Medical Advisory Committee

Meeting Minutes

28th November 2019, PHECC office @ 10:00am

Present:
David Menzies (Chair)
David Irwin (Vice Chair)
Martin O'Reilly
Eoghan Connolly
Niamh Collins
Peter O'Connor
Jason van der Velde
Gerard Bury (present for agenda items 1, 2, 5.1, 5.2 & 7)
Cathal O'Donnell (absent for agenda items 1, 2, 5.1, 5.2 & 7)
David Hennelly
Lisa Cunningham Guthrie
Ian Brennan

Apologies:
Stanley Koe
Shane Knox
Shane Mooney
Hillery Collins
Macartan Hughes
Philip Darcy

Absent:
Mark Dixon
Mick Molloy

In attendance:
Brian Power, PHECC PDO
Ricky Ellis, PHECC PDO
Margaret Bracken, PHECC Committee Officer

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1. Chair's Business

The Chair welcomed all present noting that the agenda, as agreed at the September MAC meeting, is focused on the strategic development subgroups, draft pre-hospital emergency care nomenclature for Ireland discussion document, and the Emergency Obstetrics CPGs. Apologies were noted. It was agreed that the sedation/analgesia and sepsis CPGs will be reviewed at the January 2020 meeting. The Chair stated that the 2020 suite of CPGs will be published before Summer 2020. A PHECC practitioner consultation day was agreed for 18th March to enable PHECC practitioners to provide feedback on the CPGs prior to publication.

2. Minutes from September 2019 meeting

The minutes of the meeting held on 26th September were reviewed and approved.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 26th September 2019.

Proposed: David Hennelly **Seconded: Peter O'Connor**
Carried without dissent

2.1 Matters arising

There were no matters arising.

3. Clinical Queries

4. Correspondence

Deferred to the January 2020 meeting.

5. MAC Strategy 2017-2020

Reports from the Community Paramedic and Critical Care Paramedic strategic development subgroups were included in the meeting papers. An abridged report 'The introduction of Treat and Referral into Ireland' from a PhD thesis by Brian Power for the MAC was also included.

5.1 Community Paramedic (CP)

Apologies were received from Hillery Collins, Chair of the Community Paramedic subgroup. Brian Power informed the members that, following consultation with Hillery Collins, Mark Sheerin, NAS Community Paramedic, was invited to present to the Committee, however NAS would not release Mr Sheerin from active duty for this purpose.

The members reviewed the report submitted by the subgroup. There was consensus that the aim and purpose of the Community Paramedic programme was not set out in the report. It was stated that currently the only Community Paramedic programme is the NAS pilot and it was agreed that Community Paramedic be pursued as a PHECC project going forward. Following discussion it was agreed that the MAC support the report, as submitted by the Community Paramedic subgroup, in principle, but a more detailed scoping document is required. It was agreed that the Community Paramedic subgroup be reconvened in order to draft a scoping document aligned with the strategic development subgroup terms of reference, for submission and further review.

5.2 Critical Care Paramedic (CCP)

Ian Brennan, Chair of the Critical Care Paramedic subgroup, presented an updated report to the Committee. He thanked the members of the subgroup for their work on developing this programme.

The members thanked Ian for his presentation and a discussion ensued. Gerry Bury commended the subgroup on a superb piece of work which provides a broad perspective of the Critical Care Paramedic. He suggested that the report be published and credited to the subgroup. He advised that Ireland is too small a country for a freestanding CCP programme and recommended that nurses be engaged with and involved. He stated that broader consultation with other medical professions is paramount. It was suggested to examine each competency as set out in the report with regards to education and training and assessing and maintaining competencies. The importance of having a good evidence base, as per the Canadian and New Zealand systems, was noted.

Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Medical Advisory Committee recommend to Council that the Critical Care Paramedic subgroup scoping document be approved as a policy and to progress to an implementation strategy.

Proposed: Peter O'Connor **Seconded: David Hennelly**
Carried without dissent

5.3 Treat and Referral (T&R)

Before he left the meeting, Gerry Bury commended Brian Power on his very positive and constructive report on the introduction of treat and referral into Ireland. He acknowledged the excellent work done by Brian noting the vast array of issues shown in the report. The members concurred.

Brian gave a PowerPoint presentation to the group. The members thanked Brian. Discussion arose regarding practitioner training and review of the current PHECC treat and referral CPGs. Brian relayed that he has developed a training programme in the South East which has been completed by practitioners and is currently available online. It was suggested to examine evidence from DFB and NAS PCRs. It was suggested to test the programme with advanced paramedics first and roll out to other practitioner levels thereafter.

Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Medical Advisory Committee recommend supporting the development of an enhanced range of treat and referral CPGs, including but not limited to hypoglycaemia and seizure management, to Council for approval.

Proposed: David Irwin **Seconded: David Hennelly**
Carried without dissent

5.4 Pre-hospital emergency care practice for Ireland

Brian Power made the amendments to the 'draft discussion document for consideration by Council on the development of a standard pre-hospital emergency care nomenclature for Ireland' as agreed at the September meeting. A revised draft discussion document was included in the meeting papers for further review. Jason van der Velde provided an overview.

Following discussion further amendments were agreed.

5.4.1 Pre-hospital emergency care definition

- Amend 2nd paragraph to; 'Pre-hospital emergency care is divided into two domains, responder and practitioner. Responders are, in the main, persons who are deployed to an incident to provide initial emergency care while waiting for a higher clinical level to arrive. Practitioners are healthcare professionals trained to provide pre-hospital emergency care within their scope of practice. Outlined below see sub categories of each;'
- Add new **'(i) Non-PHECC responders**, persons who respond to incidents who are not certified by PHECC.'
- **(ii) Responders**; Add sentence 'Certificates are time limited and it is the responsibility of the responder to ensure that the certificate remains current.'
- **(iii)** Replace **Dispatchers Responders/Practitioners** with **Emergency Medical call-takers and Dispatchers** and amend to; 'operate in emergency operation centres engaged in call taking and dispatching resources.'
- **(iv) PHECC Practitioners**
  Replace **(iv) Practitioners other than PHECC Practitioners** with **(v) Healthcare professionals on other statutory registers** and amend with additional wording as follows;

'such as; registered medical practitioners, registered dentists, registered nurses or midwives, registered pharmacists and registered health and social care professionals.

This framework acknowledges that registered medical practitioners, dentists, registered nurses or midwives, pharmacists and a range of allied health professionals bring a wealth of expertise to patient care. Unless specifically trained and equipped, health professionals in community settings are realistically limited in providing pre-hospital emergency care at First Aid (or Basic Life Support if they have a defibrillator). It is important to make this assumption in order to ensure appropriate dispatching of additional resources against PHECC pre-determined response standards.

Many allied health professionals have existing arrangements with the statutory services either through framework agreements such as Out-Of-Hours cooperatives, practitioners providing care in isolated communities such as off-shore islands, or formal response schemes such as MERIT 3. In most instances they are providing care from Basic Life Support (BLS) to Intermediate Life Support (ILS), unless specifically declared as an ALS asset pertinent to this standard. It is imperative therefore that appropriate resources are allocated to respond, include the additional provision of an ALS response, if clinically indicated.'

5.4.2 Clinical Scope

- Delete 'Responders are certified by PHECC through Approved Training Institutions. Certificates are time limited and it is the responsibility of the responder to ensure that the certificate remains current.'
- 4.1 Replace 'Bystander Support (BS)' with 'Citizen Care'
- 4.3 Delete 'Support (FAS)' after 'First Aid' and amend to; 'First Aid is provided when a responder, practitioner or healthcare professional is on scene and has basic first aid equipment available to provide care to a minimum of the PHECC First Aid Responder (FAR) level.'
- 4.4 Amend to; 'Basic Life Support (BLS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Emergency Medical Technician (EMT) level.'
- 4.5 Amend to; 'Intermediate Life Support (ILS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Paramedic (P) level.'
- 4.6 Amend to; 'Advanced Life Support (ALS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Advanced Paramedic (AP) level.'
- 4.7 Amend to; 'Critical Care Support (CCS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the future PHECC Critical Care Paramedic (CCP) level.'
- Add new 4.8 'Healthcare Professional Assessment; Healthcare Professional Assessment is provided when a HCP is working within their own professional scope of practice and working with the medications and equipment available to them at that moment in time.'

5.4.3 Clinical Level of Care in Practice

- Delete paragraphs 2 and 3

5.4.4 Delete sections 5.1 to 5.6 in the document

Brian Power will make the agreed amendments to the draft document and circulate to the members. Subsequent to discussion the following recommendation to Council was agreed.

Resolution: That the Medical Advisory Committee recommend the discussion document on the development of a standard pre-hospital emergency care nomenclature for Ireland, to Council for approval, subject to the changes agreed.

Proposed: Jason van der Velde **Seconded: Eoghan Connolly**
Carried without dissent

6. Clinical Developments

Deferred to the January 2020 meeting.

7. CPG Development Process

7.1 Emergency Obstetric CPGs

Amendments were agreed to the Emergency Obstetric CPGs at the September meeting. Revised draft CPGs were included in the meeting papers for further review. Brian Power informed the members that the revised draft CPGs were sent to Dr Mary Higgins, Consultant Obstetrician & Gynaecologist, the National Clinical Programme for Obstetrics and Gynaecology, and he is awaiting a response. Niamh Collins, Chair of the Emergency Obstetrics subgroup highlighted the changes to the CPGs. The excellent work of the subgroup was acknowledged by the members. The valuable input from external experts and the importance of practitioner training was noted. It was suggested to invite experts from the National Clinical Programme for Obstetrics and Gynaecology to a future MAC meeting. Following discussion it was agreed that further review of the CPGs and further engagement with the National Clinical Programme for Obstetrics and Gynaecology is required. Brian Power will contact Dr Higgins. The Emergency Obstetric CPGs and training needs will be further discussed at the January MAC meeting.

8. PHECC Field Guide

Martin O'Reilly referenced the section in the field guide on Declined Treatment and/or Transport - Practitioner aid to determine "patient decision making capacity". He suggested that the wording be changed as it creates a double negative which poses a risk. It was stated that proving patient decision making capacity rather than trying to prove a lack of capacity is safer for practitioners. It was agreed to draft new wording which will remove the double negative from the Declined Treatment and/or Transport section of the field guide. The PHECC PCR and PCR Information Standard will also be amended.

9. Clinical Practice at Events

10. External communication, consultation, feedback

Deferred to the January 2020 meeting.

Pre-Hospital Emergency Care Council

11. AOB

Meeting dates for 2020 were agreed;
30th January, 19th March, 28th May, 30th July, 24th September, 26th November.

There being no other business the meeting concluded at 15:30pm approximately.

The Chair thanked all present for their attendance.

The next MAC meeting will be held at 10:00am in the PHECC offices on Thursday 30th January 2020.

Signature: _____ **Date:** 30.01.20

Chair