant of the week)

Week 1 Assessment Unit paediatric consultant of the week

	AM	**PM**	**EVENING**
Mon	PAU	PAU	
Tues	Rapid Referral Clinic	SPA	
Wed	PAU	SPA	
Thurs	PAU	Admin	
Fri	PAU	-	
Sat/Sun	1:6 On Call for the General Paediatric Department		

Weeks 2-5

	AM	PM	EVENING
Mon	ED	ED	
Tues	General Paediatric Clinic	SPA	
Wed	ED	SPA	
Thurs		ED	ED
Fri	Admin	-	
Sat/Sun	1:6 On Call for the General Paediatric Department		

Example 5 Paediatric Emergency Medicine with Ambulatory Paediatrics

	AM	PM	EVENING
Mon	Post take ward round/ Admin	ED	
Tues	General Paediatric Outreach Clinic	SPA	
Wed		Rapid Access Clinic	ED
Thurs	SPA	ED	
Fri	Rapid Access Clinic		
Sat/ Sun	1:6 On Call for the Paediatric Emergency Department		

Example 6 Full time Paediatric Emergency Medicine

	AM	**PM**	**EVENING**
Mon	ED	ED	
Tues	ED Review Clinic	SPA	
Wed		ED	ED
Thurs	SPA	ED	
Fri	Soft Tissue Clinic	Admin	
Sat/ Sun	1:4 On Call for the Paediatric Emergency Department		

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