

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Thursday, 3 July 2003

Present:

Dr T Clarke (Royal College of Anaesthetists), (Chairman)

Miss J Davies (Ambulance Service Association), (Honorary Co-secretary)

Dr I McNeil (Royal College of General Practitioners), (Honorary Co-secretary)

Mr M Willis (Ambulance Service Association), (Treasurer)

Dr S Brown	-	Ambulance Service Association
Dr C Carney	-	Ambulance Service Association
Professor D Chamberlain	-	Royal College of Physicians
Dr C Deakin	-	Royal College of Anaesthetists
Dr T Evans	-	Royal College of Physicians
Mr M Flaherty	-	Ambulance Service Association
Ms F Hashmi	-	British National Formulary
Mr K Hinshaw	-	Royal College of Obstetricians & Gynaecologists
Mr T Kilner	-	Royal College of Nursing
Ms J Manning	-	Health Professions Council
Dr Q Mok	-	Royal College of Paediatrics & Child Health
Dr F Moore	-	Faculty of Accident & Emergency Medicine
Dr W Penny	-	Royal College of Physicians
Mrs C Reid	-	Royal College of Midwives
Dr T Sajjanhar	-	Royal College of Paediatrics & Child Health
Dr H Swanton	-	Royal College of Physicians
Dr M Ward	-	Royal College of Anaesthetists

Observers

Mr Mark Cooke	-	Ambulance Service Association
Squadron Leader S Cuthbert	-	DMST Centre
Mr R Diment	-	Ambulance Service Association
Mr A Howson	-	IHCD Edexcel
Dr P Jenkins	-	Royal College of Physicians
Mr A Marsden	-	Scottish Ambulance Service
Ms K Billingham	-	Committee Administrator

03/15 Welcome and Apologies for absence

- (a) The Chairman welcomed Squadron Leader Shirley Cuthbert (DMST Centre), Dr Paul Jenkins (Royal College of Physicians), Ms Jo Manning (Health Professions Council), Dr Fionna Moore (Faculty of Accident & Emergency Medicine) and Dr Howard Swanton (Royal College of Physicians).

- (b) The retirements of Professor Douglas Chamberlain (Royal College of Physicians), Mr Richard Mawson (ASA), Dr Terry Miller (Observer - National Paramedic Training Board), Mr Gron Roberts (former Honorary Co-Secretary – ASA) and Mr Ian Stewart (Royal College of Surgeons) were noted.

The Chairman spoke at length about the invaluable contribution made by Professor Chamberlain since the inception of the Committee. To mark his retirement, the Committee presented *The Chamberlain Bell 2003*. The Chairman explained that the Bell would be held at the Royal College of Physicians in perpetuity, and used to summon delegates into the lecture theatre at all future JRCALC Conferences. Professor Chamberlain, having tested the Bell, expressed his sadness at leaving the Committee.

- (c) Apologies for absence were received from Lt Col Martin Bricknell (DMST Centre – represented by Squadron Leader Sheila Cuthbert), Dr Mick Colquhoun (Royal College of General Practitioners), Dr Jim Cox (Royal College of General Practitioners), Dr Henry Guly (Faculty of Accident & Emergency Medicine), Mr Peter Innes (ASA), Dr Fiona Jewkes (Royal College of Paediatrics & Child Health), Mr Graham Johnson (Faculty of Accident & Emergency Medicine), Professor Michael Langman (ASA), Mr Adrian Lucas (Ambulance Education & Training Group), Dr Mike McGovern (Observer - Department of Health), Professor Tom Quinn (University of Coventry), Mrs Dorothy Walters (Royal College of Nursing) and Professor Richard Williams (Royal College of Psychiatrists).

03/16 Minutes of the Previous Meeting

The Minutes of the meeting held on 19 March 2003 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record, subject to the following amendments from Dr Ward:

- 03/03 (a) “... unique ambulance code for every ~~patient~~ **drug**”
- 03/04 “... ensure all these skills were ~~practised~~ **authorized for use** by”
- 03/08 “... whenever there is a ~~change~~ **chance** of survival”
- 03/12 (a) “... Recognition of Adult Death (**ROLE**) document”

03/17 Matters Arising on the Minutes

(a) **03/04 (b) vi Thermometry**

The Chairman observed that following recent Department of Health Guidance on Severe Acute Respiratory Syndrome (SARS) the Guideline Sub-Committee had recommended that temperature measurement be instated as a formal skill.

(b) **03/03 (b) Prescription Only Medicines – Morphine in children**

The Chairman reported on a recent meeting with the Medicines and Healthcare products Regulatory Agency which he had found useful. The Agency had been supportive of the Committee’s point of view, and had undertaken to approach manufacturers with the intention of expediting licensing applications. The cut-off age of twelve years was recognized as unrealistic and illogical. Dr Jewkes continued to progress this matter.

(c) **03/05 (b) Prescription Only Medicines – Amiodarone**

Professor Chamberlain advised that the document presented to the previous meeting had received initial approval from the Medicines and Healthcare products Regulatory Agency, with only minor amendments. He reported that the Medicine and Healthcare products Regulatory Agency had requested a consent statement for amiodarone similar to that that had been developed for use with thrombolytic agents. He noted that the form of words providing this information to patients was only intended for use where they were likely to understand what was being said, and did not constitute informed consent. Dr Ward suggested that, in practice, it was doubtful whether paramedics would administer such a warning; Dr Brown disagreed, as it was a mechanism to protect both themselves and their employing Trusts. The Chairman was disappointed to note that no satisfactory solution to the problem of using licensed drugs “off label” had yet been achieved.

(d) **03/03 (c) *A serious threat to evidence-based resuscitation***

Professor Chamberlain rehearsed the information previously submitted to the Committee, and advised that legal advice obtained jointly by the Committee and Resuscitation Council UK had supported the view that it was invidious for paramedics to act as legal representatives for patients who were not competent to make informed decisions. The Department of Health had rejected the suggestion that each Trust could establish a committee, along the lines of an ethics committee, to make decisions on behalf of incompetent patients in relation to specific pieces of research. However, the Committee and Resuscitation Council UK continued to press for this solution.

03/18 Consultation Reports

The Chairman noted that JRCALC was being asked to respond to an increasing number of consultation documents.

(a) **NHS Information Authority and Department of Health Confidentiality**

The Chairman reported that a summary response to this consultation was still awaited.

(b) **Nurse Prescribers Extended Formulary: Proposals to extend range of prescription only medicines**

The Chairman stated that he proposed to base his response on a letter that Dr Carney had sent to the Chief Health Professions Officer on the same topic, highlighting the need for paramedics and ambulance staff to be considered alongside nurse prescribers.

The text of the JRCALC response to this consultation has been annexed to the Minutes at Appendix I.

(c) **Home Office: Computer generated prescriptions**

This matter was noted.

(d) **NICE Health Technology Appraisal: Pre-hospital Fluid Therapy**

JRCALC had been invited to participate in this Health Technology Appraisal Project which was still ongoing. The Chairman had already provided the JRCALC external submission and Dr Guly and Dr Sajjanhar had been appointed as the Committee’s expert witnesses in this matter.

In response to a query from Mr Marsden, the Chairman confirmed that he had declined the invitation for the Committee to participate in an NHS Quality Improvement Scotland Health Technology Appraisal on the Use of Troponin Testing in Acute Coronary Syndromes, the subject currently being only very indirectly relevant to ambulance service practice.

03/19 Guidelines Sub-Committee [Doc 03/09]

(a) **Thermometry**

Dr Brown referred to the Chairman's earlier comment regarding SARS guidance from the Department of Health regarding thermometry; the Guidelines Sub-Committee had reviewed its decision, and concluded that this should be included as a core skill. However, it was not minded to recommend (or proscribe) methods or equipment for recording temperature, as this should be a matter for individual Trusts.

Animated discussion took place on the reliability of temperature measurement. The Committee felt that whilst the opinions of the Guideline Sub-Committee were invaluable, its role was to guide the main Committee in coming to its decisions, not to make those decisions.

(b) **Continuing Professional Development**

Dr Brown advised that this matter was under discussion with the Health Professions Council, as a need for guidance on content and validation had been identified. Trusts had to be made aware of the need to allow paramedics time to pursue this. Ms Manning advised that the HPC had set a long lead time as there was much work to be done in assimilating the range of professions under one umbrella, but she was unable to advise on any interim measures.

(c) **Endotracheal Intubation**

A discussion took place concerning the respective merits of stylets and bougies, and whether the latter was easier to use. The Committee felt that both options should be available to paramedics.

(d) **Needle Cricothyroidotomy**

Whilst the Committee agreed that this procedure should be included within mandatory update training, it did not accept that any stipulations should be made about equipment. Dr Carney noted that this went beyond the Committee's remit for making recommendations about training, and should be a matter for decision by individual Trusts.

(e) **Drug Codes**

The Guidelines Sub-Committee had discussed the introduction of common ambulance drug codes, but had found the SNOMED system impractical. A three letter code was being developed, which would work well with Ambulance Patient Report Forms, and which would include drugs used by doctors in pre-hospital settings too.

(f) **Guidelines Version 3**

Dr Brown reported that these were on course for launch in January 2004, to be published as both a book and a CD Rom for national distribution, although there were still some copyright issues to be resolved. The Committee agreed that a single edition produced by a single publisher would reduce costs, and enhance standardization. In response to a question from Dr Ward, Dr Brown confirmed that changes from the previous Guidelines would be highlighted, by the publication of a supplement.

The Chairman congratulated the Guidelines Sub-Committee on its excellent work.

03/20 To receive Committee Reports [Doc 03/10]

(a) **Joint Thrombolysis Subcommittee**

Professor Chamberlain noted his confidence that the revised Prescription Only Medicine submission (circulated) for Reteplase and Tenecteplase would be accepted by the Medicine and Healthcare products Regulatory Agency; the Committee required no further amendments.

ACTION: Professor Chamberlain; Dr Clarke

Professor Chamberlain went on to report a teleconference meeting of the Thrombolysis Subcommittee where an extension of the current indications for prehospital paramedic thrombolysis was discussed in order to bring them closer to conventional hospital guidelines. The major changes related to the time window for treatment (now 15 minutes to 6 hours) and the removal of right bundle branch block as a contraindication (but conventional clinical criteria and ECG evidence of infarction with qualifying ST elevation must be present).

Dr Brown suggested that as this was such a significant piece of work, it merited a letter to all Ambulance Trusts, advising of the new indications, and should be posted on the JRCALC website. The Chairman agreed, and Professor Chamberlain undertook to provide an explanatory note for this purpose.

ACTION: Professor Chamberlain; Dr Clarke; Mr Willis

(b) **MINAP Steering Committee**

Professor Chamberlain noted that the British Heart Foundation had provided the funding necessary for expediting the work on the cardiac arrest audit.

NB: Prior to the meeting, discussions had taken place regarding Professor Chamberlain's successor both as Chair of the MINAP Steering Group and as Chair of the Joint Thrombolysis subcommittee. Dr Howard Swanton had kindly agreed to take on these roles.

03/21 Report from Joint Ambulance Service Association/Clinical Effectiveness Committee [Doc 03/11]

Mr Cooke highlighted a number of issues from the report circulated:

- Morphine Audit
- Myocardial Infarction Chest Pain Audit
- AMBEX stand
- Benzyl Penicillin Audit

The Chairman, referring to the meeting with the Medicines and Healthcare products Regulatory Agency regarding morphine, noted the importance of auditing the use of drugs through the Prescription Only Medicines approval process, and his relief that the only data currently required were simple to collect, and currently mainly concerned the numbers of administrations by each Trust.

03/22 Report from the Health Professions Council [Doc 03/12]

Ms Manning presented her report to the Committee, highlighting the following matters:

(a) **New Fees**

These would be in place from 9 July 2003, payable by the end of August with notification sent forty-two days in advance.

(b) **Grand-parenting**

The process was closed until 9 July 2003; a substantial influx of applications was predicted thereafter.

(c) **New Professions seeking regulation with the HPC**

In view of the number of members and potential members, the Council had decided to consider one new application per meeting, and to discuss groupings of professions.

(d) **Paramedic Partners**

It was reported that recruitment was underway, but was likely to be re-advertising soon

(e) **IHCD**

Delays of up to three months had been reported between completion of training, and registration as a paramedic; these had now been resolved.

The Committee was concerned about the continuing use of the term “State Registered Paramedic”, noting that whilst the title “Paramedic” was protected, “Practitioner in Emergency Care” was not. It was felt that “State Registered” was a matter of pride for paramedics, and whilst it was axiomatic that “Paramedics” would be “State Registered” under the new regulations, it would be a backward step to abolish the post-nominal; Ms Manning undertook to clarify the position.

ACTION: Ms Manning

The issue of Practitioners in Emergency Care was also debated, a term, Mr Marsden noted, which was included in Agenda for Change. Professor Chamberlain suggested that the matter be referred to the Health Professions Council, the Higher Education Ambulance Development Group, and the Ambulance Education Training Advisory Group (AETAG). There was general agreement that the new terms that were variously emerging, such as “Paramedic Practitioner” or “Practitioner in Emergency Care”, should be clearly defined and used appropriately.

03/23 Progress report: Faculty of Pre-Hospital Care Research Meeting, 30 May 2003
[Doc 03/13]

The Chairman noted that the Faculty of Pre-hospital Care had invited the Committee to send a representative to participate in a meeting called to review research in pre-hospital care. Dr Guly had attended, but reported that although the meeting had been interesting, there were few solid outcomes to report. The Committee had also been invited to send a delegate to a similar Faculty Meeting on Thoracic Trauma in September, and a programme was awaited.

03/24 Progress report: Conference: 30 October 2003

Dr McNeil reported on the outline programme, a copy of which has been annexed to the Minutes at Appendix II.

03/25 Review of Constitution [Doc 03/14]

The Chairman noted that much progress had been made in updating and formalising Committee procedures and compliances, and as a result the Constitution had required further adjustment in minor points of detail. In response to a question from Dr Ward, Professor

Chamberlain confirmed that it was a deliberate policy in drawing up the original constitution not to impose a limit on the number of representatives from each of the supporting bodies. It was intended that this would enable the membership of the Committee to fluctuate in response to prevailing business.

The Committee adopted the revisions proposed, subject to a further amendment from Dr Guly in respect of Clause 5.4 to require written nominations for vacant Officer posts to be sought in advance of the meeting at which the vote would be taken to allow those unable to attend to participate.

03/26 Update: Website

The Chairman advised that a number of people had expressed difficulty in navigating the JRCALC website, and suggested it was an opportune time to review and update its content. He urged the Committee to contact the Treasurer, or himself, by e-mail with suggestions of features for the website.

ACTION: ALL

03/27 Chairman's one-liners

(a) **British Paramedic Association**

It was agreed that, following endorsement at AMBEX and the offer of support from the Department of Health, the British Paramedic Association should be invited to send a representative to JRCALC, as a full member.

ACTION: Dr Clarke

(b) **Letter from Resuscitation Council UK – Advance Life Support training courses**

The Resuscitation Council (UK) had called to the Chairman's attention criticism received from a small number of paramedics regarding the restricted access to training courses. The Chairman had been advised that this was due, both to the limited number of places available, and the need to train those who would gain most from each particular course. The Chairman proposed that an explanatory paragraph would be posted on the JRCALC website to clarify the situation, together with a hyperlink to Resuscitation Council UK's site.

ACTION: Dr Clarke

(c) **Chemical Incident Response Training**

The Chairman reported the receipt of a letter from Dr Virginia Murray (Head of the Medical Toxicology Unit at Guy's Hospital) offering to assist in educating paramedics in this matter. This proposal had been received warmly, and the Guidelines Sub-Committee, informed. Dr Brown noted that although the Guidelines Sub-Committee might be unable to endorse all the antidotes recommended by the Department of Health, further, practical advice would be welcomed. Mr Flaherty undertook to approach Dr Murray on behalf of the Guidelines Sub-Committee.

(d) **World Association for Disaster and Emergency Medicine**

Mr Marsden confirmed that the next meeting – for which he was the Chair of the organizing committee – was scheduled for May 2005, and would be held in Edinburgh.

(e) **Local Ambulance Paramedic Steering Committees**

The Chairman referred to a letter from East Anglian Ambulance Service, seeking clarification on the role and terms of reference of these Committees. The item provoked a wide ranging debate, covering the adaptation of LAPSCs to provide Medical Directors with a broad spectrum of specialist advice, the fulfilment of the Department of Health's tenet that national policies should be interpreted locally, and training and accreditation issues.

Noting that the original intention behind the JRCALC annual conference was to involve members of LAPSCs, the Chairman suggested an additional workshop be held to explore this issue further. The Committee agreed, commending the involvement of the Ambulance Service Association, Commission for Health Improvement, and British Ambulance Service Medical Directors Group.

ACTION: Dr Clarke

(f) **Morphine vs Diamorphine for chest pain (*EMJ May 2003*)**

The Chairman referred to a recent report in *Emergency Medicine Journal*, which reported that Best BETS had found there were no significant clinical differences between diamorphine and morphine in patients with ischaemic chest pain.

(g) **Ambex Prize**

The Chairman reminded the Committee that the Ambex 999 Research Forum Prize was awarded annually on behalf of JRCALC for the best paper on work most likely to influence practice; the 2003 winner was Alison Walker, for her paper entitled *Is referral of elderly fallers from an ambulance service to a specialist nurse team appropriate?*

03/28 Date of next meeting

It was confirmed that the next meeting would be held at the Royal College of Physicians on Wednesday, 29 October 2003, commencing at 2.00 pm.

03/29 Dates for 2004

The following dates were agreed for next year's meetings:

Wednesday, 18 February 2004 – 2.00 pm
Tuesday, 6 July 2004 – 2.00 pm
Wednesday, 10 November 2004 – Annual Conference
Thursday, 11 November 2004 – 10.00 am

The Chairman drew the Committee's attention to the intended departure, in November 2004, from the usual practice of holding the business meeting on the day before the Annual Conference. This change was noted and agreed.

The meeting closed at 4.44 pm