



Irish Committee for Emergency Medicine Training



Irish Association for Emergency Medicine

Proposal for the development of the Staff Grade in Emergency Medicine

January 2012

Executive Summary

- 1. Adequate staffing at middle-grade level in Emergency Medicine (EM) is crucial for service delivery and the quality and safety of patient care. The dependence on doctors in training at middle-grade level is neither numerically sustainable nor clinically appropriate.**
- 2. IAEM and ICEMT propose the development of a new grade of permanent middle-grade doctor called the Staff Grade in Emergency Medicine.**
- 3. Staff Grade doctors in EM will have defined experience and qualifications and will be deployed in a structured manner to complement further expansion in Consultant in EM staffing in EDs.**
- 4. IAEM and ICEMT consider Consultant expansion to be the cornerstone of workforce development in Emergency Medicine. The proposed Staff Grade is not intended as an alternative to such expansion.**

1.0 Current status of medical staffing in Emergency Medicine

- 1.1 Emergency Departments (EDs) in Ireland are currently medically staffed by a combination of Consultants, Specialist Registrars (SpRs), Registrars, SHOs and Interns.
- 1.2 The standard in major EDs is 24/7 on-site presence at middle-grade (SpR/Registrar) level. This requires a minimum of seven and preferably eight doctors on what is termed the middle-grade rota.
- 1.3 The current middle-grade tier in Emergency Medicine is comprised of the following:
 - Specialist Registrars;
 - Doctors who are preparing for entry to HSTEM;
 - Doctors who have been working at Registrar level, often in the same department, for many years and are entitled to contracts of indefinite duration;
 - Doctors who have a number of years of EM experience but have no clear career direction
- 1.4 Current numbers on the Higher Specialist Training in Emergency Medicine (HSTEM) scheme are such that the maximum number of SpRs in a department is three. Therefore, all EDs with Higher Specialist Training (HST) doctors are significantly dependent and all EDs without HST doctors completely dependent on the Registrar grade for the population of sustainable middle-grade rosters.
- 1.5 The specialty in Ireland advocates a move to a Consultant-provided service. Such a move would ultimately reduce though not eliminate the dependency of Irish EDs on the middle-grade tier for the provision of emergency patient care. However, the degree of Consultant expansion required to achieve this aim renders it a medium to long term prospect. EDs will always require a minimum of 7 Middle-grade doctors to sustain 24/7 EM rosters. Recent changes in medical registration rules and changes in the training designation of many NCHD posts have combined with several other factors to make recruitment to the EM middle grade difficult to the point of threatening the EM service in some hospitals. This shortage of doctors is unlikely to significantly improve in the short term.
- 1.6 Non Consultant Hospital Doctors (NCHDs) including middle grade doctors typically rotate posts every six to twelve months. The lack of

continuity of service, with a new cohort of doctors to induce at regular intervals, is unsatisfactory and contributes to clinical risk. What is required is a balance between service and training such that the medical complement in EDs is a mixture of doctors in training and doctors who have achieved a defined level of training and experience. The current situation is heavily weighted towards the former with only a relatively small number of Consultants and smaller number of 'long term' Registrars contributing stability to the medical workforce as one year succeeds the next.

- 1.7 A new Basic Specialist Training programme in Emergency Medicine (BSTEM) commenced in July 2011. The annual output of this scheme will be 26 doctors when fully operational, however the programme is currently undersubscribed. The annual intake to HSTEM is likely to remain at approximately its current level of six to eight. It is highly likely that not all BSTEM will wish to or be able to progress to HSTEM, though their career interest is EM. These doctors have much to offer the specialty and should be enabled to continue to contribute through a non-Consultant career grade career option.

2.0 Rationale for the Staff Grade in Emergency Medicine

- 2.1 The Irish Committee for Emergency Medicine Training (ICEMT) and the Irish Association for Emergency Medicine (IAEM) consider that the challenges outlined above are best met principally by the continuation of Consultant in EM level expansion, supported by the development of a new permanent and pensionable grade of doctor, the **Staff Grade in Emergency Medicine**.
- 2.2 Among the advantages of this new grade are the following:
 - 2.2.1 Potential career structure for 'long term' Registrars and doctors who do not progress to HSTEM
 - 2.2.2 Potential to enhance recruitment to EM
 - 2.2.3 Increased stability and experience of the EM medical workforce
 - 2.2.4 An attractive career path for doctors who may wish to work part-time or flexibly or who wish to develop "portfolio-type" careers combining EM with other specialties or working in non-medical fields.

- 2.3 ICEMT and IAEM believe that the realisation of these advantages will improve patient care.

3.0 International experience

- 3.1 Non-Consultant career grade doctors have been a feature of UK EM practice for many years. Such doctors are variously termed staff grade, associate specialist or speciality grade doctors. While the grade has been an essential plank of EM staffing in the UK, the initially unstructured introduction and subsequent expansion of the grade has resulted in problems including:

- Career progression and sustainability;
- Integration with the training grades;
- Integration with the wider speciality;
- Ongoing professional development;
- Professional representation;
- Professional isolation.

The creation of the Forum for Associate Specialist and Staff Grade doctors in Emergency Medicine (FASSGEM) in 1997 has been instrumental in addressing many of these problems. FASSGEM has close links with the College of Emergency Medicine and membership is open to all non-Consultant career grade doctors working in EM in the UK and Republic of Ireland.

4.0 Training and qualifications for the Staff Grade in Emergency Medicine

- 4.1 There will be two routes by which doctors may become eligible for appointment to a Staff Grade post – the **training route** and the **experiential route**.
- 4.2 The **training route** requires successful completion of BSTEM and two years at Registrar level in an ED that is recognised for HSTEM. From February 2012, the Professional Development Programme in EM will support the training experience in these Registrar posts.

In addition to the experience above, doctors must have successfully passed the Membership of the College of Emergency Medicine (MCEM) examination and be current ATLS, APLS and ATLS providers.

Once these criteria are met, the doctor can apply to ICEMT for the award of a Certificate of Eligibility for entry to the Staff Grade. This certificate must be held prior to appointment to Staff Grade in EM post. Subsequent appointment will be by means of a competitive

process. The award of a Certificate of Eligibility does not confer automatic rights of entry to a Staff Grade post.

- 4.3 The **experiential route** recognises that some doctors applying for a Staff Grade post have been working in EM for years but may have no postgraduate qualifications despite their considerable experience. The experiential route is open to doctors who began their EM Registrar experience prior to the commencement of the MCEM examination in 2003.

The experiential requirements are 5 years of experience in posts recognised for training at the time of completion of the post.

Experience must include a minimum of one year at SHO level in EM and a minimum of two years experience at Registrar level in Emergency Departments that were recognised for HSTEM at the time the post was completed. Doctors may offer a maximum of two years experience in training posts in the following disciplines with no more than 12 months in any one specialty – acute medicine, paediatrics, paediatric EM, trauma & orthopaedic surgery, plastic surgery or anaesthesia.

In addition to the experience outlined above, doctors will be required to submit three structured references from Consultants in Emergency Medicine that must document a clear recommendation that the doctor is suitable for appointment to the Staff Grade. They must also be current ATLS, APLS and ATLS providers.

Once these criteria are met, the doctor can apply to ICEMT for the award of a Certificate of Eligibility for entry to the Staff Grade. This certificate must be held prior to appointment to a Staff Grade post. Subsequent appointment will be by means of a competitive process. The award of a Certificate of Eligibility does not confer automatic rights of entry to a Staff Grade post.

Doctors using the experiential route are encouraged to pass the MCEM examination. This qualification is not essential unless the Staff Grade doctor subsequently opts to apply for HSTEM.

- 4.4 Doctors seeking eligibility for the Staff Grade in EM role based on overseas experience will be assessed in accordance with section 4.1 of the ICEMT document Criteria for Completion of Specialist Training in Emergency Medicine. This section outlines how ICEMT assesses the training and experience of doctors who have trained abroad.

5.0 Clinical role of the Staff Grade in Emergency Medicine

5.1 ICEMT and IAEM consider increased Consultant expansion and consolidation of the existing training programmes to be the cornerstone of future development of the EM medical workforce. The Staff Grade has an important role but overall numbers in the grade must necessarily be limited to avoid the problems that arose in the UK. The following guidelines should apply:

- Staff Grade doctors in EM should be **based** in a Consultant-led ED (Emergency Medicine Programme Type A or B)
- Up to 50% of a staff grade's clinical time may be spent in a department other than their base e.g. a Local Injury Unit as per the draft Emergency Medicine Programme Report 2011.
- Individual Staff Grade doctors should not be attached to more than two clinical sites
- In general, there should be no more than 2 wte Staff Grade posts in any one ED (although the posts may be contributed to by more than two doctors, if working on two sites). An appropriate ratio of Staff Grade doctors to Consultants must be maintained in all EDs to ensure a balance between service provision and essential Consultant-provided professional development and clinical support for Staff Grade doctors. Only in exceptional circumstances will consideration be given to a third wte Staff Grade post.

5.2 Staff Grade doctors are senior clinicians and will play an important role in the day-to-day management of the ED workload, including resuscitation. This may include Review Clinics and Clinical Decision Unit (CDU) ward rounds.

5.3 Staff Grade doctors have an important role in training and should play an active role in departmental and wider hospital educational activities.

5.4 Planned sustainability is a key aspect in developing the Staff Grade. Initially, Staff Grade doctors will likely participate in the 24/7 middle-grade rota. However, shift work of this intensity is not sustainable over an entire career. Staff grades should not be expected to work on a 24/7 roster after the age of 50 years and should not normally work beyond 20.00 hrs over the age of 55 years.

6.0 Continuing professional development

6.1 Staff Grades will be on the General Division of the Medical Council register. As such, they will be required to participate in the Professional Competence Scheme (PCS) for EM. Staff Grade posts will

be part of the Professional Development Programme, which will support the incumbent in meeting the requirements of the PCS.

6.2 Staff grades in EM will be actively encouraged to join FASSGEM.

7.0 Transition to Higher Specialist Training in EM

7.1 Experience in the UK suggests that some Staff Grade doctors may wish to pursue Higher Specialist Training at some point in their career. Those in properly constituted Staff Grade posts will be eligible to apply for HSTEM provided they have successfully passed the MCEM examination. The same shortlisting criteria will be applied to Staff Grade doctors as that applied to applicants from BSTEM. If successful, Staff Grade doctors will be awarded a minimum of one year's retrospection for one or more years worked, with additional possible retrospection based on their time as a Staff Grade.

8.0 Employment issues

8.1 Employment issues relating to the Staff Grade including the appointment process, probation, salary and disciplinary matters are beyond the scope of this document. These issues are a matter for the employer in consultation with the relevant professional organisations.

Proposed Medical Career Structure in Emergency Medicine

