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Emergency medicine advanced clinical practitioners: an English workforce census

Emergency medicine (EM) advanced clinical practitioners (ACPs) are an innovative autonomous multiprofessional non-medical practitioner (NMP) workforce in EDs. Historically from nursing and paramedicine backgrounds, regulated by their primary professional regulatory bodies, they already possess considerable clinical experience pre-ACP training. ACP qualification is underpinned by Masters-level education in conjunction with extensive work-based assessments and independent non-medical prescribing which fully maximises role utilisation.^{1 2}

Recognised prospective EM benefits,³ novel governmental enablers, and the 2017 Health Education England multiprofessional framework and definition for ACP in England⁴ potentiated this new NMP role for current and future UK healthcare delivery.⁵ Furthermore, the Royal College of Emergency Medicine (RCEM) supports the EM ACP role, including a ‘gold-standard’ credentialing process underpinned through submission of a rigorous portfolio of assessment evidence.²

2018 voluntary RCEM membership data estimated 400 EM ACPs, and a 2022 EM ACP presence was reported at 50 EDs totalling 602 ACPs which included devolved nations.^{1 6} Significant effort and investment bequeathed EM ACP

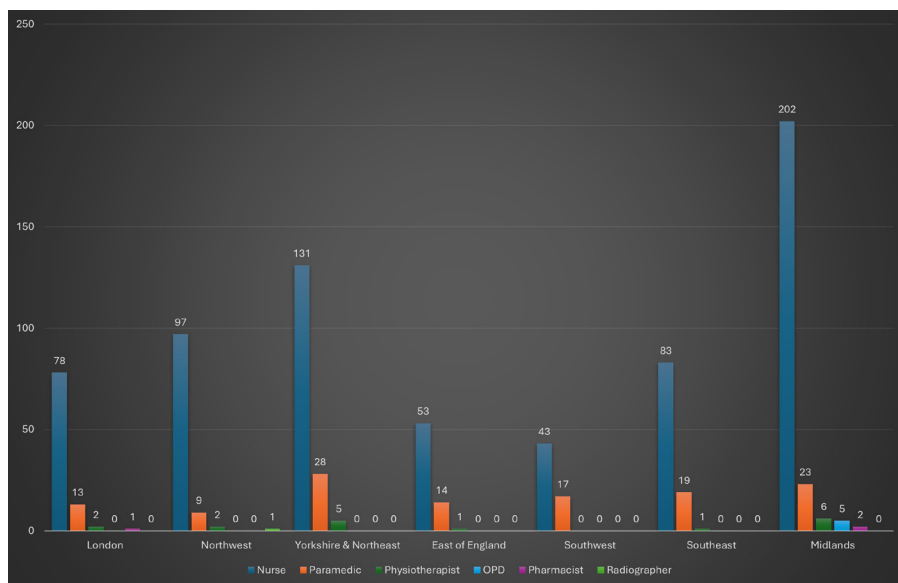


Figure 2 Base professions contributing to emergency medicine (EM) advanced clinical practitioner (ACP) workforce by NHS region (total ACPs combined 1197: nurses 687, paramedics 123, physiotherapists 17, Operation Department Practitioners (ODPs) 5, pharmacists 3 radiographer 1).

expansion. To understand the workforce population regionally and nationally in England we developed and distributed a national census survey.

We designed a self-reported electronic census which was distributed (26 October to 30 November 2023) via the RCEM-ACP membership database, social media and snowballing. Eligibility required registration as a healthcare professional working in EM with Master’s education (or trainee working towards) under the ACP title in

England. Responses were excluded if ED/NHS trust was unspecified or survey data incomplete.

To establish a sample frame for accurate geographical reporting, a Freedom of Information request was obtained which provided the total number, location and governing NHS Trust of EDs in England prior to the survey. Thus, responses specifying either a specific ED or NHS Trust could be referenced by location (NHS region and specific ED). Anonymous replies required cross-referencing to validate multiple responses per site and avoid data duplication. Sites/organisations are not published.

The survey collected information on departmental EM ACP staffing, including numbers of full-time, part-time, trainees and their base profession.

342 responses were received. 326 met inclusion and analysed post data cleaning, providing results for 89/122 (72.9%) NHS organisations/trusts (identifying 80/183 (43.7%) singular EDs).

The survey identified 1197 ACPs working in EM, comprising 670 full-time, 137 part-time and 357 current trainees. ACPs are represented in all NHS regions comprising of 687 nurses, 123 paramedics, 17 physiotherapists, 5 operating department practitioners, 3 pharmacists and a radiographer. See figures 1 and 2.

While allowing limited comparison, previous EM ACP estimates in 2018¹ and 2022⁶ crucially lacked information regarding location, profession and trainee

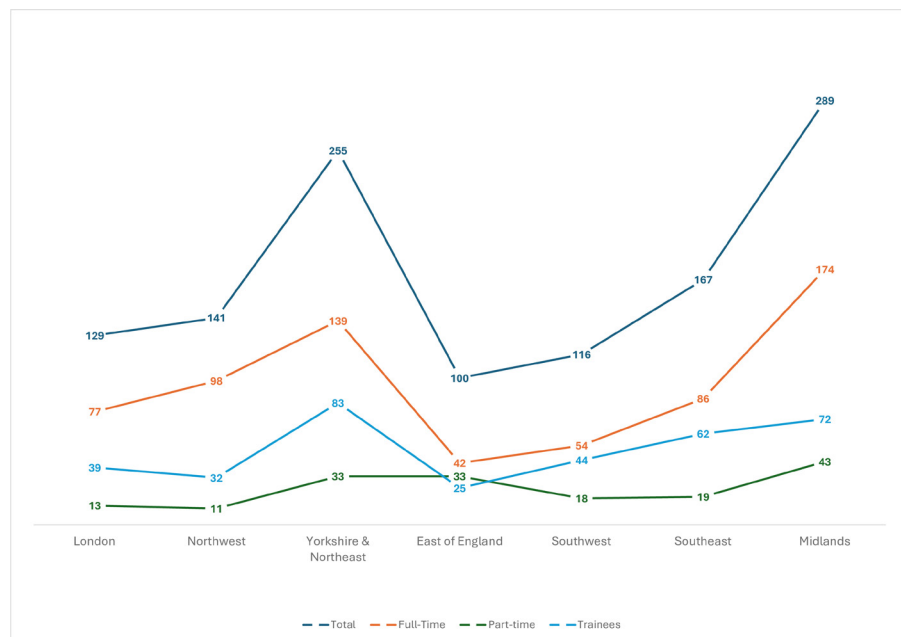



Figure 1 Total number of advanced clinical practitioners (ACPs) and per NHS region.

status. Our results supersede these and demonstrate more ACPs than previously reported across a broader number of professions in England.

RCEM initially endorsed nurses and paramedics for ACP roles.¹ Our census found nurses, then paramedics were the highest reported base professions across all regions. However also revealed was a broader range of professions (including physiotherapists and pharmacists) thus reflecting an RCEM position change and progresses previous reporting.²⁻⁶ Individual base profession reporting did not equal the sum EM ACP total. This limitation is possibly due to responses reporting only on qualified ACPs, omitting trainee data.

Establishing census coverage of all England's ED may better approximate EM ACP workforce. An EM ACP census is difficult to achieve owing to the absence of a central ACP registry, and RCEM membership is not mandated. Therefore, our work is the closest reflection of knowledge to approximate the current EM ACP workforce which could aid future workforce planning and surveys. Further research is required to increase total ED coverage, however, ACPs can now clearly be viewed as a national workforce contributor in EM.

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Contributors The original concept for the paper was developed by JS and shaped in consultation with JT and CB. JS was the primary contributor, guarantor and lead for the content of the paper. Refinement was contributed primarily by JT and then CB. JT and CB gave methodological advice and contributed to the reporting of the results. Analysis of the results was primarily performed by JS. JS and JT primarily prepared the manuscript for publication. All authors contributed to the final version of the paper and approved it for publication.

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