



Emergency Nurse Education and Study Time Standards:

**Key Recommendations for a Competent,
Capable, and Sustainable Workforce**

**Developed and Supported by UK Experts in
Emergency Nursing and Emergency Medicine.**

***Enhancing Emergency Nurses' Expertise to Improve
Patient Outcomes and Reduce Clinical Risk***

Forward

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Emergency Care is the place with the lights on; the place where help is to be found when people simply do not know what else to do in what they perceive as a health crisis. It is a nursing workplace which requires depth and breadth of clinical knowledge and skills alongside flexibility, creativity, compassion and adaptability. Across the UK, Emergency Care colleagues are working in increasingly complex and high-pressure environments—delivering care to patients with diverse, urgent, and undifferentiated needs. While public demand continues to escalate, access to consistent, structured education and training for the nurses working there remains profoundly uneven. Some departments are well supported with access to Clinical Educators and a range of educational opportunities, but most nurses in Emergency Care have access to few, if any, of these, increasing the health inequalities already experienced by their patients.



This recommendation paper draws together the expertise and lived experience of Emergency Nurses and Doctors practising in Emergency Care. These clinicians, working across NHS Trusts, Health Boards, and professional organisations, have co-developed a practical and strategic framework to address the long-standing variation in educational access, capability, and confidence. Their aim is to support a safe, competent, and sustainable Emergency Nursing workforce, capable of meeting the evolving needs of both patients and services - now and into the future.

I am incredibly proud of my Emergency Care colleagues from across the UK nations who have contributed this work, taking time out of very pressured work schedules to think about what is needed to recruit and retain nurses to work in our specialism, develop the current workforce and inspire future colleagues to work alongside us. We view protected study time, equitable access to Clinical Educators, and the creation of structured, role-specific educational pathways as essential enablers for safe, high-quality care and a sustainable Emergency Nursing workforce.

We commend careful consideration of this paper to all those who have the power to turn these recommendations into a reality to ensure Emergency Nurses are properly prepared, supported, and valued throughout their careers and that this is equitable across all geographical locations.

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Clinical leaders attending the 2024 Emergency Care Conference, including Sister/Charge Nurses, Clinical Educators, Advanced and Consultant Nurses from across the UK – contributed through structured discussion and evaluation of the précis version of this paper.		

GLOSSARY

Head room / Uplift	Headroom is a term used for the nursing workforce to describe the uplift in a department's establishment available to cover study leave, sickness and absence. It is applied to the whole workforce rather than individual nurses, is not standardised and can be as low as 21% with the majority being used up by sickness leaving as little as 3% available for education.
Supporting Professional Activity (SPA)	SPA time is a term normally used by the medical workforce and incorporated into job planning for consultants and SAS doctors. It allocated to underpin direct clinical care and includes time for continuing professional development (CPD), teaching and training, management of doctors in training, audit, job planning, appraisal, revalidation, research, contribution to service management and planning, clinical governance activities, any other supporting professional activities and travelling time associated with these duties. A consultant working more than 4 PAs (16 hours) a week is entitled to a minimum allocation of 1.5 'core SPA' (6 hours) for CPD
Continual Professional Development (CPD)	CPD activities can be formal or informal, and include workshops, seminars, conferences, training courses, online learning and exams.
Study Leave for doctors	<p>Study leave is leave which allows time, inside or outside of the workplace, for formal learning which meets the requirements of the curriculum and personalised training objectives. This includes, but is not restricted to, participation in study (linked to a course or programme); research; teaching; taking examinations; attending conferences for educational benefit; rostered training events.</p> <p>Attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave.</p>

EXECUTIVE SUMMARY

1. The purpose of this paper is to demonstrate the need, time and resources required for a standardised approach to education and career development for Emergency Nurses. The paper makes recommendations for commissioner/providers to support them in enabling their Emergency Service Communities to attract, recruit, develop and retain a workforce capable of delivering the highest quality care, minimising risk for patients and staff.
2. This paper closely aligns to the NHS plans for all four UK countries.
3. Four Emergency Care organisations, alongside other stakeholders, have developed this paper collectively and it has been endorsed by Emergency Nurses attending the annual Emergency Nursing conference in Manchester 2024
 - 3.1. The Faculty of Emergency Nursing (FEN) provides education, qualifications and competencies for Emergency Nurses across the UK and Ireland at three levels of practice - enhanced, advanced and expert. In addition, FEN provides strategic advice on emergency nursing policy, education and practice to relevant local and national bodies
 - 3.2. The Royal College of Nursing's (RCN) Emergency Care Forum represents the political and strategic views of Emergency Nurses to relevant bodies across the UK and provide competencies for emergency nurses
 - 3.3. The National Major Trauma Nursing Group focus on improving care for those who are severely injured, through developing standards, sharing best practice and providing competencies for emergency nurses.
 - 3.4. The Royal College of Emergency Medicine (RCEM) is the national body which sets standards and provides training for Emergency Medicine to ensure that the expectations of the public are met. It advances education and research, ensuring high quality care through policy development, monitoring and providing expert advice to government and other relevant bodies on Emergency Medicine.
4. Emergency nurses and clinicians contributing to this paper, work as clinical, education and management experts and leaders within Emergency Care across the UK.
5. Development Process and Methodology:
 - 5.1. This paper was developed through a collaborative, clinically grounded process involving senior Emergency Care professionals from across the United Kingdom. Contributors included Consultant Nurses, Emergency Nurse Educators, Advanced Clinical Practitioners, senior Emergency Nurse leaders, and a Consultant in Emergency Medicine. The work was supported by representatives of FEN, the RCN ECF, RCEM, and NMTNG.
 - 5.2. A preliminary version of this paper was presented as a précis at the 2024 Emergency Care Conference, attended by a national audience of Emergency Nurse leaders—including Sister/Charge Nurses, Clinical Educators, Advanced Practitioners, and Consultant Nurses. Structured discussion and formal evaluation were used to test the relevance, clarity, and feasibility of the proposals. Feedback was strongly positive and was used to refine and finalise the recommendations.
 - 5.3. The paper reflects both the collective lived experience of clinicians and the strategic insight of those responsible for shaping and sustaining the emergency nursing workforce.

6. The NHS Healthcare Leadership Model requires that leaders actively develop the capability of their staff. As Zaitoun et al. (2023¹) emphasise, “*Competent nurses are crucial to ensure safe and high-quality healthcare services.*” This paper recommends that all registered nurses employed in Type 1 and Type 3 Emergency Departments² (EDs) should be working towards acquiring the capabilities and competencies necessary to deliver safe, high-quality care to patients presenting with undiagnosed and undifferentiated illnesses and injuries across all acuity levels³. By definition, patients attending Emergency Care services are undiagnosed and present with varying degrees of complexity, making this competence essential for both patient safety and service efficiency.
7. Emergency Nurses need to be able safely manage patients across a range of ages with a spectrum of conditions from cut fingers to cardiac arrests, unexpected deliveries of babies, mental health crises or complex safeguarding issues. They need to be able to respond to constant changes in clinical knowledge and processes, embrace digital and other technological innovations and engage with health improvement and prevention initiatives.
8. The patient profile in Emergency Care is changing⁴, with an increase in older patients with multiple co-morbidities, alongside their undifferentiated and undiagnosed illnesses and injuries. There remains a national target to manage the care trajectory for all patients, regardless of complexity, within four hours (NHS England 2024⁵, StatsWales 2024⁶; Scottish Government 2022⁷, Department of Health Northern Ireland 2023⁸).
9. The Nursing Midwifery Council (NMC) describe the development of nursing expertise post-registration on a continuum through four levels of practice as identified by *Skills for Health*⁹:
 - 9.1. Basic level - Registered Nurses delivering general nursing duties, including nurses new to the specialism of Emergency Care and bank or agency nurses, many currently without a qualification in Emergency Care or equivalent.
 - 9.2. Enhanced Practitioner Level – a registered nurse who holds a qualification in specialism or equivalent. They deliver care to a wide range of patients who present with undifferentiated, undiagnosed complaints with minimal supervision.
 - 9.3. Advanced Practitioner Level – holds a qualification in specialism at an advanced level or equivalent. They will have in-depth knowledge of practising in Emergency Care and will have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.
 - 9.4. Expert Practitioner Level – having highly specialised knowledge in Emergency Care. They are leaders with considerable responsibility, and the ability to research and analyse complex processes and have responsibility for service improvement or development.

1 Zaitoun et al. 2023. Clinical nurse competence and its effect on patient safety culture: a systematic review.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10196295/#:~:text=Competent%20nurses%20are%20key%20contributors,that%20their%20needs%20are%20m> et. [accessed 22/06/2024]

2 NHS Data and Directory -Emergency Care Department type. https://www.datadictionary.nhs.uk/attributes/emergency_care_department_type.html [accessed 12/07/2024]

3 Department of Health. 2018. Emergency Medicine Early Warning System (EMEWS) National Clinical Guideline No. 18.

<https://www.hse.ie/eng/about/who/cspd/ncps/emp/resources/emews%20national%20clinical%20guideline%20no%2018%20.pdf> [ACCESSSED 31/10/2024].

4 Major conditions strategy: case for change and our strategic framework (2023). <https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework-2> [accessed 5/07/2024]

5 NHS England 2024. 76% four hour standard – London <https://www.england.nhs.uk/long-read/76-four-hour-standard-london/#:~:text=Patients%20being%20seen%20more%20quickly,further%20improvement%20in%202024%2F25> [accessed 21/06/2024]

6 StatsWales. 2024. <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/emergency-department> [accessed 12/07/2024]

7 Scottish Government 2022. <https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/pages/accident-and-emergency-waiting-times/> [accessed 12/07/2024]

8 Department of Health Northern Ireland 2023. <https://www.health-ni.gov.uk/news/northern-ireland-hospital-statistics-emergency-care-202223> [accessed 12/07/2024]

9 Skills for Health. 2010. Key Elements of the Career Framework. https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Career_framework_key_elements.pdf [accessed 20/08/2024]

10. Ongoing post-registration education is necessary for Adult and Paediatric Emergency Nurses to be responsive to the changes in patient profile and methods of delivering care in Type 1 and Type 3 EDs. Protected time is essential to deliver the education and training required to meet the Nurse in Specialism capabilities at each of the 3 levels identified along a career pathway. Those choosing to remain at a given level of practice also need dedicated Education Time in order to monitor, maintain and develop their practice.
11. The NHS England Acuity Project¹⁰ has shown a high degree of unwarranted variation in acuity measurement between providers. The project team have recommended that Emergency Nurses undertaking initial assessment should have received adequate training. The variation in the assessment of acuity is symptomatic of variation in other facets of care and performance delivery. Standardisation it is considered critical to preventing avoidable additional harm.
12. Evidence from adverse incidents clearly shows that the better educated staff¹¹ are, the fewer avoidable mistakes they make. A 2016 Health Education England report included an observation that “organisations seem to expect to improve safety without investing any time or resource in the activity” (Health Education England 2016¹²) and this is still our experience today.
13. Whilst there are agreed competencies and capabilities for Emergency Nursing, such as those from FEN and the RCN Emergency Care Forum, panel members have been informed that these are not being consistently attained by staff. Senior nurse leaders report that this is due to inadequate dedicated education time within workforce establishments and well-publicised nursing shortfalls. Operational pressures and/or financial pressures frequently result in the cancellation of nurse education, which affects staff morale, and the quality of care delivered.
14. Moulton and Mann (2021)¹³ found that, at a cost of £400 million per annum, Emergency Medicine accounted for the highest volume and the second highest value of NHS litigation liabilities after obstetric and midwifery care. This was 12% of all claims in 2019/2020 and 8% of the overall estimated value of claims against NHS Trusts. Litigation liabilities relating to ED activity are equivalent to an average of 14% of total ED operating costs and reflects poor patient outcomes. The root cause is invariably the result of system failure, with nursing issues such as failure to recognise the patient's condition and respond in a timely manner or development of pressure-related injuries¹⁴ being major contributors. One of the commonest reasons for successful claims is 'unnecessary pain', linked to delays or failures in assessment and treatment. One consistent key expectation of ED patients is relief of pain (Welsh 2001¹⁵, Taberner et al 2022¹⁶), which is improved by education of nursing staff¹⁷.
15. The RCN found “a record number of patients on waiting lists, people waiting hours in A&E, and tens of thousands of vacant nursing posts which together are leaving patient care at critical risk”¹⁸. To address the shortfall, EDs employ temporary bank and agency nurses, many of whom do not hold the necessary competencies and

10 NHSE Acuity project final report 2024 (unpublished at 02/11/2024)

11 Audet et al. 2018. Associations between nurse education and experience and the risk of mortality and adverse events in acute care hospitals: A systematic review of observational studies. *International Journal of Nursing Studies* 80(2018) 128-146.

<https://www.sciencedirect.com/science/article/pii/S002074891830018X> [accessed 15/08/2024]

12 Health Education England (2016). Improving Safety Through Education and Training

<https://www.hee.nhs.uk/sites/default/files/documents/Improving%20safety%20through%20education%20and%20training.pdf> [accessed 21/06/2024]

13 Moulton and Mann (2021) Emergency Medicine GIRFT Programme National Specialty Report <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2022/07/Emergency-Medicine-Apr22q-FINAL.pdf> [Accessed 21/06/2024]

14 NHS Resolution. 2022. Clinical negligence claims in Emergency Departments in England: Report 3 of 3. Hospital Acquired Pressure Ulcers and Falls. <https://resolution.nhs.uk/wp-content/uploads/2022/03/3-NHS-Resolution-ED-report-Hospital-acquired-pressure-ulcers-and-falls.pdf> [Accessed 02/11/2024]

15 Welsh, J. (2001) Great expectations Emergency Nursing Part 1 - 9:3(33 – 39) Part 2 9:4 (34 – 39)

16 Tabner et al (2022) Trends in emergency department litigation within the NHS: a retrospective database analysis. *Trends in emergency department litigation within the NHS: a retrospective database analysis* <https://journals.sagepub.com/doi/epub/10.1177/00258172211057000> [accessed 21/06/2024]

17 Achaliwie et al. 2023. Does Education Improve Nurses' Knowledge, Attitudes, Skills, and Practice in Relation to Pain Management? An Integrative Review. [https://www.sciencedirect.com/science/article/abs/pii/S1524904222002223#:~:text=However%2C%20most%20studies%20included%20in,%2C%20SD%20=%202.20\)%20scores](https://www.sciencedirect.com/science/article/abs/pii/S1524904222002223#:~:text=However%2C%20most%20studies%20included%20in,%2C%20SD%20=%202.20)%20scores)

18 RCN. 2023. NHS workforce crisis: 'This catalogue of issues must be addressed urgently' <https://www.rcn.org.uk/news-and-events/news/uk-nhs-workforce-crisis-this-catalogue-of-issues-must-be-addressed-urgently-050623> [accessed 02/11/2024]

capabilities to provide the specialist care required by patients attending EDs with undiagnosed, undifferentiated complaints.

16. Recruitment of more staff to fill vacancies does not improve the quality if they are unable to provide the specialist care required by ED patients. It is therefore imperative that staff recruited to fill vacancies receive specialist training, to avoid significant consequences for safety and quality of care. Staff are more likely to be attracted to areas which offer them specialist training - boosting recruitment and retention^{19, 20}.
17. Moulton and Mann (2021)²¹ noted that the workforce is Emergency Care's greatest asset, but comes at a great cost, with £523 million spent per year in England alone on ED agency and locum staff. The burden is carried disproportionately by smaller providers. Senior nursing leaders report that well-staffed EDs, with robust training programmes continue to attract staff at the expense of those which are poorly staffed and poorly trained, leading to an increased reliance on expensive agency cover.
18. Over the past 50 years 'A&E' has become a 'super-brand' - the location for people with unplanned medical needs. Such ingrained patterns of behaviour are difficult to change, especially at times when patients are in pain or otherwise distressed. A great deal of resource has been wasted on trying to direct people away from EDs, with minimal success, largely because of the lack of consistent alternatives, (Moulton and Mann 2021²²). Diverting some of this resource into improved training of nursing staff in Emergency Care would support acuity recognition and enhance the safety of redirection.
19. The NHS Long-Term Plans for all four nations of the UK^{23 24 25 26} and statements from the Nursing and Midwifery Council²⁷ emphasise the fact that in order to optimise safe and effective patient care²⁸ investment in staff training and skills is essential.
20. The Chief Nursing Officers' Strategies all focus on optimising safe and effective care²⁹, developing workforce and people, person-centred practice and improving outcomes³⁰ – all of which require a substantial commitment to nurse education, a fundamental requirement for which is adequate educator and learner protected time.

19 Workforce Edge. 2023. Providing educational opportunities can help with nurse staffing challenges

<https://www.linkedin.com/pulse/providing-educational-opportunities-can-help-nurse-staffing/> [accessed 20/08/2024]

20 Evans C. 2017. Improving staff recruitment and retention in the emergency department. Nursing Times [online] April 2017 / Vol 113 Issue 4. <https://emap-moon-prod.s3.amazonaws.com/wp-content/uploads/sites/3/2017/03/170329-Improving-staff-recruitment-and-retention-in-the-emergency-department.pdf> [accessed 31/10/2024]

21 Moulton and Mann (2021) Emergency Medicine GIRFT Programme National Specialty Report <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2022/07/Emergency-Medicine-Apr22q-FINAL.pdf> [Accessed 21/06/2024]

22 Moulton and Mann (2021) Emergency Medicine GIRFT Programme National Specialty Report <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2022/07/Emergency-Medicine-Apr22q-FINAL.pdf> [Accessed 21/06/2024]

23 NHS England. 2019. NHS Long-Term Plan. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [accessed 20/08/2024]

24 Department of Health Northern Ireland. 2016. Health and Social Care Workforce Strategy 2026. • Have optimum numbers of appropriately skilled people working in every setting and in every specialty, now and in the future to populate the model. [accessed 12/07/2024].

25 NES. 2022. Strategic Workforce Plan 2022 – 2025. <https://www.nes.scot.nhs.uk/media/ctsfrt55/nhs-strategic-workforce-plan-22-25-oct-22.pdf> NES. 2022. Strategic Workforce Plan 2022 – 2025. NHS Education for Scotland. <https://www.nes.scot.nhs.uk/media/ctsfrt55/nhs-strategic-workforce-plan-22-25-oct-22.pdf>

26 Welsh Government. 2023. National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges <https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf> [accessed 12/07/2024] Welsh Government. [accessed 12/07/2024]

27 Nursing and Midwifery Council (2021) Better, safe regulation. Our response to the DHSC consultation on regulating healthcare professionals, protecting the public. (nmc.org.uk) [accessed 5/7/24]

28 NHS Scotland. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf>

29 NHS Scotland. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf>

30. Chief Nursing Officer for England #teamCNO (2022). Shape the future of nursing and midwifery. <https://www.good-governance.org.uk/teamcno> [accessed 5/7/24].

21. The NHS Workforce Plans for all four nations (NHS England 2023³¹; Department of Health Northern Ireland 2016³²; NES 2022³³; Welsh Government 2023³⁴) clearly identify the importance of having a workforce fit for purpose, with the Welsh Government recognising that “we cannot simply recruit our way out of the situation.”³⁵ These workforce plans articulate the requirement for staff to have sufficient high-quality training and development³⁶, “properly planned and sustainably provided”³⁷. ‘Sufficient education’ could be delivered through traditional university courses, vocational qualifications³⁸ or workplace learning. All of which should be equitably provided to individual nurses to increase career prospects, job satisfaction and retention of our workforce.
22. By the end of 2029, more than 11,000 nurses will have left the Nursing and Midwifery Council (NMC) Register within the first 10 years of gaining their registration. RCN General Secretary and Chief Executive Professor Nicola Ranger has commented that “every nurse who walks away takes with them their skill, expertise and passion for care. That’s terrible for patient but also represents lost investment for government too. Much more needs to be done to attract people into nursing and keep them once they are there”³⁹.
23. In short, we need to commit to training and developing both our Adult and Paediatric Emergency Nurses to retain knowledgeable and skilled staff, for which dedicated, ring-fenced education time is essential.
24. In departments allowing head room of 21% on workforce establishments, most of the education time allocation is taken up by the organisation’s Mandatory or Statutory training, leaving little time for specialist education. Even the ‘essential to role’ specialist training may be cancelled or truncated due to staffing, operational or financial pressures. Without strategic and sustained investment in Emergency Nurse education, there remains a significant and ongoing risk to patient safety, workforce retention, and the overall quality of care.

31 NHS England. 2023. NHS Long Term Workforce Plan. <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf> [accessed 12/07/2023].

32 Department of Health Northern Ireland. 2016. Health and Social Care Workforce Strategy 2026. • Have optimum numbers of appropriately skilled people working in every setting and in every specialty, now and in the future to populate the model. [accessed 12/07/2024].

33 NES. 2022. Strategic Workforce Plan 2022 – 2025. <https://www.nes.scot.nhs.uk/media/ctsfrt55/nhs-strategic-workforce-plan-22-25-oct-22.pdf> NES. 2022. Strategic Workforce Plan 2022 – 2025. NHS Education for Scotland. <https://www.nes.scot.nhs.uk/media/ctsfrt55/nhs-strategic-workforce-plan-22-25-oct-22.pdf>

34 Welsh Government. 2023. National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges <https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf> [accessed 12/07/2024] Welsh Government. <https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf> [accessed 12/07/2024]

35 Welsh Government. 2023. National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges <https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf> [accessed 12/07/2024] Welsh Government. [accessed 12/07/2024]

36 Department of Health Northern Ireland. 2016. Health and Social Care Workforce Strategy 2026. • Have optimum numbers of appropriately skilled people working in every setting and in every specialty, now and in the future to populate the model. [accessed 12/07/2024].

37 Department of Health Northern Ireland. 2016. Health and Social Care Workforce Strategy 2026. • Have optimum numbers of appropriately skilled people working in every setting and in every specialty, now and in the future to populate the model. [accessed 12/07/2024].

38 NHS Scotland. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf>

³⁹ Huge increase in nurses quitting early in ‘perfect storm’ for patient care, as RCN warns NHS reforms at risk | Royal College of Nursing

RECOMMENDATIONS

24. In summary, a wide variety of NHS management and workforce papers all highlight the need to train, retain and reform our workforce, if we are to be able to provide the level of safety and quality of care which the UK population expect of the NHS. Our proposal offers a structure for doing that within the nursing workforce in Emergency Care.

25. The following are our recommendations:

25.1. Emergency Nurse time for education is identified separately from other types of leave which are normally contained within the workforce uplift or headroom.

25.2. Time for Education, i.e. study leave expectations, should be standardised for each nurse as well as included as a part of a workforce establishment.

25.3. Time for education should be equitable with other healthcare professional workforces

25.4. The annual recommended time for education is:

25.4.1. Adult and Paediatric Emergency nurses 'in training' undertaking recognised programmes of specialist study receive 220 hours for each of:

- Aspiring Emergency Nurses
- Aspiring Emergency Nurse Leaders
- Aspiring Emergency Nurse Clinical Educators

25.4.2. Emergency nurses undertaking training for, or working in, autonomous roles i.e. Emergency Nurse Practitioners, Advanced Nurse Practitioners and Advanced Clinical Practitioners, receive 330 hours SPA time plus 75 hours time for education

- Adult and Paediatric Emergency Nurses not in training i.e. not undertaking recognised programmes of study, receive 75 hours time for education annually
- Emergency nurses are given sufficient time to complete mandatory and statutory training in addition, and SPA time to complete the non-direct patient care elements of Emergency Nurse roles.

25.4.3. Clinical Nurse Educators are required within the workforce to enable Emergency Nurse development. The following is required:

- Type 1 EDs require a dedicated WTE⁴⁰ Emergency Nurse Clinical Educator Lead plus an extra dedicated WTE Emergency Nurse Clinical Educator for every 50 nurses.
- Type 3 EDs require a minimum 0.5 WTE dedicated Emergency Nurse Clinical Educator Lead plus an extra 0.5 WTE Clinical Nurse Educator for every 25 nurses on the nursing roster.

25.4.4. Both type 1 and type 3 EDs require extra Clinical Educators who are experienced autonomous practitioners in Emergency Care to educate the autonomous practitioner workforce.

⁴⁰ WTE: Whole Time Equivalent

26. Figure 1: Summary of Education and Workforce Recommendations for Emergency Nursing

◇ Key recommendations include:
<p>A minimum annual time for education entitlement (extra time required for mandatory and statutory learning):</p> <ul style="list-style-type: none"> • 75 hours for ongoing development and preparation • 225 hours for those undertaking formal progression • 330 hours for Supporting Professional Activity (SPA) plus 75 hours time for education for those in, or training for, autonomous roles <p><i>NB: Additional time for education may be required for trainees, as stipulated by their university or the apprentice levy.</i></p>
<p>Nationally recognised, role-specific development pathways aligned to enhanced, advanced, and expert levels of practice</p>
<p>Guaranteed access to dedicated Emergency Nurse Clinical Educators in every Emergency Department, with recommended staffing ratios</p>
<p>Investment in the training, development, and time allocation for Clinical Educators, recognising their essential role in sustaining capability and supporting learners</p>
<p>Integration of education standards into workforce planning and job descriptions to ensure consistency and accountability across the system</p>

27. The Secretaries of State and Chief Nursing Officers are asked to:

- 27.1. Recognise the need to support post-registration education of registered nurses
- 27.2. Acknowledge that Emergency Nurses are a specialist workforce requiring specific post-registration education and development
- 27.3. Commit to working with ourselves and other stakeholders to explore this further
- 27.4. Consider acceptance of our proposed Emergency Nurse Education and Study Time Standards as laid out in this paper.

EMERGENCY DEPARTMENT WORKFORCE STANDARDS

28. Nursing is safety critical in all areas of healthcare. To maintain patient safety, nurses must be trained, and their competence and capability maintained in caring for the needs of patients presenting to their specialist clinical area. The capabilities, competencies and skills required for a Registered Nurse to become an Adult or Paediatric Emergency Nurse and work at the level of enhanced practice⁴¹ are met by the Faculty of Emergency Nursing's *Level 6 Diploma in Emergency Nursing* qualification OR the RCN Emergency Nursing Level 1 Competencies, OR an equivalent.
29. The consensus of ED experts is that adverse incidents decrease and performance increases when at least 70% of Emergency Nurses within an Emergency Department are working at this Enhanced level⁴².
29. National expert groups developing guidelines for Major Trauma, Acuity assessment and Redirection recommend that to become a sister/charge nurse, normally at band 6, the Emergency Nurse must be trained to an Enhanced level (*point 25 above*). In addition, they must have had formal training in initial assessment, prioritisation and redirection in accordance with the NHSE Capability and Competence Guide. Those working in EDs which manage major trauma must have attained the National Major Trauma Nursing Group's Competencies at level 1 or equivalent such as FEN's Level 6 Major Trauma Unit.
30. A senior sister/charge nurse leading and managing a team and taking charge of an ED (Adult, Paediatric or Combined), normally at band 7, should be working at an Advanced Level and ideally should have demonstrated that they have attained the capabilities, competencies and skills, that are met by the Faculty of Emergency Nursing's *Level 7 Diploma in Leading in Emergency Nursing* qualification OR the RCN Emergency Nursing Level 2 Competencies, OR an equivalent. In addition, they should have been formally trained in initial assessment, prioritisation and redirection in accordance with the NHSE Capability and Competence Guide. Those working in EDs which manage major trauma must also have attained National Major Trauma Nursing Group's Competencies at level 2 or equivalent, such as FEN's Level 7 Diploma in Leading in Emergency Nursing qualification, plus practical Major Injuries Unit.

41 A Leary. 2019:11. Enhanced Practice: A workforce Modelling project for Health Education England. NHS Health Education England.

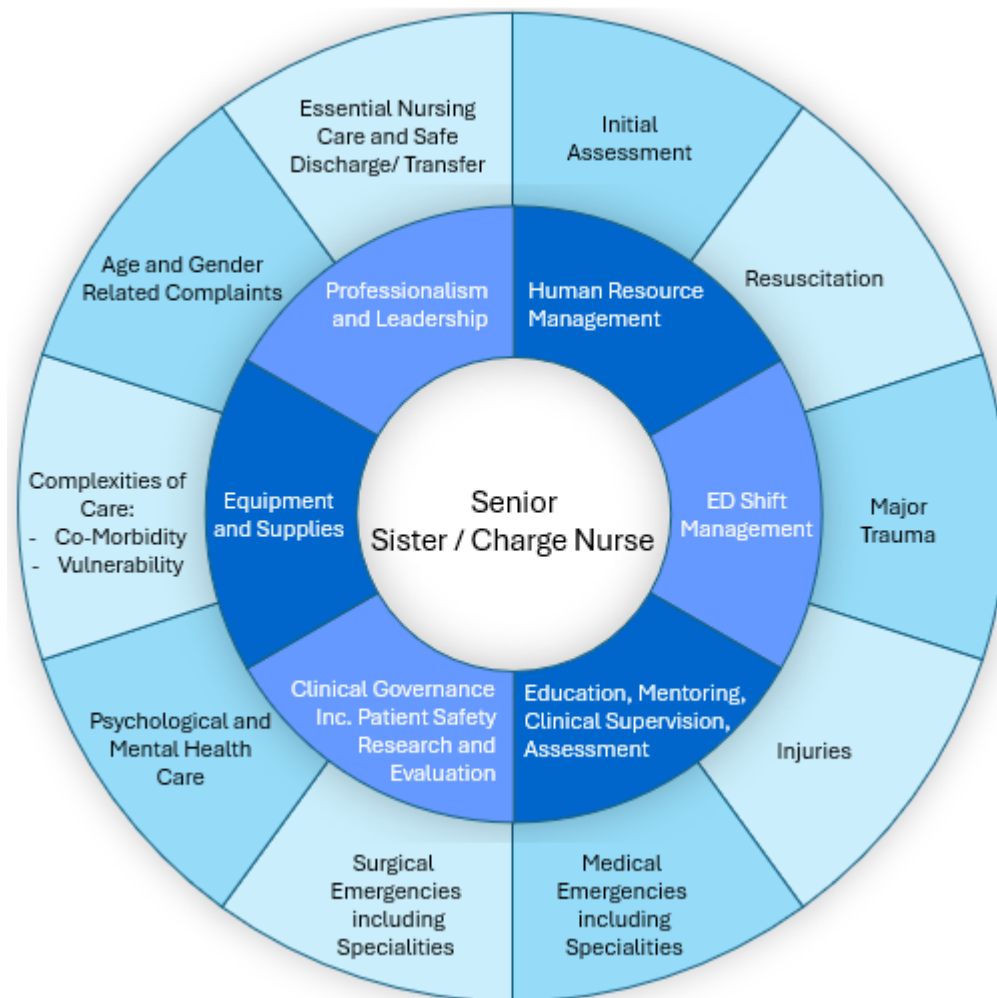
<https://www.hee.nhs.uk/sites/default/files/documents/Enhanced%20Practice%20-%20A%20workforce%20Modelling%20project%20for%20Health%20Education%20England.PDF>

42 RCEM and RCN. 2020. Nursing workforce standards for type 1 EDs Each ED will have a WTE dedicated Practice Development Lead (Band 7 / 8a). 2. In EDs with > 75 individuals in the nursing workforce, Practice Educators (Band 6 / 7) will be required to support the Practice Development Lead].

[file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20\(7\).pdf](file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20(7).pdf) [accessed 02/11/2024]
[file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20\(7\).pdf](file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20(7).pdf)

31. The following infographic illustrates the breadth and complexity of the Senior Sister / Charge Nurse role within Emergency Care.

Figure 2. The Multifaceted Role of the Senior Sister / Charge Nurse in Emergency Care.



32. An ED matron or ED Lead Nurse, normally working at band 8a, usually has overall responsibility for the registered and non-registered nursing workforce of the ED service, including human resource and fiscal management as well as staff well-being. They are part of the multiprofessional leadership team and contribute to strategic development as well as operational management. They should be able to demonstrate that they have attained the capabilities, competencies and skills that are met by the FEN's *Level 7 Diploma in Leading in Emergency Nursing* qualification OR sign off of the RCN Emergency Nursing Level 2 Competencies, OR an equivalent. In addition, they must have training in human resource management, fiscal management, service development, clinical governance, human factors and patient safety investigation methodology.
33. RCEM/RCN⁴³ recommend that every Type 1 ED should have at least one WTE dedicated Emergency Nurse Clinical Educator Lead responsible for coordinating the education, training and Continuing Professional Development (CPD) for Emergency Nursing staff.

43 RCEM and RCN. 2020. Nursing workforce standards for type 1 EDs Each ED will have a WTE dedicated Practice Development Lead (Band 7 / 8a). 2. In EDs with > 75 individuals in the nursing workforce, Practice Educators (Band 6 / 7) will be required to support the Practice Development Lead]. [file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20\(7\).pdf](file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20(7).pdf) [accessed 02/11/2024][file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20\(7\).pdf](file:///C:/Users/PC/Downloads/Nursing-workforce-standards-for-Type-1-EDs-Oct-2020%20(7).pdf)

34. The consensus of the expert contributors to this document agrees with the RCEM/RCN recommendation and further recommend
- 34.1. Type 1 EDs should have an extra WTE Emergency Nurse Clinical Educator for every 50 nurses on the nursing roster.
 - 34.2. Type 3 EDs should have a minimum 0.5 WTE dedicated Emergency Nurse Clinical Educator. For every 25 nurses on the nursing roster there must be an extra 0.5 WTE Clinical Nurse Educator.
 - 34.3. Extra Clinical Educators, who are experienced autonomous practitioners in Emergency Care, will be required to educate the autonomous practitioners workforce.
35. Emergency Nurse Clinical Educators who are educating and assessing others in Emergency Departments should hold FEN's *Level 7 Diploma in Leading in Emergency Nursing* qualification OR have the RCN Emergency Nursing Level 2 Competencies signed off, OR an equivalent. In addition, they must have completed a teaching and assessing qualification; this could be a PGCE, Level 3 Certificate in Assessing Vocational Achievement (CAVA) (RQF) or an equivalent.
36. Emergency Nurse Practitioners (ENPs) are required to have a high degree of autonomy and complex decision making in managing patients who present to EDs with injuries; some also manage illnesses. Ideally, they would demonstrate attainment of competency to a minimum level of FEN's *Level 6 Diploma in Emergency Nursing* qualification OR have the RCN Emergency Nursing Level 1 Competencies signed off, OR an equivalent. In addition, they must have completed a programme of academic study and been formally assessed and signed off for the expected scope of practice for the unit, an exemplar of this is seen in Wales which has standardised the scope of practice and provided an all-Wales education programme with a qualification: *Level 7 Diploma in the Autonomous Management of Minor Injuries (Wales)*.
37. In Emergency Medicine, Advanced Clinical Practitioners (EM-ACPs- referred to as ACPs in this paper) are required to exercise a high degree of autonomy and make complex decisions in managing the full range of presentations across all areas of the Emergency Department. They must hold a master's level award or equivalent, which encompasses the four pillars of advanced practice: clinical practice, leadership and management, education, and research—demonstrated through core capabilities and area-specific clinical competence (HEE, 2017).
- Credentialing with the Royal College of Emergency Medicine (RCEM) provides nationally defined curricula and the specific competencies required for the specialist clinical component⁴⁴. It is recommended that ACPs have allocated Supporting Professional Activity (SPA) time. This is standardised at 20%, and in addition, ACPs should receive 10 study days per year⁴⁵.
38. Attendance at statutory and mandatory learning (including any locally determined essential skills and simulation training) should not be counted as time for education, which would be equitable with medical colleagues.
39. Emergency Nurses of any level who are in training as detailed above require a minimum time for education of 225 hours per annum (*pro rata*). [225 hours = 30 days x 7.5 hrs (considered normal working day for a nurse)].
40. Emergency Nurses of any level who are not in training should have 75 hours time for education per annum (*pro rata*) to enable maintenance of currency of knowledge and skills. [75 hours = 10 days x 7.5 hrs].

44 RCEM. ACP Curriculum <https://rcem.ac.uk/acp-curriculum/> [accessed 02/11/2024]

45 FICM (2023) Sustainable Careers for Acute Critical Care Practitioners. Faculty of Intensive Care Medicine. <https://www.ficm.ac.uk/sites/ficm/files/documents/2023-02/Sustainable%20ACCP%20Careers%20February%202023.pdf> [accessed 02/10/2023]

41. Senior Emergency Nurses who are providing clinical supervision should be allocated 1 hr per week per Emergency Nurse in training who they are supporting to attain the qualification/competence for their level of practice⁴⁶.
42. Trainee ED Educators must have minimum of 225 hours time for education per annum (*pro rata*).
43. ED Educators not in training should have 75 hours time for education per annum (*pro rata*).
44. Autonomous Practitioners i.e. ENPs, ANPs and EC-ACPs should have 7.5 hours a week or an annualised equivalent amount of SPA time⁴⁷ (*pro rata*) whether in a training or substantive position.
45. Emergency Nurses working at Band 6 and above should have SPA time allocated in addition to their time for education. The SPA time will enable them to perform non-clinical role expectations e.g. rosters and supervision of junior staff.

46 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26 https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

47 RCEM. 2021. RCEM Emergency Care ACP Sustainable Careers https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_EC_ACP_Sustainable_Careers_V3.pdf [accessed 20/08/2024]

CONTEXT

46. Pre-registration nurse education provides a general nursing education. To work in specialist areas such as emergency care, additional post-registration education is required.
47. Emergency Nursing is a speciality; however, the development of nursing and the recognition and maintenance of the specialism has changed in the last twenty years. This has meant a reduction in previous standardisation within specialism and a loss of the associated education.
48. The major changes largely responsible for this are:
 - 48.1. Emergency Nurse education changed when the UK National Boards were abolished, along with the UK Central Council for Nursing and Midwifery and Health Visiting (UKCC) being replaced by the Nursing Midwifery Council (NMC) on April 1st 2002⁴⁸. The National Board qualifications e.g. ENB 199 A&E Nursing Course, were the equivalent of a EQA Level 6 honours degree qualification. These courses addressed the breadth and depth of clinical capability required, as well as the theoretical framework for that practice⁴⁹. Since their demise, Universities have been delivering some emergency nursing courses but the historic detailed assessments, testing breadth and depth of knowledge and practice, have predominantly been replaced by more academically orientated written assessments.
 - 48.2. Universities require a minimum number of learners on courses and as uptake decreased with rising costs, many of these courses became more generic for 'acute' nursing. At the same time, universities started to divert resource to programmes for autonomous clinical practitioners e.g. ENPs and ACPs, further impacting on the number of specialist nursing courses available.
 - 48.3. On 1st October 2004, Agenda for Change⁵⁰ was introduced into the NHS. D grade and E grade were merged into the band 5 position. E grade staff nurses had been recognised as experienced Emergency Nurses and usually had an emergency nursing qualification such as the ENB 199 Course in Emergency Nursing⁵¹.
 - 48.4. Further compounding the situation is the haemorrhaging of Emergency Nurses from the workforce⁵². The main reasons cited are retirement, the unprecedented pressure on emergency care, poor pay and working conditions⁵³, including moral injury and burnout^{54,55}. Experienced Emergency Nurses

48 National Archives. <https://discovery.nationalarchives.gov.uk/details/r/C144> [Accessed 02/11/2-24]

49 Kershaw, B. 1993. A guide to the ENB higher award Nursing Standard. 7, 37, 36-37. doi: 10.7748/ns.7.37.36.s40 [Accessed 02/11/2024]

50 Management Steering Group. AFC in Summary. <https://www.msg.scot.nhs.uk/pay/agenda-for-change/afc-in-summary/#:~:text=Agenda%20for%20Change%2C%20implemented%20on,Service%20was%20established%20in%201948.>

51 Accid Emerg Nurs. 1998 Oct;6(4):219-25. doi: 10.1016/s0965-2302(98)90083-2

52 Boyle, A.2023. Health boss warns hospitals are 'haemorrhaging' experienced nurses. Nursing Notes. <https://nursingnotes.co.uk/news/professional/health-boss-warn-hospitals-are-haemorrhaging-experienced-nurses/#:~:text=A%20top%20doctor%20warns%20he,Are%20you%20looking%20to%20leave?&text=Poll%20Options%20are%20limited%20because%20JavaScript%20is%20disabled%20in%20your%20browser.&text=You%20or%20your%20IP%20had%20already%20vote.&text=You%20or%20your%20IP%20had%20already%20vote.,-A%20hole%20in> [accessed 02/11/2-24]

53 Naravi, M & Pinedo, T.2023:2. RCEM Acute Insight Series: Emergency Medicine Workforce in England. Royal College of Emergency Medicine. <https://rcem.ac.uk/wp-content/uploads/2023/06/Workforce-Explainer-final.pdf> [accessed 02/11/2024]

54 Ford, M 2023. Emergency care nurses facing 'significant distress', investigation finds. Nursing Times <https://www.nursingtimes.net/nurse-wellbeing/emergency-care-nurses-facing-significant-distress-investigation-finds-27-02-2023/> [accessed 02/11/2024]

55 Phillips K et al. 2022. Emergency Department Nursing Burnout and resilience. Advanced Emergency Nursing Journal. Jan-Mar;44(1):54-62 <https://pubmed.ncbi.nlm.nih.gov/35089283/#:~:text=Burnout%20is%20a%20significant%20problem,among%20ED%20nurses%20are%20steep.> [accessed 02/11/2024]

becoming autonomous practitioners has resulted in a less experienced, less skilled and less educated main nursing workforce, whose training has been neglected for a number of years^{56,57}.

- 48.5. Practitioner intelligence from Emergency Departments across the UK, collected by the 4 organisations contributing to this paper (FEN, RCN ECF, NMTNG, RCEM), indicates that nurses in a large number of EDs are not qualified to meet the demands of the specialty and nurses are being promoted beyond their competence and capability, putting patients and colleagues at risk. This is summarised in table 1.

Table 1. Key Systemic Barriers to Emergency Nurse Education and Workforce Readiness

<ul style="list-style-type: none"> • Little or no in-house training 	<ul style="list-style-type: none"> • Limited or no minimum clinical standards of competence or established skill sets
<ul style="list-style-type: none"> • Inexperienced registered nurse workforce 	<ul style="list-style-type: none"> • ENPs not given SPA time even though working autonomously
<ul style="list-style-type: none"> • Poor standards of clinical practice and lack of time to undertake assessment of practical skills 	<ul style="list-style-type: none"> • Inadequate number of or no workplace educators
<ul style="list-style-type: none"> • Difficulty releasing nurses for education 	<ul style="list-style-type: none"> • Risky promotions as no assured competence
<ul style="list-style-type: none"> • Difficulty releasing nurses to be assessed in practice 	<ul style="list-style-type: none"> • Lack of equal education opportunities for all registered nurses
<ul style="list-style-type: none"> • Limited or no specific standardised Emergency Nurse Education Programmes 	<ul style="list-style-type: none"> • No career pathway
<ul style="list-style-type: none"> • Little or no standardised practical skills assessments 	<ul style="list-style-type: none"> • Recruitment and retention challenges
<ul style="list-style-type: none"> • Little or no trauma training 	<ul style="list-style-type: none"> • Education programmes deliver knowledge-based education only

49. In nursing, 'study leave' has historically not been protected from annual leave or sickness and absence. Instead, it has been absorbed into 'headroom' or 'uplift'. Drake (2020) found that the lack of protected study leave increases reliance and spending on bank or agency staff and also compromises patient safety⁵⁸.
50. Nursing 'study leave' being incorporated within 'headroom' means there is inequity in the established minimum allowances for study leave/ time for education between professional groups.
51. Incorporating 'study leave' into 'headroom' / 'uplift' for the nursing workforce results in cancellation of study leave in the event of high sickness or absence and when NHS organisations reach their overspend threshold.
52. ED workload is variable in acuity and predictability but has changed significantly over the last 20 years. Nursing workforce establishment figures are largely based on historical data, not current demand. Increasing the number of nurses qualified in the specialism could mitigate risks arising from these changes.
53. Improvements in patient safety and experience result from nurses having sufficient knowledge and competencies to provide high-quality care in their specialism. To address this, a specific Emergency Nurse career pathway is required which is underpinned by standardised education for each level on the pathway.

56 Daniels J et al. 2023. Perceived barriers and opportunities to improve working conditions and staff retention in emergency departments: a qualitative study. BMJ. <https://emj.bmj.com/content/41/4/257> [accessed 02/11/2024]

57 Gorick. 2024. First ever survey of A&E triage nurses highlights problems with a lack of training, low staffing, high stress and overflowing departments. University of East Anglia. <https://www.uea.ac.uk/about/news/article/first-ever-survey-of-ae-triage-nurses-highlights-problems-with-a-lack-of-training-low-staffing-high-stress-and-overflowing-departments> [accessed 02/11/2024]

58 Drake R. 2020. Staff unavailability and safe staffing: Are headroom allowances 'realistic'? British Journal of Nursing, 29 (7). <https://shura.shu.ac.uk/26002/1/Are%20Headrooms%20Realistic.pdf> [accessed 29-09-2023]

54. Educational opportunities for both Adult and Paediatric Emergency Nurses vary greatly between NHS organisations resulting in wide variations in patient safety, patient experience and staff experience between organisations.
55. Working in a high-pressured area with variable acuity and variable predictability, with low numbers of nursing staff qualified in the specialism causes moral injury, resulting in high sickness/absence levels and high staff turnover⁵⁹. These, in turn, put increased pressure on the remaining staff with the result that patient safety and experience worsen alongside staff recruitment and retention⁶⁰.
56. On qualifying, it is recognised that doctors require education to progress their career and at a consultant or speciality and specialist grade (SAS doctors) to monitor, maintain and improve their standards of practice. The study leave given is additional to statutory, mandatory and in-house training. The following table depicts doctors' study and other leave entitlement and has been developed from BMA (2024) Study Leave Guide ⁶¹.

Table 2. BMA Study Leave Guide

Grade	Study Leave per annum
Year 1 Foundation Doctor	15 days equates to 6.8% (pro rata if less than 12-month contract)
Other doctors in training	30 days equates to 13.6% (pro rata if less than 12-month contract)
Consultants and Specialty and Associate Specialist (SAS) Doctors	<p>30 days study and professional leave with pay and expenses within each three-year period, some employers interpret this as 10 days per year.</p> <p>Plus 15% (1.5 sessions) SPA</p> <p>In addition, RCEM recommends that educational supervisors should be allocated at least 0.25 educational PAs per week per tACP (1 hour) in order to deliver this standard of supervision^{62 63}.</p> <p>SAS doctors should have the same access as their consultant colleagues to internal and external CPD activities and study leave time and funding; Plus, a minimum of one session SPA time if employed full time ⁶⁴.</p>

59 Phillips K et al. 2022. Emergency Department Nursing Burnout and resilience. Advanced Emergency Nursing Journal. Jan-Mar;44(1):54-62
<https://pubmed.ncbi.nlm.nih.gov/35089283/#:~:text=Burnout%20is%20a%20significant%20problem,among%20ED%20nurses%20are%20steep>.
 [accessed 02/11/2024]

60 Boyle A. 2022. **Emergency Care in crisis as more patients than ever before face dangerously long waits in Emergency Departments**
<https://rcem.ac.uk/emergency-care-in-crisis-as-more-patients-than-ever-before-face-dangerously-long-waits-in-emergency-departments/#:~:text=43%2C792%20patients%20were%20delayed%20for%2012%2Dhours%20or,in%20the%20137%20months%20prior%20to%202022>
 . [accessed 02/11/2024]

61 BMA. 2024. **Study, professional and special leave.** <https://www.bma.org.uk/pay-and-contracts/leave/study-professional-and-special-leave/study-professional-and-special-leave> 28 June updated. [accessed 21/08/2024]

62 RCEM. 2021. RCEM Emergency Care ACP Sustainable Careers https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_EC_ACP_Sustainable_Careers_V3.pdf
 [accessed 21/08/2024]

63 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26
https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

64 BMA. 2014. A charter for staff and associate specialist and specialty doctors <https://www.bma.org.uk/media/1057/bma-sas-charter-for-england-dec-2014.pdf> [Accessed 21/08/2024]

57. This structured approach to medical education offers a useful comparator when considering study leave entitlements and protected learning time for Emergency Nurses. The medical training pathway in Emergency Medicine provides a strong vocational model: it offers structured, progressive development with protected study time, enabling doctors to build the depth and breadth of knowledge, skills, and decision-making needed for complex clinical responsibilities. This approach ensures that, by consultant level, doctors are fully equipped to deliver safe, effective care and maintain high professional standards—an approach equally relevant to the development of emergency nursing roles.
58. In contrast, whilst ACPs do receive a minimum of 20% SPA each week^{65 66}, there is no defined amount of time a trainee ACP requires beyond the time stipulated by universities and the apprentice levy (for trainees completing an ACP apprenticeship).

65 RCEM. 2021. RCEM Emergency Care ACP Sustainable Careers https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_EC_ACP_Sustainable_Careers_V3.pdf [accessed 21/08/2024]

66 Health Education England. Advanced Clinical Practice Programme Handbook 2022/23 <https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2022/03/Handbook-2022-23-1.pdf> [accessed 21/08/2024]

LEVELS OF EMERGENCY NURSING AND EDUCATION REQUIRED

60. All emergency departments (adult paediatric and combined) must have arrangements in place to deliver education with supporting professional activity (SPA) time built into individual work plans.
61. Supporting Professional Activity (SPAs) time underpins clinical care and contributes to ongoing professional development as a clinician ⁶⁷.
62. Programmes of education must be designed to fulfil the competencies and capabilities which are required to meet the needs of patients, their families and carers attending Emergency Departments.
63. 'Patients' needs' range from simple injuries and illnesses to significant medical, surgical and traumatic presentations necessitating critical care. ED nurses must be competent in the clinical and psychosocial elements of these presentations, which requires a significant breadth and depth of nursing knowledge across many specialties. In addition, ED staff are increasingly tasked with screening for, and identifying the wider determinants of health, and supporting the provision of interventions to address these. Many of which contribute to health inequalities.
64. Qualifications for nurses working in EDs need to be specific to Emergency Care. Wider remits of 'acute' nursing, while they may contain some similar capabilities, do not adequately address the learning needs of Emergency Care nurses to enable them to meet the unique challenges of the patient mix in an ED.
65. Registered Nurses who are competent and capable of delivering care across the range of emergency presentations and minimising clinical risk are working at an enhanced level of practice^{68 69}. A minimum Emergency Nurse post-registration qualification, underpinning the required competencies and capabilities would be equivalent to 120 credits at EQA level 6.
66. Registered Nurses who are competent and capable of taking charge of an ED and managing its workforce i.e. Band 7 senior sister/charge nurse, are working at an advanced level due to the complexity and decision making required. An Emergency Nurse post-registration qualification which covers most of what is needed would be equivalent to 180 credits at EQA level 7.
67. A minimum post-registration qualification for an expert Emergency Nurse, leading the development of the speciality would be a master's qualification or equivalent in specialism, plus having academic credits at EQA Level 8 in Emergency Care - doctorate level equivalent.
68. The following table provides an overview of the career pathway for emergency nurses of the future; detailing what education is required and what an Emergency Nurse should have attained to hold a post. Many Emergency Nurses at all levels will have experiential learning which they can use against the expectations and this prior learning should be recognised by their organisations. Some of these may wish to obtain a formal recognition for this, which should be facilitated by their organisation.

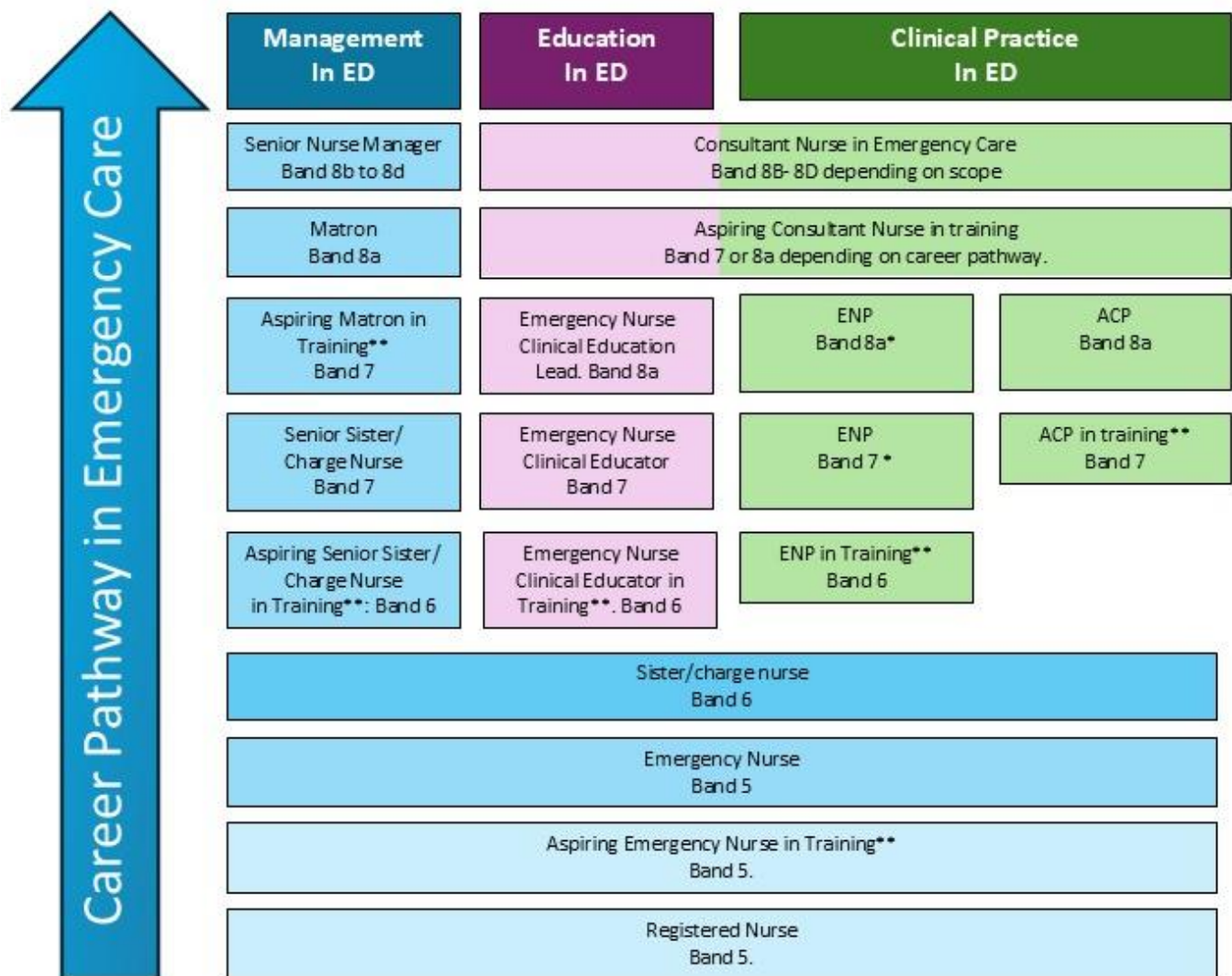
67 BMA 2021. [https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning#:~:text=the%20wider%20NHS-,Supporting%20professional%20activities%20\(SPAs\),medical%20education](https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning#:~:text=the%20wider%20NHS-,Supporting%20professional%20activities%20(SPAs),medical%20education)

68 <https://www.hee.nhs.uk/our-work/enhanced-practice-0>

69 <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

69. The following infographic provides a visual representation of career progression for Emergency Nurses.

Figure 3: Career Pathway in Emergency Care



* depending on scope of practice

** in-training denotes undertaking formal education programme: vocational or university

70. The following table provides an overview table followed by a more detail version, providing the detail to defines the roles, banding and time for education which an Emergency Nurse will require to enable their development and maintain their competence and capability to ensure that their practice meets VARCS standards (valid, reliable, current and sufficient) to deliver Emergency Care to patients and their families attending EDs in the United Kingdom.

Table 3: Emergency Nursing Roles – Education & Qualifications

Role	Education	Holds
Emergency Nurse in Training	FEN Level 6 Qualification OR RCN Level 1 OR Equivalent	<ul style="list-style-type: none"> Registered Nurse Degree
Emergency Nurse and Sister/Charge Nurse <i>(promotion through job application)</i>	FEN Level 6 Qualification OR RCN Level 1 OR Equivalent	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent
Aspiring Senior Sister/Charge Nurse in Training	FEN Level 7 Qualification OR RCN Level 2 OR Equivalent	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent
Senior Sister/Charge Nurse		<ul style="list-style-type: none"> FEN Level 7 Qualification OR RCN Level 2 OR Equivalent
Aspiring Matron in Training	Human Resource Management, Fiscal Management, Service Development, Clinical Governance and Healthcare Investigation Training which includes Human Factors and Patient Safety Incident Response Framework	<ul style="list-style-type: none"> FEN Level 7 Qualification OR RCN Level 2 OR Equivalent
Matron		<ul style="list-style-type: none"> FEN Level 7 Qualification OR RCN Level 2 OR Equivalent. All elements listed in Education cell for Aspiring Matron
ENP in Training	Recognised Vocational or University Specific Programme	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent
ACP in Training	As detailed by RCEM ⁷⁰ .	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent
Emergency Nurse Clinical Educator in Training	Level 3 Certificate in Assessing Vocational Achievement (CAVA) OR Postgraduate Certificate in Education (PGCE)	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent
Emergency Nurse Clinical Educator		<ul style="list-style-type: none"> FEN Level 7 Qualification OR RCN Level 2 OR Equivalent Level 3 CAVA OR PGCE
Aspiring Consultant Nurse in Emergency Care	Level 8 modules or units OR Doctorate	<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent. Master's degree or equivalent
Consultant Nurse in Emergency Care		<ul style="list-style-type: none"> FEN Level 6 Qualification OR RCN Level 1 OR Equivalent. Master's degree or equivalent, Desirable level 8 credits OR Doctorate OR equivalent.

70 RCEM. ACP Curriculum <https://rcem.ac.uk/acp-curriculum/> [accessed 02/11/2024]

71. The following table provides more detail for each role and development requirement

Table 4: Table 4. Time for Education, SPA Time and Supervision Requirements for Emergency Nurses

Title ⁷¹	Role, Qualification and Time for Education
Registered Nurse	<ul style="list-style-type: none"> - Registered Nurse who delivers essential nursing care, works under direct supervision of an experienced Emergency Nurse as this nurse has not been signed off as competent to deliver care to patients who present with undiagnosed and undifferentiated complaints or injuries. - <u>Time for Education:</u> minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. - This nurse will normally work as a band 5.

⁷¹ NB different titles may be attributed to the roles described.

<p>Emergency Nurse in Training: (Adult, Paediatric or both)</p> <p>[Aspiring to Attain Qualification in Specialism]</p>	<ul style="list-style-type: none"> - Registered Nurse who delivers essential nursing care, working under direct supervision of an experienced Emergency Nurse, moving to indirect supervision as they gain competence and sign-off to deliver care to patients who present with undiagnosed and undifferentiated complaints or injuries. - This nurse will be working towards the <i>Faculty of Emergency Nursing's Level 6 Diploma in Emergency Nursing</i> qualification OR the RCN Emergency Nursing Level 1 Competencies OR equivalent. On completion will automatically become an Emergency Nurse. NB: Due to preceptorship requirements, Emergency Nurse Education Programmes may not be accessible during the first-year post-registration. - <u>Time for Education:</u> <ul style="list-style-type: none"> - Year 1 following NMC registration and completion of preceptorship: 112.5 hours - Year 2 onwards 225 hours. - <u>Clinical supervision, Assessment and Mentoring:</u> it is recommended that 1 hr per week per learner is allocated (learners may be nurses under preceptorship, support workers or student nurses). - <u>SPA time:</u> may be required for clinical governance duties, workplace audits and well-being - This Nurse will normally work as a band 5.
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<p>Emergency Nurse Qualified in Specialism</p> <p>[Working at Enhanced Level of Practice]</p>	<p>This Emergency Nurse (Standard) will hold:</p> <ul style="list-style-type: none"> - <i>Faculty of Emergency Nursing's Level 6 Diploma in Emergency Nursing</i> qualification OR RCN Emergency Nursing Level 1 Competencies signed off OR equivalent. <p><u>Time for Education:</u> minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal.</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hr per week per learner is allocated</p> <p><u>SPA time:</u> may be required for clinical governance duties, workplace audits and well-being</p> <p>This Emergency Nurse will normally work as a band 5 or band 6 (<i>NB existing band 6 nurses may need upskilling to meet new standards/criteria</i>).</p>
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Figure 4. Curriculum Content for Emergency Nurses: Aspiring, Upskilling, or Consolidating Practice

ABCDE Approach to Assessment & Management	Ageing and Physiological Complexity	Adjusting Care to the Individual Patient	Variance Age Related Complaints, Injuries & Management	Managing Unpredictable Patients & Carers	Legal Considerations including Capacity & Consent
Anatomy, Physiology & Pathophysiology of all Body Systems	Vascular Emergencies; Assessment, Treatment & Care	Chest Complaints & Injuries; & their Management	Performing & Interpreting ECG - (electrocardiogram)	Heart Arrhythmias; Assessment, Treatment & Care	Pain Assessment
Lifespan Development in All Eleven Body Systems	Burns: Causes Assessment & Management	Psychological Impact of Sudden Illness/Injury	Abdominal Complaints, Injuries, Assessment & Management	Pharmacological & Non-pharmacological Pain Relief	Diabetes & Endocrine Emergencies; Assessment, Treatment & Care
Upper & Lower Limb Injuries & their management	Falls, Frailty & Pressure Care	Emergency Heart Conditions, Injuries & infections	Heart Congenital Abnormalities	Structuring Care in ED	Use of Local Anaesthetics for Wounds
Safeguarding - Identification & Managing issues	Organising Workload of Others	Chemical & Explosion Injuries	Major Burns & their Management	Prioritising Care in ED: Medical, Surgical, Trauma & Mental Health Presentations	Brain Bleeds, Assessment, Treatment & Care
Essential Emergency Nursing Care	Capturing Evidence & Creating Clinical Portfolios	Equity, diversity & Inclusion in the ED	Poisoning: Drugs, Alcohol & Other Substances	Head & Facial Injuries Assessment, Treatment & Care	Delivering a Baby & Care of Newborn ^{inc} Resuscitation
Adolescent: Physical, Cognitive & Legal Shifts	Psychotic Illness, Assessment, Treatment & Care	Eye Complaints, Injuries & Management	Airway Assessment Plans A - D	Anxiety Related Presentations	Wound healing, Cleaning Closure, & Dressings
Mental Health Common Complaint, Assessment, & Management	Domestic Abuse; Assessment & Management	Managing Death - Sudden & End of Life	Pain assessment & Management	What is Quality Care	Pelvic Injuries Assessment, Treatment & Care
Upper Limb Injuries, Assessment, Treatment & Care	Mental Health Common Presenting Symptoms	Human Factors in ED	Effective Handovers / Transfer of Care	Kidney Complaint & Injury; Assessment, Treatment & Care	Mental Capacity & Legal Detention of Mentally ill People
Discharge advice & follow-up	Communicable Diseases	Vaginal Bleeding, Assessment, Treatment & Care	Managing Major Burns	Violence & Aggression: Prevention & Management	Sudden Bereavement
Ear Nose, Throat & Mouth Complaints, Injuries & Management	Spinal Complaints & Injuries, & Their management	Head & Neck Pathology	Risk Assessments for Infection Control	Clinical Governance & How to undertake audits in ED	Cognitive Impairment
Pregnancy & Related Complaints	Procedural skills	Decision making & problem solving	Manual Handling Assessments & Management in ED	Chemical, Biological, Radiological & Nuclear injuries	Working in a Major Incident

<p>Sister / Charge Nurse in Training for Initial Assessment (Adults, Paediatric or Both)</p> <p>[Working at Enhanced Level of Practice]</p>	<p>Meets standards of the Emergency Nurse as above</p> <ul style="list-style-type: none"> - Emergency Nurse will be working towards being signed off as competent /capable of undertaking initial assessment. <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 225 hours annually whilst training - on completion: reducing to a minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated</p> <p><u>SPA time:</u> may require SPA for clinical governance duties, workplace audits and well-being</p> <p>This Emergency Nurse will normally work band 6, however in some EDs band 5 nurses may need to be signed off as trained before being eligible for Band 6 role.</p>
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<p>Sister / Charge Nurse</p> <p>[Working at Enhanced Level of Practice]</p>	<p>Emergency Nurse who:</p> <ul style="list-style-type: none"> - meets the standards of Emergency Nurse above and - has been signed off as competent / capable of undertaking initial assessment <p><u>Time for Education</u> minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role and develop evidence to enable NMC revalidation</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated ⁷².</p> <p><u>SPA time:</u> may be required for clinical governance duties, workplace audits, staff well-being and completion of appraisals.</p> <p>This Emergency Nurse will normally work as a band 6.</p>
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72 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26 https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

<p>Senior Sister/ Charge Nurse in Training (Adults and Paediatric):</p> <p>[Aspiring to Work at an Advanced Level of Practice]</p>	<p>Emergency Nurse who:</p> <ul style="list-style-type: none"> - meets the standards of Emergency Nurse above and - has been signed off as competent / capable of undertaking initial assessment <p>Emergency Nurse working towards achieving:</p> <ul style="list-style-type: none"> - Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing Qualification OR RCN Emergency Nursing Level 2 competencies OR equivalent. <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 225 hours annually - on completion: reducing to a minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated ⁷³.</p> <p><u>SPA time:</u> may be required for clinical governance duties, workplace audits, staff well-being and completing appraisals.</p> <p>This Emergency Nurse will be at a minimum of a band 6.</p>
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<p>Senior Sister/ Charge Nurse who needs to consolidate to meet Senior Sister/Charge Nurse standards</p> <p>[Working at an Advanced Level of Practice]</p>	<p>Emergency Nurse who:</p> <ul style="list-style-type: none"> - meets the standards of Emergency Nurse above and - has been signed off as competent / capable of undertaking initial assessment / triage <p>Experienced Emergency Nurse working as senior sister/charge nurse in emergency care wishing to consolidate experiential learning /Recognition of Prior Learning (RPL) by completing the Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies OR equivalent.</p> <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 225 hours annually - on completion: reducing to a minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated ⁷⁴.</p> <p><u>SPA Time:</u> Minimum 10%. SPA time: includes clinical governance, departmental audits, staff well-being, teaching, service development, human resources.</p> <p>This Emergency Nurse will be at a minimum of a band 7.</p>
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73 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26 https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

74 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26 https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

Figure 5: Education Requirements for Senior Sister/Charge Nurse Roles – Aspiring, Upskilling, or Consolidating Practice

Qualification in Emergency Nurse Specialism	Safeguarding Staff	How To Design and Conduct Audits Including Using Excel.	Complex Needs Assessments	Clinical Governance
Change Management	Debriefing Specific To ED	Initial Assessment (Triage Scales)	Courageous Conversations	Equity, Diversity and Inclusion
Role Of ED Shift Lead	Assessing Others	Emotional And Psychological Impact of Acute Events	Decision Making and Problem Solving	Legal Considerations Including Capacity and Consent
Prioritising Care	Managing Challenging Behaviours – Drug and Alcohol Use	Documentation And Information Governance	Managing Staff Conflict	Learning From Adverse Incidents
Organising Own Workload	Supervising and Organising Workload of Others	Art Of Delegation	Emotional and Political Intelligence	Clinical Early Warning Systems
Managing Resources	Human Factors	Art Of Negotiation	How To Manage A Shift	Frequent Attenders and High Impact Users
Interviewing Skills	Adapting Communication to Audience	ED Risk Determination and Management	Clinical Supervision, Mentoring and Coaching	Staff Wellbeing

Senior Sister/Charge Nurse

[Working at an Advanced Level of Practice]

Emergency Nurse who meets the

- Emergency Nurse Standard above
- has been signed off as competent / capable of undertaking initial assessment / triage
- holds the Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies signed off, OR equivalent.

Time for Education: minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role and develop evidence to enable NMC revalidation

Clinical Supervision, Assessment and Mentoring: it is recommended that 1 hour per week per learner is allocated ⁷⁵.

SPA Time: Minimum 10% SPA time to cover departmental management duties. SPA time: includes clinical governance, departmental audits, staff well-being, teaching, service development, human resources.

This Emergency Nurse will be at a minimum of a band 7.

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Aspiring Matron (Adults or Paediatric)	<p>Emergency Nurse who meets:</p> <ul style="list-style-type: none"> - Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment - holds the Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies signed off, OR equivalent. - This Emergency Nurse will be an experienced Senior Sister/Charge Nurse in an Emergency Care setting <p>This Emergency Nurse will be undertaking education in Human Resource Management, Fiscal Management, Service Development, Clinical Governance and Healthcare Investigation Training which includes Human Factors and Patient Safety Incident Response Framework.</p> <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 225 hours annually - on completion: reducing to a minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated ⁷⁶.</p> <p><u>SPA Time:</u> Minimum 10%. SPA time: includes clinical governance, departmental audits, staff well-being, teaching, service development, human resources.</p> <p>This nurse will be at a minimum of a band 7</p>
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76 RCEM (2019) Emergency Care Advanced Clinical Practitioner Curriculum and Assessment Adult and Paediatric. Royal College of Emergency Medicine. page 26 https://res.cloudinary.com/studio-republic/images/v1634565623/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019/EC_ACP_Curriculum_2017_Adult_and_Paediatric-for_publication-Last_Edit_14-03-2019.pdf?_i=AA [accessed 02/10/2023]

Matron / Nurse Manager	<p>Emergency Nurse who meets:</p> <ul style="list-style-type: none"> - Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment - holds the Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies signed off, OR equivalent. - This Emergency Nurse will have undertaken education in Human Resource Management, Fiscal Management, Service Development, Clinical Governance and Healthcare Investigation Training which includes Human Factors and Patient Safety Incident Response Framework. - This Emergency Nurse will have extensive experience as a Senior Sister/Charge Nurse in an Emergency Care setting <p><u>Time for Education:</u> 75 hours annually</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated. The learners will be Senior Sister/ Charge Nurse in Training or Consolidating Senior Sister/Charge Nurse or Aspiring Matron ⁷⁷</p> <p><u>SPA Time:</u> Minimum 50%. SPA time includes clinical governance, departmental audits, staff well-being, teaching, service development, human resources.</p> <p>This nurse will be at a minimum of a band 8a.</p>
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<p>Trainee Emergency Nurse Clinical Educator</p> <p>[Working at Enhanced Level of Practice]</p>	<p>The primary focus of Clinical Educator roles is the teaching, assessment, clinical supervision and mentoring of other staff, rather than primary patient care.</p> <ul style="list-style-type: none"> - Experienced Emergency Nurse who meets the - Emergency Nurse standard above - has been signed off as competent / capable of undertaking initial assessment - Emergency Nurse will be undertaking a recognised education programme to enable the education of others – this may include PGCE, Level 3 Certificate in Assessing Vocational Achievement (CAVA) (RQF) or be training as a resuscitation or trauma instructor. <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 225 hours annually - on completion: reducing to a minimum 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal. <p><u>SPA Time:</u> 50% for teaching preparation, clinical governance, staff well-being, and audit.</p> <p>This Emergency Nurse will be at a minimum of a band 6 however it is recommended that if the nurse applying for this position is in a band 7 post in the ED, they should maintain their banding whilst they upskill to gain the education/ assessment component of their role.</p>
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<p>Emergency Nurse Clinical Educator</p> <p>[Working at an Advanced Level of Practice]</p>	<p>The primary focus of Clinical Educator roles is the teaching, assessment, clinical supervision and mentoring of other staff, rather than primary patient care.</p> <ul style="list-style-type: none"> - Experienced Emergency Nurse who meets the following - Emergency Nurse standard above - has been signed off as competent / capable of undertaking initial assessment - holds Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies signed off, OR equivalent. - holds a teaching and assessing qualification; this could be a master's in education, PGCE, Level 3 Certificate in Assessing Vocational Achievement (CAVA) (RQF). - Experience of working as an ED sister/charge nurse or as an autonomous practitioner in Emergency Care. <p><u>Time for Education:</u> 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal.</p> <p><u>SPA Time:</u> 30% for teaching preparation, clinical governance, staff well-being, and audit.</p> <p>Normally this Emergency Nurse will be at a minimum of a band 7.</p>
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Emergency Nurse Clinical Education Lead	<p>The primary focus of Clinical Educator roles is the teaching, assessment, clinical supervision and mentoring of other staff, rather than primary patient care.</p> <ul style="list-style-type: none"> - Experienced Emergency Nurse who meets the following - Emergency Nurse standard above - has been signed off as competent / capable of undertaking initial assessment - holds the - Faculty of Emergency Nursing's Level 7 Diploma in Leading in Emergency Nursing qualification OR RCN Emergency Nursing Level 2 Competencies signed off, OR equivalent. - teaching and assessing qualification; this could be the master's in education, PGCE, Level 3 Certificate in Assessing Vocational Achievement (CAVA) (RQF). - Experience of working as an Emergency Nurse Clinical Educator - Experience of working as an ED sister/charge nurse or as an autonomous practitioner in Emergency Care. <p>Time for Education: 75 hours annually to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal.</p> <p>SPA Time: 30% for teaching preparation, clinical governance, staff well-being, and audit.</p> <p>Normally this Emergency Nurse will be at a minimum of a band 8a.</p>
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Emergency Nurse Practitioner in Training [Aspiring to Work at an Advanced Level of Practice]	<p>Emergency Nurse who meets the</p> <ul style="list-style-type: none"> - Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment - Will be undertaking a recognised education programme to enable the delivery of autonomous practice in the management of patient attending emergency care settings with injuries. <p>Time for Education:</p> <ul style="list-style-type: none"> - 330 hours annually Pro Rata. - on completion will have 75 hours per annum pro rata <p>SPA Time: Minimum 20% (330 hours <i>pro rata</i>).</p> <p>to monitor, maintain, and improve their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal, study leave/CPD, clinical governance, departmental audits, staff well-being, teaching</p> <p>Clinical Supervision, Assessment and Mentoring: it is recommended that 1 hour per week per learner is allocated ⁷⁸.</p> <p>Normally this Emergency Nurse will be working at a minimum of band 6.</p>
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<p>Emergency Nurse Practitioner</p> <p>[Working at an Advanced Level of Practice]</p>	<p>Emergency Nurse who meets the Emergency Nurse Standard above</p> <ul style="list-style-type: none"> - has been signed off as competent / capable of undertaking initial assessment - successfully completed a recognised education programme to enable the delivery of autonomous practice in the management of patient attending emergency care settings with injuries. <p><u>Time for Education:</u> 75 hours annually pro rata</p> <p>SPA Time: Minimum 20% (330 hours Pro Rata). SPA time includes monitoring, maintaining, and improving their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal, clinical governance, departmental audits, staff well-being and teaching</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated.</p> <p>Normally this Emergency Nurse will be working at an advanced level of practice and will be a minimum of a band 7.</p>
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<p>Trainee Advanced Clinical Practitioner (ACP)</p> <p>[Aspiring to Work at an Advanced Level of Practice]</p>	<ul style="list-style-type: none"> - Emergency Nurse who meets the Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment / triage - undertake an accredited educational programme in advanced practice (or similar title) to gain a level 7 award (minimum PGDip) with a minimum of 120 credits⁷⁹ - undertake an Independent Nurse Prescribing Course at level 7⁸⁰ - apply for credentialling with RCEM <p><u>Time for Education:</u></p> <ul style="list-style-type: none"> - 330 hours annually pro rata plus the time stipulated by universities and the apprentice levy - On completion will receive 75 hours <i>pro rata</i> <p>SPA Time: Minimum 20% (330 hours <i>pro rata</i>). SPA time: includes monitoring, maintaining, and improving their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal, study leave/CPD, clinical governance, departmental audits, staff well-being, teaching.</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated.</p> <p>Normally this Emergency Nurse will be working at a minimum of band 7.</p>
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79 RCEM (2022) Emergency Medicine Advanced Clinical Practitioner Curriculum 2022: Adult. https://rcem.ac.uk/wp-content/uploads/2022/09/ACP_Curriculum_Adult_Final_060922.pdf [accessed 17/04/2025]

80 RCEM (2022) Emergency Medicine Advanced Clinical Practitioner Curriculum 2022: Adult. https://rcem.ac.uk/wp-content/uploads/2022/09/ACP_Curriculum_Adult_Final_060922.pdf [accessed 17/04/2025]

<p>Advanced Clinical Practitioner (ACP)</p> <p>[Working at an Advanced Level of Practice]</p>	<p>Emergency Nurse who:</p> <ul style="list-style-type: none"> - Meets Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment - has successfully completed an accredited educational programme in advanced practice (or similar title) to gain a level 7 award (minimum PGDip) with a minimum of 120 credits⁸¹ - is a NMC registered Independent Prescriber⁸² - Credentialling with RCEM is recommended. <p><u>Time for Education:</u> 330 hours annually <i>pro rata</i>⁸³.</p> <p>on completion will have 75 hours study leave <i>pro rata</i>.</p> <p><u>SPA Time:</u> Minimum 20% (330 hours <i>pro rata</i>). SPA time includes monitoring, maintaining, and improving their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal, study leave/CPD, clinical governance, departmental audits, staff well-being, teaching.</p> <p><u>Clinical Supervision, Assessment and Mentoring:</u> it is recommended that 1 hour per week per learner is allocated.</p> <p>This nurse will be working at an advanced level of practice and will be a minimum of a band 8a.</p>
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81 RCEM (2022) Emergency Medicine Advanced Clinical Practitioner Curriculum 2022: Adult. https://rcem.ac.uk/wp-content/uploads/2022/09/ACP_Curriculum_Adult_Final_060922.pdf [accessed 17/04/2025]

82 RCEM (2022) Emergency Medicine Advanced Clinical Practitioner Curriculum 2022: Adult. https://rcem.ac.uk/wp-content/uploads/2022/09/ACP_Curriculum_Adult_Final_060922.pdf [accessed 17/04/2025]

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<p>Aspiring Consultant Nurse</p> <p>[Working at an Advanced Level of Practice]</p>	<p>Emergency Nurse who meets the</p> <ul style="list-style-type: none"> - Emergency Nurse Standard above - has been signed off as competent / capable of undertaking initial assessment - successfully completed a recognised Level 7 (EQA) Programme of study in <ul style="list-style-type: none"> - Autonomous practice in Emergency Care - Education with focus in Emergency Care - Leading in Emergency Nursing - Has consolidated and gained experience of working in <ul style="list-style-type: none"> - Autonomous practice in Emergency Care - Education of Emergency Care Workforce - Leading and Managing an Emergency Department <p>Time for Education: 330 hours annually <i>pro rata</i>⁸⁴.</p> <ul style="list-style-type: none"> - on completion will have 75 hours study leave <i>pro rata</i>. <p>SPA includes Minimum 20% (330 hours <i>pro rata</i>). SPA time includes monitoring, maintaining, and improving their own standards of practice and capability to undertake the role, develop evidence to enable NMC revalidation and own appraisal, study leave/CPD, clinical governance, departmental audits, staff well-being, teaching.</p> <p>Clinical Supervision, Assessment and Mentoring: it is recommended that 1 hour per week per learner is allocated.</p> <p>This nurse will be working at an advanced level of practice and will be a minimum of a band 8a.</p>
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<p>Consultant Nurse</p> <p>[Working at an Expert Level of Practice]</p>	<p>Emergency Nurse who meets the tenets of being an expert in clinical practice, working strategically, developing Emergency Services, providing leadership and education and improving practice through research and innovation.</p> <p>This nurse must hold a Master's award (MSc or MA) or an equivalent, in addition will hold a level 7 qualification in Emergency Care.</p> <p>This nurse undertakes Level 8 education and will receive 225 hours whilst undertaking the training.</p> <p>This nurse will have 50% SPA time to enable delivery of the tenets of the role.</p> <p>This nurse will be at a minimum of a band 8b.</p>
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<p>NB</p>	<p><i>NB1 award of positions is via appointment to posts rather than automatic uplift.</i></p>
	<p><i>NB2 Attendance at statutory and mandatory training (including any local essential skills departmental training) is not counted as SPA time</i></p>

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