Accident and emergency services

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A CONFERENCE of this nature is most valuable in bringing together people who are interested and involved in the accident and emergency services, to discuss the problems and to look at possible solutions. Increasingly over the last few years it has become more difficult to staff accident and emergency departments. This situation has caused eminent bodies such as the Royal College of Physicians, and the Royal College of Surgeons and the British Orthopaedic Association to set up subcommittees to investigate the problem and to make recommendations. The Joint Consultants Committee has also been considering it. In addition, in September 1970 the Department of Health and Social Security carried out a survey, which included all accident and emergency departments, to try and establish the facts relating to the number of major departments in England and Wales, their study and the adequacy of the premises.

It is common ground that junior posts in accident and emergency departments are unpopular because there is no career structure and very little training and supervision by consultants. The lack of full participation by consultants may also result in the department not receiving its fair share of available resources because the case is not advanced effectively. Yet another commonly quoted reason for the unpopularity of work in accident and emergency departments is the proportion of 'trivia' which gravitates to them, but it is the misdiagnosis of these cases that forms the basis of most of the litigation which arises from these departments, therefore the degree of consultant participation in them is critical in all these factors.

The Platt report on accident and emergency services in 1962 recommended that the medical staffing of major accident and emergency departments should be increased to allow each unit to have three consultant surgeons, each devoting a substantial part of his time to this work, supported by three officers of intermediate grade and an adequate number of junior medical staff. In the Department of Health and Social Security survey of 279 major departments, less than 80% of them had a consultant in charge and only 50% had a consultant

who worked at least one session regularly in the department. Twenty percent had no consultant working regular sessions or on call.

Obviously there have been departments where individuals, usually orthopaedic surgeons, but in some cases general surgeons and physicians have taken a very great interest in the accident and emergency department and they have created centres of excellence. They owe these individuals a great deal and if the departments in the rest of the country had come up to the best standards there would be fewer problems in this field. But there are problems and, in fact, there are very many departments where standards are not what they should be.

It has been argued that as the majority of consultants in charge of accident and emergency departments are orthopaedic surgeons the problem can be solved by increasing the number of doctors in this specialty and allocating more sessions to work in the department. In considering this view it is necessary to take into account the nature of the case load in the department. The Committee of the Royal College of Physicians showed that in London certainly, and probably in other conurbations, more than one-third of the total case load is non-traumatic and more than half of the admissions from the accident and emergency department is to medical or paediatric wards. The increase in medical work can be explained by the rising number of cases of coronary thrombosis, poisoning, both accidental and attempted suicide, and in some centres the number of addicts.

In the light of this, clearly there is a case for encouraging physicians to play a more active part in the accident and emergency department.

Surely we cannot take the right view if we look on the accident and emergency department as being the particular province of one specialty or another. If we are to produce a lasting improvement in the accident and emergency services there must be a complete reappraisal of the existing arrangements. This should start from the premise that the accident and emergency department is one of the most important in the hospital. It is the shop window by which the community will judge the hospital. The consultants in the emergency specialties should realize that they

all have a contribution to make and that some accident and emergency departments, at least, need a consultant in charge who works full time or maximum part time in the department. This consultant must be a doctor with an interest in the primary care of a wide spectrum of cases and whose relationship with his colleagues in the emergency specialties is carefully worked out to provide him with the necessary support.

Recently, the Department of Health and the profession agreed on the creation of up to thirty posts for consultants working for all or most of their time in the accident and emergency department, as a step intended both directly to improve the staffing and as an experiment to help both the health department and the profession to study the best ways of staffing this service. The proposals envisaged that before the posts for consultant in charge are created those consultants in the hospital interested in accident and emergency services should, either through a committee of Chairmen of Divisions or an *ad hoc* committee, look at their case load and the existing way in which the various groups of patients are treated. They should then draw up a job description to suit their local circumstances. As the consultant in charge will be concerned with the primary care of accident and emergency patients and not definitive treatment, normally he would only require holding beds or the right to admit patients. But this again would be for local decision before the post is advertised.

The consultant in charge would be responsible for the day-to-day running of the accident and emergency department. In conjunction with his other consultant colleagues he would draw up standing orders and arrange with the clinical tutors programmes of training for junior staff, which would also involve the other consultants. He should be responsible for the supervision of the junior staff within the department.

At the present time there is no single specialty which will provide a wide enough training for this post, therefore although it is important that the standards for admission to the consultant grade should not be lowered and although a higher quali-

fication in one of the main specialties is desirable it is not essential. The main criterion must be the breadth of the candidate's experience of accident and emergency work.

It has been suggested that such a post in an accident and emergency department might not cover a sufficiently wide field of interest to provide a satisfying career in hospital medicine, and it will not attract candidates of sufficiently high calibre. While it is impossible to say how these posts would develop as experience grows, doubtless these consultants would develop special interests which could be in relation to intensive care, teaching and research or administration. The question of a separate specialty for accident and emergency medicine does not arise at the present time. This is a matter for the Royal Colleges.

These consultants will require support from intermediate as well as junior staff. This might be achieved by seconding registrars and senior registrars to the department for a period as part of their training in one of the main specialties. This, of course, would only be acceptable if the training and experience provided is such that it will benefit the doctor in his future career.

The casual attender presents us with a very vexed problem which varies from department to department. Here again where there is a consultant working in the department he seems to be able to support his staff so that the attendance of casual attenders is discouraged. The Department of Health is continually being told that we must launch a publicity campaign to tell the general public the function of a major accident and emergency department and to exhort them to go to their own general practitioners with minor ailments. We are examining ways of getting this message across to the patients. However, we recognize that there may be cases where for one reason or another the general practitioner is not available, for example, there are special problems in commuter and holiday areas. Where these problems arise the hospitals must accept responsibility for the care of the patients and it may be that their staffing should be modified to meet this particular situation.