

Faculty of Pre-Hospital Care (FPHC) Consensus Process

Introduction

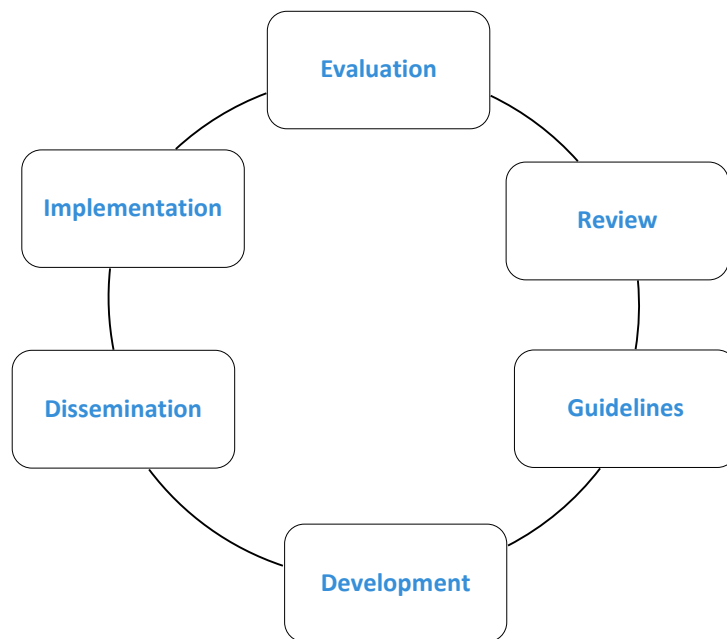
The FPHC in conjunction with key and leading stakeholders produces systematically developed guidelines to assist Pre-Hospital Emergency Care Practitioners to deliver a high standard of care. They are designed to assimilate, evaluate and then introduce changes to clinical practice based on the contemporary and evolving evidence base where available.

The consensus guidelines aim to educate healthcare professionals and assist in agreeing appropriate management. They should be regarded as an aid to clinical judgement and not there to replace it.

Overview of the FPHC Consensus Development Process



It is anticipated the whole process should take approximately one year with six months to get to the date of the stakeholder meeting and six months then reach presentation and dissemination. The highest standard of patient care and improved outcomes are the ultimate goal.



Criteria for Selection of Topics

The following criteria are used to determine topics for consensus meetings:

- Areas of clinical uncertainty
- Need to update existing consensus work
- Clinical priority areas
- Perceived need for guidelines

The selection process is approved by the Faculty Executive Group.

Key Questions Are Formulated

The purpose of the consensus meeting is clearly identified in a number of key questions that need to be answered as part of the review.

Systematic Literature Review

The literature is identified according to a specific search strategy having defined key areas for question. Search strategies and key words used are recorded. Relevant papers are then reviewed in terms of level of evidence and grades of recommendation to take forward a national open meeting.

For each paper reviewed a methodology checklist will be completed.

Consultation & Peer Review

The national open meeting is the main consultative phase of the FPHC consensus development work and is attended by representatives from all appropriate Colleges, Faculties and other stakeholders. The meeting will follow the format of presentation of the evidence base for each key question and where that does not exist, best practice. The evidence will be robustly discussed and a series of conclusions reached as the day progresses and these are summarised at the end of the day. At the meeting there should be representation and comment from service providers in order that the practicalities of implementation and any recommendations can be considered. From this meeting a draft consensus statement is produced which is circulated to attendees from the meeting and any alterations if appropriate included.

Peer Review

In a near final version the consensus guidelines are forwarded to the lead Colleges and Faculties. Responses are collated and reviewed. The final version of the guideline is signed off by the Faculty Executive Group.

Presentation & Dissemination

The completed consensus statement is submitted for publication and for wider dissemination.

Updating & Review

It is anticipated that the consensus statement will be regarded as a live document and updated if there are any essential changes for example new resuscitation guidelines etc. It is anticipated that all consensus work will be reviewed every five years.