



FACULTY OF PRE-HOSPITAL CARE
THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

Faculty of Pre-Hospital Care

Annual General Meeting



21 January 2020

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Office Bearers' Reports

Chairman's Report



David Lockety

Chair, Faculty of Pre-Hospital Care

The Faculty has had a strong year and our membership target of 1000 was reached early last year. The faculty office support has been consistently praised by staff and our members and has made many of the processes (e.g. membership) much more user friendly. Our links and support from the college have also been positive and consistent. Financially the Faculty continues to produce a small surplus, on target with our projected budget.

Our new core manual is in demand and is being used in a number of different professional groups. PHEMnet is also available to our members to record their clinical activity and meets the demands of most training and CPD logbook requirements.

Caroline Leech has led on the next Faculty conference which will be held at the College in March. Booking has commenced and I expect that our second conference will fully fill the available space and be as successful as our first conference two years ago. It will be another opportunity for the full range of our membership to learn and network in the excellent surroundings of the College and the City of Edinburgh.

Professor Richard Williams has led the psychosocial CARE project on behalf of the Faculty and engaged with trainees and other membership groups to commence delivery of outputs designed to understand and manage the wellbeing of pre-hospital care providers. We will deliver this project over the next year and I am optimistic that it will have a positive impact on our membership and other pre-hospital responder groups.

David Bruce is leading our International Development work and has made a number of promising contacts with projects overseas. We are hoping to develop course material targeted at pre-hospital care in developing EMS systems and are exploring various options with potential partners.

The Training and Standards Committee chaired by Andy Smith has continued to provide the Faculty endorsement process to a wide range of courses. The assessments are delivered by a multidisciplinary committee

After much thought we have concluded that the Faculty is not well placed to deliver taught diplomas. We concluded that institutions that specialise only in education – e.g. Universities are better equipped to deliver the full spectrum of the student experience. As a result we are looking to hand over both of the Faculty taught diplomas in the near future while ensuring that students that are already enrolled are fully protected.

Examinations continue to flourish and we held the largest ever sitting of the DIMC this year. Phil Hyde has done an excellent job for many years and hands over the examiner convenor role to Jon Birks.

We will see a number of changes in Office bearers and Committee members next year and I urge you to consider whether you might be perfectly suited to a leadership role in our organisation.

We look forward to another good year for the Faculty in 2020.

Professor David Lockey
Chair, FPHC

Honorary Secretary's Report



John Hall

Honorary Secretary, Faculty of Pre-Hospital Care

Another very busy year with many further changes & developments.

The Office has had a number of staff changes during the year and has only got back to full compliment in the last few weeks. This has created some difficulties with smooth transition of tasks with by significant extra effort on everyone's part all tasks were completed on or ahead of time.

We revamped our membership structure last year to make it simpler for all, improve clarity of role and keep costs steady and introduced some further benefits during the year including free access to PHEMNET (worth something over £200/year) and reconfirmed an electronic copy of our Foundation Material (£27) for each member. Perhaps this in part has led to the increase in membership numbers from 917 last year to 1106 this year.

The Step 2 application process is continuing and we have recently had successful applications from Dr Neil Sambridge and Mr Andrew Thurgood. Andrew is the first non-doctor in the UK to be awarded Faculty Accreditation of Consultant (Level 8) Practitioner in Pre-hospital Emergency Medicine, after many years of working at the highest levels of PHEM in the UK.

There have been continuing 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 Dip. ROM programs have been going through a further reorganisation process and details of this will be ready soon.

We have finished the production of a National Minimum Data Reporting Set for the College of Policing and updated the Clinical Material for Police Officers in Specialist Role at the end of 2019.

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

Honorary Treasurer's Report



Richard Steyn

Honorary Treasurer, Faculty of Pre-Hospital Care

At the time of writing, this report was based on the accounting position at end September 2019.

Reviewing the accounts to end September 2019, the financial position shows a projected surplus of £98,465 at year end (December 2019), derived from a projected income of £512,522 and expenditure of £414,087. (The year-end net surplus forecast is £76,571 higher than budget.)

There is a significant under-spend of £30,348 against Salaries/Wages/Pensions, this is primarily due to the restructure in the supporting roles for the postgraduate programmes, note - costs for this area may not have been added fully by the college. There are also deferrals of approx. £28,000 for our Mountain Medicine postgraduate programme, which may require to be ring-fenced in preparation of a handover to the University of Central Lancashire.

Subscriptions at the end of September showed a surplus of £10,010 against the budget, this is due to increased promotion from the Faculty office for FPHC memberships via social media. Course fees also showed a surplus of £18,024, due to increased activity in our area of course endorsement. Other income is slightly lower than expectations with a deficit of £1,609 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 £6,206 – this may be down to late submission of fee claims so may well be picked up later on in the year. Printing and Stationery spend is down by £9,872 (due to cost savings within the Faculty office), in travel and subsistence cost saving of £3,349 (again this year we are encouraging all to be timely in submissions of expenses claims).

Looking forward to 2020: we will be looking at supporting podcasts which will incur additional costs. The Executive have agreed not to increase membership fees for 2020, however may seek an increase in 2021. 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 Hyde

Chair, Pre-Hospital Care Examinations Committee

1) Thank you to the Faculty office, College departments and examiners

Pre-hospital exams continue to go from strength to strength due to the hard work of Mariko Dardel Jessop, Beth Stevenson and John Hall in the Faculty office and Iain Baillie, Louisa Miller, Shona Watt and Yvonne Hurst in the Examinations, psychometrics, question bank and education department.

The sustainability of the pre-hospital exams is underpinned by the examiner cohort, who work above and beyond for each of their disciplines. Particular thanks to Rod Mackenzie, Juergen Klein and Simon Lewis for their ongoing huge dedication to sustaining the DIMC and FIMC exams.

2) Convener of pre-hospital exams

Jon Birks has taken over as Convener of pre-hospital exams from October 16th 2019 onwards. Elections for assistant and deputy conveners will be achieved in the next year.

3) The Diploma and Fellowship of Immediate Medical Care

A full review of the DIMC and FIMC exams and their results from 2014-2019 is available on the Faculty website. A summary of the results is provided in table 2a and 2b.

Preparation for the January 2020 DIMC and FIMC exams is going very well under the leadership of Jon Birks. The examiner group are focussed on exam question writing and this focus will continue for the foreseeable future.

DIMC exam diet	Number of candidates sitting the exam	Number of candidates who passed the exam	Overall percentage pass rate %
March 2014	26	21	81
September 2014	32	29	91
January 2015	24	20	83
July 2015	40	34	85
January 2016	44	38	86
July 2016	44	37	84
January 2017	53	48	91
July 2017	42	38	90
January 2018	38	33	87
July 2018	61	43	71
January 2019	73	68	93
July 2019	73	63	86
TOTAL 2014 -2019	550	472	83

Table 2a Overall numbers of candidates sitting the DIMC exam and overall pass rates 2014 to 2019.

FIMC exam diet	Number of candidates sitting the exam	Number of candidates who passed the exam	Overall percentage pass rate %
July 2014	6	5	83
January 2015	3	1	33
July 2015	11	7	64
July 2016	16	5	31
January 2017	16	12	75
July 2017	19	13	68
January 2018	7	5	71
July 2018	18	9	50
January 2019	13	9	69
July 2019	15	6	40
TOTAL 2014 - 2019	124	72	58

Table 2b. Overall numbers of candidates sitting the FIMC exam and overall pass rates 2014 to 2019

4) The March 2019 Diploma of Urgent Medical Care

The March 2019 DUMC exam was led by Colville Laird. Thanks to Colville and the DUMC examiner team for achieving the first diet of this exam. 10 candidates sat the exam; 7 failed the exam and 3 passed. A second diet of the exam is planned for March 2020 – details are available through the faculty website.

5) The April 2019 Diploma of transport and retrieval medicine

Enormous thanks to Andrew Cadamy for his leadership and dedication to the DipRTM. Andrew has now handed over leadership of the DipRTM to John Glen.

32 candidates sat the April 2019 exam. 11 passed and 21 failed. 13 of the failed candidates placed appeals to the College about the exam. A full review of the exam has demonstrated no issue with the processes followed for the exam and the results stand. Detailed work on the single best answer questions is ongoing by the examiner group and College to ensure the examination is ready for a further diet in April 2020.

6) DIMC and FIMC examinations in 2020

Building on the progressive developments achieved in 2020, there are DIMC and FIMC exams running on:

22nd-24th January 2020

1st-3rd July 2020

Phil Hyde

Immediate past pre-hospital examinations Convener

November 2019

Phil.hyde@rcsed.net

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 have kindly worked with the courses they have been allocated for endorsement or re-endorsement in 2019. It is anticipated nearly all courses for 2019 calendar year will have completed the re-endorsement process on time.

There remain three levels of support for courses. Firstly, is where the concept of a programme is supported, secondly where the content is endorsed and thirdly where the content, delivery and course processes are endorsed.

For providers who seek endorsement of content only; the course endorsement reviews are undertaken as a 2-stage process; review of the content and a review of the owning organisation's Quality Assurance delivery processes.

The endorsement process for the majority of endorsed courses includes a review of all the course materials, delivery and course processes, including assessment, instructor identification and training. This also includes a visit to the course centre while running a course, hence a considerable amount of work. The Committee will be allocated courses for review in 2020, hence an ongoing process.

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 during this year. This has been sent to all endorsed courses to provide clear guidance. Course convenors are required to sign acceptance of the terms and conditions to maintain endorsement.

The T&S Committee have requested all courses convenors provide evidence of where they believe they align their courses with the FPHC competency framework. All course convenors have been requested to indicate at which level their course meets for each individual competency. If a specific competency is not part of that course, then they are requested to state not applicable. The T&S endorsing officer for that course, who knows the course well, then confirms or deny the indicated level of competencies. The course convenors when required are requested for additional evidence.

It is the belief of the T&S committee on completion of this exercise; the process will provide a clear competency map for each endorsed course, equally a skills matrix for candidates completing a specific course. This also enables cross reciprocation between courses where appropriate.

The review of the office processes when managing the endorsement process for course applications is now complete and the T&S Committee have developed a clear flow diagram of the processes for course applicants for transparency, this is to be available on the FPHC web site.

The T&S Committee maintain close links with all the endorsed courses and provide guidance and support where required. Occasionally this includes a thorough investigation of all complaints raised by candidates attending endorsed courses.

The T&S Committee continue to receive requests 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.

Further consideration is being undertaken to how the Endorsement process may be able to assist overseas courses. An example is the development of an overseas course assessment matrix and the development of course material. David Bruce, Vice Chair will I am sure report on further overseas developments in his report.

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.

The current T&S Committee consists of a multidisciplinary team 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 more applicants to join the T&S committee to assist with the considerable but rewarding workload.

Andy Smith

Chair – Training and Standards Committee

Clinical Standards Committee



Andrew Thurgood MSc, FIMC RCSEd, DipHS, RN, MCPara

Chair, Clinical Standards Committee

1. Consensus Statements

- 1.1. Consensus statements are in need of a review and this was identified as a stream of work back in mid-summer 2019.
- 1.2. Having discussed the difficulties of finding personnel willing to give time in the formation of this review, Prof David Lockey kindly suggested that the chair of the CSC (AT) get in touch with chair of the PHOTON group Dr James Raitt (JR) to explore mutual aid.
- 1.3. AT has made contact with JR and discussed a way forward by harnessing the enthusiasm (and manpower) of the PHOTON group
- 1.4. Referring to the standard there was some discussion on whether the PHOTON person/people would be the lead, or do the bulk of the work under the guidance of an SME?
- 1.5. We both felt that this decision would be dependent upon the professional background/experience of the PHOTON person undertaking the work.
- 1.6. They would however follow the agreed clinical standard consensus guideline formation template.
- 1.7. A trawl of the PHOTON group is underway by JR to establish interest.
- 1.8. The priority of the work will be to review the following consensus statements
 - 1.8.1. These are the 3 Consensus Statements that could be quick wins and help with housekeeping our existing suit.
 - 1.8.2. Management of Chest Injuries
 - 1.8.3. Management of Crush Injury
 - 1.8.4. The Pre-hospital Management of Pelvic Fractures
- 1.9. The following Consensus Statements would then be ignited after the above has been achieved:
 - 1.9.1. Acute behaviour disturbance. JRCALC are looking at this but their work is aimed at the base standard paramedic thus has limited scope.
 - 1.9.2. Drowning / immersion
 - 1.9.3. Pentrox
 - 1.9.4. Use of ultrasound in PHEM

2. Acute Behavioural Disorder in the prehospital setting

2.1. JRCALC have published a draft ABD guideline which has been written for the paramedic who has no sedation options. Only enhanced paramedics can sedate under PGD and local policy, but this is not covered in the JRCALC Acute Behavioural Disorder guideline work.

2.2. Clinical standards committee have fed into this JRCALC development - thanks to Col Lorraine Greasley.

3. Foundation Material 2019

3.1. The Foundation Material for Prehospital Care continues to attract positive feedback.

3.2. Negative feedback has been received regarding the consensus statements.

3.2.1. See item 1.7 which pre-dated this comment.

4. EndNote x9

4.1. AT contacted the library at the College to find a solution for integrating reference indexing in word documents. The librarian was very helpful and suggested EndNote as it is what they use when they are requested to do searches, whilst that is a powerful aspect of the software it's the integration into word documents which I found most attractive.

4.2. FPHC office kindly suggested that the FPHC could consider buying a copy of EndNote software as this would have excellent utility in areas such as Foundation Material and clinical standards work.

4.3. See: <https://www.bilaney-consultants.co.uk/our-products/endnote.html>

4.4. EndNote has been reviewed and is excellent.

4.5. Funding to be agreed via executive.

4.5.1. For each licence purchased, EndNote can be installed on up to 3 computers (both Mac and Windows) for exclusive use by the licence holder.

4.5.2. All licences are a one-off purchase (not subscription).

4.5.3. £216 for three holders.

5. Enquiries

5.1. There has been a trickle of ad hoc clinical questions that have dealt with efficiently by the FPHC office and responded to appropriately by the chairman of the CSC.

6. D13 - Police officers in specialist role (Manual review)

6.1. Dr John Hall is leading on this with Nigel Hinson and Philippa Serebriakoff.

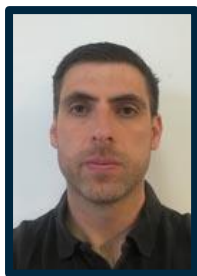
6.2. The review has now been carried out, with the view of the manual being ready mid Dec 2019.

7. END

MR A THURGOOD

CHAIR - CLINICAL STANDARDS COMMITTEE

Paramedic and Nursing Group



Dan Cody

Chair, on behalf of the Paramedic and Nurse Group

2019 has been a busy year behind the scenes for the group. We started the year with a survey of current members and potential members looking to identify why people join the faculty and what they want from membership. We have continued to work with both the College of Paramedics and Nursing and Midwifery Council looking at specialist and advanced career pathways for both Paramedics and Nurses.

The survey identified a number of core themes including understanding the benefits of membership, increasing engagement and visibility, access to training and education opportunities and supporting development of career pathways. We have had a number of positive working group meetings with the College of Paramedics exploring options for using the PHEM curriculum to support development of clinical career pathways and this collaborative work continues.

Looking ahead to 2020, the focus will be on improving visibility and member engagement, working with our regional groups to reach out to members to ensure they are getting full benefits of their membership. We will look to signpost opportunities for training, education and CPD with particular emphasis on preparation for those wishing to take the Diploma in Immediate Medical Care.

From all of the group, we thank you for your membership to the faculty and look forward to further development in the coming year.

Thank you to Chris, Vicky and Ashleigh on their input for this report.

Dan Cody

Regional Representatives Group



Pam Hardy

Chair, Regional Representatives Group

There have been some really positive developments in the regional groups over the past year.

The Yorkshire Regional Group, driven by Andy Poutney and his team, is an exemplar of the regional group model and was showcased in the FPHC Newsletter in February. Significantly, they not only demonstrate fantastic engagement with emergency services colleagues, along with many other agencies, responders and students, they are formally incorporating non-healthcare professionals into the regional group. This will facilitate a vital link and further promote the aims of the Faculty of Pre-hospital Care in providing training that improves multi-agency working and patient outcome.



The article reminds us that pre-hospital care extends beyond the realms of critical care teams and the importance of embracing the wider pre-hospital community including non-health care professionals and health care professional students to ensure they are encouraged, motivated and have access to relevant continuing professional development to further their practice and develop as future pre-hospital practitioners.

We very much hope other regional groups will also support this approach. We know some other regions provide similar opportunities and events - often there is a huge amount going on that we simply don't capture and share. All regions still need encouragement to keep sharing information and events with the FPHC office for uploading onto the regional webpages on the FPHC website. Further use of the social media

sites is also to be encouraged, along with inclusion of the student and trainee representatives / groups who have been successful with their social media sharing.

There has been significant progress with the regeneration of a new group in the North East, including members from a variety of backgrounds and organisations. This has also been facilitated by the availability of a new venue at the GNAA base and it is anticipated a launch event will take place in January 2020.

There is also some fresh interest from Wales, South-East and Northern Ireland which is being followed up and is work in progress.

The Scotland region was promoted recently with a stand at the North of Scotland Trauma Network Event on in October at Pittodrie Football Stadium in Aberdeen. Activity is evident both in Shetland and The Outer Hebrides!



Thanks go to Claire Magras for all her work on updating the regional webpages within the permissible boundaries of the College IT, and we are sorry to see her move on to pastures new from the FPHC Office. We welcome Shannen and Chris who I am confident will continue to progress the good work.

Regional leads and their teams will be encouraged to attend the next FPHC conference in March 2020 and be invited to consider poster submissions to highlight activities in their region, as well as have a chance for an informal networking opportunity.

Pam Hardy

Chair, Regional Representatives Group

Conference and Events Group



Caroline Leech

Chair, Conference and Events Group

The FPHC led the BASICS FPHC Annual Conference on 16-17th November 2018 incorporating a programme of speakers, workshops, poster competition, Diploma IMC revision session, FPHC sponsored drinks reception and BASICS dinner. The event was very successful: attended by 158 paying delegates and with more than 7 million impressions on twitter via the hashtag #BASICSFPHC. The conference was also covered by The Resus Room podcast, and as a feature in the RCSEd Surgeons News magazine in June 2019.

The next FPHC Scientific Conference will be held on 17th-18th March 2020 at the Royal College of Surgeons of Edinburgh. The programme has achieved a gender balance of speakers and features a diverse range of multi-disciplinary experts to present relevant pre-hospital care topics. Registration is open on the website with prices held at the same rate as previous years, and includes applications for the poster competition. We hope you will be able to join us for this event and enjoy the free drinks reception as a valuable networking opportunity.

I would like to thank Claire Magras who worked closely with me from the FPHC office to ensure the successful organisation of previous events and I look forward to working with Shannen Joyce who has now taken over the role.

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



Jake Turner

Chair, PHEMTA Group

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

- 1) New PHEMTA committee nominated September 2019, current committee positions include:
 - Chair – Jake Turner (JT): New position from vice-chair
 - Vice Chair – Jon Bailey (JB): New position
 - Assessment – Matt Creed (MC): New position
 - Curriculum – James Hudgell (JH): New position
 - Training – Sammy Batt-Rawden (SBW): New position
 - Welfare – Alison McInerey (AM): New position
- 2) PHEMTA attendance at national induction course August 2019
 - PHEMTA introduction to new PHEM trainees, August intake
 - PHEMTA AGM chaired by JT
- 3) PHEM trainee survey November 2018, outcomes/actions:
 - Workload & acuity: consistency between regions, paediatric exposure felt to be subjectively low in some regions
 - Clinical supervision:
 - Feedback to TPD's good, majority felt sign off time was about right with all but one having a summative sign off
 - Some concerns about lack of standardized approach to CS, Non-consultant supervisors and CS's with limited PHEM experience
 - Educational supervision: Feedback to TPD's good, all had an ES with majority feeling ES was knowledgeable and all felt supported by ES
 - Training quality and CGD: Feedback to TPD's good, direct supervision rates higher in some services, phase 2 trainees wanted more solo time
 - National training days: Trainees felt this needed improvement
 - Phase 2 course ran in March 2018 & March 2019
 - Pending another iteration next year
 - Curriculum: Trainees felt WPBA number and linking excessive
 - GMC/IBTPHEM curriculum review pending: imminent
 - Full review in Autumn for GMC guidance deadline 2020
 - PHEMnet portfolio now active, reducing administrative portfolio burden
 - Portfolio:
 - Linking was felt to be excessive
 - Time taken to undertake linking was also criticised
 - TAP process: No major issues

- Welfare: Focus on isolation, hours and finances
 - Many stated they feel their organisation cares about wellbeing and is supportive
 - People highlighted that moving to PHEM can be isolating
 - Multiple comments that accessing budgets and expenses is very difficult (e.g relocating house, study budget)
 - A comment on welfare highlighted that multiple jobs/portfolios on blended scheme left little time for life/hobbies and contributed to adverse mental health
- 4) PHEM trainee survey planned for November 2019, no survey this summer due to re-election of PHEMTA and internal restructuring. Plan to run 2x/year – next due November 2019
- 5) PHEMTA newsletter to recommence every 2 months from September 2019
- 6) PHEM diversification: Women in PHEM, work with Caroline Leech and PHEMTA
 - Twitter campaign
 - IBTPHEM
 - LTFT
 - Women in PHEM
 - EM trainee association conference
 - Looking for GAT conference contacts
 - Women's ICU group liaison
- 7) PHEMTA presence at major conferences this year
 - BASICS October 2019
 - FPHC March 2020
 - Trauma Care March 2020
 - Retrieval April 2019
- 8) Post PHEM
 - RCoA and ICS have been approached to support time out of parent speciality for trainees post PHEM and pre-CCT
- 9) Welfare
 - Involvement in Project CARE chaired by Richard Williams
 - Attend quarterly meetings (ongoing)
 - Production of evidence based literature review (completed)
 - Review of trainee survey 2016/2017/2018 to inform guidance (completed)
 - Production of guidance for PHEM organisations on best practice for providing psychosocial support for their trainees (due to be published Autumn 2019)
 - Support FPHC STAPPS research project (ongoing) in conjunction with QMUL
 - Phase 2 course
 - Curriculum based lecture regarding psychosocial impact of primary/secondary trauma (Feb 2018, March 2019)
 - Update on project CARE for PHEM trainees (March 2019)
 - IBTPHEM training committee
 - Attend quarterly training committee meetings with training rep (facilitated via Mariko)
 - PHEMTA welfare email
 - Monitor the Welfare email address which was setup in August 2018 as an additional informal route of communication for trainees with PHEMTA
 - PHEMTA trainee survey
 - Assist chair in production, implementation, analysis and publication of PHEMTA trainee survey with a focus on Welfare issues

- Engagement with trainees regarding specific issues raised

Student and Junior Doctors Group



Molly Greenaway

Chair, Student and Junior Doctors Group

There has been encouraging progress within the Student and Junior Trainee Group over the past year.

In July 2019, the pilot of a national initiative to involve students in the Diploma and Fellowship of immediate Medical Care was successful. This was following significant input from Beth Stevenson, Jon Birks, John Hall and myself, alongside the guidance of Phil Hyde. The diet saw 12 students from across the UK attend as expert patients which provided a unique dynamic to the examinations and a valuable experience to the students involved. This was combined with a CPD session delivered by Jon Birks on Prehospital anaesthesia which was well received by the students. The use of students at these examinations, extending to the DipRTM, is hoped to become a permanent initiative, with many students keen to return in January 2020.

Within the NW region, a Community First Responder programme has been created in partnership between Manchester medical school, NWAS and NWAA. This is currently undergoing a trial year within Manchester, aiming to expand to other regions and medical schools within the North West.

Across all regions, there are an increasing number of active PHEM societies who are offering skills evenings, access to clinical governance days and conferences to students.

Following a delayed recruitment of new regional representatives, the Group are due to have their first meeting at the end of November to formally agree upon aims for the upcoming year. These are likely to include the following, in addition to others agreed at the meeting.

Aims

- **Implement formalised structure for regional representatives**
It has become apparent that some regions are more active than others and while this is always likely to be the case, it is not helped by the lack of communication between representatives and the Executive committee. Future plans will be to have quarterly updates to ensure contact with the executive committee but to also gain insight into regional activity across the UK
- **Form links with regional Ambulance Services** to facilitate observer shifts for students

This will be done through the regional representatives initially with assistance Danë Goodsmann, Academic Lead for Prehospital Medical Education, Barts and the London School of Medicine

- **Expand the student pool for the DIMC/FIMC/DipRTM examinations** by targeting advertising to individual regions
- **Set up a framework to allow the Student and Junior Trainee Group to support student events under the FPHC**
- **Promote student membership** with the FPHC
Attending conferences to publicise student benefits of membership in addition to providing opportunity to promote the Group
- **Produce regional lists of contacts**
All representatives will have a document of contacts to ensure dissemination of relevant information is timely
- **Formalise a timeline to ensure prompt re-election of committee members** to prevent future delay
- **Better utilise finances** to support student conferences and events

We will continue to expand the Student and Junior Trainee Group with a better sense of integration and teamwork amongst us and the hope of an equally successfully year ahead of us.

International Developments



David Bruce

International Developments

FPHC INTERNATIONAL DEVELOPMENT LEAD REPORT FOR 2019 – 20 AGM

Progress has been made since last year's report. In February 2019, Dr David Bruce and Colonel Rob Russell visited Chennai in India, funded by the Birmingham Rotary Clubs' 'Saving Lives' project, to meet with representatives of some of the higher educational institutes and the current pre-hospital response providers to discuss the potential for delivering FPHC-endorsed pre-hospital training. A report with recommendations was provided to the Chair and Hon Sec of the FPHC in March 2019. It was agreed that the best approach would be to use an 'off-the-shelf' course adapted to take account of pre-hospital delivery systems and local risks. In addition, it was important that the material would ultimately be delivered by local instructors in a 'hub and spoke' format. This would be facilitated by a 2-man FPHC training team delivering the first course in conjunction with local instructors after which the course would be 'handed over' to local institutes with occasional FPHC visits to assure quality.

Further development stalled while a suitable course was selected but this has recently moved forward. The Hon Sec of the FPHC and his co-authors have agreed to allow the Pre-hospital Trauma Course to be used as a vehicle for international teaching. The course content is now being edited to make it more suitable for overseas locations. A further development is the establishment of close working relationships with the Primary Trauma Care Foundation (PTCF) who already deliver a trauma care course for low-resource settings aimed at hospital practitioners in overseas countries with limited resources. This is a highly successful course and PTCF have a well-established network of instructors. The course is currently more hospital-focussed, nevertheless, 90% of the content would be equally applicable in the pre-hospital environment. The PTCF Course has recently been provisionally accredited by the RCSEd and we hope to develop a pre-hospital version which would be presented for endorsement by the FPHC.

Work on developing an FPHC Endorsement Matrix for overseas courses has moved forward and a draft has been approved by the Training and Standards Committee; the finer details are now being developed.

The next important step is to identify instructors to deliver the edited Pre-hospital Trauma Course in India and China. This is likely to be challenging as we have limited manpower resource and it is important that the instructors have suitable experience and seniority to maximise impact in overseas training and establish firm foundations. However, I hope that we can overcome these hurdles and contribute to improvements in pre-hospital care internationally and increase the profile of the FPHC.

Non-Healthcare Professionals Group



Nigel Hinson

Chair, Non-Healthcare Professionals Group

FPHC AGM Non Healthcare Professionals Group Report

Our role is to provide the non-health care professional's perspective upon Faculty business. It is not the function of this group to represent the organisations for which they either work or volunteer.

During the past twelve months Non Healthcare Professional (NHP) members have been involved in a range of Faculty activities.

In conjunction with the College of Policing the Faculty produced an agreed clinical skills matrix for officers in specialist roles, for example, those carrying firearms or acting as public order medics. These, together with the supporting manual, are currently under review and NHP members are closely involved in this process. A wider project around clinical data gathering from PRFs is also underway. In addition to guiding future skills and training requirements this should give an understanding of what care is being delivered by officers at a national level.

We have continued our engagement with reviewing the Faculty's Guidance on Wilderness and Expedition Medicine. Written by experienced expedition doctors the document includes advice on medical threat assessment, appropriate experience levels required (acting as the expedition medical practitioner or as a guide/leader where aid is provided as a secondary role). An Expedition Competencies Framework reflecting the potential range of skills commensurate with the NHP operating in this field is also included.

The survey of NHP members last year highlighted the desire for members to gain access to CPD opportunities. It was agreed through consultation with Executive and Advisory Boards that the most effective way to achieve this was through involvement with the regional groups. Consequently, within each regional group structure there is a NHP representative on their committees (at least there is the vacancy within the structure).

Continuing the theme of CPD the Faculty, as a benefit of membership, have extended access to PHEMNET for the NHP. PHEMNET is a web based portfolio where courses, treatment etc can be collated.

To progress CPD opportunities in the future we are scoping improving access to the Diploma in Remote and Offshore Medicine. The Dip ROM is a post graduate course designed for HCPs but can, under certain circumstances be undertaken by non-HCPs at Certificate level. Academic standards will not be compromised but we are looking at areas such as module selection to develop a suitable qualification.

Nigel Hinson

Chair Non Healthcare Professionals Group