Royal College of Emergency Medicine

Guidelines for the Provision of Emergency Medical Services

DECEMBER 2024

Foreword

Our Emergency Departments are extraordinary places. They are staffed by people with very broad clinical skills and commendable pragmatism. In many ways, Emergency Departments have become victims of their own success. By committing to provide high quality care round the clock, this has created a safety net for system-wide lack of capacity. The Emergency Department exists to provide a safety net for patients at a time of their greatest need.

This document defines the expectations of Emergency Medicine Services, our services have frequently evolved organically to fill needs of other parts of the healthcare system. While this helpfulness is commendable, it has meant that our departments are often so busy that we are unable to deliver our primary purpose of the initial assessment and stabilisation of undifferentiated emergency patients. Furthermore, the evolution of our services has not been uniform. This document shares best practice, define standards and makes pragmatic, patient centred recommendations. I am grateful to all of the authors who have contributed to this guide. There have been lively discussions and agreeable disagreements, all conducted with grace and good humour.

I commend the Guidelines for Provision of Emergency Medicine Services to you all.

Dr Adrian Boyle
President, Royal College of Emergency Medicine

Introduction

Emergency medicine services overlap but are distinct from Emergency Departments. The core emergency medicine service should deliver prompt initial assessment, rapid identification of serious illness and injury and stabilisation of undifferentiated patients. Emergency medicine staff should not routinely be providing care to people with predictable complications of treatment, especially as this causes delay and harm for patients who have not yet seen a clinician. Over years, capacity constraints in the UK have meant that many patients with known diagnoses are directed to the Emergency Department as the only way into an acute hospital, when of course Emergency Departments are intended to provide care for most patients with emergency care needs, and for some of those with urgent care needs.

Emergency, Urgent and Non-Urgent Care

- Patients who require emergency care may need care immediately for a life-threatening condition, or within minutes to preserve life or limb for a serious condition.
- Patients who require urgent care may need assessment and management within hours to treat or prevent deterioration of their condition, or to rule out a condition requiring urgent intervention.
- Patients with non-urgent conditions do not meet the above criteria.

The emergency medicine service is a pivotal interface between the community and the in-hospital setting. Patients may arrive on their own, via ambulance or other emergency services, or occasionally internally from other parts of the hospital. They may be suitable for discharge with or without follow up, require admission, or be transferred to more specialist facilities. Emergency Departments must be able to respond to patients of any age, gender, and from any cultural and socio-economic background. They must be able to provide timely and effective clinical care for a wide range of physical and mental health conditions and, in addition, provide specific responses that match the needs of their local populations. They are an important training environment for clinicians from many backgrounds, and should also be able to recruit participants for research. To undertake this function services must have the right capability and capacity. This means their role must be well defined, along with the role of other places and clinical resources within a system. Emergency Departments do not possess infinite resource. There is an opportunity cost associated with trying to do too much for too many, and this is carried by patients, staff, and the wider health system.

Some patient groups require specific consideration. These include children, pregnant women, patients with mental health problems, and older people. In addition, there is good evidence to support the development of specific pathways of care for patients with identified conditions such as major trauma, ST elevation myocardial infarction, and stroke. Provision of facilities to deal with highly specialised conditions such as oncological emergencies, or ophthalmological emergencies, is highly desirable, as are arrangements to deal with problems that may present more commonly in a specific local population.

Emergency medicine clinicians are trained to run Emergency Departments along with nursing and other colleagues, and to provide care for some, but not all, patients, who meet these criteria.

There are some important considerations to place this work in its rightful place. It does not define the skills of an emergency medicine clinician, as these are defined by our curricula. It also does not define standards for training, as these are described by Promoting Excellence in Emergency Medicine Training. The standards and recommendations are generally applicable across the four nations of the United Kingdom.

This guide follows a structured format: Standards are defined as an expectation that must be met, while recommendations are more aspirational.