



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

Faculty of Pre-Hospital Care

Annual General Meeting



10 November 2020

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Agenda

Faculty of Pre-Hospital Care Annual General Meeting 2020

Held on 10th November 2020 at 19:00 hours
Via videoconference

No.	Item
1.	Apologies
2.	Minutes of Previous Meeting – 21 st January 2020
3.	Annual Report
4.	Office Bearers Reports
4.1	Chairman's Report
4.2	Honorary Secretary's Report
4.3	Honorary Treasurer's Report
5.	FPHC Committees and Groups Reports
5.1	Pre-Hospital Care Examinations Committee
5.2	Training and Standards Committee
5.3	Clinical Standards Committee
5.4	Paramedic and Nursing Group
5.5	Regional Representatives Group
5.6	Conference and Events Group
5.7	Pre-Hospital Emergency Medicine Trainees' Association (PHEMTA) Group
5.8	Student and Junior Doctors Group
5.9	International Developments
5.10	Non-Health Care Professionals Group
5.11	Postgraduate Programmes
6.	FPHC Constitution and Standing Orders
7.	Executive Officers
8.	Any Other Business – to be notified at the start of the meeting
9.	Date of Next Meeting - AGM 2021

Draft Minutes

Faculty of Pre-Hospital Care Annual General Meeting 2020

Held on 21 January 2020 at 17:00 hours
at The Royal College of Surgeons of Edinburgh (Quincentenary Hall)

Present: David Lockey (DL), John Hall (JH), Richard Steyn (RS), Pam Hardy (PH), Andy Thomas (AT), Juergen Klein, Andy Thurgood, Matt Creed, Molly Greenaway, Phil Hyde, Jon Birks, John Glen, Colville Laird, David Bruce, Ian Greaves, Chris Shaw, David Whitmore, Fionna Moore, Andrew Smith, Laura Bland, Philippa Serebriakoff, Nigel Hinson, Nathan Howes, Matt Thomas, Craig Whittle, Mark Byers
FPHC Office: Beth Stevenson, Mariko Dardel-Jessop, Chris Murley, Rhona Johnston, Shannen Joyce

Teleconference: Nick Mattock

Apologies: Brian Steggles, Stephen Moakes, Andrew Pountney, Richard Fairhurst

No.	Item
1.	Apologies
2.	Minutes of Previous Meeting – 16 November 2018
	Approved- No Comments made
3.	Annual Report
4.	Office Bearers Reports
4.1	Chairman’s Report
	Report tabled – available online on FPHC website. Presented verbally by DL. <ul style="list-style-type: none"> • Breakdown in membership figures given. 10% Fellows, 50% Practitioners and Advanced Practitioners, and 40% Providers and advanced providers. • Faculty office has been stable and have been working hard with Faculty members to fix processes and make them more user friendly. • Reminder to all that the next Scientific Conference will be taking place in March and all asked to disperse the conference information in their groups to help boost the number of delegates. • Decision made to move the Diploma in Mountain Medicine to UCLan. DL thanks all that supported the Diploma during it's time at the Faculty and during this handover period. • DL thanks Phil Hyde for all the hard work he has done while the examinations convenor.
4.2	Honorary Secretary’s Report
	Report tabled – available online on FPHC website. Presented verbally by JH.

	<ul style="list-style-type: none"> • Significant increase in Membership levels since changing the different membership levels. • Step 2 Applications have been steadily busy for the Faculty. JH draws special attention to Andrew Thurgood for being the first non-doctor to be successful in their step 2 application.
4.3	Honorary Treasurer's Report
	<p>Report tabled – available online on FPHC website. Presented verbally by RS.</p> <ul style="list-style-type: none"> • The executive has agreed not to increase membership for 2020, but might seek an increase in 2021. • RS thanks the Office for helping to collate the accounts and helping with the management of the budget.
5.	FPHC Committees and Groups Reports
	<p>The reports are all available online on the FPHC website. No question was raised by the members.</p>
5.1	Pre-Hospital Care Examinations Committee
5.2	Training and Standards Committee
5.3	Clinical Standards Committee
5.4	Paramedic and Nursing Group
5.5	Regional Representatives Group
5.6	Conference and Events Group
5.7	Pre-Hospital Emergency Medicine Trainees' Association (PHEMTA) Group
5.8	Student and Junior Doctors Group
5.9	International Developments
5.10	Non-Health Care Professionals Group
5.11	Postgraduate Programmes
6.	Membership Structure
	<p>This item was covered in the Honorary Secretary's annual report and the Honorary Treasurer's Report.</p>
7.	FPHC Constitution and Standing Orders
	<p>Update given by JH during the Honorary Secretary's Report</p> <ul style="list-style-type: none"> • Changes have been made to the Standing Orders to combat the current Office Bearers being in their roles for too long. New Orders call for an appointment to the role in the place of an election. Potential candidates can put themselves forward with support from another, or a member can put forward a person with their consent to do so. Application information will be sent out in February. • Over the next 18 months there is the potential that all of the current Office Bearers will be changed. These appointments will be staggered and the members are asked to consider putting themselves forward for the roles. • Amendments made to Annex A put to vote. Vote passed and amendments agreed.
8.	Executive Officers
	<p>This item was covered when discussing the FPHC Constitution and Standing Orders</p>
9.	Any Other Business – to be notified at the start of the meeting
	<p>Nothing notified before the meeting.</p>
10.	Date of Next Meeting- AGM 2021
	<p>The next AGM Meeting will take place in October 2020 at the Joint Faculty/BASICS Conference, in Birmingham.</p>

Annex A – Proposed Amendments to FPHC Standing Orders

1. Elections and Appointments

- 1.1. In accordance with Clauses 5.3, 5.12 and 6.2 of the Constitution of the Faculty, this Standing Order sets out the procedures and processes to be applied in respect of the election and appointment of the Faculty's Office-Bearers, members of the Executive Committee and members of the Faculty Advisory Board respectively.
- 1.2. The Faculty, with the assistance of the Returning Officer, shall as far as reasonably possible, ensure that the terms of office of the appointed or elected Officer-Bearers, members of the Executive Committee and members of the Advisory Board are staggered to prevent the rotation and/or retirements occurring simultaneously.

2. Returning Officer

- 2.1. The Honorary Secretary shall act as Returning Officer for Faculty elections, assisted by the Faculty Manager as required. In the event that the Honorary Secretary is absent, or otherwise unable to act, the Chairperson shall assume this role or nominate another Office-Bearer to assume this role on their behalf. In the event that an Office-Bearer of the Faculty is unavailable to act, the Chief Executive of the College shall nominate an individual to this role. No candidate for any elected position may take any part in overseeing the election process.
- 2.2. The Returning Officer is responsible for the conduct of the elections and for ensuring that the eligibility criteria and the closing date and time for the receipt of nominations are publicised appropriately.

3. Election and Appointment of Office-Bearers

- 3.1. ~~Elections shall be held for the role of Chairperson from within the members of the Faculty Executive.~~ An appointment process shall be held for the role of the Chairperson. Applicants for the role of Chairperson must be a current Fellow of the College Faculty in good standing.
- 3.2. ~~Elections~~ An Appointment processes shall be held for up to two Vice-Chairpersons. Applicants for the role of Vice-Chairperson must be either a Member or Fellow of the Faculty in good standing. from within the full Membership and Fellowship of the Faculty.
- 3.3. Individuals ~~elected~~ appointed to the roles referred to in paragraphs 3.1 and 3.2 of this Standing Order shall hold office for a period of three years and, they shall be eligible for ~~re-appointment~~ re-election ~~for on an annual basis for up to~~ a further ~~two~~ one years. Thereafter, they will be ineligible for re-election to that role in perpetuity ~~except in exceptional circumstances to be agreed by, the Office Bearers and Executive,~~ with the exception of the Chairperson who, after demitting office, shall hold the post of Immediate Past Chair for a period of one year.

~~3.4. Any individual standing for election may must be nominated, with their consent, by two other members of the Faculty who shall sign the nomination paper and return it to the Returning Officer before the closing date for the receipt of nominations.~~

3.4. Appointment processes shall be held for the roles of Honorary Secretary and Honorary Treasurer taking into account the specific skill requirements for these positions, as may be determined from time to time by the Executive Committee.~~in order to appoint suitably experienced individuals to these roles.~~ Individuals shall ~~be appointed by the Executive Committee and~~ hold office for an initial period of three years and, thereafter, shall be eligible for ~~annual~~ reappointment for ~~up to~~ a further ~~two~~ one years. Thereafter, they will be ineligible for re-appointment to that role in perpetuity except in exceptional circumstances to be agreed by the Office Bearers~~s~~ and Executive.

3.5. Appointments for the roles referred to in paragraphs 3.1, 3.2 and 3.4~~5~~ of this Standing Order shall be determined by an Appointment Committee comprising up to three members of the Faculty Executive Committee and a representative of the Hill Square Educational Trust (HSET).

~~3.5. Together, the roles of Chairperson, Vice-Chairpersons, Honorary Secretary and Honorary Treasurer form the Office-Bearers of the Faculty. Persons proposed for election or appointment as Office-Bearers must be a Member or Fellow of the Faculty in good standing and have been involved in pre-hospital care within the last two years.~~

3.6.

3.7. Office-Bearers shall take office on the date set by ~~the Returning Officer or~~ the Appointment Committee, this shall be set so as to allow a handover period of usually no more than three months between the incoming and outgoing Office Bearers as appropriate.

3.8. Any Office-Bearer who ceases to be a Member or Fellow of the Faculty in good standing shall cease to hold office.

3.9. In the event of an Office-Bearer position becoming vacant an ~~election or~~ appointment process, ~~as appropriate,~~ should be held as soon as is practicable in order to fill the vacancy.

4. International Development Lead

4.1. An appointment process shall be held for the role of International Development Lead, in order to appoint a suitably experienced individual to this role. They shall be appointed by the Executive Committee and hold office for an initial period of three years and, thereafter, shall be eligible for ~~annual~~ re-appointment for a further one ~~2~~ years. Thereafter, they will be ineligible for re-appointment to that role in perpetuity except in exceptional circumstances to be agreed by the OBs and Executive. Persons proposed for appointment to this role must be a Member or Fellow of the Faculty in good standing and have been involved in pre-hospital care within the last two years.

5. Executive Committee

5.1. The Executive Committee consists of the Office-Bearers, the Chairs of the permanent Sub-Committees, four Faculty Advisory Board Representatives, the International Development Lead, the Immediate Past-Chairperson (for one year after demitting office) and the Faculty Patrons.

- 5.2. Members of the Executive Committee must be Members or Fellows of the Faculty and have been involved in pre-hospital care within the last two years.
- 5.3. The Chairs of the permanent Sub-Committees, the International Development Lead, the Immediate Past-Chairperson and the Faculty Patrons are appointed to the Executive Committee by virtue of holding one or more of these roles, and will remain a member of the Executive Committee whilst they remain appointed to one of these positions.
- 5.4. The Office-Bearers are ~~elected~~/appointed in accordance ~~with~~ Clause 3 of this Standing Order and are appointed to the Executive Committee by virtue of holding the role of Office-Bearer, and will remain a member of the Executive Committee whilst they remain ~~elected~~appointed as an Office-Bearer.
- 5.5. Should a Faculty Advisory Board Representative cease to be a member of the Advisory Board, they shall immediately cease to be a member of the Executive Committee.

6. Faculty Advisory Board

- 6.1. The Faculty Advisory Board comprises of voting and non-voting members, as set out in Clause 5.11 of the Faculty's Constitution.

Elected voting members of the Faculty Advisory Board

- 6.2. Eight members of the Advisory Board shall be elected from within the Membership and Fellowship of the Faculty as voting members of the Faculty Advisory Board, six of whom will be registered health-care professionals (two Doctors, two Nurses and two Paramedics) and two will be from a non-healthcare professional ~~medical~~ background.
- 6.3. The elected Doctor, Paramedic, Nurse and non-health-care professional with the highest number of votes shall together form the four Faculty Advisory Board Representatives on the Faculty Executive.
- 6.4. Persons proposed for election to the Advisory Board must be ~~Members~~ or Fellows of the Faculty and have been involved in pre-hospital care within the last two years.
- 6.5. The elected members of the Advisory Board ~~will~~may serve a term of three years in this role. They may, on being re-elected by a full election process, serve for a second full term and, thereafter, they must stand down from the Advisory Board for a period of at least one calendar year before being eligible for re-election.
- 6.6. Any member of the Faculty may be nominated, with their consent, by two other members of the Faculty who shall sign the nomination paper and return it to the Returning Officer before the closing date for the receipt of nominations.
- 6.7. Should an elected member of the Faculty Advisory Board cease to be a member of the Faculty, they shall immediately cease to be a member of the Advisory Board.
- 6.8. In the event of one of these elected positions becoming vacant, an election should be held as soon as is practicable in order to fill the vacancy.

Non-elected voting members of the Faculty Advisory Board

- 6.9. The Executive Committee, Chairs of the Sub-Committees and Working Groups and the HSET representative are the non-elected voting members of the Faculty Advisory Board. They are appointed to the Advisory Board by virtue of holding one of these roles and remain a member of the Executive Committee whilst they remain appointed to one of these positions.

Non-voting member organisations of the Faculty Advisory Board

- 6.10 Non-voting member organisation shall nominate, on an annual basis, a named representative to attend Advisory Board meetings. These representatives may address the Advisory Board but have no voting rights. Each member representing an organisation shall be entitled, in their absence, to have a nominee of appropriate seniority to represent their organisation.
- 6.11 In the event of an Advisory Board Representative position becoming vacant, an election should be held as soon as is practicable in order to ~~replace~~^{elect} ~~the~~^{an} elected voting member of the Faculty Advisory Board ~~to fill the vacancy~~.

7. Eligibility for Faculty Elections

- 7.1. By giving their consent to be nominated, candidates for Faculty elections declare themselves eligible for election. The Returning Officer shall be responsible for checking the eligibility of each candidate. Any candidate who does not fulfil the criteria shall not be entered into the election. If an individual is elected to office and the question of eligibility is raised after the election, it shall be for HSET to decide whether or not he/she shall be disqualified from office in the first instance, subject to Clause 7.3.
- 7.2. Similarly, should any matter come to light and/or a candidate's circumstances change which renders them ineligible to hold the office to which they have been nominated, whether that ineligibility is immediate or whether it is known that they will become or are likely to become ineligible during the proposed period of office, then that candidate shall be withdrawn and take no further part in the election process, subject to Clause 7.3.
- 7.3. Notwithstanding Clauses 7.1 and 7.2 above, before any candidate can be disqualified from office or withdrawn from the election process, the candidate must be invited to attend a meeting, convened on giving reasonable notice, with the Returning Officer and representatives from HSET to discuss the candidate's eligibility and give the candidate an opportunity to make representations. The Returning Officer and HSET must provide a written reasoned decision for disqualifying the candidate or withdrawing the candidate from the election process. The decision can be escalated to be determined by the College, whose decision shall be final and binding.
- 7.4. Potential candidates must provide, in writing, evidence of support from their chief employer in undertaking this role.

8. Election Process

- 8.1. Faculty elections shall be conducted using the 'First Past the Post' methodology and may be conducted electronically using a digital voting system or by a paper-based system as determined by the Returning Officer. The Faculty may use any suitable external provider to manage the ballot and voting processes and to act as an independent scrutineer.
- 8.2. At least four weeks before the closing date the Returning Officer shall send to those eligible to vote in the election a 'call for nominations document'. This document shall include information regarding the number of vacancies and shall invite nominations to fill these positions.
- 8.3. All nominations for elections shall be made in writing on a Faculty nomination form only. Each candidate must be proposed and seconded and confirm in writing a willingness to serve if elected. Proposers and seconders must be members of the Faculty in good standing. Nominations must be received by the Returning Officer by the stated closing date. Any nomination which reaches the Returning Officer outside the stipulated period shall be null and void.
- 8.4. In the event of there being only one eligible candidate, the Returning Officer shall declare that candidate to have been duly elected, uncontested, and the election process shall be deemed to have been concluded at that point.
- 8.5. Should there be more than one eligible candidate, following the closing date for nominations, candidates shall be invited to submit a statement of up to 500 words on a Faculty template provided for this purpose by the deadline advised on the invitation from the Returning Officer. The template shall detail the information to be covered. Should any statements be submitted which exceed the 500 word length, or are considered by the Returning Officer to require amendment for some other reason (for example where they include factually incorrect information) they shall, if time allows, be returned to the candidate for amendment and re-submission by the closing date. Should there be insufficient time for the submission to be returned to the candidate, or should an amended response not be received by the deadline, the Returning Officer shall be entitled to make such changes to the statement as they deem appropriate.
- 8.6. A ballot card and details, as given on the nomination form, together with their proposers and seconders and the statement from each candidate, shall be sent electronically or by post to all members of the Faculty, not less than four weeks before the deadline date for the return of ballot papers.
- 8.7. Ballots shall be returned so as to reach the Returning Officer before the closing date and in accordance with any directions specified on the ballot paper, failing which any votes cast on it shall be null and void.

9. Election Results

- 9.1. Returned ballots shall be kept in the custody of the Returning Officer until the ballot count.

- 9.2. A Returning Committee, chaired by the Chairman of the Faculty or their nominated deputy, shall meet at a time to be arranged for the purpose of counting the ballots. The Committee shall comprise of Office Bearers of the Faculty supported by Faculty/RCSEd staff as required. Any Office Bearer, including the Chairman, who is a candidate for the election shall be ineligible to serve on the Returning Committee. In their absence, another Office Bearer or a member of the Executive Committee shall be invited to take their place.
- 9.3. All members of the Returning Committee must agree to treat the information on the returned ballot papers as strictly confidential and for the purpose of that ballot count only.
- 9.4. The candidate(s) with the greatest number of votes in each voting category shall be declared elected and, in the event of a tie, the Chairman (or, in their absence, the next most senior Office Bearer on the Returning Committee) shall have the casting vote.
- 9.5. The Returning Officer shall inform the candidates of the outcome of the election no later than one week following the election count. The results of the election will be announced once all candidates have been informed or one week after the dispatch of correspondence to candidates informing them of the outcome.
- 9.6. Election results are strictly private and confidential until such time as they are publically released by the Faculty.
- 9.7. Any queries or disputes in relation to either the election process as contained in this Standing Order or any Faculty election shall be referred to HSET in the first instance. If thought necessary, the matter can be escalated to be determined by the College, whose decision shall be final and binding.

Office Bearers' Reports

Chairman's Report



David Lockey

Chair, Faculty of Pre-Hospital Care

The past year has been one of uncertainty and disruption. After a good start to the year COVID 19 has affected every area of College and Faculty activity. Normal business, meetings, examinations and our conference have all been cancelled or postponed and we are working to prepare to get things back on track. Unfortunately, I am not able to tell you what the timelines are for anything approaching normality as we navigate emerging advice with everyone else.

Office bearers will nearly all change in the next year. After many years of dedicated service John Hall will leave the office of hon. secretary and hand over to Andy Smith (who has chaired the training and standards committee for the last few years). Pam Hardy will continue as medical vice chair for another year. Andy Thomas will leave the office of non-medical vice chair in November and we are delighted to welcome Paul Gowens who has previously been Vice Chair of the College of Paramedics to replace him. Richard Steyn and I will leave the positions of Treasurer and Chair in October next year. We will also see a number of changes in Committee members and chairs next year and I urge you to consider whether you might be perfectly suited to a leadership role in our organisation. Recent elections for faculty advisory board have seen a welcome mixture of new and familiar faces elected including Caroline Leech and Richard Lyon as doctor representatives, Chris Shaw and Martin Eccles as nurse representatives, Andy Smith and Els Freshwater as paramedic representatives and Adam Gent and Nicholas Tuckwell representing non-health care professionals. At this years (virtual) AGM we will be proposing some changes to our standing orders (outlined in the hon. secretary report). The changes are aimed at sustainability of office bearer appointments and bringing our processes in line with the College and other Faculties.

Despite the best efforts of Jon Birks, the examinations department and the faculty staff the examinations have been disrupted by the pandemic. The January diet of the DIMC and FIMC went well with 75 candidates presenting for examination. The July diet was cancelled but we are on target for a January diet. This will be welcomed by those who have not been able to complete their PHEM exit examinations and those that have been waiting to take exams. A diet of the DUMC was completed in March but the DRTM examination – due to take place in April, was cancelled.

The psychosocial and mental health project has continued to develop, and a peer support course has been piloted successfully. I am delighted that The Royal Foundation which has done a huge amount of mental health work for frontline emergency workers, is now formally supporting our project.

We are introducing a Faculty medal for individuals who have contributed above and beyond to the Faculty and its objectives. We have also awarded our first Honorary Fellowships after approval by the College. We particularly wanted to recognise those from outside the UK who have contributed to Pre-hospital Care at a high level and those working outside Pre-hospital Care in the UK who have supported or contributed to the development of pre-hospital care and our sub-speciality. The first very worthy recipients are Professor Karim

Brohi, Trauma Lead for London and Professor Hans Morton Lossius, Secretary General of the Norwegian Air Ambulance Foundation.

We have been working on ways to give a voice to our membership and improve communication. One output of this is the FPHC Website Blog. Please let us know if you would like to contribute some of your experience, thoughts, practice or organisational wisdom to this forum.

Thank you for your continued patience and support in these unpredictable times.

Honorary Secretary's Report



John Hall

Honorary Secretary, Faculty of Pre-Hospital Care

What an unexpected 9 months it has been!

You might think that the Faculty and Office have been quiet during this time but that has not been the case.

Having got back to complement for the last AGM we subsequently lost a member of staff in late February and then of course went into lockdown with everyone one else in March. During this time, we managed to interview and appoint for my replacement and Andy Smith takes over from me officially today though we have been working together for some weeks.

Some staff were furloughed for a period of time and everyone has been working from home the rest of the time which has given some interesting challenges with manuals and similar issues. As I write this (mid-September to be ready to send in the AGM pack) it is hoped the staff will be going back into the office at some point in February 2021.

Unfortunately, the College membership office has not been providing us with the correct figures for parts of this year. You may remember that we had an issue with members who do not renew their memberships – sometimes deliberately but often because they forget, or the College's systems do not remind them sufficiently. The office – specifically Shannen – has done sterling work and our numbers reflected that. Our 'final current figures' are normally given to us in late July/early August and that is what we quoted in our reports in early September. When I asked for current levels for this report, we were sent a different set of results (see below) and advised that the difference was that they had not completed the final adjustment in July as usual but in mid-September because of COVID.

The numbers are so disparate that they will require Shannen, Beth and I to scrutinise and audit these figures over the next 6 weeks and hopefully I will have some better news at the AGM.

Membership Figures	January	September 2 nd	September 30 th
Provider	223	227	147
Advanced Provider	161	173	147
Practitioner	336	374	239
Advanced Practitioner (member)	279	290	278
Advanced Practitioner (fellow)	127	131	126
Total	1126	1196	1037

You will hear elsewhere of the examination curtailments and the many discussions on a way forward and that took up many hours of office time in managing, co-ordinating and disseminating the information.

The Faculty issued position statements to guide resuscitation in the prehospital environment for those not working for a health organisation and these were well received.

We ran elections for our Co Vice Chairs and member group representatives and have a strong group of individuals to take the organisation forward for the next 3 years.

You will see that we have updated our Standing Orders - for your information and hopefully your agreement - to make things simpler and more uniform in running the processes underpinning many of the Faculty's activities and in particular the way we will choose Office Bearers in the future.

Work has been done on improving the website, creating a more user-friendly experience for those who visit, and we have initiated a regular Blog, overseen by Matt Thomas, to give any of our members a platform to share an experience. I would like to thank those who were involved for taking the time to have a look at the website for us and helping us to make our website more functional and accessible and for the first couple of 'bloggers' who started us off.

There are many other areas that the office staff have been involved in – Student Electives, Mountain Medicine course migration, electronic publication platform issues etc. – but most of these will be picked up in other reports.

I am enormously grateful for the hard work, enthusiasm and commitment shown by Beth and her staff over the last few months in the face of very considerable changes and pressures and a constantly evolving situation of demands and restrictions.

I wish them all well 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 August 2020.

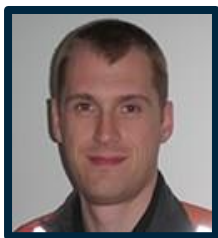
Reviewing the accounts to end August 2020, the financial position shows a projected surplus of £20,171 at year end (December 2020), derived from a projected income of £293,393 and expenditure of £ 273,222. (The year-end net surplus forecast is £25,791 higher than budget.)

The projected main variance from budget is course fees being down by £12,581. The budget has of course been revised during the year in light of the changed circumstances due to the coronavirus pandemic and it's impact on social distancing and the wider economy.

Despite the difficulties and impact of coronavirus this year including cancelling our planned conference, the Faculty remains in a reasonable financial position overall and in a position to maintain its stated aims. I would like to acknowledge the very hard work and excellent governance by the faculty staff led by Beth Stevenson, faculty manager, that has allowed us to achieve this position.

FPHC Committees and Groups Reports

Pre-Hospital Care Examinations Committee



Jon Birks

Chair, Pre-Hospital Care Examinations Committee

The impact on the examinations from the Covid-19 pandemic has been significant and continues to present an incredibly difficult challenge. The July diet of the DIMC and FIMC was cancelled this year due to the pandemic. Going into the winter the uncertainty sadly remains, as effects of a potential second wave, local lockdowns and release of NHS staff still need to be seen.

In terms of the DIMC and FIMC the plan is to run the planned diet in January 2021. With the level of uncertainty, an option of running the delayed July 2020 diet between now and then was felt to be unfeasible. For both examinations, I have drafted a Covid risk assessment in order to make the examinations as 'Covid secure' an environment as possible in order to comply with current regulations. This may need updating in the coming months if the regulations change significantly.

In terms of candidate priorities, it has been agreed that places for both the IMC examinations will be prioritised as follows:

1. Trainees undertaking PHEM sub-specialty training. This includes 'new' applications and trainees needing to re-sit one or both components
2. Any other candidate who requires to re-sit part or all the examination having attempted it previously
3. Any 'new' candidates who had not previously sat the examination but who had a booked place on the cancelled July 2020 diet.
4. Any 'new' applications for January 2021

Myself, the RCS Ed examinations and IBTPHEM teams are collaboratively working through the list of names. Invitations have gone out already to the highest priority candidates. If any of those candidates decline their offered place, it will then be offered to the next candidate in order of priority until the diet has been filled. The websites remain closed to new applicants because at this time, the current waiting lists in terms of Priority groups 1-3 above exceed the capacity of this diet.

It is likely the impacts of the cancelled diet will still be felt in July 2021 when the following diet is planned, even if the national situation returned to normal. This is hard to predict at the moment as it partly depends on pass rates in the January diet. As such, I will be closely assessing if we can increase the capacity for additional candidate numbers should that be required.

The DUMC has been postponed from March until September 2021, with the actual date still to be confirmed. This was done on the advice of the Deputy Convenor for DUMC, Dr Colville Laird, who feels that the likely uptake for a March sitting would be low given the year everyone is currently experiencing! As this is a new examination and not essential for career progression, this plan seemed reasonable especially given concerns regarding viability with a low turnout of candidates, should that occur.

Similar concerns have been raised by the DRTM Deputy Convenor Dr John Glen. This examination is due in April 2021 and attracts both candidates and examiners from Australia. Concerns around travel, quarantine, expense (especially if short term cancellation is likely) could combine to produce a risk to candidate (and examiner) numbers. We have agreed to keep watching the developing situation, but myself and John agree that we need to give a significant notice period if this examination is to be deferred again. Again, as an examination that is not strictly required for career progression, the decision to postpone is an easier one to make.

I would like to take the opportunity to thank the candidates for all our examinations for their patience. I genuinely understand the stress this is causing as a trainer myself. I promise you all that everyone is working incredibly hard behind the scenes to ensure the examinations will be conducted in as safe a way as possible, whilst also trying to mitigate the impacts of the cancelled diet in the quickest way possible.

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.

There is one course from 2019 remaining to renew their endorsement but this awaits a visit when the course next runs, being delayed by COVID-19. There remain no courses for review of their endorsement in 2020. There are unsurprisingly no new courses seeking endorsement currently.

Many of the endorsed courses have not been running recently due to the impact of COVID-19 and social distancing. I am pleased to report courses with outstanding fees for successful candidates have paid these.

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.

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.

The T&S Committee have requested all courses convenors provide evidence of where they believe they align their courses with the FPHC competency framework. This continues as work in progress with understanding delays in respect of COVID-19.

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.

Several courses are reviewing how they deliver their programmes in light of social distancing and PPE in respect of COVID-19. It is anticipated this will result in a reduced face to face time on courses with more pre course / online learning through varied modalities. At the next meeting the T&S Committee will discuss how this can be supported anticipating the endorsed courses will submit any such changes for consideration.

It is also anticipated the T&S Committee may be approached to consider endorsement of online only programmes. This would most likely result in an endorsement of content only.

Further consideration is being undertaken to how the endorsement process may be able to assist overseas courses. David Bruce, Vice Chair reported an agreement with the Executive re fees on endorsement of overseas courses.

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. During these challenging times the continued support of the FPHC office is most appreciated.

The current T&S Committee consists of a multidisciplinary team of members from paramedical, nursing, medical, educational and administrative backgrounds. We have received an application from Dr Rob Russell to join the T&S Committee, which has been supported by the Committee members. 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.

I relinquished my position as Chair of the Training & Standards Committee at the October meeting to David Bruce. I would like to take this opportunity to wish David the best of wishes for his Chairmanship. I am pleased to report David Whitmore has kindly accepted the role of Vice Chair of the T&S Committee. I have agreed to remain on the T&S Committee to continue to offer support as required.

I would like to take this opportunity to personally thank the members of the T&S Committee and the FPHC office for their hard work in an important function of the Faculty of Pre-Hospital Care.

Clinical Standards Committee



Andrew Thurgood

Chair, Clinical Standards Committee

This year has seen a new and evolving relationship between PHOTON and the clinical standards committee. Without wishing to take away the thunder of my colleague who chairs the PHOTON group, there have been several work streams that have been commenced utilising the tremendous enthusiasm and expertise within the PHOTON group. Through collaboration, a major piece of work has been to review the existing consensus statements and importantly, the commencement of a consensus statement on the use of prehospital ultrasound. The latter has drawn together expertise from our prehospital community and provided guidance on the use of prehospital ultrasound. We hope to have this consensus statement published by the end of 2020. One of the second order effects of the pandemic has been the ability of the consensus group to move at a pace utilising remote communication technology to develop the consensus. However, this technical advantage has been in some way countered by most of the personnel working on the consensus being swamped in ED's or ITU's with COVID-19 workloads. On behalf of the clinical standards committee, I would like to thank all who have persevered with this work during challenging times.

There have been a number of questions posed to the clinical standards committee and these have been dealt with efficiently. One such area is the use of hydrogels and its inclusion within the Faculty of Pre-hospital Care and British Burns Association Burns Consensus Statement. Working closely with the British Burns Association, the FPHC have now established a consensus position around their use, and the FPHC will be publishing this shortly on the FPHC website.

As the FPHC representative on the Joint Royal Colleges Ambulance Liaison Committee, it has been fascinating to see how the practice portfolio of paramedics is evolving at great pace.

Paramedic and Nursing Group



Dan Cody

Chair, on behalf of the Paramedic and Nurse Group

2020 has been an interesting and challenging year so far and I suspect with more interest and challenge to come. Members and non-members alike when surveyed in 2019 told us that they wanted more clarity on the role of the faculty and the membership benefits. They told us they wanted greater access to training and CPD opportunities, particularly supporting preparation for the Diploma in Immediate Medical Care.

Setting out at the beginning of 2020, obviously unaware of what lay ahead, the objective was intended to be on improving visibility of the faculty within the professions, increasing membership engagement and starting to deliver on those requests. Unfortunately, attention was diverted early on and the delivery of those good intentions delayed.

The work with the College of Paramedics looking at a national framework for specialist and advanced practice in paramedic 'critical care' was postponed in the spring and we are hoping the current situation will allow us to begin this work again soon.

Initial work with the Nursing and Midwifery Council to establish a specialist practitioner entry for nurses working PHEM has been limited by practicality of the small number of registrants in our field, balanced against the practicality and legal constraints of register changes. An approach has been made to the Royal College of Nursing with a view to gaining formal recognition of the Diploma and Fellowship in Immediate Medical Care examinations within their credentialing structure for advanced nursing practice. This is another works stream which has unfortunately been delayed with the competing pressures 2020 has brought, but we hope to have progress here soon.

This report is written as my last as Chair of the group and as the last of the majority for the current membership, who have stepped down due to ongoing professional commitments. I would like to thank Chris, Vicky and Ashleigh for their contribution, wish them well in their future endeavours and will no doubt continue to benefit from their input.

I welcome the incoming Chair and new elected group members and it is hoped that these work-streams, along with new ones can be picked up early in 2021 and momentum regained under their guidance.

From all the group, we thank you for your continued membership to the faculty and wish you well for the coming challenges that lie ahead. Stay safe, look after yourselves and each other.

Best wishes,

Dan, Chris, Vicky and Ashleigh.

Regional Representatives Group



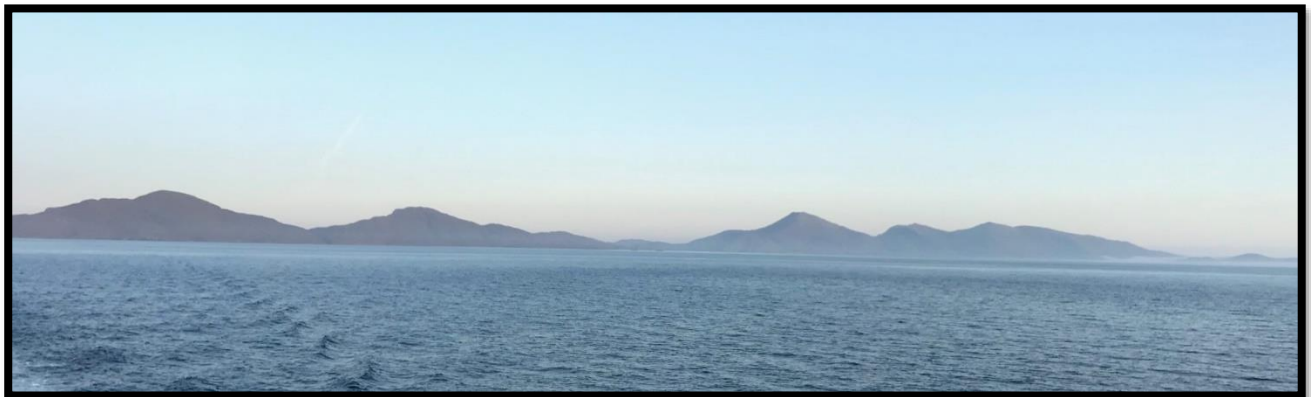
Pam Hardy

Chair, Regional Representatives Group

Writing this as I am, on a return ferry from the Outer Hebrides, I am reminded of the colossal challenges faced by our colleagues in some of the most remote and rural parts of the UK, and for our international colleagues, overseas.

Here more than ever the scope of pre-hospital care crosses the hospital interface further, encompassing many hours of care before the patient may receive definite treatment. I see this firsthand in my role with the Emergency Medical Retrieval Service, providing transfer of critically ill and injured patients by road, sea or air. We liaise closely with our colleagues in rural sites, facing challenges such as “only 2 cylinders of oxygen on the island” for a patient with chest sepsis, for whom the GP had completed the sepsis care bundle already in their own home. Many principles of what we do and train for in pre-hospital care extend to hospital care, including my own small District General Hospital.

Collaboration is key to a good outcome, as well of course joint training and inclusion of providers at all levels. This is a core strength that our regional faculty groups can help to support.



2020 brought new challenges to all with the plague of the Coronavirus and much of our usual face-to-face training ceased whilst we found our way through the pandemic. We all learnt by necessity new ways of doing things and it is vital we pick up the threads and weave the fabric of new ideas and ways of sharing and learning together. We are starting to discuss how we may better integrate the nursing and paramedic, student and trainee and non-healthcare professionals’ groups with the regional structure in the coming year and to that end there will be exciting opportunities to participate in roles to support this. Look out for adverts for these roles on the FPHC website and social media links soon.

We are keen to hear from members on what they would like to see in their region and equally important, what they can contribute to help – links to events that can be shared or volunteering to deliver sessions or support them. We all have a part to play.

Lockdown taught us all by necessity how to navigate remote learning platforms and we should maximize the benefit of this, but the unique nature of our role means that hands-on training is more important than ever and we need to adapt to our new, often clumsy, outfits and drill hard to work to our best potential for our patients.

Please do contact me with any ideas, suggestions or how you'd like to be involved at:

pamela.hardy@rcsed.net

Conference and Events Group



Caroline Leech

Chair, Conference and Events Group

A pandemic is not a good time to be a Conference & Events Lead so my report is sadly very brief. The FPHC Scientific Conference in March was appropriately cancelled at short notice in March 2020. As well as the obvious disappointment to our candidates and speakers we did incur around £3K of financial loss. We continued to run the poster competition on-line to reward individuals' efforts: this received positive attention via social media and prizes went to the winner and runner up.

The joint BASICS Conference for October 2020 has also been cancelled and we have not set any dates for future face to face conferences until the current climate stabilizes. We are currently exploring the options to host a series of virtual half day pre-hospital study days/conference programmes on-line to provide some CPD opportunities, with heavily discounted rates for FPHC members.

I will be leaving the role of Conference & Events Lead at the end of the year but will remain a member of the Faculty Advisory Board and Executive Board as an elected doctor member. I would like to thank Shannen and Beth who have worked closely with me from the FPHC office to ensure the successful organisation of previous events.

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



Jon Bailey

Chair, PHEMTA Group

As has been the case with much FPHC activity, the COVID-19 pandemic has impacted working since March 2020, most notably in the delivery of face to face committee meetings, conferences and national courses. The Phase 2 course for 2020, initially planned for March 2020, was cancelled – but there are plans to deliver this course again in 2021. The Phase 1 course went ahead with a revised format in August 2020, and PHEMTA were able to conduct a remote introduction to the trainees present there.

Despite the challenges, core PHEMTA business has been maintained, notably in delivery of the PHEMTA survey in spring 2020. The utility of conducting this survey on a biannual basis, as has historically been the case for the last few years, and the current survey focus, is being reviewed in conjunction with other interested parties within the FPHC and IBTPHEM. A new PHEMTA committee has been appointed from August 2020.

1. Current PHEMTA committee, nominated August 2020:
 - Chair – Jon Bailey: New position from vice chair
 - Vice Chair – Antonia Hazlerigg: New position, elected August 2020
 - Assessment – Matt Creed
 - Curriculum – James Hudgell
 - Training – Mike Thompson: New position, elected August 2020
 - Welfare – Alison McInerney
2. PHEMTA remote attendance at national induction course August 2020
 - a. PHEMTA introduction to new PHEM trainees, August intake
3. PHEM trainee survey Spring 2020
 - a. Vast majority of trainees would recommend the organization they are training with to other trainees
 - b. Average job rate of 1.5 per shift, ranging from 0.34 to 2.92 jobs per shift on average
 - c. The time spent, number of assessments required, and linking process necessary for TAP completion remains a consistent source of negative feedback – this is being addressed in the forthcoming curriculum submission to the GMC for curriculum 2020.
 - d. The value of WPBAs is perceived as low.
 - e. The TAP process is perceived as fair.

- f. The majority of trainees have to move from their home to take up a PHEM training post (58%), and the majority have to stay away from home on occasion between shifts due to the commuting distance (67%). The majority of trainees feel that they have good pastoral support from their organizations following challenging shifts.
 - g. Trainees broadly reported satisfaction with local induction processes, and reported cultures supportive of proactively reporting concerns, with confidence that reporting would lead to action and lessons being learned.
4. PHEMTA newsletter being produced every 2 months, last February 2020
 5. 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. Women's ICU group liaison
 6. PHEMTA presence at major conferences this year as and when their planning solidifies
 7. Post PHEM
 - a. RCoA and ICS have been approached to support time out of parent specialty for trainee's post PHEM and pre-CCT
 - b. RCEM already support this in principal but cannot mandate – individual trust and departmental position. Support for 2 days per month via SPA and study leave.
 - c. RCoA have declined to support this so far; going to FICM board later this month
 - d. Plan to approach RCP in principal, though this will not impact any present trainees
 8. Welfare
 - a. Involvement in Project CARE chaired by Richard Williams
 - b. Attend quarterly meetings (ongoing)
 - c. Support FPHC STAPPS research project (ongoing) in conjunction with QMUL
 - d. Phase 2 course
 - i. Curriculum based lecture regarding psychosocial impact of primary / secondary trauma (Feb 2018, March 2019)
 - ii. Update on project CARE for PHEM trainees (March 2019)
 - e. IBTPHEM training committee
 - i. Attend quarterly training committee meetings with training rep
 - f. PHEMTA welfare email
 - i. Monitor the Welfare email address which was setup in August 2018 as an additional informal route of communication for trainees with PHEMTA

Student and Junior Doctors Group



Molly Greenaway

Chair, Student and Junior Doctors Group

There has been little progress to report within the Student and Junior Trainee Group over the past year due to the current global situation.

Unfortunately, all electives had to be cancelled this year. However, applications are currently live for 2021 placements.

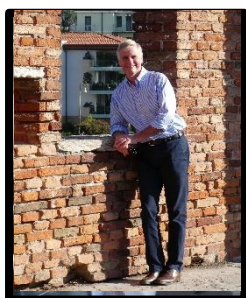
We continue to be involved in student recruitment for the Diploma and Fellowship of immediate Medical Care. We continue to hope that this will extend to the Diploma of Retrieval Medicine, but this is yet to happen. We have now appointed an Examinations Officer for the Group to begin to formalise the structure of this initiative which we are hopeful will now be sustainable. Recruitment for the January 2021 has begun.

All regions now have representatives which we have previously struggled to fill. This was a highly competitive process this year, highlighting that we are beginning to reach more people. Quarterly updates have been successfully integrated into the year, a process which we are seeking to produce formalised documentation for. Throughout the coming year, these reports will be disseminated to all representatives with the hope that this will inspire representatives to set up similar projects in all regions.

Given the limited progress this year and unlikely prospect of face-to-face events in the foreseeable future, we are in discussions about hosting training events virtually. There has also been interest amongst the group to run a student and junior trainee conference focused on PHEM across the UK. This follows success of a similar event organised by our London representative.

I am hopeful we will continue to progress despite adversity and have an equally promising year ahead of us.

International Developments



David Bruce

International Developments

Unsurprisingly, the COVID pandemic has had a significant impact on the ability to move a number of issues forward. However, a lot of work has been done attempting to lay foundations for the future and engaging with overseas training providers who have expressed interest in having their courses endorsed by the Training and Standards Committee.

Following the visit to Chennai last year, a course has been selected for delivery in India as part of the Birmingham Rotary Clubs' 'Saving Lives' project. The lecture material has been edited to make it more suitable for overseas teaching and we are waiting for images of local incidents to make it more relevant to the audience. A 'hub and spoke' format for training using local instructors is considered the best way forward and this would be facilitated by a 2-person 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. Clearly, COVID travel restrictions and the scale of the outbreak in India mean that this will not be possible until 2021 but we are continuing to try and get agreements in principle. A similar approach would be used in China, but this work has again stalled due to the pandemic.

A lot of work has been done with the Primary Trauma Care Foundation (PTCF) who already deliver trauma care courses in low- and middle-income countries (LMICs) worldwide. The course is primarily aimed at hospital practitioners, but it has been successfully delivered to pre-hospital providers worldwide by adapting the emphasis and settings of the standard teaching material. Our involvement in a recent re-write of the Instructor Manual has allowed the formal capture of how the course should be delivered to pre-hospital providers. The PTCF Course was accredited by the RCSEd earlier this year and the aspiration is to present the course for FPHC endorsement assessment. Other cooperative work is ongoing.

An FPHC Endorsement Matrix for overseas courses has been approved by the Training and Standards Committee and agreed by the Executive. This aims to maintain standards but allow slightly greater flexibility in the delivery of courses overseas where infrastructure and support may be more complex than in the UK.

The FPHC has also been approached by training providers in Poland, Guatemala and Gibraltar about the potential for endorsement of their courses. The application from Poland is expected shortly and the enquiry from Guatemala has prompted discussion of how the Training and Standards Committee might establish processes to assess on-line courses. We have agreed that on-line learning is likely to have a higher profile in the future, although it cannot replace all the aspects of training. Contacts in Gibraltar have been provided with guidance on the FPHC Competency Matrix which will help to refine their course prior to presentation for endorsement assessment.

When overseas training does become possible, the next important step is to identify suitable instructors which 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.

Non-Healthcare Professionals Group



Nigel Hinson

Chair, Non-Healthcare Professionals Group

Non-Healthcare Professionals make up a considerable proportion of the Faculty's membership. Our role is to provide our perspective on Faculty business. However, 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 members have supported the following Faculty activity:

Updated Guidance on Medical Provision for Wilderness Medicine, a review undertaken in conjunction with the Royal Geographical Society (NHCP emphasis on a revised Expedition Competency Framework for those operating at Level D PHEM)

A review of FPHC Clinical Material for Police Officers in Specialist Roles

NHCP members of the Clinical Standards Committee contributed to the review of Faculty's Foundation Material for Immediate Care.

Participated in the development of a generic PRF for Police Officers.

Our usual support for the student expedition medicine conference and similar events has been, obviously, disrupted.

Elections were held this summer for NHCP representatives to the Faculty Advisory Board. Adam Gent and Nick Tuckwell were both elected, with Adam taking his place on the Executive Committee as the NHCP representative. Congratulations to both and I wish you a successful and productive tenure.