

Faculty of Pre-Hospital Care

Annual General Meeting



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Office Bearers' Reports

Chairman's Report



David LockeyChair, Faculty of Pre-Hospital Care

The Faculty has continued to deliver business as usual and at the same time engaged in significant positive change. Our membership continues to increase and I am optimistic that we will soon reach the milestone of 1000 members. It is also encouraging that our membership expansion is seen in all membership groups cementing our long held aspiration to represent all providers of pre-hospital care. The appointment of a new Faculty Manager, Beth Stevenson, has been a significant step forward and we now have a stable and well-functioning office to serve our members. Our key links with the College are also changing. We have received consistent support and encouragement form Professor Mike Lavelle-Jones the departing College President and look forward to a similar relationship with the new President, Professor Michael Griffin who takes up office in November. The Faculty has an allocated College Vice-President and this will be Mr Pala Rajesh when he takes up office soon. We also have a new college appointment responsible for all Faculties – Darren Thompson who has started work recently.

Throughout the emergency services and the healthcare environment there is an increasing awareness of the importance of the mental wellbeing of workers in often difficult working conditions. We are delighted that the Faculty has launched a new psychosocial health project to develop practical guidance for paramedics, doctors, trainee doctors and nurses who work in pre-hospital care. The guidance will improve detection, prevention and alleviation of psychosocial and mental health problems among colleagues, as well as patients. The project will be led by Professor Richard Williams and will involve representatives from the full range of pre-hospital providers and include collaboration with a number of other pre-hospital organisations.

The Faculty hosted a very successful Conference at the College back in January which attracted over 160 delegates and was attended by many of our newer members. The meeting was put together with seamless efficiency by Caroline Leech. It was good to see so many of our members enjoying the fantastic College facilities for education and networking. We will look hard at how we can continue to deliver similar events in the future. The joint FPHC/BASICS conference is being held at the College in November and we are keen to see how this change of venue is received by delegates.

Our various committees, working groups and taught programmes continue to raise their levels of activity. The number of examination candidates has been higher than ever, and the number of courses applying for faculty scrutiny and endorsement has also increased. We now have a new process for consensus processes and position statements which is overseen by our Clinical Standards Committee.

The process for application for Stage 1 of the Faculty Level 8 accreditation has now ended though the stage 2 process will continue for the foreseeable future. Our role in conjunction with the College in PHEM

medical training continues and the PHEM curriculum is also being explored as a basis for advanced paramedic training.

We continue to explore ways of engaging with all of our membership including trainees, students and those enrolled on educational diplomas and non-healthcare professionals group. Some of our regional groups are effective in this area. Our postgraduate programmes continue to be popular and are now properly embedded in the Faculty and College processes.

The Faculty continues to grow and increase its key areas of activity. We look forward to a productive 2019.

Honorary Secretary's Report



John Hall
Honorary Secretary, Faculty of Pre-Hospital Care

Another very busy year with many changes & developments.

The Office has been reorganised & reinvigorated under Beth's leadership as the new manager, has taken the membership role back – to our enormous benefit – and is now in the process of taking on some of the admin tasks associated with our examinations.

Our membership number is rapidly approaching 1000 and with our new proactive process should exceed that within a few months. Here is a summary of the numbers as of 11 October 2018:

Members	Level	UK	Overseas	Sub-Total
	Level 1 Member	108	15	124
	Level 3 Member	67	5	72
	Level 4 Member	65	4	69
	Level 5 Member	259	37	297
	Level 6 Member	225	23	250
	Sub-Total	724	84	812
Fellows	Level	UK	Overseas	Sub-Total
	Level 7 Fellow	90	10	100
	Level 8 Fellow	5	0	5
	Sub-Total	95	10	105
TOTAL		819	94	917

We have revamped our membership structure to make it simpler for all, improve clarity of role and keep costs steady and are hoping to introduce some further benefits next year — details are included elsewhere in this report. We will be contacting you all officially with your new level but you will be able to see for yourself where you sit in the new structure.

Step 1 applications for Level 8 membership finished this summer – the panel is working through the 24 applications received by the final deadline and now has only 9 left to go!! The Step 2 application process will continue for the foreseeable future – details are on our website.

There have been considerable developments in many areas of work – International collaborations and Expedition Medicine being two of the more obvious – and the office has often been at full stretch to deal

with them all. The Mountain Medicine and DipROM programs have been going through a reorganisation process to strengthen them for the future and while there are still some things to finalise they are in a good position.

Some people have needed to step down for work reasons and we will be looking for others to take these roles on – we also need to decide the best way to harness the enthusiasm and new ideas of our younger members to best effect.

There will be a Future Strategy day held in Birmingham on October 15th to set objectives and discuss options for the future and I hope to be able to share some of this with you later this year.

There have been some challenging times this year but by the Exec officers working together as required there has been considerable progress in several areas that will stand us in good stead for the future.

Honorary Treasurer's Report



Richard SteynHonorary Treasurer, Faculty of Pre-Hospital Care

At the time of writing, this report was based on the accounting position at end August 2018. Reviewing the accounts to end August 2018, the financial position shows a projected surplus of £41,948 at year end (December 2018), derived from a projected income of £502,612 and expenditure of £290,171. (The year-end net surplus forecast is £13,335 higher than budget.)

Course fees at the end of August showed a surplus of £3,225 against the budget. Other income has is lower than expectations with a deficit of £9,367 against budget. As this is demand led it is difficult to accurately forecast.

When compared to the budget, there is a current under-spend in examination costs of £7,541, in Printing and Stationery of £12,311 (due to cost savings), in travel and subsistence costs of £1,515 (We are encouraging all to be timely in submissions of claims as in the past there has been some very significant delays in claim forms being submitted and we have instituted a time period to claim as a result), and an over spend against budget in Professional and Legal costs of £3,108. There has however been an underspend of £1,812 against Salaries/Wages/Pensions.

Looking forward to 2019: there is an ongoing exploration around Journal options which may affect the setting of membership fees and the Treasurer will be working with the Faculty Executive and the Editorial Board of the Journal to decide whether there will be any change in membership fees. The Faculty remains in a good financial position overall and in a position to maintain its stated aims.

FPHC Committees and Groups Reports

Pre-Hospital Care Examinations Committee



Phil HydeChair, Pre-Hospital Care Examinations Committee

The 2018 Diploma and Fellowship of Immediate Medical Care exams

During 2018, 2 weeks of successful pre-hospital exams were produced by the pre-hospital exams committee, examiners, Faculty and exams department. The capacity of the DIMC exam was almost doubled in 2018 (compared to previous years). This up scaling in exam delivery is enabling the large national demand for pre-hospital exams to be met. Without the hard work and dedication of the pre-hospital examiners, this scale of exams endeavour would not be possible. The Faculty and College greatly appreciate the on-going incredible support from these clinicians, who all volunteer their time to support the exams.

In January 2018, 38 total candidates sat the DIMC exam. 33 passed, which constitutes an 87% pass rate. All PHEM trainees passed the DIMC exam.

In January 2018, 7 candidates sat the FIMC exam. 5 candidates passed (71% pass rate). All candidates sitting the FIMC exam were PHEM trainees.

In July 2018, 61 total candidates sat the DIMC exam. 43 candidates passed and 18 candidates failed (3 both parts, 10 OSPE and 5 written), constituting a 71% pass rate. All PHEM trainees passed the DIMC exam.

In July 2018, 18 candidates sat the FIMC exam, 9 candidates passed and 9 candidates failed (5 both parts, 3 written, 1 OSPE) constituting a 50% pass rate. All candidates sitting the FIMC were PHEM trainees.

Feedback for candidates

During 2018, automated feedback for each candidate sitting the written parts of the DIMC and FIMC exam was commenced. Feedback for the practical components of both exams is progressing towards automation.

New examiners

Recruitment of new diploma and fellowship examiners in 2018 was very successful. Recruitment of Fellowship examiners will continue into 2019.

DIMC and FIMC examinations in 2019

Building on the progressive developments achieved in 2019, there are DIMC and FIMC exams running on:

23rd-25th January 2019

10th-12th July 2019

Training and Standards Committee



Andy Smith

Chair, Training and Standards Committee

I am pleased to report on the continued work and progress of the Training & Standards (T&S) Committee. The Committee are kindly working through the courses they have been allocated for Endorsement or Re Endorsement. We are starting to look through the courses requiring re endorsement in 2019.

A continuing area of work for the T&S committee is checking on how courses refer to the Endorsement they have been awarded by the FPHC or use the Faculty logo on their course materials and/or website. I am pleased to report the completion of the comprehensive Terms and Conditions of the T&S Endorsement. This is in the process of being sent to all endorsed courses to provide clear guidance. Course convenors are required to sign acceptance of the terms and conditions to maintain endorsement.

T&S Committee is now requesting all courses convenors to provide their evidence on where they align their courses with the competency framework. Once received the organisations perceptions will be checked and each course recorded to match to a particular level of competency. This approach may provide the opportunity for assisting courses seeking cross reciprocation.

We continue to receive request for new courses, which are most welcome. Courses are advised to apply after reading the requirements and accessing the application forms provided on the website.

A great deal of administrative work continues to be undertaken by the Faculty of Pre-Hospital Care office in respect of the T&S Committee for which the Committee is most grateful, in particular to Mariko and Beth.

The current multidisciplinary committee consists of members from paramedical, nursing, medical, educational and administrative backgrounds. I would like to take this opportunity to sincerely thank them for their much-appreciated hard work.

I sincerely hope there will be in the future applicants to join the T&S committee to assist with the considerable workload.

Clinical Standards Committee



Andrew Thurgood MSc, FIMC RCSEd, DipHS, RN, MCPara Chair, Clinical Standards Committee

I took over chairmanship of the clinical standards committee late last year, picking up on the excellent work of my predecessor Lorraine Greasley. We would all like to thank her for all her previous hard work and of course look forward to her continued input into the committee's activities.

This year we have been able to ratify, through the FPHC executive committee, a new format for creation of future consensus statements. It is hoped that this will now provide a robust template for future consensus work. The format is already being tested with early work being carried out on the creation of a consensus statement on the challenging topic of the management of Acute Behavioural Disturbance in the prehospital setting.

Work is in progress to develop and enhance the FPHC's clinical material known as the Core Material. When complete, this will be re-launched as FOUNDATION MATERIAL FOR PREHOSPITAL CARE reflecting the FPHC PHEM Skills Framework Levels A to E. This is important work for the FPHC as it feeds many of the courses that the FPHC endorses through its Training and Standards Committee. Once complete, attention will then be directed towards the medical training material for police officers in specialist role [D13 module].

The committee has received a number of enquiries throughout the year around clinical care and these have been answered with [were possible] an evidence base.

An important development particularly for our non-health care professionals is the support and guidance on the administration of Methoxyflurane (Penthrox). The clinical standards committee have supported this important work undertaken by Professor Sir Keith Porter and Dr John Hall.

Finally, as chair and newly appointed FPHC representative on the Joint Royal Colleges Ambulance Liaison Committee, I look forward to working collaboratively with this important national body, striving to achieve our shared goals which are to improve standards of patient care in the prehospital setting.

Paramedic and Nursing Group



Dan CodyChair, on behalf of the Paramedic and Nurse Group

2018 was the first complete year for the elected representatives. The Paramedic and Nurse Group is currently made up of the four elected representatives (2 Paramedic and 2 Nurse). At the beginning of the year the group set some basics objectives relating to membership, engaging key stakeholders and continuing development of multi-professional education and training in Pre-Hospital Emergency Medicine (PHEM).

We were keen to expand the membership of the group but to inform this decision we first wanted to understand the make-up of the membership and what the membership expected and desired from its elected representatives and membership of the Faculty. To this end a members' survey was developed and distributed. Currently there are 149 Faculty members from the Paramedic and Nursing profession and the group were keen to increase these numbers. In addition to the members' survey, a non-members survey was distributed on social media asking prospective members what they viewed as the role of the Faculty and what would make membership attractive to them. Both of these surveys will inform the future membership of the group and the 2019 objectives.

One of the key stakeholders are the respective professional bodies, in particular the College of Paramedics as they represent the interests of the majority pre-hospital workforce and associated activities. We are pleased to say that we now enjoy a professional and productive relationship with the College of Paramedics (CoP) and dialogue continues relating to the development of specialist areas of practice in pre-hospital care and that the CoP are represented on the Faculty Advisory Board and that the FPHC are now represented on the CoP Specialist Interest Group for Critical Care Paramedics.

Following successful completion of the first two modules of the pilot PgCert Advanced Clinical Practice (PHEM) at the University of Cambridge, the university General Board of Education have approved the course for further cohorts. This course will now become a regular offering at the Institute of Continuing Education with intakes starting in September 2019. This course has been mapped to the PHEM curriculum, the Advanced Clinical Practitioner framework from Health Education England and the Post Graduate Degree Apprenticeship standards. It is also planned to open discussion regarding approval of the programme for Independent Prescribing. A second year is also being developed in order to have the option for a full masters' degree.

This work goes hand in hand with the project work undertaken last year to develop a multi-professional pathway into PHEM and the ongoing work looking at the development of an Advanced Practitioner (PHEM) role.

Lastly the elected representatives would like to thank the membership for its ongoing commitment and the Faculty for its ongoing support of a multi-professional workforce in pre-hospital care.

Regional Representatives Group



Pam HardyChair, Regional Representatives Group

2018 has seen new representatives for Scotland and Wales with recruitment ongoing for North-East, South-East and Northern Ireland. With review of the current membership applications, this should see all regional representatives compliant with being members of good standing.

Changes to the website have been commenced, with a map of regions and resources added, and will be populated by updated information from the regions – although some areas remain inactive and elusive. The webpages have been reconfigured in parallel with the student group to make these groups better aligned.

Responding to requests from regional representatives, banners have been produced for each region for use at events and a modest sum for expenses has been agreed in the annual budget. It is anticipated that this will be seen as a very positive move by the representatives.

Many regions have cited the difficulties maintaining events due to the distances people need to travel and we are currently supporting the North-West region with a pilot of video conferencing to improve this situation. The aim is to use it in a wide range of pre-hospital settings and include all relevant agencies to promote the aims of the Faculty and help unify the pre-hospital organisations to deliver education for all. If this proves successful we will aim to offer this to other regions.

Further work is needed to fulfil the aspirations and purpose of the regional groups and have better local engagement with student representatives, BASICS schemes, trauma networks, universities and PHEM trainees in line with the agreed terms of reference of the regional groups.

Conference and Events Group



Caroline Leech
Chair, Conference and Events Group

The FPHC has hosted two main events this year: both at the Royal College of Surgeons of Edinburgh.

The FPHC Scientific Conference was held on 11-12th January 2018 and was attended by over 160 international and multi-disciplinary delegates. The conference, celebrating the 21st anniversary of the FPHC, included two days of presentations from expert speakers in all fields of pre-hospital care and a sponsored drinks reception. The headline stats were 19 speakers, 22 posters entered into the poster competition, and over 5 million Twitter impressions. The event was a great success and it is planned will be repeated in the future at RCSEd.

The joint BASICS FPHC Annual Conference is being held on 16-17th November and has been led this year by the FPHC office. We look forward to a great programme of speakers, workshops, the poster competition, the FPHC sponsored drinks reception and the dinner specially arranged by BASICS. I would like to thank the following members of the Conference Committee for their support in developing and hosting the programme this year: Andy Poutney, Amy Kyle, Anne Weaver, Jon Barrett, Lauren Weekes, Martin Esposito, Sarah Milton-Jones, Steve Rowe, and Theo Weston.

I would also like to take this opportunity to thank Claire Magras who has worked closely with me from the FPHC office to ensure successful organisation of this year's events. We look forward to more high-quality educational events in the next year which will be defined in more detail at the FPHC strategy meetings in October 2018.

Pre-Hospital Emergency Medicine Trainees' Association (PHEMTA) Group



Dave LevertonChair, PHEMTA Group

Since the last FPHC AGM the following activities and changes to PHEMTA are as follows:

- 1) New PHEMTA Committee nominated May 2018, current Committee positions include:
 - a. Chair Dave Leverton (DL): new position
 - b. Vice Chair Jake Turner (JT): new position
 - c. Assessment Ali Hussain (AH)
 - d. Curriculum Steve Corry-Bass (SCB): new position
 - e. Training Harriet Tucker (HT): new position
 - f. Welfare Andy Wood (AW)
- 2) PHEMTA attendance at Moreton course 10th August 2018
 - a. PHEMTA introduction to new PHEM trainees, August intake
 - b. PHEMTA AGM chaired by JT
- 3) PHEM trainees survey November 2017, outcomes/actions:
 - a. Workload & acuity: consistency between regions
 - b. Clinical supervision: feedback to TPD's good
 - c. Education supervision: feedback to TPD's good
 - d. Training quality and CGD: feedback to TPD's good
 - e. National training days: trainees felt this needed improvement
 - i. Phase 2 course ran in March 2018
 - f. Curriculum: trainees felt WPBA number and linking excessive
 - i. GMC/IBTPHEM curriculum review pending: imminent
 - ii. Full review in Autumn for GMC guidance deadline 2020
 - iii. PHEMnet portfolio now active, reduction administrative portfolio burden
 - g. Portfolio: trainees had concerns re: online portfolio system
 - i. PHEMnet up and running, well tested and functioning
 - ii. August 2018 intake to be solely on PHEMnet
 - h. TAP process: no major issues
 - i. Welfare: focus on isolation, hours and finances
 - i. Hours monitoring exploring option to monitor this with portfolio possibly
 - ii. Travel times excessive travel being fed back to regions
 - iii. Finances collating list of contacts for each region to set-up travel/expenses reimbursement for trainees

- iv. Isolation concerns highlighted by survey will be sensitively dealt with on a individual basis
- 4) PHEM trainee survey planned for November 208, no survey this summer due to re-election of PHEMTA and internal restructuring
- 5) PHEMTA newsletter to recommence 2 monthly from September 2018 following Moreton course
- 6) PHEM diversification: women in PHEM, work with Caroline Leech and PHEMTA
 - a. Twitter campaign
 - b. IBTPHEM
 - i. LTFT
 - ii. Women in PHEM
 - c. EM trainee association Conference
 - d. Looking for GAT Conference contacts
 - e. Women's ICU group liaison
- 7) PHEMTA presence at major Conferences this year
 - a. FPHC/BASICS Conference in November
 - b. Retrieval 2019

Student and Junior Doctors Group



Rasmus Knudsen

Chair, Student and Junior Doctors Group

Aims of the group

- To support the National Student Conference in pre-hospital and emergency medicine
- To develop a cohesive network of student pre-hospital groups
- To facilitate improved FPHC engagement with student societies

Student Conference

- In conjunction with the student PCP committee, this group would like to formalise the process of selecting a host for the conference
- We would like to raise the profile of the national conference. This can be done through social media. We also hope that by formalising the selection process of the host, it will become more competitive and prestigious.
- Involve Junior Doctors in the running of moulages at the conference
- The group is conscious that this should be done in conjunction with the student PCP committee.
- Allocation of Funding
- This year we have formalised the process for student groups applying for funding from the Student and Junior Doctor Group.
- This has been advertised on the website, along with details of the types of events the group will consider funding for.
- In addition, we have also asked groups applying for funding this year to submit a report of the event which we will look to upload to the website.
- The Student Group and the Faculty of Prehospital Care have provided funding for the Student Wilderness Medicine Conference again this year.

Student Network

- Contact and social media information for the pre-hospital student groups in each region have been compiled. An up-to-date database should be accessible on the FPC website.
- The launch of the student Facebook group this year has helped students promote their own local events and keep in touch with PHEM events happening nationally.
- The Facebook group has also allowed the group to advertise the student rep posts, resulting in more applications this year than in previous years.

FPHC Engagement with Student Societies

- Once again we shall be asking our new regional representatives to contact student societies in their region to make them aware of the FPHC student group, to promote engagement between student groups and the faculty.
- The regional reps also aim to facilitate co-operation between the student societies to ensure events are supported locally.

Plan for the next 18 months

- Review student membership benefits to improve student engagement with the faculty.
- Explore the use of live-streaming local events for a national audience

International Developments



David BruceInternational Developments

There have been a fair number of contacts since I took office in early Jul 18. They are shown below and outline the country/organisation; what they requested; and the current situation. In addition, I identified potential opportunities for international cooperation with the Primary Trauma Care Foundation (PTCF) and this has been discussed with the Chair and Hon Sec.

Country/Organisation: India/'Saving Lives' Project supported by Rotary and Fac of Disaster Med, India Request At least 2 experts to develop a training curriculum for Level 1 (First Aiders/Paramedics/Fire Personnel/Nurse) and Level 2 (junior doctors and GPs supporting disaster) prehospital training; 4 trainers to join the 'Train the Trainer' Courses in India; support in developing Diploma and Masters level qualifications for approval by the new Indian medical regulatory body; and support in establishing a Faculty of Prehospital Care as a sub-Faculty of the newly established Faculty of Disaster Medicine. Current I have had regular contact with the UK contact requesting the support and this situation culminated in a face-to-face meeting on 24 Sep 18. The requests have been clarified as: development of a prehospital training syllabus in collaboration with Indian providers; initial delivery of training to multidisciplinary prehospital providers; editing of an Indian PHEC manual; and a Train the Trainers Course. They are also interested in the development of Diploma level qualifications which would be examined and awarded by the Indian medical regulatory authority. A record of the discussions held on 24 Sep 18 will be discussed at the Faculty Strategy Day being held on 15 Oct 18.

Country/Organisation: Senzhen Province, China/ED of Shenzhen Hospital, HK					
Request	The Faculty were advised that "There is no such specialty as prehospital medicine in China. EMS systems vary between provinces and cities. The ambulance crew basically consist of a doctor, a nurse and a driver. Training is not standardized. Their knowledge and skill level is very variable. At most they are equivalent to EMT - intermediate." The aim of the requesting doctor was to establish a training programme with international recognition in Shenzhen and build up an EMS system that was efficient and effective. The ultimate goal was to make Shenzhen's prehospital care a role model to the rest of China.				

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After a brief literature search on pre-hospital care in China, I requested details of current provision, case mix, response times and other information. We have been in regular contact and agree that there are 2 key elements: structure and administration of a pre-hospital/ambulance system and agreed training for the personnel on the ambulances. The doctors in China were keen on the prehospital training syllabus/course which was sent for information and have requested a 2-3 man training team. They are looking into funding.

Country/Organisation: Nepal/Friends of Nepal Ambulance Service				
Request	This was primarily a request for academic and research support.			
Current situation	The Training and Standards Board have previously stated that they support the development of pre-hospital care in Nepal in principle. Attempts to find individuals with the capacity to help out have been unsuccessful to date but other organisations have been approached.			

Country/Organisation: Sri Lanka				
Request	This was effectively a request to provide advice and help on setting up/supporting an ambulance service which is currently in its infancy.			
Current situation	I have been in contact with the requesting doctor and provided some guidance and comment but also highlighted the limited manpower and finances available to the FPHC. There was also a request for training and this may dovetail with the ongoing work with the PTCF who already have an established presence in Sri Lanka.			

As stated above, there are ongoing discussions with the PTCF since working together may be mutually beneficial. We may be able to provide instructors, access to research and the status of FPHC involvement while they would bring established contacts, expertise and teaching networks in numerous overseas locations. I have met with the CEO and the Chairman of the Board of Trustees and we have completed a mapping exercise of PTCF teaching against the FHPC generic core material; the Prehospital Trauma Care Course; and the prehospital Provider competencies matrix. Work is ongoing and will involve engagement with the Training and Standards Board.

On a separate note, I have been in contact with Healthcare UK who are a Government Department focussed on 'promoting the UK healthcare sector to overseas markets and supporting healthcare partnerships between the UK and overseas healthcare providers'. The aim is to determine what, if any, involvement currently exists for prehospital care and whether any funding might be available. I am awaiting a response.

In summary, there is considerable work in progress within international development. Most of the projects are at a relatively early stage and there has to be an awareness of the FPHC's limited manpower and financial resources. Nevertheless, there are opportunities to extend the Faculty's influence and support the development of prehospital care internationally.

Non-Healthcare Professionals Group



Nigel HinsonChair, Non-Healthcare Professionals Group

The Faculty has long recognised the role of the non-health care professional in providing pre-hospital care. Whether at the road side or on the side of a mountain it is highly likely that initial aid will be delivered by a non-healthcare professional: firefighter, police officer or UKSAR volunteer.

The Faculty, therefore, decided that a non-health care professionals group be established to give this category of the membership a voice in Faculty business. In addition to the chair the group consists of two police officers, a firefighter, UKSAR volunteer and an Off-shore Diver Medical Technician. We are represented on the Advisory Board, Executive and Clinical Standards Committees. However, it is not the function of this group to represent the organisations for which they either work or volunteer.

The executive felt that it was important to understand what members want from the Faculty. In order to get a sense of the requirement an e-survey was undertaken of all 214 members (Levels 1 to 4 i.e. not carrying a healthcare registration). 204 members were contacted (10 having not provide an e-mail address) and 65 responded.

The break-down of respondent's roles is broadly as follows: Military 2, EMT 15, first aid trainers 14, UKSAR 4, Event/motor sport cover 4, police/law enforcement 6, fire service 3, CFR 15, other 2. It should be noted that many respondents were engaged across several areas activity e.g. being both a first aid trainer and community responder or both a police officer and UKSAR team member.

The question was, therefore, posed as to what members wished the Faculty to deliver. There were some requests for EMT registration and for quality Faculty manuals (both core material and D13), however, a consistent theme was for guidance on, and provision of, CPD.

The results of the survey will be fed into a forthcoming Executive meeting the objective of which is to develop future strategy.

In addition to the survey group members have undertaken the following activity during the past twelve months:

A review of the Pre-Hospital Emergency Medicine competencies, with emphasis on Levels D/E.

Contributed to the work of the Clinical Standards Committee.

Supported the National Student Wilderness Medicine Conference with assistance in facilitation, providing speakers and workshop leaders.

Ongoing participation in a review of Expedition Medicine Competencies. This a project is being undertaken in conjunction with the Royal Geographical Society and is concerned with all aspects of medical provision to expeditions and endeavour in the wilderness environment, including that of leaders and guides who do not hold healthcare registration.

Postgraduate Programmes



Juergen Klein

Executive Programme Lead

The two postgraduate programmes, Remote and Offshore Medicine and Mountain Medicine continue to thrive as part of the Faculty of Prehospital Care's educational activities.

Diploma in Remote and Offshore Medicine

In our 10th year of operation the programme continues to be well regarded and attract strong student numbers, with 18 students starting their studies in September 2018. A survey of graduates at the end of 2017 confirms that the programme is generally of value to graduates and that for a significant number of them, it is of direct benefit to their clinical practice and employment. The survey has also provided further information about areas of curriculum development for the programme going forward.

Remote and Offshore Medicine Student Numbers

	Diploma	Certificate	CPD/DDRC	Total
Sept 2018 Intake	7	2	9	18
Active (incl. Sept 2018 intake)	32	24	57	113
Complete	43	18	102	163
Withdrawn	80	13	60	153

Diploma in Mountain Medicine

After successful completion of the transfer of the programme to the Faculty, the programme is going through a period of change. This includes a reduction in student numbers to 24 for our annual intake to allow us to focus on improving the student experience particularly for practical mountaineering activities. This forms part of a planned development of a longer-term strategy for the future of the programme.

Summary of student numbers

	Diploma	Certificate	Total
2018 Intake	18	6	24
Active (incl. 2018 intake)	89	18	107

Awarded UIAA/ICAR/ISMM Diploma	12	1	13
Eligible UIAA/ICAR/ISMM Diploma	37	10	47
Complete	3	0	3
Withdrawn	4	1	5

We would like to take this opportunity to acknowledge the work of administration, academic and teaching staff and office bearers who support the programmes. Our students and graduates are the backbone of our learning community and contribute to the ongoing development of these clinical specialty areas, through their enhanced clinical practice.