

Consultant Roles in the Emergency Department

1. Emergency Physician in Charge (EPiC)

Key Responsibilities

1. Clinical Leadership

- Act as a visible, accessible senior clinician in the department.
- Oversee all clinical areas — majors, minors, resus, paediatrics, and front door.
- Support staff with complex or high-risk decisions & review patients as per RCEM guidance
- Ensure sick or deteriorating patients are identified and managed early.
- Coordinate escalation, critical care input, and admissions.
- Ensure appropriate staffing levels and report sickness promptly.
- Ensure ALL admitted patients under ED in MAU have had daily review.
- Ensure senior review as per RCEM guidelines (e.g. returns <72 hrs, chest pain, abdominal pain in patients >60 yrs, fever in children <1 yr).

2. Operational Management

- Monitor departmental flow and capacity throughout the shift.
- Liaise with site management, inpatient specialties, and bed managers.
- Aim for management plans within 3 hours to ensure safe delivery of care and the 4-hour standard.
- Initiate diversion or escalation plans when necessary.
- Ensure:
 - Patients requiring Resus are seen immediately.
 - Category 2 patients are reviewed within 10 minutes.
 - ECGs are signed within 10 minutes.

3. Team Support and Communication

- Lead the 08:00 and 22:00 handovers, ensuring all relevant issues are discussed.
- Communicate key messages from the daily huddle.
- Provide on-shift supervision and bedside teaching.
- Promote psychological safety and conduct debriefs after difficult cases.
- Communicate clearly with nursing coordinators, specialty teams, and managers.
- Conduct a board round with the Nurse in Charge every 2–3 hours.
- Act as a calm, visible leader, setting the tone and maintaining morale.

4. Results Endorsement and Administrative Work

- At 16:00, ensure result pools are cleared before starting the shift.
- Respond to any queries (GP, MDT, or others).

- Manage subject access requests as required.

2. Front Door Consultant

Key Responsibilities

1. Early Senior Clinical Review

- Maintain presence and visibility in the front-end area (ambulance handover, triage, or initial assessment zone).
- Perform rapid assessment of new arrivals — ensure all P2 patients are RATED within 10 minutes, with an initial plan in place (e.g. sepsis treatment, investigations, imaging).
- Handover promptly to majors or resus for continuity of care.
- Provide early senior decisions, including:
 - Safe discharges from the front door.
 - Input for complex or challenging cases.
 - Specialty referrals or fast-track investigations.

2. Streaming and Flow

- Work collaboratively with triage nurses, advanced practitioners, and coordinators to ensure:
- Sick patients are prioritised and moved to clinical areas promptly.
- Appropriate streaming of patients to:
 - Minors / UEC
 - SDEC / Ambulatory Care (MSDEC, SSDEC, Orthopaedic treatment room, Eye clinic, etc.)
 - Primary Care (UCH or LCD, if available).
 - Home (patients seen and suitable for immediate discharge should not be sent to other destinations)
- Support triage directly if clinical priorities allow, or if triage delays exceed standards.

3. Risk Management

- Identify safety concerns early (e.g. overcrowding, ambulance stacking, triage delays).
- Escalate capacity or staffing issues to the EPiC, Nurse in Charge, or operations team.
- Ensure no sick or unassessed patients remain in triage or corridors.

4. Team Leadership and Support

- Communicate effectively with the EPiC, flow coordinators, and specialty teams.
- Support the EPiC in maintaining departmental safety and flow.

3. Urgent and Emergency Care (UEC) Consultant

- Maintain a visible, accessible senior presence within the UEC area.
- Oversee all UEC patients, ensuring progress and timely discharge.

- Support staff in clinical decision-making and facilitate discharges or admissions as appropriate. (Review patients as per RCEM guidance)
- Identify and manage any sick or deteriorating patients early.
- Ensure adequate staffing and report sickness issues promptly.
- Review and act upon critical blood results early to maintain patient safety and flow (If this impossible to inform 16:00 consultant)

4. On-Call Consultant Responsibilities

- Ensure departmental safety and address any outstanding concerns before leaving at midnight.
- Attend within 30 minutes when required (e.g. trauma, critical illness, unsafe department).
- Provide telephone advice to senior clinicians regarding clinical or operational issues.

5. Non-Clinical Responsibilities

- Participate in QI projects, audits, and change management.
- Contribute to teaching, supervision, and mortality reviews.
- Attend weekly SMT meetings and support departmental operations.
- Maintain life support certifications (ALS/APLS/ATLS).
- Be familiar with Major Incident Plan and consultant role.
- Engage with appraisal and revalidation processes.
- Support preparation of departmental reports.