

Emergency Care Practitioners

Mark Bilby
National ECP
Development Manager

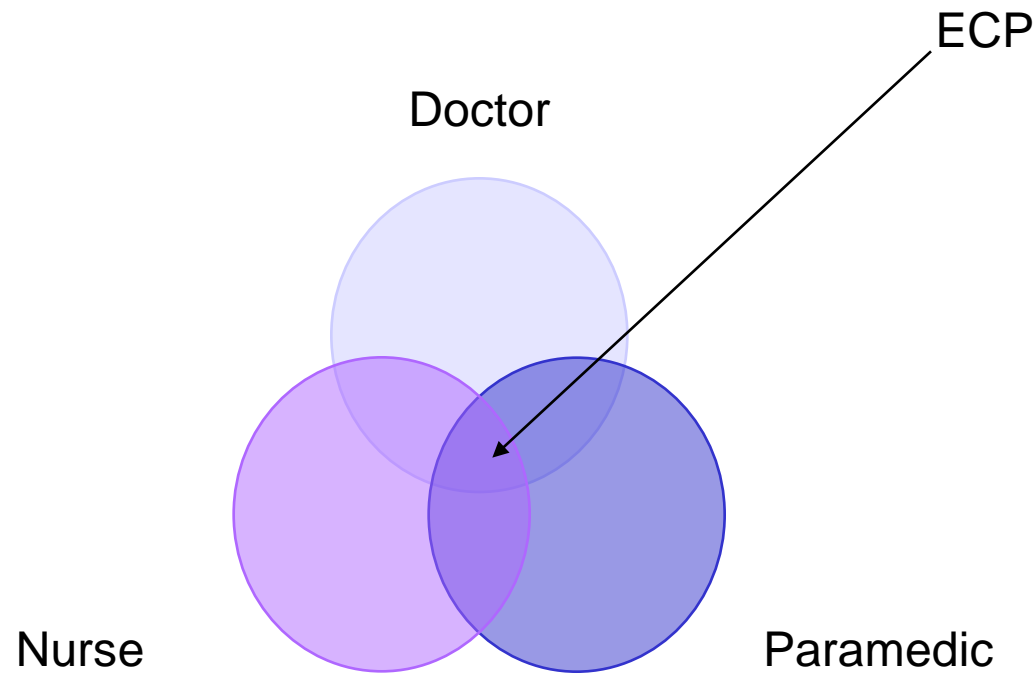
Brief History

- Ambulance Service Association and Joint Royal Colleges Ambulance Liaison Committee concept
- Coventry and Warwickshire Ambulance Service
- Department of Health Modernisation Agency and Changing Workforce Programme pilot
- First Wave:- 7 sites
- Second Wave:- 10 sites
- And now rolled out nationally

Definition

- An ECP may be defined as a healthcare professional who works to a medical model, with the attitude, skills & knowledge base to deliver holistic care and treatment within the pre-hospital, primary & acute care settings with a broadly defined level of autonomy

Where Does the ECP Fit?

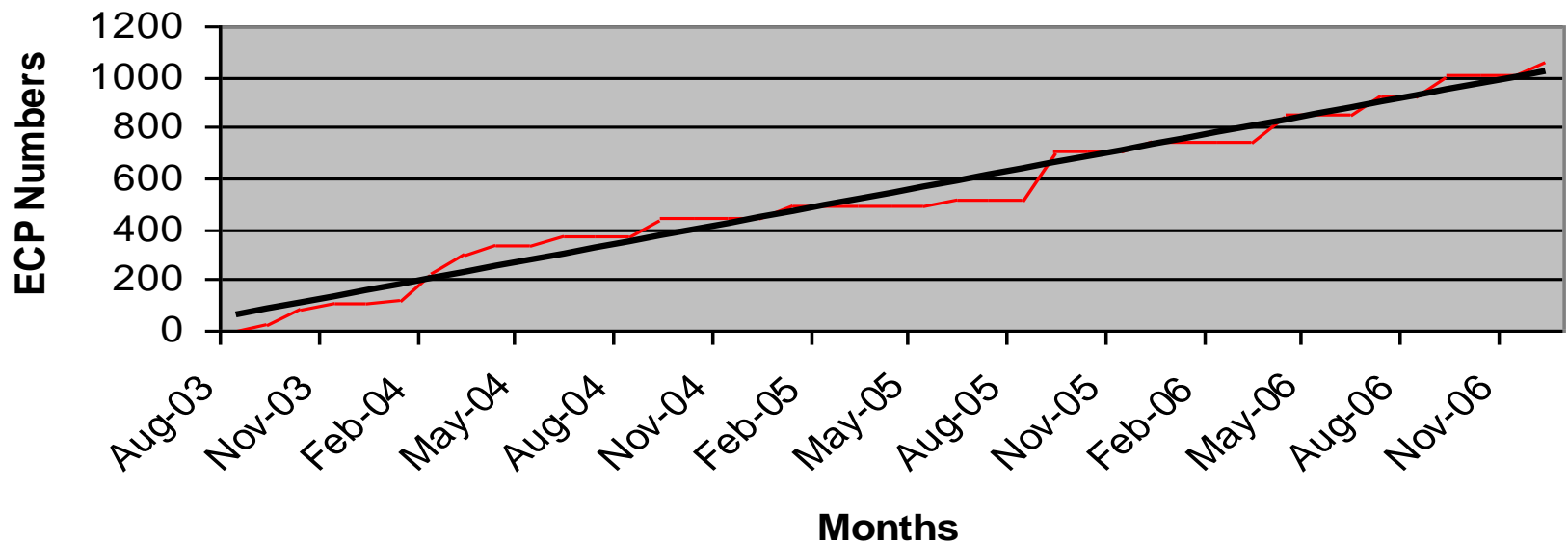


ECP Role

- Effectively managing modern urgent care
- Appropriate care in the appropriate place
- Developing a career pathway and flexibility
- Supporting Out of Hours providers
- Treating more patients without needing to transport to acute trusts
- Working across the patient pathway
- Working across the patient life span
- A motivated, multi skilled and clinically focused workforce

ECP Numbers

ECP Numbers Current and Projected to Dec 06



Goals

- The changing demand placed upon ambulance trusts
- The need for ambulance trusts to provide a more appropriate response
- The recognition of the benefits of closer working between primary care, ambulance trusts and secondary care
- The need to ensure patients are treated at the most appropriate location in a timely way
- The targets placed upon acute trusts both in A&E waiting and planned waiting lists
- The changes taken place in primary care both in terms of EuWTD and nGMS

Scope of the Work

- 217m GP consultations
- 7m GP Out of Hours calls
- 30m A&E attendance
- 6m 999 calls
- 5m 999 attendances
- 1m Walk in centre visits
- 6m NHS Direct Calls
- 6m NHS Direct On-line hits
- 600m items dispensed by pharmacy

Entry Requirements

- Defined entry route
 - Direct entry route to follow
- Registered Health Professional
 - Recommended 3 years post-registration
- Appropriate experience
 - Emergency Dept, Pre-Hospital, Primary care
- Ability to study at Degree level or above

Curriculum

- 15 weeks full time (300 hours)
- 6 months clinical learning in appropriate clinical settings (700 hours)
 - General Practice (including paediatrics)
 - Acute Medicine
 - ED/Minor Injury Unit
 - Mental Health
 - Obstetrics & Gynaecology
 - Paediatrics (acute setting)
 - Out of Hours Work
 - Rapid Response Work
- 151 Competences

Assessment Criteria

- OSCE - objective structured clinical examination (e.g. clinical skills laboratory, simulated patients or, where appropriate, actual patients)
- skills stations to examine the knowledge of the ECP with X-rays, ECGs, anatomy, pharmacology and a variety of clinical conditions
- direct observation of the student's communication and interpersonal skills
- direct observation of the student's clinical and procedural skills in practice
- evidence provided by other healthcare practitioners regarding the performance of the student
- direct questioning by an assessor to check understanding of patient centred care, health and safety procedures, technological interventions and interpretation of results, in addition to demonstrating core knowledge. This will be completed prior to the "signing off" of the competences

Assessment Criteria

- regular presentations, which will enable the student to demonstrate their ability to research a set topic and present it to their peers
- a portfolio of evidence maintained by the student. This will include a record of progress as well as reflective accounts of critical learning encounters. This will inform the final assessment process and its outcome
- summative assessment at prescribed times will take account of the development of the student ECP against the specification set. In terms of providing evidence for the clinical competences, skills and conditions, the evidence must reflect that the ECP has demonstrated the skills in theory and worked with patients in the clinical setting

Future

- National ECP Audit
- Prescribing
- Registration
- Standardisation
 - Education
 - Role
 - Competences

Impact Measures

- 70,000 Patient contacts
- Nearly half relate to 999 calls (i.e. emergency care)
- Of these, substantial proportion (56%) elderly 65+
- Only 27% to A&E, 33% transported any destination, 10% (32% of those transported) did not use emergency ambulance
- Approx 17% collecting more detailed data, which indicates ECPs could improve outcomes for 6.5% more patients through prescribing, better equipment and the ability to refer directly to a service

Lessons Learnt

- Engage staff on the front-line to roll out a new role and have it accepted
- Monitor the success of the roll-out in real time, and make changes as appropriate
- ECPs must rotate to remain competent
- Over time ECPs are deployed more effectively
- Effective referral depends on having appropriate care pathways and a multi-professional support team
- Ensure ongoing clinical support & clinical mentorship
- Don't 'Mainstream' too quickly - select candidates carefully

Any Questions?

■ mark.bilby@skillsforhealth.org.uk

■ +44 (0) 7909 871844