

Role of the on-call ED Consultant

This paper aims to clarify the role of the ED consultant out of hours so that we can appreciate the decision making process:

The Royal College of Emergency Medicine defines the role of the on-call consultant as:

"An on-call EM consultant may return to the ED to provide direct senior clinical input into selected, serious cases as well as providing telephone advice on clinical, medico-legal and ethical issues. It is also expected that the consultant should be kept informed of any significant departmental events that may represent clinical risk to individual or multiple patients, including excessive attendance numbers, unusual case mix or staffing issues. "

It is not appropriate for the ED consultant to immediately attend the department every time it is busy. Such activity would seriously compromise their primary function i.e Senior decision making for serious cases. It is impossible for anyone to make effective decisions on a trauma call at 3am if they have already worked a full day and then into the evening.

It is important to point out that while the on-call consultant has a role in supporting the senior medical and nursing staff to co-ordinate resource, this does not necessarily require them to attend the department. In such cases it may be appropriate for the consultant to formulate a plan with the senior nurse/middle grade in order to resolve the back log. If this plan fails to be effective then a further discussion may be necessary.

The ED consultant will attend the department for the following reasons:

1. Trauma calls
2. Any critically unwell patient requiring senior decision making
3. If the ED senior nurse, or doctor, deems that the department is unsafe or that patients are at risk due to surges in demand, or high numbers of untriaged majors.

The on-call ED consultant will not be expected to attend the department due to high numbers of unassessed minors patients, or due to high numbers of patients awaiting specialty assessment or an in-patient bed.

On occasions when the ED consultant attends the department out of hours they will be expected to make direct contact with the ED co-ordinator to offer support and provide assistance if required.

The decision of whether the ED is unsafe should be made by the Senior Nurse or Doctor on duty. At times when the Senior Nurse or Doctor on duty feel the ED is unsafe this should be communicated directly to the

ED consultant on-call with a direct request for the consultant to attend the department.

Any decision to move medical staff between the two EDs should only be made in conjunction with the ED consultant on-call.

The current escalation plan for the consultant to be contacted when the department is busy should be adhered to at all times, however the decision to come in, lies with the consultant. If deciding not to come in, the consultant should communicate their reasoning and agree a plan with the senior nurse. This can then be communicated to the matron and on call manager if required. It should be appreciated that it is a more appropriate use of a consultant to see sick patients in the resus room that to work through a backlog of minors.

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