The Draft Meeting Minutes of the Medical Advisory Committee,

June 26th 2014. The Osprey Hotel, Naas.

Present	**Apologies**	**In Attendance**
Mick Molloy	Niamh Collins	Deirdre Borland
Peter O'Connor	Shane Knox	Barry O Sullivan
Joseph Mooney	Valerie Small	Brian Power
Jack Collins	David Menzies	
Declan Lonergan	Martin O Reilly	
David O Connor	David Irwin	
Sean Walsh	Seamus Clarke	
Rory Prevett	Ken O'Dwyer	
Shane Mooney		
David Hennelly		
Mick Dineen		
David O'Connor		
Gerry Bury		

1. Chair's business

The Chair welcomed the assembled members to the meeting and apologies were noted.

2. Draft Meeting Report – Thursday 27th February 2014

Resolution: That the minutes from the Medical Advisory Committee meeting held on Thursday 27th February 2014 be agreed subject to amendment as follows:

Proposer: Joe Mooney **Seconded**: Gerry Kerr

Carried without dissent

3. MAC Development

Barry O'Sullivan gave an overview of feedback from the last Council meeting regarding CPG development. Council have asked some thought be given to the development process of CPGs.

David Hennelly agreed that MAC should be positioning itself to develop strategy for the future of pre-hospital care. Sean Walsh sought clarification on MAC's position within the PHECC organisational structure be ensure clarity for members. He further stated that Council be made aware that all CPGs are developed with a focus on best practice and with extensive thought. David O'Connor agreed that MAC conduct its work to a rigorous standard and this should be communicated to Council.

Gerry Bury asked that the loop be closed regarding the development of CPGs as to their effectiveness and their merits in the field. He called for Council to campaign for the strengthening PHECCs legal status. He indicated that engagement with the wider health system and PHECC be given a place on the Transformation and Change Committee led by Mr Leo Kerns.

Sean Walsh reinforced that MAC is an operational committee and it is Council's role to be strategic. Macartan Hughes queried whether the Quality and Safety Committee was not best tasked to deal with taking over the strategic element or future planning regarding pre-hospital care.

Shane Mooney as chair of the Quality and Safety indicated that the membership of Q&S committee is more representative and not conducive to gaining accessing the high level decision makers and programmes.

Gerry Bury and Sean Walsh asked that all Committees and Council get the opportunity to meet and develop a plan forward.

3.1 CPG status update

A paper outlining the current status of CPG development was included in the meeting papers and the Chair said that the work of MAC compared very favourably with international comparisons. Brian Power gave an overview to the Committee on the main points included. The Chair asked that the Centre for Pre-Hospital Research (C.P.R.) be contacted to ascertain if the CPG forum has yielded practitioner feedback.

Gerry Bury indicated that Council was putting itself in a position of great risk by not following up on the efficacy and practical implications of processes it has approved such as Primary PCI. He suggested that the Clinical Indemnity Scheme be engaged as they may provide opportunity.

3.2 Terms of Reference – proposal

Brian Power introduced a draft of new terms of reference for the Medical Advisory Committee for their consideration. The Committee spent some time examining the purposed terms and decided on the following for be put forward to Council for approval:

1. To consider and advise Council on clinical matters in order to promote the highest standards of professional practice. The Medical Advisory Committee is one of the Standing Committees of PHECC.

2. Provide advice, guidance and/or endorsement to other Council committees as requested, as well as external partners in healthcare with regards to pre-hospital: clinical care standards; patient safety; quality improvement; audit and KPIs.

3. Promote, via Council, wider health system integration and development of pre-hospital emergency care in Ireland (Models of Care).

4. Provide the Council with internationally benchmarked evidenced based clinical practice guidelines (CPGs). In the absence of published evidence the committee will use expert advice/ consensus groups to develop the CPGs. In addition to promote review, research and audit to ensure currency of such guidelines.

Resolution: To recommend that Council approve the draft terms of reference for the Medical Advisory Committee as outlined in 1 to 4 above.

Proposed: Rory Prevett **Seconded:** Sean Walsh
Carried without dissent.

3.3 Draft Council Policy for CPG Development

Gerry Bury suggested that international best practice be investigated prior to discussing this item. The Chair suggested that this item be revisited at the next meeting. Gerry Bury to link with JRCALC re their development process.

4. CPGs

4.1 CPGs updated due to anomalies

Brian Power gave an overview of CPG which were approved by Council due to anomalies the came to light during the CPG proofreading process. These CPGs were recommended to Council by the Chair of MAC in the absence of a MAC meeting prior to Council.

4.2 Palliative Care sub group

The report of the meeting from the Palliative Care Sub Group from 21st May was included in the meeting papers. Brian Power informed the MAC that the Palliative Care sub group had an initial exploratory meeting where their aims were set out.

Gerry Bury commended this work and said it may open an opportunity to explore the role of paramedics providing proactive community based care. Gerry Bury also asked that a representative from the ICGP be included in the subgroup. Brian Power informed him that Dr Seamus Clarke is the ICPG representative on MAC and would seek his involvement in the sub group. MAC commended the work to date and agreed that the involvement of Dr Clarke in the sub group was important and should be pursued.

5. Practitioner queries re CPGs and medications

Brian Power informed the group that Dr Mary Higgins, Consultant Obstetrician and Maternal Foetal Medicine Specialist at the National Maternity Hospital had raised a query regarding the inclusion of Syntometrine rather than Oxytocin in the Postpartum Haemorrhage CPG.

Jack Collins asked if the CPG title of the appropriate as it suggests that the oxytocin be administered prior to checking if the patient is hemodynamically unstable and calling for ALS support.

David Hennelly asked that the Chair seek advice regarding the Cord Complication , as he had concerns that the current CPG posed a potential patient safety issue regarding the clamping and cutting a cord whilst the baby not progressing. He asked that guidance should be sought prior to the 2014 publications. Brian Power pointed out that the CPGs were at an advanced stage of release and it would not be practical to stop the process at this stage. He further stated that any individual CPG could be replaced if required.

The Committee agreed to seek an overview of all obstetric CPGS from Prof Michael Turner, clinical lead of the HSE's obstetrics and gynaecology programme.

6. Legal Opinion Regarding Patient Restraint

The Chair introduced a report from Dr Ciaran D Cravan BL in regard to patient restraint. Brian Power synopsised the report by indicating that if the patient has demonstrated capacity restraint may not be used without consent. If a patient does not demonstrate capacity restraint may be permitted as part of treatment, provided that it is in the patient's best interest. There are three types of restraint:

1) Physical restraint – persons used to restrain the patient's movement
2) Mechanical restraint – an object(s) used to restrain the patient's movement. The advice from Dr Cravan is that only purpose made restraint devices should be used.
3) Chemical restraint – a medication used to restrain the patient's movement

The Chair suggested that should the MAC adopt this into a CPG, rigorously guidelines should be given to Practitioners.

Brian Power informed the Committee that he will compile a Policy paper on patient restraint and bring it back to MAC.

David O'Connor called for an extensive education package to be created in regard to capacity and restraint.

Proposal: That the Medical Advisory Committee develop a policy with regard to the use of patient restraint for pre-hospital emergency care practitioners.

Proposed: Macartan Hughes **Seconded:** Joseph Mooney

Carried without dissent.

7. KPI Update

Brian Power informed the Committee that he is still awaiting the report from the KPI process.

8. A.O.B

Shane Mooney asked that spinal injury management be added to the agenda for the next meeting. The Chair agreed and asked that agenda items be forwarded to either himself or Brian Power.

The Chair informed the group that there have been a number of cases of Advanced Paramedics requesting to be stepped down to Paramedic level on the Register. He asked if this should be an issue for MAC. Macartan Hughes suggested that this issue emerged for reasons of a personal or Industrial relations nature. The Chair indicated that he wanted to ensure that the MAC were not pushing the boundaries of people's capabilities.

David O'Connor informed the committee that a sense of isolation and lack of support for Advanced Paramedics is an issue that needs to be addressed.

It was decided that was an issue that should be brought to the Quality and Safety Committee.

An e-mail from Ken O'Dwyer asking as to the frequency of meetings. The Chair indicated that meetings would be held as and when required. Ken O'Dwyer also submitted a query regarding the intubation and the availability of $ETCO_2$ (capnography). The Committee agreed that this was an issue for the services locally and not within MAC's remit.

The Chair thanked the members for their contribution and closed proceedings. The next meeting will be held on the 24th July.

Signed: _____ Date: 24/7/16