The Royal College of Emergency Medicine

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Position Statement

Advanced Life Support

Members and Fellows of RCEM have sought guidance on the requirement for Emergency Physicians who by the nature of their work will be regularly directing or contributing to teams undertaking the management of patients of all ages in cardiac arrest/peri or post arrest or who have sustained Major Trauma, to be current Advanced Life Support (ALS), Advanced Trauma Life Support (ATLS), European Trauma Course (ETC) or Advanced Paediatric Life Support (APLS) providers.

For those in Training in Emergency Medicine (EM) the requirements are clearly set out in the RCEM Curriculum 2015 [1] and state that in order to progress from ST3 to ST4 level and at the point of applying for CCT all trainees must be in date providers in all modalities – ALS, APLS and ATLS or ETC. This is also an essential requirement for appointment to a consultant post in most Trusts.

However, for those post CCT and consultant appointment or who work as career grade practitioners in EM there is less clarity around the requirements regarding the necessity or otherwise to maintain provider status in these areas.

Surveys conducted on emergency team members have led the Resuscitation Departments at some hospitals to insist that all clinicians attending cardiac arrests be current ALS or APLS providers and Trauma Networks may stipulate that Trauma Team Leaders must be current ATLS or ETC providers. Such a move has significant cost and time implications, is not supported by robust evidence, and may subject Emergency Physicians to unnecessary training in areas which they already have considerable expertise which is employed on a daily or at least high frequency basis.

In developing this guidance RCEM has referred to the Resuscitation Council UK's "Quality standards for cardiopulmonary resuscitation practice and training (Acute Care)" [2] which states:

> *'All healthcare staff must undergo resuscitation training at induction and at regular intervals thereafter to maintain knowledge and skills.'*
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> *'Training must be to a level appropriate for the individual's expected clinical responsibilities.'*
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> *'The role of team leader in a resuscitation team must be undertaken by an individual who is a current Advanced Life Support Provider or has equivalent training. If the patient is a child, the team leader must have equivalent paediatric life support qualifications. Although the team leader at a resuscitation attempt will usually be a doctor on the resuscitation team, the role must be allocated at each individual event, based on clinical knowledge, skills and experience.'*

All Emergency Clinicians should be trained and competent in resuscitation and should possess the teamwork skills necessary to work effectively as part of an emergency medical team. As they will all have regular involvement in resuscitation and may frequently take the role of resuscitation team leader, they should be encouraged, supported and funded to attend national courses such as the ALS course, the APLS course, the European Paediatric Life Support (EPLS) course, the Newborn Life Support (NLS) course, the European Trauma Course (ETC), and the Advanced Trauma Life Support (ATLS) course.

Repeated attendance at formal courses and regularly renewed provider certification is neither practical nor necessary for many post CCT Emergency Physicians and non-training grades whose inherent role is to lead or be part of the resuscitation team.

Emergency Departments are best placed to determine the training needs of local healthcare providers and, working with Hospital Resuscitation Services/Committees, should consider providing in-house annual accreditation processes and where required updates in order to assure that appropriate resuscitation skills and knowledge are maintained. Regular team training events e.g. simulation training should be held and drills for common emergencies practiced. Clinicians should discuss their educational needs with their appraisers as part of their personal development plan, and should be supported by their employing hospitals in fulfilling the needs identified in order to guarantee that they have the appropriate resuscitation skills.

References

1. RCEM 2015 Curriculum
2. Quality standards for cardiopulmonary resuscitation practice and training (Acute Care), Resuscitation Council (UK), http://www.resus.org.uk/pages/QSCPR_Acute.pdf