

JRCALC Annual Summary November 2006

The last twelve months have added up to a year of change certainly for JRCALC itself but more especially for the ambulance service throughout the UK and all the changes have demanded a great deal of hard work from everyone at every level.

The Committee has been holding its meetings at the Royal College of Physicians in Regents Park since its inception back in 1989. It was therefore with a degree of sadness that we met there for the last time in the magnificent "Dr Strangelove" Council Chamber in March and now move on whilst offering thanks to our former hosts for accommodating us for so long in such comfortable and impressive surroundings. The new premises here in Churchill House are undoubtedly different but just as impressive. We look forward to a long and equally fruitful association with the Royal College of Anaesthetists and appreciate our new home all the more as the new College of Emergency Medicine are also located in the same building. Another of the changes we have had to respond to are those to do with the progressively increasing administrative load of an organisation such as ours. To this end we have appointed Ms Lotte Large, an expert and capable administrator that we share with the ASA and who operates from the ASA premises at Capital Tower. Her appointment has already demonstrated the wisdom of this decision and we have the added bonus that she is "ambulance-aware" environment, a great asset on its own. Already she is proving her worth and JRCALC's operation is the better for it.

Throughout this year JRCALC has made clear its profound misgivings over the manner in which various bodies have attempted to prescribe the development of the Emergency Care Practitioner and strongly supports the views of the British Paramedic Association (College of Paramedics) and others in this respect. Pressure has been brought to bear from a number of different directions and in the last month it has become evident that as a result of this a more balanced approach is being formulated. On a more formal level JRCALC has been regularly providing responses to the burgeoning consultation industry and has clearly expressed its view in respect of those directly relevant to its role. The most significant of these would include "Ambulance Service Trust Reconfiguration", "The acutely or critically sick or injured child in the DGH: A team response", "Supply and administration of medicines by members of mountain rescue teams", "Resuscitation Council Dental Standards (for endorsement)" and "The regulation on non-medical healthcare professions". Thanks go to all those who have contributed to making the responses both helpful and authoritative.

The expert and hard work undertaken by the specialist sub-committees have also continued to contribute importantly to JRCALC's function. The Guidelines Committee deserve a special mention. Their work is probably the most outward manifestation of JRCALC's contribution to UK Ambulance Services, and after

some gestational delay the eagerly awaited new version arrived at the end of October. Considerably more extensive than their predecessors, in a new print format and also available on CD, the appearance of the latest update of the Guidelines represents another step forward in professional stature. The combined editorial team of Simon Brown (JRCALC and Chair of the Guidelines Sub-committee), Matthew Cooke (JRCALC/University of Warwick) and Jo Fisher (University of Warwick) have together led a wide group of expert contributors from UK ambulance services and the Royal Colleges to produce an authoritative work of excellence, which Alan Howson and his team at Edexcel have formatted into a user-friendly product of enviable quality. A Guidelines executive meeting has recently been held to discuss the production strategy for the next version (scheduled for April 2009) and work is starting on that already.

The Cardiac Care Committee (chaired by Howard Swanton) has been meeting regularly to consider matters such as the paramedic thrombolysis checklist, the use of heparin (and enoxaparin), post-reperfusion occlusion rates and the use of mechanical adjuncts for resuscitation. Their expert advice based on accumulated evidence has meant an extension of the age and blood pressure restrictions on thrombolysis, a move welcomed both by staff and patient groups. Finally, although the useful work of the JRCALC/ASA Clinical Effectiveness Committee has this year been hampered by the process of reconfiguration Mark Cook has kept JRCALC informed of significant progress in important areas such as rates of pre-hospital thrombolysis. The latest data now demonstrates nearly 6000 paramedic-administered cases and represents a continuing accumulation of considerable expertise in the procedure.

Outside of the subcommittees there have been a number of other ways over the year in which JRCALC has carried out its 'Liaison' function, and for clarity examples are summarised as bullet points here:

- Collaboration with Fire & Rescue National Framework
- Production with ASA of posters and guidance on Internal Cardiac Defibrillators and TASERS for national UK Ambulance Service distribution.
- National Care Pathway Templates for COPD, and exchange with BTS re. emergency O₂ in adult patients
- Letter to Association of Anaesthetists re. booklet on "Consent in Anaesthesia"
- Communication with HM Coroner London Southern District on 'positional asphyxia'.
- Communication with Welsh Ombudsman for Health re. oxygen administration
- Representation on BMA 'Safe transport of Patients in Ambulances Working Group' and contribution to NPSA initiative in relation to future of A&E ambulance design.
- Discussions with the Pituitary Foundation and adjusted of Guidelines

- Letter to MHRA regarding recommendations for use of new equipment
- Registration as stakeholder in upcoming NICE Stroke Guideline consultation

In the background the year has seen slow but necessary progress to another aspect of JRCALC's development as a Charitable Company limited by guarantee. Protracted exchanges have taken place both with the Royal Colleges and their representative body, the Academy of Royal Medical Colleges, to ensure that all are in agreement with our proposals. This development has less to do with the way in which JRCALC conducts itself but more to do with the most suitable and protective legal construct for such an advisory body in today's world. It is expected that all the deliberations will very soon be completed and we can then quickly proceed to make the plans a reality.

JRCALC's strength lies in the quality, expertise and diligence of its members and it's always regrettable to see familiar faces move on, especially those that have been there since the beginning. Mike Willis was one of the founder members and even at the end of such a long term of invaluable and supportive service made a sterling contribution as Honorary Treasurer. Andrew Marsden was another long-time member whose contribution was immeasurable and who will be sorely missed. Reconfiguration inevitably took its toll and as a consequence we lost Michael Langman though he still remains on the cardiac subcommittee. Kim Hinshaw and Graham Johnson made a worthy and appreciated contribution to the committee's work and we wish them all the best in the future. Luckily there is always new blood and over the year Alison Walker (FAEM), Helen Simpson (RCOG), Fizz Thompson (RCN), George Crooks (SAS), Jeremy Mayhew (ASA), John Nichols (ASA), Phil Pimlott (ASA) and David Manus (ASA) have joined. The Executive has seen its own changes with Martin Flaherty appointed as Hon Co secretary in November 2005 and Chris Carney as Hon Treasurer in July 2006. Most recently the medical Hon. Co-secretary Iain McNeil is regrettably ending his term of office after sterling service and his replacement will be announced at the meeting on 27 November. Last but not least it is a pleasure to be able to announce the special recognition that has been accorded to two of our committee members this year, an OBE to Martin Flaherty and an RCN Medal to Tom Quinn. Congratulations.

Always keen to encourage professional development and research in pre-hospital care, each year JRCALC funds a prize at AMBEX on behalf of the EMS999 Research Forum. This year, the JRCALC prize for "Research most likely to affect practice" was awarded to Nadine Levick from New York for an original and thought-provoking paper on driver safety. We have also contributed to some of the running costs of putting on the worthwhile EMS Research Forum contribution to Ambex and are now looking forward to ways in which JRCALC might be able to play a more central role in Ambex itself in 2007. Closer to home this year, three scholarships were offered this year to UK ambulance staff under the separate headings of The Chairman's Scholarship (for education), the

Douglas Chamberlain Research Scholarship and the Mike McGovern Travel scholarship. These were awarded respectively to David Wells (Emergency Care Practitioner with the former Sussex Ambulance Service), Martyn Box (Clinical Support Officer with the former Dorset Ambulance Service) and Simon Blackburn (Education & Development Lead for the Former Surrey Ambulance Service), and the worthy recipients will each be presenting the fruits of their year's labour at the Conference this November.

No annual report can be complete without an indication of what is planned for the coming year. Currently there is much discussion around the most appropriate development for the Emergency Care Practitioner role and this is going to continue. It is a critically important issue and JRCALC, together with the BPA, the ASA and HEADG must work together to ensure that the finished product is fit for purpose on the one hand and acknowledges the need to build on the existing skills of the paramedic on the other. Airway management is another important area that now warrants review, and a working party led by Charles Deakin will soon be meeting to take this forward. There is also work to be done in the area of cardiac care; the use of enoxaparin in thrombolysis and the effect of resuscitation adjuncts on outcome being two examples. Who should provide medical on-scene assistance is a question that has been asked of us this year and Alison Walker will be taking this forward; it will hopefully afford us the chance to work with others in the field such as the College of Emergency Medicine, the Faculty of Pre-hospital Care and BASICs. We also look forward to participating in furthering a modern approach to the treatment of stroke. Last but not least work is already started in earnest on the next version of the Guidelines scheduled to appear in 2009!

The expertly-guided work done in the name of JRCALC is entirely provided by the goodwill and dedication of its members, and in closing I would like to take this opportunity together with my Executive colleagues to acknowledge and thank everyone for their individual contributions to its combined achievements.

A handwritten signature in black ink that reads "Tom N.S. Clarke." The signature is written in a cursive style with a horizontal line underneath the name.

Dr Tom Clarke
Chair
November 2006.