

Note of discussion which took place at JRCALC 12.3.09 regarding structure and membership

Tom Clarke (Chair ,TC) introduced a discussion regarding the Constitution and proposed new membership. He has discussed this with Alison Rooney (CEO of the Faculty of Prehospital Care). The original constitution can be reviewed on the JRCALC website and members have been circulated with the new proposed Constitution. One major alteration is the word “ambulance” has been reintroduced to clarify the remit of the advice that the advice is intended for. The terms of reference now refer to advice, as opposed to setting “clinical guidelines”. Richard Williams (RW) clarified that the distinction between the two has legal implications – if the work claims to be Guidelines, the JRCALC committee would have a legal responsibility – if the work is advice, the legal responsibility lies with the employer who chooses to use it. Simon Brown (SB) pointed out that employing bodies may, nevertheless, get reassurance from this and John Stephenson (JS) pointed out that they could always choose to ignore the advice anyway. It was agreed that JRCALC needs to be *very* clear in the disclaimer at the front of the guidelines that we are providing advice, not guidance. Roland Furber (RF) felt we should include Emergency Medical Technicians (EMTs) in areas of the document where prescribing is discussed (2.6) but SB pointed out that, because they are not administering parenteral drugs, the ambulance trust (AT) is free to decide what they can or cannot administer and therefore Patient Group Directives are not relevant to this area. It was decided that point 4.0, that Colleges should make decisions regarding the appointment to JRCALC was at variance with the statement that the appointment should be for 3 years (4.8), so it was agreed to delete 4.8.

Membership

Mark Woolcock (MW) pointed out that not all member Colleges were now Royal. The committee were reminded that changing the name from JCALC had been costly in terms of things like printed stationary etc. People are used to the name JRCALC now as a “brand” and the Chair added that there may be legal repercussions. Members agreed there was little point in changing it back although MW (representing the Health Professions Council) observed that the non Royal Colleges may be unhappy. The Colleges concerned, both represented, did not voice any objections. It became apparent that the distinction between observers, and full members and who should be classed as which, needed clarification. DMc said that it seemed odd that clinically qualified representatives from the devolved countries are not allowed to vote as they are currently observers, yet some non clinical members were allowed to vote. The advice given by JRCALC is intended for the “UK” ambulance services, not the English ones only. TQ argued that if the ATs of the devolved countries contribute to the subsidy for JRCALC, they should be allowed to be members. JS felt that if an AT subsidised JRCALC, they should be allowed to vote. Fiona Jewkes (FJ) agreed that the devolved services needed to be members but thought it was important to remember that JRCALC is a Royal College clinical advisory body and its advice must stay independent of the ATs. Discussion as to which colleges should be represented then took place. Gillian Bryce (GB) pointed out that full membership of the Colleges of the devolved countries would mean 3 more colleges from Scotland. College membership was not finalised. Attention turned to the continued membership of other non clinical members of JRCALC. DMc said that the DH should not be involved in the Committee as it only represented England, but FM felt

that the DH looked to JRCALC for advice and vice versa. TQ reminded members that the seat for the DH used to be a rapid way of getting DH views but this was no longer the case. The representation by CO19 (police) was agreed to be historical and that a more formal approach to the Association of Chief Police Officers would be appropriate. The Fire service representative felt that they would wish to remain on the committee and thought the representative should be from Chief Fire Officers Association. It was suggested by TC that they might be best to be co-opted. Henry Guly (HG) was asked about the continued representation by the Higher Education Ambulance Development Group (HEADG), as he is the representative – he felt their presence was not necessary any longer. RW suggested they be co-opted as necessary.

Concern was raised as to who should be “full” ie voting members and who observers. TC reminded members that JRCALC very rarely, if ever, votes on anything. Fiona Jewkes (FJ) suggested that the best way forward might be for the non clinical members to be observers and the clinical members to be full members. It was agreed to further the discussion on email.