

## MINUTES

**Details:**

**12 March 2009 at 1400**

The Royal College of Anaesthetists, Churchill House, Red Lion Sq, London

**Members present:**

Tom Clarke (Chair)	CK	RCA
Martin Flaherty (Co sec)	MF	ASA
Fiona Jewkes (Co sec)	FJ	RCPCH
Simon Brown	SB	RCGP
Wim Blancke	WB	RCA
Helen Booth	HB	RCP
Gillian Bryce	GB	ASA
Roland Furber	RF	College of Paramedics
Henry Guly	HG	CEM/HEADG
Fionna Moore	FM	CEM
Keith Porter	KP	FPHC
Tom Quinn	TQ	RCN
Claudette Reid	CR	RCM
David McManus	DM	ASA
Michael Ward	MW	RCA
Richard Williams	RW	RCPsych

**In attendance:**

Chris Boulton	CB	Chief Fire & Rescue Advisor (CLG)
John Stephenson	JS	DoCC
Mark Woolcock	MWC	HPC
Clare Long	CL	EMAS ( <i>Minutes</i> )

**Additional:**

Malcolm Woollard (MWD; not present), replaces Andy Newton as College of Paramedics representative.

*All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.*

	<i>Minutes</i>	<i>Action</i>
<b>1</b>	<b>APOLOGIES</b>	
	Apologies were received from: Howard Swanton, Sue Dodd, Rachel Ryan, Paul Phillips, David Smith, Julian Sandell, Simon Stockley, Sam Oestreicher, Colin Watson, Helen Simpson, Quen Mok, Malcolm Woollard, Charles Deakin, Tom Evans, Alison Walker, David Zideman, Darren Walters	
<b>2</b>	<b>MINUTES OF THE LAST MEETING</b>	

	<p>The minutes were agreed as a true and accurate record of the meeting, subject to the following amendments:</p> <p>The minutes were still circulated with ‘tracked changes’.</p> <p>Pre-Hospital Emergency Medicine should be used throughout instead of Prehospital Medicine</p> <p>PGD should be PDG.</p>	
3	<p><b>MATTERS ARISING</b></p>	
	<ul style="list-style-type: none"> <li>• Pg 2 <i>Intercollegiate Board of Pre-Hospital Emergency Medicine (IBPHEM)</i>        KP advised that the final meeting of the working group had taken place prior to the first meeting of the Board, incorporating all the colleges involved. PMetB will be asked to recognise PHEM as sub-specialty, The first meeting will be in May.</li>   <li>• Pg 2 <i>Admin/Structure Review</i>        The Faculty of Pre-Hospital Care (FPHC) meeting summary will be circulated once it is finalised. The Royal College of Surgeons of Edinburgh (RCSEd) welcomes the association, affiliation and incorporation, and has full support of the College Council. The arrangement will enable JRCALC to function independently from the Faculty of Prehospital Care, but with the support of a major corporate body (the RCSEd)(particularly financial and administration).        The administrative base for JRCALC will be supported by the FPHC; It is anticipated though not confirmed that corporate governance and support will also be from FPHC whilst funding will be from Ambulance Trusts. The Board of CEOs of the Ambulance Service will discuss funding and other arrangements. April 1 is confirmed for the Administrative structure to be in place in Edinburgh with London confirmed to continue as the central meeting point. Assurance over the funding structure was confirmed by the committee, and all agreed this would be a more stable foundation for JRCALC in future.        TC is currently handling all website activity and licensing, and it may be possible that the FPHC can offer some expertise in the future . There was also suggestion that Ambulance Trusts could rotate this responsibility with their own in-house skills.        Amendments to the Constitution were circulated, considering membership and nominations (paper 2),The original Constitution is on the website and the updated version will be placed there once ready. The word ‘Ambulance’ has now been now reinstated as preferred term of reference for clarity. RW advised that the term ‘advice’ should be used instead of ‘guidelines’, due to the legal implications of implied responsibility in using the latter. The JRCALC guidelines are applying to gain NICE formal approval – this recognition will confirm to others, the quality and standard of the process followed in their preparation. The FPHC are interested in sharing information regarding the evidence base for JRCALC Guidelines and their own – it was agreed that any discussions for them and others regarding the use and sharing of Guidelines must be channelled through the Chair of the main JRCALC committee.        Membership        It was confirmed that the duration of membership and selection of the representative(s) should be from the constituent bodies, not JRCALC; items 4.1 and 4.8 will be amended.        An extensive discussion of various issues surrounding membership took place. This was documented contemporaneously in detail by FJ and is attached as an appendix to these notes. It was agreed that time constraints precluded full resolution of all the issues and a solution will be sought by further email discussion. TC wished to acknowledge Sam Oestreicher as full Member of JRCALC for UNISON and not Observer as stated on the circulated membership document).        Due to TC’s retirement, invited nominations had been considered for the new Chair.</li> </ul>	TC/FJ

	<p>There was some discussion concerning the status of JRCALC and that perhaps an interim Chairman necessary. FJ said that this is exactly why a new Chair must be found soon – to provide continuity of care . The need for a progressive handover in such a complex role meant that the Chair needed to be elected then and there and this was agreed by the committee. Fionna Moore (FM) was proposed by MF for the role of chair, but she said that other work commitments would preclude her taking this up, and she accepted the suggestion of the role of treasurer by TC and as there were no other nominations for this, she was unanimously supported... TQ resigned from his nomination for Chair due to work commitments. Malcolm Woollard (MWD) had also been proposed by RF and TQ as chair, but as he had only just been elected to the committee and had not been able to ever attend a meeting, it was felt that it would be difficult for him to appreciate the needs of the role. Wim Blancke (WB), who had been proposed by TC and seconded by FJ was confirmed as Chair after a discussion by the committee (for the duration of which Wim Blancke was asked to leave the meeting room) . TC was recognised unanimously for his hard work, endurance and enormous skill during his time as Chair. WB expressed thanks for their confidence and support. Martin Flaherty will continue as Honorary Co-Secretary for the ASA and Fiona Jewkes as Co Secretary for the Royal Colleges ; Simon Brown will continue as Chair of the Guidelines Committee..</p> <ul style="list-style-type: none"> <li>• Pg 3 <i>Pre-hospital Airway Management Review</i></li> </ul> <p>There was some discussion of an article in Ambulance UK (copy circulated) written by a paramedic. The owner/editor has been approached by the College of Paramedics (copy of correspondence on website), making the position of the COP clear particularly with regard to the derogatory comments made about anaesthetists and JRCALC. A letter of retraction has already been circulated and a balanced perspective is to be published in forthcoming issue. JRCALC decided that it was not necessary for the Committee to take any action.</p> <ul style="list-style-type: none"> <li>• Pg 3 <i>Equipment provision for out of hospital paediatric cardiac arrest</i></li> </ul> <p>Mark Woolcock presented the in hospital resuscitation list advised by the RCUK for discussion regarding use in ambulances. The issue will be discussed at Guidelines as part of the next meeting which is to be focussed on Paediatrics; DOCCs will also consider this issue</p> <ul style="list-style-type: none"> <li>• Pg 3 <i>Clopidogrel</i></li> </ul> <p>The ongoing confusion regarding Percutaneous Coronary Intervention (PCI) and ambulance staff being legally able to administer clopidogrel was now resolved by clarification from the MHRA.</p> <ul style="list-style-type: none"> <li>• Pg 4 <i>End of Life Care</i></li> </ul> <p>There was nothing to report</p> <ul style="list-style-type: none"> <li>• Pg 5 <i>HART advisory</i></li> </ul> <p>There was nothing to report</p> <ul style="list-style-type: none"> <li>• Pg 5 <i>UKSAR</i></li> </ul> <p>There was nothing to report</p> <ul style="list-style-type: none"> <li>• Pg 5 <i>Head Injury research proposals progress</i></li> </ul> <p>The CEMACH study is now running ; the TARN study has not yet got HTA funding.</p> <ul style="list-style-type: none"> <li>• Pg 6 <i>NICE Guidelines, leave at home guidance</i></li> </ul> <p>This was discussed at the Guidelines group and is currently still under review.; SB will report back as part of the Guidelines report.</p> <ul style="list-style-type: none"> <li>• Pg 6 <i>Future conference proposals</i></li> <li>• Pg 8 <i>AAGBI</i></li> </ul> <p>Document circulated prior to meeting, endorsed by JRCALC. Letter of thanks received from Association of Anaesthetists for our continued support.</p>	<p>WB/KP /TC</p> <p>FJ/JSt</p> <p>SB</p>
4	<b>CHAIRMAN'S REPORT</b>	

	<p><b>a Consultations</b></p> <p><b>1) MHRA MLX 356 Amendment to allow mixing of medicines in palliative care (27/2/9)</b></p> <p><b>2) MHRA MLX357 Reducing risk from counterfeit medicines</b></p> <p><b>3) HPC Guidance on Health and Character (30/4/9)</b> TC will respond in agreement; a copy is available on the HPC website.</p> <p><b>4) HPC Guidance on conduct and ethics for students (30/4/9)</b> TC will respond in agreement</p> <p><b>5) MHRA MLX 355 Supply legislation during influenza pandemic</b></p> <p><b>6) MHRA Consolidation &amp; review of medicines legislation (27/3/9)</b> A summary copy was circulated, the entire document being available on the MHRA website. JRCALC is to be involved in the consultative process. SB advised that there was to be a total rewrite of Medicines Act. It is likely to take at least 2 years, and will overarch all areas. JS will feed back to the committee regarding DOCCs involvement.</p> <p><b>b David Wells awarded 2.1 BSc Hons in Professional Practice (Primary and Unscheduled Care)</b> TC sent congratulations to Mr Wells on behalf of JRCALC on his achievement..</p> <p><b>c BBC Request for information on Quikclot 20/11/8</b> SB advised this has now been now dropped.</p> <p><b>d 999 EMS Research Forum JRCALC Prize for “Research most likely to affect Practice” 26/11/8 awarded</b> The JRCALC annual prize went to Scottish Ambulance Service, David Fitzpatrick for paper entitled “Improving post-hypoglycaemic patient safety in the prehospital environment – a systematic review”. Congratulations had been offered on behalf of the committee.</p> <p><b>e Request for Equality Impact Assessments associated with JRCALC Guidelines 5/12/8</b> Discussed at Guidelines, feeding back EIA.</p> <p><b>F Journal of Paramedic Practice 12/1/9</b> This is a new publication that features a JRCALC Guidelines Paper (of which Committee previously unaware). SB agreed that J RCALC members should have had the opportunity to review the article before publication and any future proposed publications will be sent to the Chair for comment before submission.</p> <p><b>g Enquiry from DH re. ASA/Clinical Effectiveness Committee ‘ambulance minimum dataset’ 4/2/9</b> The position of this is vague due to disbanding of ASA. TC has advised DH of any existing information. TQ highlighted that there had been discrepancies in information, and TC confirmed that JRCALC had never been formally approached to approve an ambulance minimum data list.</p> <p><b>h BTS recommendations on Air Travel &amp; Lung Disease 29/1/9</b> This was discussed at Guidelines; TC will write back to BTS to confirm that the committee had approved Fiona Moore’s continuation as the JRCALC representative on the BTS working party.</p>	<p>FM</p> <p>TC</p>
5	<b>FIRE AND RESCUE SERVICES IMMEDIATE EMERGENCY CARE UPDATE</b>	
	This was deferred next meeting on grounds of time.	
6	<b>FUTURE CONFERENCE PROPOSALS</b>	
	KP suggested that JRCALC might consider the JRCALC Conference being part of a joint Conference along with the Faculty of PHC and the BPA on 24-25 Nov 2009 as	

	<p>part of Emergency Services Show at Stoneleigh. Delegates cost will require only the cost of catering (£18 per day). It was proposed that the 2-day programme should allocate equal time on the podium to the three groups , with bookings taken through the Faculty</p> <p>JRCALC supported this in principle although it was realised that it clashed with a future committee meeting which would have to be moved</p> <p>The programme has yet to be established.</p>	<p>KP/WB</p> <p>TC</p>
7	<p><b>GUIDELINES SUB-COMMITTEE</b></p>	
	<p>A report was tabled – the JRCALC Oxygen Guidelines now in its final draft, the wording has been clarified for practical usage by ambulance staff. The last 2 pages to be laminated as quick reminder.</p> <p>The midazolam guidance for administration of patient’s own supply is imminent; Stakeholder/User Group of paramedics is discussing. The guidance has been written similarly to a drug protocol.</p> <p>The pelvic Trauma Guidelines have now been renamed Major Pelvic Trauma, Comments and feedback were requested.</p> <p>SB will seek clarification on the official statement by MHRA on what it considers Ambulance service personnel to be. The administration of a single dose of a drug is regarded as ‘administration’, not ‘supply’, therefore this does not require a PGD. Drug protocols have previously stated paramedic only – this has now been removed. Paramedic drugs will be designated by the letter “P”.. Drugs which can be administered by any trained individual will not have ‘P’; individual services should decide those trained in administration of these drugs.</p> <p>STEMIs– An updated STEMI decision pathway will enable identification of suitable patients for primary PCI if available, but if not appropriateness for thrombolysis will depend on an updated list of contraindications guided by the European Cardiac Society guidelines.</p> <p>The paediatric guidelines being reviewed; it was suggested that more paediatrician advisors could provide input. FJ pointed out that the RCPCH has proposed one, and she hoped that Julian Sandell, the new JRCALC guidelines RCPCH member would also be able to actively contribute.</p> <p>Guidelines group members now reach around 110, plus paramedic stakeholders. Every guideline has an “Expert Forum”, with required record keeping and audit trail. These Groups present their finding and evidence to main guidelines group, before the draft completed guideline is submitted to JRCALC. It is thought that this will prove a robust process allowing audit of all decisions in case of challenge. It is currently being assessed against current recognised procedures to ensure fitness for purpose.</p> <p>NICE “Leave at Home” document – the term is not considered satisfactory , as it implies the end of the patient episode. A flag indicator for patients who must be taken to hospital has been developed , (but no red flag does <i>not</i> mean ‘leave at home’)..</p> <p>RW highlighted his opposition to the proposed Consent draft guideline , which currently does not acknowledge the law - taking in to account the devolved countries. Consent is now statutory (as not before) as well as being considered best practice, but with varying practices between England, Scotland, Wales and Northern Ireland including issues of consent for children, competency, Mental Health Act, etc. He advised that JRCALC could either offer very extensive and detailed guidelines covering all countries with step-by-step approach to practical circumstances but all thought a more pragmatic approach would be to leave advice on consent up to ambulance Trusts . RW advised the Committee that the debate that had been going on at the Guidelines group about this matter was not appropriate, as clearly all</p>	<p>All</p>

	<p>advice we give, must be legal and as the expert on the Committee on such matters he could not condone any other view. He advised the Committee to take his recommendation very seriously.</p> <p>It was pointed out the JRCALC guidelines are Clinical Practice guidelines and as such, matters such as consent could be omitted. Every Trust is already responsible in terms of practice and training but it was felt that a summary of the principles of consent may be useful. Warning should be clearly expressed regarding the legal requirements of the country of practice. It is important that each Trust appreciates that they are directly responsible for all training and advice given to staff about this area of practice.</p>	
<b>8</b>	<b>HEALTH PROFESSIONS COUNCIL</b>	
	<p>A draft of the Health Professionals orders are going before Parliament, to appoint members of the Health professions. This may mean that the Council will no longer be made up of representatives of all 13 parts of the register – for example there may have no paramedic appointed. Subcommittees and professional liaison groups will be represented.</p>	
<b>9</b>	<b>COLLEGE OF PARAMEDICS</b>	
	<p>Membership is growing at 2-3 new members per day. The Committee was requested to encourage paramedics and technicians to become members. Council now complete, with representatives from each devolved country.</p> <p>The online CPD programme for paramedics is to be upgraded with the NHPC reporting system.</p> <p>They have been developing links with DHO and National Advisory Group for Health, and Ambulance electronic records and are part of regular review of Education issues within the professions.</p>	
<b>10</b>	<b>HEADG</b>	
	<p>Next meeting in two weeks time – nothing to report.</p>	
<b>11</b>	<b>ANY OTHER BUSINESS</b>	
	<p>TQ expressed his concern about the emphasis on operational targets in last few months as being detrimental to patient care. The Chair requested an introductory sheet as an agenda item for the next meeting for discussion.</p> <p>The issue of training being cancelled due to operational target chasing was raised. Clinical indicators need to be sought; Jeanette Turner (from Sheffield University) is researching this. Difficulty has already been encountered in forming clinical targets for Cat B patients. FJ advised that NHS Pathways will also be looking at this.</p> <p>The meeting ended at 4.55 pm.</p>	
<b>12</b>	<b>DETAILS OF THE NEXT MEETING</b>	
	<p>Tuesday 7 July 2009, 1400</p> <p>RCA, Red Lion Square, London.</p>	

**Meeting administration: Clare Long – 0115 8845000 – [clare.long@emas.nhs.uk](mailto:clare.long@emas.nhs.uk)**