



# The College of Emergency Medicine

Patron: HRH The Princess Royal

Churchill House  
35 Red Lion Square  
London WC1R 4SG

## The Role of the Consultant in Emergency Medicine "On Call"

The College of Emergency Medicine is the professional body responsible for setting standards of clinical and professional practice in Emergency Medicine in the British Isles.

This statement outlines the view of the CEM on this matter.

Emergency Departments (ED) should have an Emergency Medicine (EM) Consultant on-call at all times.

The role of the on-call EM consultant\* is to provide senior clinical leadership to the ED. This will consist of providing direct clinical care to individual patients, the supervision and support of doctors in training in EM and other specialties and a close working relationship with Departmental and Trust management teams to ensure safe systems and processes are in place for all patients attending with emergent and urgent conditions. A significant proportion of this work will require the consultant to be present within "normal" working hours, to enable engagement with other specialties and Trust management.

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.

Communications of this nature will normally be dealt with by telephone advice and support.

The on-call EM consultant will also provide required clinical leadership in the event of "Major Incident" activation.

When on-call, an EM consultant should not be recalled to hospital solely to deal with a build up of less serious cases, because of excessive waiting times for first assessment or because of potential breaches in the DH operational emergency access standard ("4 hour target").

Each ED and hospital as a whole should be staffed and resourced to a sufficient level to manage what are predictable peaks in workload, 24 hours a day, seven days a week. Where this has not been adequately addressed by a Trust, the on-call EM consultant must not be expected to make up for any deficit in staffing or other resource. The decision whether to return to the ED or not, is one of a clinical, professional nature and should be a personal decision, made by the on-call EM consultant, in full possession

of all relevant contemporaneous information. It is not appropriate for a manager (clinical or non-clinical) nor for a clinician in another specialty, to make this decision.

Under the Working Time Directive, consultants, as with other workers, should have 11 hours uninterrupted rest in every 24-hour period. This is to ensure the health and safety of patients and of the consultant.

Where an EM consultant does have sleep interrupted either by a return to work or by a telephone call(s) while on-call, then arrangements must be in place to ensure that they can take any appropriate compensatory rest time as soon as is practical, after completion of the on-call period.

As a guide, compensatory rest time equates directly to time spent on telephone calls and any additional, rest-interrupting, work-related activity or to time spent on returning to the ED, measured from the point of first receipt of call necessitating the return, to the time of arrival back home.

Any such compensatory rest is disruptive to the day to day running of an ED and, for this reason, working arrangements should be organised to ensure that recall of the EM consultants is kept to a minimum.

*\*For the purpose of this document, the term "consultant" refers to that doctor, on the ED senior on-call rota, who has the responsibility to respond to any telephone calls for advice or to return to the ED for the specific reasons discussed in the document.*

*Note: Supervision to trainees in Emergency Medicine of ST4 and above, can, normally, only be provided by a consultant who is on the specialist register in Emergency Medicine.*

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