

Synopsis of proceedings of JRCALC Committee Meeting held on 7 June 2000 at The Royal College of Physicians, London.

1) Matters arising from meeting held on 11 November 1999.

- *Defibrillation causing spurious asystole with gel pads.* Survey from Bath confirms that ECG should not be recorded through gel pads once they had been used for shock. Warnings have been issued.
- *DoH initiative on defibs.* DoH funding has provided for purchase of 700 defibs. (located in public locations such as Metro Centre Gateshead, Terminal 4 Heathrow and 2 railway stations). Need for funding for audit, support only from Resus. Council UK so far.
- *Diagnosis of asystole.* Still no generally agreed definition, will be addressed at next Utstein revision?
- *Calibre trial.* Manifold problems have meant that only 400 patients (cf intended 3000) have been recruited, but it remains the second largest trial of resuscitation drugs and useful results are expected in 2 to 3 months.

2) Guidelines.

The Chairman emphasised the urgent need to collate and develop national guidelines, and the existence of both the current five JRCALC guidelines and the "Carney" protocols was acknowledged. It was agreed that Dr Iain McNeil will chair a sub-committee to produce 'Guidelines' that will represent national standards of care to be applied across the UK albeit with the facility for local conditions to be taken into account. Funding sources for the production of evidence-based guidelines was discussed and as yet unidentified. Dr Henry Guly (FAEM) brought the recently completed guideline document on the pre-hospital management of head injuries to the meeting, and this will be incorporated into the overall process.

3. A&E Modernisation, PECS , ASA strategic review and registration.

The JRCALC proposal for PECS (Practitioners in Emergency Care) had been taken on board by those working on the DoH A&E Modernisation Programme, the JRCALC 'Emerging Concepts' booklet having been warmly welcomed at the Conference on 15 March, and an 'how to proceed further' meeting was proposed for 5 July. Currently the ASA was separately planning a strategy review for the next ten years under Sir Kenneth Calman, and are to be briefed on the PECs proposal by Mr Barry Johns (ASA President). Mr Ken Wenman, Chair of the newly formed CPSM Paramedic Board, gave a presentation of its establishment, aims and processes, and answered questions from the floor.

4. Medicines Control Agency submissions/Group Directions.

Dr Nigel Baber confirmed that all current "POMs" applications were proceeding satisfactorily on schedule. Dr Guly suggested systematic audit of drugs when they had been approved for prehospital use and the need for further discussion on this was agreed. The manner in which Group Directions (Crown Report) would influence Ambulance Service use of drugs was as yet unclear despite enquiries by the Chairman and clarification would continue to be sought.

Since the meeting a consultation letter has been received by the Chairman from the MCA dated 6 July 2000 which states (in summary):

"We (supported by the Committee on Safety of Medicines) propose to extend the range of parenteral medicines which can be administered by ambulance paramedics who hold a

certificate of proficiency in paramedic skills issued by, or with the approval of the Secretary of State to include:

- Benzylpenicillin
- Syntometrine
- Morphine Sulphate
- Metoclopramide
- Frusemide
- Streptokinase

These additions to the list reflect current clinical practice in emergency situations. We plan to implement the changes subject to comments received and the views of Ministers by October 2000."

5. Problems with ethical approval for pre-hospital research.

Because of the difficulty of obtaining informed consent in emergency situations, research Ethics Committees had on occasion withheld approval. The Chairman suggested that JRCALC might set up an advisory panel (including a lawyer and an ethicist) who might provide guidance in such instances, and the Committee welcomed this proposal. The idea is to be presented to the national meeting or research ethical committees in November.

6. Other business.

A JRCALC web site will be set up initially under guidance from the ASA Clinical Effectiveness Project. Noted that the JRCALC Constitution needs revision to accommodate current needs. Committee agreed to sponsoring a prize for research "most likely to influence clinical practice" at this year's Ambex.

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