

## **General Paediatrician With Responsibilities For The Child In A/E - The Designated Liaison Paediatrician**

### ***Emergency Care for Children***

Children requiring emergency care have unique and special needs. This is especially so for those with serious and life-threatening emergencies. There are a variety of components of the emergency care system that provide such care to children.

There is a wide spectrum of A&E services – from Minor Injury Units to those which deal with trauma but where medical presentations are seen usually by paediatricians, where available, especially young infants, through to those A/E services who do full work-up and run their own review clinics. Additionally the development and extension of the NHS direct service, into walk in services emphasises the need for recognising the huge overlap between Primary and Secondary care services.

With regard to hospital based services the majority of children are brought to district general hospital accident and emergency departments by virtue of their availability rather than to facilities designed and operated solely for children.

General Practice Services, similarly, provide the bulk of out-of-hospital emergency care to children, particularly with respect to minor illness.

It is imperative that whatever the setting of care, be it hospital A/E Departments, Minor Injury or Illness units, General Practice provided services or NHS Direct, that they all have the appropriate equipment, staff, and policies to provide high quality care for children.

It is also recognised that the provision of emergency care is evolving and that there will ultimately provision of dedicated and trained consultants in paediatric emergency medicine, as recommended by the RCPCH. <sup>(1)</sup>

This document addresses the role a general paediatrician with a responsibility for children requiring emergency care may have to play.

In addition it provides guidelines for necessary resources to ensure that children receive quality emergency care and, in collaboration with directors of A/E services, to facilitate paediatric services. It is important to realize that some hospitals will have difficulty in meeting these guidelines, and others will develop more comprehensive guidelines based on local resources. It is hoped, however, that hospital Paediatric and A/E department staff and administrators will seek to meet these guidelines to best ensure that their facilities or systems provide the resources necessary for the care of these children.

## **Children in Accident and Emergency**

Large numbers of children attend A&E departments annually<sup>1,5</sup> – and the numbers appear to be increasing. Children attend A&E with a very wide spectrum of illness and injuries – from the trivial to the life threatening (some dying or already dead) – some with obvious disorders which can be managed simply, to those with obscure or confusing features for whom specialist paediatric opinion is essential. Doctors and nurses who are inexperienced in paediatrics and generally anxious about managing younger children see the majority in the A&E dept in the first instance. Close supervision of these doctors may be unsatisfactory, as a large proportion of children will present out of hours.

Depending on local arrangements, certain types of patient (eg the very ill, or those with potentially life-threatening problems) may not actually be seen in A&E but be sent at once to another area where they are dealt with by paediatric staff. However, not all children are recognised immediately as requiring the attention of a paediatrician, not all paediatric inpatient units might cope with the potential workload, and in any case a sizeable proportion of patients need surgical management (eg fractures/ burns), only a few of whom require a paediatric opinion as well. Furthermore, as more paediatric expertise is re-located within A&E departments, it could be predicted that an increasing proportion of ill children will be dealt with there. In addition the GP heralded acute paediatric patient, who may have medical, surgical or orthopaedic problems, may also be seen in the A/E department, or similar acute assessment area for children. This identifies the need for clear paediatric triage policies, separated where possible from the adult equivalent, if unnecessary delay is to be avoided.

Current classification of children presenting to an Accident & Emergency Dept are:

Minor Illness, Major Illness

Minor Trauma, Major Trauma

A child is an individual aged 16yrs or under.

### **The Designated Liaison Paediatrician (DLP)**

Only a very small proportion of Accident and Emergency departments in the UK<sup>5,6</sup> have a consultant with specialist training in Paediatric Emergency Medicine. For the immediate future, in the absence of an expansion in training opportunities there will remain a shortfall in consultants trained for this, and therefore there is a need for a suitable responsible paediatrician. This is the designated liaison paediatrician (DLP)

The concept of the designated paediatrician (DLP) is about collaboration at the interface between primary/ secondary medical care, and between all staff providing A&E services and those providing children's services in the emergency areas of a hospital, emergency clinic, minor injuries unit or out of hours service.

The designated paediatrician encourages the development of quality care, innovations in practice, and the development of a child advocate approach to the management of the injured or ill child. This will extend from liaison with colleagues in primary care, social care, ambulance service, triage, pain control and appropriate use of children's health resources including health education.

Areas in which the designated paediatrician might liaise and work with senior staff in A&E are detailed below, and this helps to link services in acute paediatrics and the Emergency Department into a seamless child centred service. This is not a new concept in care. Decades ago Platt held the far-sighted view that local paediatricians have a general responsibility for all children who attend or are admitted to their hospitals and is supported by the **Patients Charter** (DOH 1996). The proposed liaison function is merely a modern expression of this holistic vision<sup>2</sup>.

### **Models Of Implementation**

The provision of emergency services for children involves multiple agencies, including paramedical and social services. It is also recognised that the development of nurse specialists in this area is crucial to the provision of clinical services, to the extent that some innovative units provide a nurse led service, utilizing these skilled staff. The shared philosophy of delivering care to acutely ill or injured children may be interpreted in a variety of ways, determined by local issues of staffing, clinical resources, demography and need, and will vary from unit to unit, and within each unit over time as standards are met.

The following examples are given as examples as to how the post of a DLP might be incorporated into the various management opportunities. The DLP post might be linked—with other ward/ outpatient duties as a general paediatrician, or as the clinical lead to the outreach nursing service, or as a lead in ambulatory care.

#### **Existing Configurations:**

- **Smaller Trusts/ departments** might suggest that an existing consultant paediatrician—ideally with an expressed interest – devote one session weekly for liaison purposes (see Clinical Service Provision 1-4). This was the original concept of a designated paediatrician. With time this is likely to evolve, as services develop and in particular, nursing skills are enhanced. This is especially important in smaller departments that are not seeing enough children to justify more formal/ fixed sessions.
- **Large departments** – seeing > 18,000 children annually - will in the course of service expansion or development, create a new post responsible for points 1-4 (see below) and may also carry more specific duties that are incorporated into a number of fixed weekly sessions (up to 4 – 6 sessions). It is at this point that a dedicated and trained paediatric A/E consultant, as recognised by the Joint Committee for Higher Specialist Training (A/E) and recommended by the RCPCH <sup>(1)</sup> becomes a viable alternative, with the designated paediatrician assuming a role in the ambulatory aspects of care.
- **Intermediate** - between the two there are other possible models within which points 1 – 4 below would be covered. Depending upon local circumstances and clinical needs the post holder would provide a service aimed principally at immediate management of children with medical conditions, but could include the care of the head injured child, initial evaluation of common surgical conditions, and the assessment of non trauma related orthopaedic conditions. This would be possible within 2-3 committed sessions.

#### **New/ Reconfigured Services:**

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- In an acute hospital setting, where a paediatrician is being appointed, or where posts are being rationalised, expanded or reconfigured, a more specific area of paediatric A&E work working alongside the general A&E consultant could sensibly be associated with the responsibilities of the designated paediatrician. These might embrace an accident prevention role linked, for example, with a community child health component, or focus on child protection responsibilities within the A&E department or hospital, or again involve responsibilities for a Paediatric Short Stay Unit that is part of an all-age A&E service. The innovative opportunities for novel service delivery are many - but most importantly the post and post holder should be flexible to adapt to local requirements - provided the liaison responsibilities below are adequately covered, by apportioning a sufficient time commitment at the outset. Listed below are some areas where the designated paediatrician would bring their specific skills and complement those of the A/E consultants within the department. Again in time a dedicated and trained paediatric A/E consultant, as recognised by the Joint Committee for Higher Specialist Training (A/E) and recommended by the RCPCH <sup>(1)</sup> becomes a viable alternative, with the designated paediatrician assuming a role in the ambulatory aspects of care.

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## ***Specific Tasks Of The Designated Paediatrician***

### ***Clinical Service Provision***

#### **1.1 - Management Issues**

- Designated paediatric consultant to the A&E
- Advocate for the child and their family with minor illness, major illness, minor trauma, major trauma, presenting to the Emergency Department.
- Implementation and maintenance of a multidisciplinary child centred approach
- High quality, professional relationships based on mutual respect - the key to partnership
- Agreed areas of responsibility based on accepted competencies and areas of special expertise and interest by both sides
- Staffing - A&E and paediatric staff interaction, rotas, “trouble shooting”
- Special issues - eg the child in minor injury units – training, staffing, rotations, etc (see MIU doc)
- Development of Short Stay Assessment Units as part of A&E/ acute paediatrics <sup>1</sup>
- Future changes to, or development of services (eg changes to paediatric age limits/ adolescents seen; increases in staffing, Major Incident Plans)
- IT/ data recording (Minimum Data Set), and its compliance (see Audit below)
- Complaints/ medico-legal claims - specific paediatric problems/ shared advice and support
- Maximising Innovative opportunities
- Paediatric advice to affiliated but stand alone Minor Injuries /GP provided minor injury units
- Contribution to the A/E departmental Risk Management policies
- Ensuring appropriateness of the Paediatric Environment – play, equipment, safety

#### **1.2 Clinical Issues**

- Delivery and management of statutory services especially child protection
- Development of multiagency service liaison
- Establishing Paediatric Triage
- Development of joint management protocols and/ or care pathways
- Special focus on high profile or sensitive interface issues such as – child protection, unexplained injuries, injuries to babies, immediate management of the acutely ill, challenging behaviours in adolescents special protocols (eg meningococcal disease)
- Resuscitation of ill and seriously injured (see Training)
- Pain management and prevention
- Role of paediatrician in major trauma to children (APLS)
- Children with special needs and those already attending local paediatric department
- *Medicines for Children* – issues relating to prescribing <sup>3</sup>
- Deaths - infant (eg SIDS, SUDI) <sup>4</sup>, child deaths in A&E (eg trauma); parental grief reactions
- Injury prevention initiatives
- Provision of follow up services

### **2 Audit & Research**

- Joint dialogue through specific audit projects/ presentations - numerous areas (eg baby injuries, prescribing for children, admission/ disposal patterns)
- Mortality & morbidity meetings
- IT developments (Minimum Data Set, injury surveillance data)
- Specific research ideas/ projects
- Local health promotion/accident prevention
- Research into novel service configuration
- Patient/parent/staff satisfaction

- Clinical Audit of aspects relevant to child health and welfare

### **3 Training & Learning**

- Staff induction; joint input by A&E and paed staff
- Encouragement of joint training - eg APLS, ATLS
- Joint rotations – issues relating to SpR, SHO training
- Joint post-graduate meetings (case-based learning, radiology, difficult diagnoses/ management)
- Accreditation visits - RCPCH/ Faculty A&E Med/ Postgraduate Deanery
- CPD for Non-Training Grades
- Medical Students
- Local courses jointly run for hospital doctors, or GPs (income generation)
- Implementation and maintenance of Clinical Governance issues pertinent to the high risk Emergency area
- Teaching opportunities in the follow-up clinics

### **4 Monitoring implementation of A/E Services for Children at a local level**

- Staffing and their use in relation to attendance numbers/ support for nursing team, nursing numbers
- Facilities - compliance with, or improvements to...
- Service rationalisations/ expansions/ developments
- Audit of effects of successful Modernisation of A/E bids and the availability of revenue funding to enhance services for children.
- Monitoring of standards and targets set locally, regionally and nationally

### **References**

1. A&E Services for Children RCPCH June 1999.
2. The Welfare of Children in Hospital Platt Report HMSO 1959
3. Medicines for Children RCPCH First Edition 1999.
4. CESDI 4th Edition 1998.
5. Training in Paediatric Accident & emergency medicine. Brennan. Emergency Medicine Journal March 2001 pages 1-2
6. The Future of Paediatric A/E Medicine, Davies. JRSocMed 2000; 93 484 -486
7. Care of Children in the Emergency Department: Guidelines for Preparedness Policy Statement Pediatrics Volume 107, Number 4 April 2001, pp 777-781  
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## Appendix 1 Specimen Job Description

### **Principle Duties and Responsibilities which may be included in a job description for Posts advertised as General Paediatrician with role of Designated Liaison Paediatrician to the Emergency Department**

*This is a specimen outline job description, designed to help regional advisors and clinical directors when drawing up job descriptions for general paediatric posts with some responsibilities for A/E, as is currently a frequently occurring type of post. It is recognised that the sessional commitment will vary, and this set of objectives should only be considered as a guide. It is neither exhaustive nor exclusive.*

#### **Job Summary**

The General Paediatrician with role of Designated Liaison Paediatrician to the Emergency Department is accountable to the Trust Board for the provision of consultant paediatric services as a part of the contractual commitments of the Trust to principal purchasers for children's services.

This includes clinical leadership, setting, monitoring and maintaining clinical standards, offering professional advice to local agencies, Primary care Trusts and Groups, and other health service commissioners, and promoting the integration of specialist and general services for children.

The General Paediatrician with role of Designated Liaison Paediatrician to the Emergency Department provides clinical care for children within a defined geographical boundary, and will have a responsibility across the health authority for the innovative development of children's emergency care services, health promotion and accident prevention.

Key Responsibilities.

#### **General**

- Provide Clinical Leadership and development
- Set Standards of care
- Responsibility for teaching and training
- Promote integration of emergency services for children
- Liaison with other childcare services
- Initiate and supervise research and audit

#### **Clinical Duties**

- Delivery and management of statutory services especially child protection
- Development of multiagency service liaison
- Establishing Paediatric Triage
- Development of joint management protocols and/ or care pathways
- Special focus on high profile or sensitive interface issues such as – child protection, unexplained injuries, injuries to babies, immediate management of the acutely ill, challenging behaviours in adolescents special protocols (eg meningococcal disease)
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- Injury prevention initiatives

## **Special Interest**

Dependent on the interests of the department, local need, national initiatives

## **Management**

- Designated consultant to the A&E
- Advocacy for the Child and their family with minor illness, major illness, minor trauma, major trauma, presenting to the Emergency Department.
- Implementation and maintenance of a multidisciplinary child centred approach
- High quality, professional relationships based on mutual respect - the key to partnership
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- Special issues - eg the child in minor injury units – training, staffing, rotations, etc (see MIU doc)
- Short Stay Assessment Units as part of A&E/ acute paediatrics <sup>1</sup>
- Future changes to, or development of services (eg changes to paediatric age limits/ adolescents seen; increases in staffing, Major Incident Plans)
- IT/ data recording (MDS), and its compliance (see Audit below)
- Complaints/ medico-legal claims - specific paediatric problems/ shared advice and support
- Maximising Innovative opportunities
- Paediatric advice to affiliated but stand alone Minor Injuries /GP provided minor injury unit

## **Training and Teaching**

- Staff induction; joint input by A&E and paed staff
- Encouragement of joint training - eg APLS, ATLS
- Joint rotations – issues relating to SpR, SHO training
- Joint post-graduate meetings (case-based learning, radiology, difficult diagnoses/ management)
- Accreditation visits - RCPCH/ Faculty A&E Med/ Postgraduate Deanery
- CPD
- Local courses jointly run for hospital doctors, or GPs (income generation)
- Implementation and maintenance of Clinical Governance issues pertinent to the high risk Emergency area
- Monitoring implementation of *A/E Services for Children* at a local level
- Staffing and their use in relation to attendance numbers/ support for nursing team, nursing numbers
- Facilities - compliance with, or improvements to.
- Service rationalisations/ expansions/ developments
- Audit of effects of successful Modernisation of A/E bids

## **Integration of Services**

Health promotion and Accident Prevention

Statutory Responsibility Child Protection, Looked after children.

Interagency Working: Education, Social Services, Primary Care, Health Authority, and Voluntary Sector

### ***University/ Research***

- Research into inequalities in health resulting in presentation to emergency services
- Supervision of postgraduates undertaking research
- Lecture to health care and childcare workers on emergency care of children
- Encourage and supervise colleagues in nursing, social and education welfare in research work
- Conduct and supervise audit

### ***Continuing Professional Development***

- Ensure that the post holder has a personal learning plan, is supported by the Trust policy on study leave and has a mentor or educational supervisor

### ***Working Relationships.***

- The Designated Liaison Paediatrician to the Emergency Department is accountable to the Lead clinician or Clinical director for ensuring the co-ordination of consultant activity and management of resources.
- Designated Liaison Paediatrician to the Emergency Department will need to work closely with the management team and nursing staff of the Emergency department and the Children's department, and will need to collaborate effectively with managers within the trust, and within neighbouring trusts and units to deliver effective emergency care to children

### ***Accountability and Review***

- The job description of the post will be subject to regular review and modification, subject to the needs of the post.

The job description will also need to include:

Provision of resources for CPD  
Study Leave arrangements  
Guidance as to the EC Working time directive  
Secretarial and IT support