

**Synopsis of proceedings of JRCALC Committee Meeting held
on
8 March 2001
at The Royal College of Physicians, London.**

1) Matters arising from meeting held on 2 November 2000

- *Progress on PECS.* This has been slow but the DoH has shown interest in the concept. There is great interest in Wales.
- *Maximum dose of morphine.* Communications stating maximum dose as 2 mg are an error, maximum dose should be 10 mg. Error "Diazepam or morphine sulphate for relief of severe pain" (DoH letter to Chief Execs 27/12/2000) noted.
- *DoH defibrillator provision.* All 111 pilot sites now have defibrillators and a further 750 plus are to be deployed.

2. Ethics

A number of avenues continue to be explored on this complicated topic. The Committee agreed that a contact of Dr Judith Fisher - Professor Doyle - should be asked for an initial professional opinion on a consultancy basis.

3. JRCALC Draft Constitution.

This document was accepted on condition that the 'Purpose' introduction should include the words "...including audit". It was suggested that a representative from the Royal College of Midwifery be included on the Committee, although such an invitation had already been made in the past. It was also noted that provision should be made for the ad-hoc nomination of substitutes for members unable to attend.

4. Appointment of JRCALC Treasurer.

Nominations had been invited for the post of JRCALC Honorary Treasurer. Only one nomination had been received (proposed Dr Tom Clarke, seconded by Mr Richard Mawson) and accordingly Mr Mike Willis was appointed to the post..

5. JRCALC Executive Committee.

Although the main committee is now meeting 3 times a year there is occasionally the need for JRCALC to respond in the interim. The Chairman explained how an Executive Committee comprised of himself, the two honorary secretaries and Treasurer would hold minuted teleconferences when circumstances demanded.

6. Audit Plans

Mindful of the requirements (DoH, MCA) to provide robust audit following the introduction of new prehospital drugs JRCALC audit plans have been developing in close association with the Clinical Effectiveness Evaluation Unit and Myocardial Infarction National Audit Project at the RCP. Stuart Nicholls (ASA NCEP) will be working with them on a one day per week basis.

7. Thrombolysis update.

Much of what was discussed was to be covered in more detail at the Conference to be held on Monday 12 March (see web link). Items discussed were the Boehringer-Ingelheim teaching programme, a JRCALC thrombolysis proforma and choice of thrombolytic agent.

8. ASA Strategic Review.

This review, chaired by Sir Kenneth Calman, will soon be completed. It is going to be a review of the options, rather than a definitive strategic statement, of where the ambulance service wanted to go in the future.

9. Guidelines.

There has been ministerial interest in the production of a 'pocketbook' version of the JRCALC National Guidelines, now available on CD ROM. There was discussion around what form this might take, from an algorithm book to a downloadable component of an electronic PRF. The DERA project under Matthew Cooke at the University of Warwick will by 2002 have completed its review of the JRCALC Guidelines using a consensual input, rather than a true evidence-base, as its foundation.

11. Other items discussed.

These included comments from the Scottish equivalent of JRCALC, advice offered on applying for PGD protocols, training in the emergency treatment of laryngectomee patients, use of breathing filters with Entonox apparatus (strongly recommended), Read Code datasets in pre-hospital care and lines of communication (especially with LAPSCs).

12. Dates of next meeting(s)

Thursday 12th July 2001
(1 November 2001)
(7 March 2002)

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