

On behalf of The Faculty of Pre-hospital Care of the Royal College of Surgeons of Edinburgh

Witness: Dr Pamela Jane Hardy

Date: 02 May 2023

IN THE MATTER OF THE INQUIRY ARISING FROM THE 22 DEATHS IN THE MANCHESTER ARENA BOMBING

BEFORE HON. SIR JOHN SAUNDERS

FIRST WITNESS STATEMENT OF Dr Pamela Jane Hardy FIMC RCSEd, FRCEM, MRCPCH

I, Dr Pamela Jane Hardy, say as follows:

1. I am Pamela Jane Hardy, Chair of the Faculty of Pre-hospital Care of the Royal College of Surgeons of Edinburgh.
2. I provide this witness statement at the request of the Chairman for the Manchester Arena Inquiry, Hon. Sir John Saunders.
3. I provide this witness statement on behalf of the Faculty of Pre-hospital Care, being in the position of current Chair since 9th November 2021.
4. For the purposes of providing this witness statement, information has been collated from materials held by the Faculty, including minutes of meetings, and from discussions with members of the Faculty and other organisations. I have had a direct involvement in, and have direct knowledge of, some but not all of the matters dealt with in the relevant materials. I nevertheless consider that I am in a position to speak with authority about the work on the monitored recommendations that directly affect the Faculty.
5. Where, on reflection, I have considered that there are parts of the interim response provided on behalf of the Faculty that require to be expanded upon, clarified or corrected I have sought to do that.

6. I provide this witness statement in the context of the Department of Health & Social Care providing coordination across the health sector in monitoring the response to the cited recommendations and in the knowledge that the Faculty of Pre-hospital Care will be contributing to the relevant Task & Finish Groups overseen by NHS England.

1. Background

- 1.1. Pre-hospital care is usually defined as the care given to patients before arrival in hospital, and in the UK is most often delivered by statutory ambulance services. Whilst the scope of care delivered by ambulance services has increased substantially over recent years with the development of paramedic practice and extended roles, pre-hospital care is now also a well-established branch of medicine and practised by a broad range of practitioners including first aiders, doctors, nurses, first responders, voluntary aid workers and remote medics often operating in multi-agency teams such as police, fire and armed forces.
- 1.2. What was previously delivered in an altruistic but fragmented fashion, is now delivered in a co-ordinated and governed manner, not only within the ambulance services, but also through many enhanced / critical care teams, air ambulance charities, voluntary aid societies moving to competence-based and national standards. The scope and remit of pre-hospital care, both in statutory and voluntary services, delivered by multi-professional and other responders, has grown immensely in the UK over the past two decades.
- 1.3. It was with this foresight that Professor Myles Gibson, OBE, founded The Faculty of Pre-Hospital Care ("the Faculty") within the Royal College of Surgeons of Edinburgh ("the College") in 1996. The Faculty remains part of the College. The Faculty is a UK-wide organisation with international reach.
- 1.4. A broad definition of pre-hospital care is contained in section 2.2 of the Faculty's constitution dated 2016 (updated 2021 see appendix 1). Of relevance to this Inquiry, the Faculty considers areas including event medicine and major incident management as additional areas of Faculty activity (section 2.3). Representation on the Faculty Advisory Board from the National Events Medicine Advisory Group was invited by the Faculty in June 2022, and their representative attended their first meeting in November 2022.
- 1.5. The Faculty has been pivotal in the development of pre-hospital care and in the development of a General Medical Council (GMC) recognised sub-specialty of pre-hospital emergency medicine ("PHEM"). Its Diploma and Fellowship examinations in Immediate Medical Care form the summative assessments required for this sub-specialty registration with the GMC. In addition to the GMC sub-specialty register, the Faculty holds and administers a multi-professional Register of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine (PHEM). This can be found on the Faculty website: <https://fphc.rcsed.ac.uk/examinations/faculty-accreditation/fphc-register-of-consultant-level-8-practitioners>.
- 1.6. As pre-hospital care continually evolves the Faculty endeavours to set and maintain clinical standards for all practitioners.
- 1.7. The Faculty's strategic objectives are to:
 - set and maintain standards in pre-hospital care;
 - promote high quality education and teaching in pre-hospital care;
 - initiate technical development and contribute to the research agenda in pre-hospital care;
 - effectively integrate the efforts of all participants in pre-hospital care; and
 - engage in development of clinical policy through review of clinical evidence.
- 1.8. These objectives are published on the Faculty's website – fphc.rcsed.ac.uk and recorded in the Constitution section 2.4. In preparing our interim response, we recognised that the broad nature of the Faculty's strategic objectives may suggest that the recommendations made by the Inquiry may fall within the remit of the Faculty.

- 1.9. That being so, it is important to explain that the Faculty does not have its own clinical staff or funding to directly initiate technical developments or research studies. Rather, it has a membership of subject matter experts, who through their voluntary contribution may suggest and / or facilitate such work.
- 1.10. Similarly, engagement in development of clinical policy may for example, be achieved by the Faculty having a representative on working groups and Boards of other organisations with statutory responsibility for developing and implementing evidence-based practice.
- 1.11. In preparation of the Faculty's interim response it was recognised there was potential for the Faculty's Constitution and strategic objectives to create misunderstanding as to the Faculty's role. This is being addressed and we will consult with our members on proposed amendments to ensure the objectives better reflect the roles the Faculty perform in practice.
- 1.12. The Faculty endeavors to meet its strategic objectives through the provision of:
- education;
 - examinations and taught courses;
 - Faculty accreditation of practitioners; and
 - consensus and position statements.
- 1.13 It currently offers four professional examinations, namely:
- the Diploma in Immediate Medical Care;
 - the Fellowship in Immediate Medical Care.
 - the Diploma in Urgent Medical Care; and
 - the Diploma in Retrieval and Transfer Medicine.
- 1.14 All of the examinations offered by the Faculty are multi-professional i.e. they are available to doctors, nurses and paramedics.
- 1.15 The Faculty also has a taught programme leading to the award of the Diploma in Remote & Offshore Medicine (DipROM) and, separately, the Crowd Doctors and Practitioners Course, which includes major incident management in its content (further details are provided in appendix 4). The Faculty also endorses a range of external commercial courses.
- 1.16 In addition to these examinations and programmes, the Faculty administers the Intercollegiate Board for Training in Pre-hospital Emergency Medicine and manages other professional development processes such as the Certificate of Eligibility for Fellowship in Immediate Medical Care and Accreditation as a Consultant (Level 8) Practitioner in Pre- hospital Emergency Medicine.
- 1.17 The Faculty produces a core manual –the Foundation Material for Immediate Care – as well as Clinical Material for Police Officers in Specialist Role (D13). Both of these manuals are updated on a regular basis with the help of specialists within relevant fields (further information is provided in Appendix 5). A Fire & Rescue Service Trauma & Medical Emergencies manual is also in draft and being used in current discussions aimed at putting in place a national standard for fire services' clinical care.

- 1.18 Currently the Faculty has around 1,200 Members and Fellows. The Faculty's membership is also open to those who are not medical professionals, such as the police and fire services and voluntary first aid workers. However, such individuals are not eligible to take the Faculty's exams. The total number of Faculty members as of 01.05.2023 is 1157 of which 22.5% are non-health care professional members. These are all individual memberships.
- 1.19 The Faculty is managed on a day-to-day basis by the Faculty Executive Committee and the Sub-Committees in furtherance of the Faculty's objectives. The working strategy is reviewed every 3-4 years to coincide with the tenure of the Chair (see appendices 2 and 3 for current strategy).
- 1.20 The members of the Faculty Executive represent the professional interests of the Faculty's membership.
- 1.21 The Faculty Executive is supported in strategic decision making by the Faculty Advisory Board which meets twice a year. It is formed of:
- members of the Faculty Executive;
 - a member appointed by the Hill Square Educational Trust (a charitable trust which is a subsidiary of the College);
 - four elected Fellows/Members of the Faculty; and
 - a non-voting member from each of the representative organisations which have an interest in the Faculty's work, currently:
 - Air Ambulance UK
 - BASICS Scotland
 - The British Association for Immediate Care (BASICS)
 - The Chief Fire Officers Association
 - The College of Paramedics
 - The Faculty of Emergency Nursing
 - Faculty Student and Junior Doctors Group
 - HM Armed Forces
 - IBTPHEM Training Committee (Chairperson)
 - IBTPHEM Curriculum Committee (Chairperson)
 - The Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
 - The National Ambulance Service Medical Directors (NASMED)
 - The National Police Chiefs Council (NPCC)
 - PHEM Trainee Group
 - The Royal College of Anaesthetists
 - The Royal College of Emergency Medicine
 - The Royal College of General Practitioners
 - The Royal College of Paediatrics and Child Health
 - The National Events Medicine Advisory Group
 - The Worshipful Society of Apothecaries
 - The Voluntary Aid Societies
- 1.22 Decisions made by the Executive and the Faculty Advisory Board direct the Faculty on achieving its aims and objectives.

- 1.23 All members of the Executive and the Faculty Advisory Board are volunteers. They are supported by the Faculty Manager and a small administrative team who are the only individuals employed by the College on behalf of the Faculty.
- 1.24 The Faculty is not a statutory body with authority to mandate change in policy or within pre-hospital services. It works collaboratively with other agencies to implement initiatives and change through education, within its publications and examinations, and by having a membership of subject matter experts. Many of our members work in the organisations with which we collaborate. Our educational outputs include conferences, webinars and regional events both on-line and face to face.
- 1.25 In addition to its own committees and groups, the Faculty has representatives on relevant committees and groups including, of relevance to this Inquiry:
- College of Policing National Clinical Panel (Police First Aid Clinical Governance)
 - College of Paramedics Critical Care Special Interest Group
 - First Aid Quality Partnership
 - Joint Royal Colleges Ambulance Liaison Committee
 - National Firearms work and collaborations:
- 2016 – The Royal College of Surgeons of Edinburgh supported the launch of the charity citizenAID, the College being dedicated to delivering high standards of patient safety and recognizing that in the aftermath of any event leading to casualties the general public will inevitably be first at the scene. The College recognized that application of knowledge and simple skills in the critical period after the injury can make the difference between life and death, and that the citizenAID initiative to inform the public on the appropriate course of action under these circumstances was worthy of their full support.
 - 2017 - The Royal College of Surgeons of Edinburgh financially supported the creation of an educational video to show how the public should react and respond to an explosion using the citizenAID system. This video can be found <https://www.citizenaid.org/explosion>
 - 2019-2022 – the Faculty worked with the National Counter Terrorism Command, St John Ambulance and citizenAID to develop the concept of Publicly Accessible Trauma (PACT) kits for commercial premises, venues and large public spaces and to then work with a wider clinical group – National Ambulance Resilience Unit (NARU) and others- to agree the standardisation of the minimum contents of this equipment <https://www.protectuk.police.uk/print/pdf/node/473>.
 - The concept of PACT kits was to provide members of the public with life saving kit in the event of a deliberate attack resulting in a multi-casualty situation for use by those members of the public present but relatively uninjured. Created by experts in medicine first aid and counter terrorism policing Public Access Trauma (PACT) First Aid Kits are designed to save lives by being kept in public places such as arenas, football stadiums and railway stations. The business premises of public and private sector organisations are ideally suited to locating PACT First Aid Kits in areas to which the general public have access. These first aid kits for use by any person regardless of their level of training supports the treatment of life-threatening injuries and will significantly enhance an organisations first aid preparedness, increase the first aid resilience amongst the general public and ultimately improve the survivability of a person with life threatening injuries. Public Access Trauma (PACT) First Aid Kits are now widely

available via multiple equipment providers across UK. The concept (based on one developed by the City of London Police after the Westminster Bridge attack of 2017) was to provide immediately available supplies of life-saving kit in the event of a multi-casualty situation.

- National Counter Terrorism Command, St John Ambulance and citizenAID launched these standardised PACT kits nationally on 10th November 2021 in Chapter Hall, St John Ambulance Headquarters, Chapter Hall, 27 St John's Lane, London, EC1M4BU.
- From 2019-2022 the Faculty were also asked to work with the National Counter Terrorism Firearms Lead (Matt Theaker) on developing Armed Response Vehicles (ARV) 'drop bags' (basically bleeding control packs). The bags were nationally mandated in 2022 by National Armed Policing. The Faculty had introduced a similar package to the West Midlands Firearms Unit in 2014, which was then brought into the National Crime Agency soon thereafter. The Faculty was asked to support defining their role, kit list and usability. The "drop bags" became a side stream to the PACT work as the kit used had significant overlaps. The Faculty Chair at the time (Professor David Lockey) was aware of and supportive of this workstream.
- Currently and for the future, all police armed response units will have a small number of these bags to be 'dropped' by firearms officers next to survivors of incidents as the officers move through a scene to mitigate any threat and make the area safe for professional healthcare providers to access.
- These work streams developed as a response to the first Manchester Arena Inquiry report and following contact with the Faculty from Counter Terrorism Police.

2 Developments since the interim response

- 2.1 On 29 March 2023 the Faculty was advised by Clair Baynton (Deputy Director – Risk and Contingency, Emergency Preparedness and Health Protection Directorate, Department of Health and Social Care), that NHS England (NHSE) and NHS Improvement would be taking forward those of the Inquiry's monitored recommendations that directly concern the Faculty and an Oversight Task & Finish Group has been set up to bring together interested parties, including the Faculty.
- 2.2 I attended the first meeting of the Oversight Task & Finish Group on 18th April 2023 with the Faculty Manager Beth Stevenson. We were appraised of the relevant workstreams and Chairs for each item, as well of reporting routes to NHSE, DHSC and some monitoring via the JESIP Ministerial Board to the Home Office. We were advised of the remits of, and leads for, the current Task and Finish Groups: **Adequate analgesia on scene** (Lead Dr Alison Walker), **Tranexamic acid on scene** (Phil Cowburn), **Early administration of blood products** (Dr Anne Weaver), **Clinical roles at the scene of a major incident** (Wayne Drench), **Triage** (TBC), **Event healthcare services at a national level** (Clair Baynton).
- 2.3 It is anticipated that the Oversight Task & Finish Group will meet monthly. I will do my best to attend or send a deputy, and the Faculty will as far as able provide representatives to the relevant work groups to progress the monitored recommendations and provide input on any other matters with which it can assist. Participation in this work creates challenges for the relevant members of Faculty (some of whom may have additional Faculty functions) given that their contribution is made on a voluntary basis and most members are otherwise employed in busy jobs and many undertake additional activities relating to the delivery of pre-hospital care.

2.4 I summarise below the actions taken by the Faculty since our interim response and with any subsequent updates.

2.5 In preparation for our initial response to the Inquiry's letter of 11 January 2023 the Faculty met with:

- Mike Shanahan, Deputy Director NHS Resilience, NHS England ("NHSE") and NHS Improvement
- Mark Sewell, NHS Preparedness & Response Senior Manager, National EPRR, NHS England;
- Tracy Nicholls, CEO of the College of Paramedics; and
- Phil Cowburn MBE, Acute Care Medical Director, South Western Ambulance Service NHS Foundation Trust, Medical Advisor to the National Ambulance Resilience Unit ("NARU") for NHSE. Phil Cowburn also represents NARU at NASMeD, NHSE's Emergency Preparedness, Resilience and Response Clinical Reference Group, and at Association Task & Finish Working Groups. He is the triage and civilian ambulance member of the Military Pre-Hospital Emergency Care Committee.
- The Faculty also met with Clair Baynton, a representative from the Department of Health and Social Care ("the DHSC").

2.6 Since submission of the Faculty's response dated 9th February 2023, work and communications have been ongoing in relation to each of the monitored recommendations and more generally:

3. Monitored Recommendation MR20 – Other matters relating to ambulance services

R115 The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should review the current model for evacuation to hospital operated in the UK by reference to the different approaches around the world in order to see whether triage at different times and in different places remains best practice, or whether there should be a greater emphasis on rapid evacuation to hospital.

FPHC Response

3.1. As explained in our interim response of 9th February 2023, the Faculty does not directly undertake work to review current models of practice operated in the UK by reference to international practice. The Faculty does not have staff resource, income or funding streams to undertake or regularly commission its own research.

3.2 The Faculty receives information about current standards of best practice from statutory bodies such as the National Association of Ambulance Service Medical Directors and NHS England (of which NARU is part) through their Emergency Preparedness, Resilience and Response Groups, working groups and other NHS bodies. It then disseminates such information by incorporating it within Faculty materials – such as its education provision, manual and exams – to ensure that its members are aware of and, where relevant, assessed on current best practice.

- 3.3 We also stated in that response that the Faculty does not establish or evaluate what constitutes best practice and most often it does not do so directly. However, as illustrated by the description given above of the work of the Faculty, this is a function that is discharged by the Faculty's members indirectly. For example in some cases, those doing the work in other organizations are also members of the Faculty. A specific example in relation to this recommendation, is that Phil Cowburn has been involved in the work to evaluate and change the approach to triage in his role with NARU and is also a member (Fellow) of the Faculty and a member of the Faculty of Examiners of the Royal College of Surgeons of Edinburgh, as an examiner for the Diploma and Fellowship in Immediate Medical Care.
- 3.4 A key role of the Faculty is that of educating its Members and Fellows on best practice as has been established and/or approved by the relevant statutory bodies, disseminating information and including evolving evidence and best practice in its examinations.
- 3.5 The Faculty considers the responsibility for this recommendation lies with NHS-England and Improvement.

4. Monitored Recommendation R113 *The team led by Phil Cowburn has devised a tool that is designed for use by a wide range of emergency responders in a mass casualty situation. It is known as Ten Second Triage. The National Ambulance Resilience Unit, the College of Policing and the Fire Service College should consider as a matter of urgency whether all of their frontline staff should be trained in the use of Ten Second Triage.*

- 4.1 The Faculty is also aware of Monitored Recommendation R113 in relation to the triage tool. This recommendation is not addressed to the Faculty however, a number of members of the Faculty served on the NHSE Task & Finish Group chaired by Professor Chris Moran which reviewed and revised the Major Incident Triage Tool and led to the development of the Ten-Second Triage.
- 4.2. The launch of these new triage tools was planned to take place at the Faculty's Conference in March 2023 but the conference had to be postponed due to industrial action taking place at the time. The new triage tools and educational material on the NHSE website are now available as a link on the Faculty's website <https://fphc.rcsed.ac.uk/education-resources/resources/faculty-resources>. The Faculty will support education in relation to, and the implementation of, these new tools by including them in future edits of its manuals, courses, examinations and website resources. A webinar is planned in June 2023 (exact date to be confirmed) on the new Major Incident Triage Tools.
- 4.3 The Faculty does not have any budgetary oversight function to monitor this implementation, but would anticipate ongoing involvement in any relevant discussions. The Faculty is a stakeholder in the Pre-hospital Research and Audit Network (PRANA) programme, based within the Clinical Informatics Research Unit (CIRU) in the University of Southampton. This programme is developing a national clinical audit of pre-hospital critical care to serve as a national collaborative asset. This is a platform that may be able to be utilised to have national oversight and audit function to assess impact of the new tools.

5. ***R120 The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should consider whether all Hazardous Area Response Team operatives should be deployed with freeze-dried plasma and trained in its use.***

FPHC Response

- 5.1 We confirmed in our interim response that the Faculty supports the feasibility trial that is being conducted within the Hazardous Area Response Team ("HART") units of South Western Ambulance Service NHS Foundation Trust (SWAST). The Faculty has been informed that this will be a two-year project to assess the need, opportunity and usability of freeze-dried plasma. The Faculty has been invited to directly engage in this project and has also suggested that wider evaluation may be undertaken through Pre-hospital Research and Audit Network ("PRANA").
- 5.2 Freeze dried plasma is already in use by some services, such as air ambulance providers, but this study specifically relates to the feasibility of its delivery by HART. We are aware that the study has commenced – and that it is likely to have a two-year duration.
- 5.3 The Faculty will introduce any changes to the material it publishes, educational resources and events and examinations at such time it is deemed appropriate, reflecting the operational nature of this recommendation and respecting that the Faculty does not have any statutory role in ambulance service operations.
- 5.4 Since submitting the interim response above, the Faculty has been advised as noted above that NHSE will be convening a Task & Finish Group to oversee this recommendation. The Faculty considers the responsibility for this recommendation lies with NHS-England and NHS Improvement.
- 5.5 The Faculty does not have any budgetary oversight function to monitor this implementation but would anticipate ongoing engagement in this project and have also suggested that wider evaluation may be undertaken through Pre-hospital Research and Audit Network ("PRANA").
6. ***R121 The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should undertake a review into whether frontline ambulances should carry intramuscular tranexamic acid or TXA.***

FPHC Response

- 6.1 Prior to submission of the interim response, the Faculty had been informed when liaising with the other organisations named in the recommendation that guidance from the Joint Royal Colleges Ambulance Liaison Committee ("JRCALC") had already been changed to support intramuscular (IM) administration of Tranexamic Acid ("TXA") in specific roles and situations and that the majority of ambulance Trusts had modified their Patient Group Directives ("PGDs") to authorise this.

- 6.2 The Faculty received a formal update from the JRCALC representative who serves on the Faculty Advisory Board at the Board's meeting held on 2 May 2023:

*On the 8 September 2021 the following was added to the JRCALC website:
Guidance around the route of administration has been updated so that where IV access is not achievable promptly and the IO route is not appropriate the IM route can be considered.*

He recommended that the Faculty accept the guidance produced by JRCALC as best practice and update its materials and examinations with respect to the administration of TXA via the IM route.

The Faculty will accept the guidance produced by JRCALC as best practice and will update its materials and examinations to reflect this.

- 6.3 The Faculty will also collaborate with any future audit around efficacy, time to administration and any other indicators if requested by NARU or other agencies.
- 6.4 The Faculty has been informed by NARU that work is currently being undertaken by the UK Military to improve the formulation and delivery of TXA. Lt Col Harvey Pynn is the Defence Consultant Advisor for Pre-Hospital Care and represents HM Armed Forces on our Faculty Advisory Board.
- 6.5 Lt Col Harvey Pynn has updated us for the purposes of this statement and for the Faculty Advisory Board, that he and Professor Ian Roberts are pursuing work to achieve concentrating the treatment dose of 1g TXA into a smaller volume and a suitable delivery mechanism for IM use by lay person responders (i.e an autoinjector akin to devices used for anaphylaxis). They are canvassing the commercial sector to help solve this problem and hope that a pre-submission may be submitted to the MHRA for a TXA autoinjector drug – delivery system in Q3 2023. As well as being involved in its use in the military setting, Lt Col Harvey Pynn will be sitting on the UK EPRR task and finish group looking at TXA autoinjectors in the civilian setting.
- 6.6 The Faculty does not have any budgetary oversight function to monitor this implementation but would anticipate ongoing involvement via the Task & Finish group.

- 7. R123 The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should consider issuing guidance on how to ensure that specialist paramedics take with them, into a warm zone, equipment that enables them to carry out bridging interventions.**

FPHC Response

- 7.1 When preparing the interim response, the Faculty discussed this recommendation with representatives of the College of Paramedics NHSE, and NARU and did not consider that issuing this guidance was a matter directly for the Faculty. The other agencies agreed that this recommendation should be progressed through the relevant statutory organisations. However, the Faculty was advised by NHSE that it will also be invited to have representation on a national NHSE working group to consider what paramedics should take with them into a warm zone. At the time of writing this statement, the invitation is awaited and the Faculty is currently unaware of the timescales for, or the scope of, that working group.

- 7.2 The Faculty does not have any budgetary oversight function to monitor this implementation but would anticipate ongoing involvement via the Task & Finish group.
- 7.3 In addition, since the interim response was submitted, I have also met with Dr Alison Walker, Chair of JRCALC and member of the Faculty / the Faculty of Examiners of the Royal College of Surgeons of Edinburgh as an examiner for the Diploma and Fellowship in Immediate Medical Care, and Tracy Nicholls, OBE, Chief Executive, College of Paramedics. Whilst we have representatives of each of our organisations on the others' committees, we have all agreed to forge stronger associations at Chair / CEO level given much of our common purpose. We are all committed to implementation of the recommendations from the Inquiry report and sharing information across our respective organisations. We are specifically also looking at the development of joint critical care advance practice guidelines for paramedics, which we anticipate will look at national standard for specialist roles and thereby equipment appropriate to those roles.
- 7.4 I would anticipate that furtherance of this recommendation may therefore also be addressed in this initiative.

8. Further relevant information

8.1 Development of Diploma in Major Incident Management (DipMiM)

- 8.1.1 As explained in the Faculty's interim response, the Faculty is currently in the final stages of developing a new examination, the Diploma in Major Incident Management. It has recognised that a gap exists between the basic introduction to major incident management at certificate level and a master's level degree in major incident management which a number of universities offer over a two- or three-year period.
- 8.1.2. Like the Faculty's other examinations, this examination will have multi-professional access and sit within a portfolio of training and development around management of major incidents. However, an important distinction is that this examination will be open to a broader multi professional audience.

Target Audience

Emergency services personnel:

- Police forces
- British Transport Police
- Fire authorities
- Ambulance services
- Maritime and Coastguard Agency
- UK Search and Rescue Organisations such as RNLI, Mountain, Cave & Lowland Search Organisations
- Military

Healthcare personnel:

- Primary care e.g. General Practitioners, Nurse Practitioners
- Acute/Foundation Trusts e.g. Hospital doctors and nurses

- 8.1.3 The Diploma is aimed at all those involved in the planning for, or organisation of, a major incident response above that of their own area of professional expertise. The aim of the Diploma in Major Incident Management (DipMIM) is to allow successful candidates to demonstrate a level of knowledge and expertise between Major Incident Medical Management and Support (MIMMS) certified courses and master's level, as such, the emphasis is on the organisational and regulatory framework of major incident management rather than clinical aspects, although these do form part of the syllabus where such knowledge is essential to the provision of an appropriate response.
- 8.1.4 The DipMIM will include assessment of the candidates' experience and knowledge of major incident preparedness and major incident response at all levels including the established statutory, legal and operational frameworks currently in place.
- 8.1.5 The Diploma in Major Incident Management will not be a licence to practice in this field, but the aim is that it should come to be seen as a marker of expertise, engagement and active involvement in the challenging and scrutinised area of medical endeavour. Our intention is that it would eventually become the standard medical qualification of all responders who would wish to contribute to preparedness or response management.
- 8.1.6 The management of major incidents is already included in the wider syllabus of the Faculty's (1) Immediate Care examinations, (2) Crowd Doctor and Practitioner Course, and (3) the Clinical Material for Police Officers in Specialist Role (D13).
- 8.1.7 There is currently no examination to identify those who have particular expertise, knowledge and commitment in this area. The military, as well as representatives of a number of sporting medical associations have expressed particular support for the development of this diploma.
- 8.1.8 The DipMIM has been under development for a number of years, more recently at pace with the support from a senior leadership team consisting of the Faculty and RCSEd personnel. Essential documents continue to be developed for presentation at the RCSEd governing committees to meet the required steps of development. In parallel working an editorial Group are in place to oversee exam writing and examiner groups who are in development. It is anticipated a trial diet will be held in January 2024 with the first full diet in July 2024. dissemination.

8.2 Pre-hospital Research and Audit Network

- 8.2.1 Currently in the UK, there is no national clinical audit of pre-hospital critical care. The experience of existing national clinical audits of hospital based critical care has seen systematic improvement and standardisation of patient care. Similar improvements in care could be achieved for pre-hospital patients with the support of linked data.
- 8.2.2 The Faculty is a stakeholder in the Pre-hospital Research and Audit Network (PRANA) programme, based within the Clinical Informatics Research Unit (CIRU) in the University of Southampton. This programme is developing a national clinical audit of pre-hospital critical care to serve as a national collaborative asset. PRANA will provide a secure and confidential, high quality clinical registry of pre-hospital critical care activity in the UK. Significantly, this registry will be linked to existing national audits of critical care, trauma and out of hospital cardiac arrest as well as NHS longitudinal outcome data. In doing so,

PRANA aims to support operational analysis, service evaluation and clinical audit and provide a basis for research and development.

8.2.3 The PRANA registry is intended to greatly enhance pre-hospital research capacity by informing research priority setting, generating baseline data for clinical trials and improving the ability of providers to contribute to portfolio studies. Descriptive and analytical epidemiological studies will also be facilitated. As has been shown with other national clinical audits, the availability of reliable data supports important translational patient centered research.

8.2.4 The PRANA programme is currently undertaking pilot developmental work with NHS ambulance services and independently registered air ambulance charities to build the digital architecture and governance structures to enable PRANA to begin active function.

9. *Further information*

9.1 The Faculty fully supports the recommendations cited in the Inquiry and will collaborate with other organizations to do whatever is needed to implement these. The Faculty will cooperate with any further recommendations from the Inquiry in so far as it is able to do so.

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.



Signed

2 May 2023

Date

Appendices

- Appendix 1 FPHC Constitution
- Appendix 2 FPHC Strategy 2022
- Appendix 3 Crowd Doctor & Practitioner Course
- Appendix 4 FPHC manuals foreward (Immediate Care & D13)