



الرابطة العمانية لطب الطوارئ  
Oman Society of Emergency Medicine

# **Emergency Departments coverage by non-emergency trained practitioners**

**(A Position Statement by the Oman Society of Emergency Medicine)\***

December 28th, 2019

## **Preamble :**

Emergency Departments (ED) exist to cater for unplanned visits for patients' urgent or emergent health-related issues where care is delivered by qualified personnel 24 hours a day, 7 days a week. The ED staff collaborate with other specialized hospital providers in unison to provide quality patient care.

The practice of Emergency Medicine (EM) requires the acquisition of a specific set of skills and attitudes by providers in order to deliver safe and efficient patient care. These necessary attributes have been defined in structured EM residency training programs (Refer to the Oman Medical Speciality Board Emergency Medicine training program website at [www.omsb.org](http://www.omsb.org)).

The purpose of this statement is to define the minimum prerequisite skills required to practice EM by non-residency trained doctors.



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## **Emergency Department (ED) & Emergency Physician:**

An ED, also known as Emergency Room (ER) , Casualty, and Accident & Emergency (A&E), should be led by an Emergency Physician with a recognised board-certification in the specialty of Emergency Medicine, referred to as Board-Certified Emergency Physician (BCEP). In the Sultanate, BCEP status can be obtained from local residency program (OMSB) or from recognizable programs abroad in Canada, UK, and Australia.

## **ED staffing in Oman:**

Ideally , all staff working in the ED should be board-certified in EM. However, this may not be achievable in the near future due to factors related to limited opportunities for residency training. In spite of this, the health system in the Sultanate was able to staff many of its main hospital's EDs with a good number of emergency medicine graduates.

Other routes for EM qualification is by working in the ED for long periods of time and completing various EM international exams. Physicians adopting this route need to work harder to attain the necessary competencies related to the EM specialty. There is a significant risk that these physicians may not acquire the defined competencies.



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## **Minimum prerequisites :**

Based on the above , the OSEM strongly recommends:

1- All EDs in the Sultanate, including private healthcare sector, should be led by BCEPs. Approximately 10 new BCEPs graduate each year from local and external EM programs. If full-time coverage is not feasible, these doctors could be hired on a part-time basis to oversee the overall function of the department. This to assure that key components of ED management (including staff training and ED operation) are met.

2- In addition, non-emergency trained practitioners manning EDs should:

- a- Possess appropriate skills in history-taking and physical examination.
- b- Be aware of their limitations and be ready to ask for timely help when needed.
- c- Have valid and internationally recognized certificates in the following courses:

- i- Basic Life Support
- ii- Advanced Cardiac Life Support
- iii- Pediatrics Advanced Life Support
- iv- Advanced Trauma Life Support (or equivalent).



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- d- Possess basic airway skills that include: airway opening maneuvers, head tilt, Chin Lift and Jaw Thrust, use of adjuncts OPA and NPA and Bag Mask Valve Ventilation. Advanced Airway skills are not needed if anesthesia backup is immediately available 24/7.
- e- Be sufficiently competent in reading ECGs and plain x-rays for common diseases and injuries.
- f- Have organized approach for treatment of chest pain patients.
- g- Be sufficiently competent in recognizing early features of different types of stroke and start the initial treatment.
- h- Be sufficiently competent in giving early treatment of all types of acute respiratory emergencies.
- i- Be sufficiently competent in early recognition and initiate treatment for different types of shocks.
- j- Be sufficiently competent in recognition and early treatment of common toxicologic emergencies.
- k- Be sufficiently competent in early management of common ophthalmologic and ENT emergencies.
- l- Be sufficiently competent in suturing skills for simple wounds.
- m- Be sufficiently competent in vascular access using peripheral and intraosseous lines.
- n- Be sufficiently competent in placing splints and back slabs for common orthopedic injuries.

o- Be sufficiently competent in placement of intercostal chest drain.

p- Be able to recognize and manage , at the basic level , common emergencies and be able to safely dispose them.

3- All non-emergency trained practitioners working in the EDs should maintain CPD hours as per Ministry of Health criteria.

This is not an exhaustive list of all that is required from a general practitioner working in the ED. Many of the listed skills can be obtained by attending local courses, workshops, and conferences conducted in different institutes in the country. A similar document is needed to describe the minimum requirement for nursing staff working in the EDs.

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\*Oman Society of Emergency Medicine ,established in March 2013, is a branch of Oman Medical Association.