

Irish Committee for Emergency Medicine Training

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Pre Hospital Care in Specialist Training in Emergency Medicine

Background

In 2010, ACEMT developed a document and process to facilitate the acquisition of Pre Hospital Emergency Medicine (PHEM) skills as part of the then Higher Specialist Training in EM.

The need for this arose out of the Medical Council Rules, requiring trainees to only practice in the posts associated with their training site. This document and process allowed trainees to practice according to their level of training on the condition that they were indemnified and had access to direct or remote consultant supervision for the duration of any PHEM activity.

Typically this has evolved in an ad hoc fashion, rather than as part of any structured process.

Since 2010, a number of developments have occurred in the field of PHEM, which are worth considering:

1. Sub specialty training in UK
2. College of Anaesthetists
3. Other Specialties e.g. Trauma & Orthopaedics
4. Interest among trainees and student
5. Retrieval fellowships

Opportunities

1. Standard setting
2. Training/Competencies
3. Fellowships
4. Continue to facilitate trainees – up dated document below with tracked changes in Red.
5. Opportunity to collaborate – PHECC, COA other

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Issues to Consider:

1. Indemnity
2. Clinical Governance
3. Restriction to ASTEM?
4. CSTEM under direct supervision?
5. Supervisors?
6. Mandatory?
7. Portfolio?

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Pre Hospital Emergency Medicine (PHEM) in Specialist Training in Emergency Medicine

March 2017

Introduction

This document outlines issues surrounding the practice of Pre Hospital Emergency Medicine (PHEM), by trainees in Emergency Medicine and provides guidance in this regard.

Context

The Medical Practitioners Act 2007 created four new divisions of registration. Those employed in numbered training posts are required to be registered on the Specialist Trainee division of the register.

The Medical Council's interpretation of the Medical Practitioners Act 2007 stipulates that:

“Trainee specialist registration in individually numbered, identifiable training posts only permits the practice of medicine within the clinical site/health service setting stated on the Certificate of Registration or clinics/health service settings formally connected with that training post.”

Of all specialties, the specialty of Emergency Medicine has an important role and responsibility in the provision of PHEM given the unique skill set of Emergency Medicine Specialists and their close liaison with the Emergency Medical Services.

Pre Hospital Care/Pre Hospital Emergency Medicine

Pre Hospital Care is defined as:

“ the provision of skilled healthcare at the site of a trauma incident or medical emergency and encompasses those competencies delivered by appropriately trained clinicians. The providers may include first aiders, voluntary aid society members, first responders, members of the statutory ambulance services, members of other emergency services providing healthcare, military medics, nurses, doctors and qualified members of other relevant organisations.

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In addition, its remit includes the provision of on-going care during transfer to appropriate definitive care and also inter-facility transfer. ”

Faculty of Pre Hospital Care, RCSEd

Pre Hospital Emergency Medicine is recognised as a subspecialty by the GMC in the UK.

PHEM includes elements of PHC but typically refers to the higher level clinical skills associated with Emergency Medicine specialist training. PHEM sub specialty training in the UK is accessible from the base specialties of EM, Anaesthetics and ICM.

PHC encompasses, but is not limited to, the following activities:

- Mass gathering medicine
- Event medicine
- Major Incident Management
- Disaster Medicine
- Mountain Rescue
- Team doctor at sports fixtures
- Crowd doctor at sports fixtures
- Music Festivals
- Concerts
- Ambulance activity
- Advanced Paramedic/Paramedic Training and Supervision

‘Good Samaritan Activities’

The Medical Council considers Good Samaritan work separately and there is an ethical responsibility for doctors to offer emergency assistance in situations they may encounter.

Hospital Mobile Medical Teams

On occasion trainees in EM or other specialties may be required to form part of a Mobile Medical Team in response to a specific incident or event. Under these circumstances, they are deployed by virtue of the training post they are appointed to and as part of the response of that clinic/healthcare setting to such an incident or event.

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Curriculum for Pre Hospital Care

PHC is an essential component of the curriculum of the Royal College of Emergency Medicine (RCEM), London and a mandatory component of Advanced Specialist Training in Emergency Medicine (ASTEM) in Ireland in order to prepare trainees for the FRCEM exam, which is the exit exam for ASTEM in both Ireland and the UK.

There is, at present, no separately recognised subspecialty of PHC or PHEM in Ireland, but PHEM is now recognised in the UK as an intercollegiate training board of the Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh, the Royal College of Anaesthetists and the Royal College of Emergency Medicine. PHC/PHEM is recognised as a special interest area of Emergency Medicine by RCEM and the Irish Committee on Emergency Medicine Training (ICEMT).

In addition, PHC is practiced by Medical Practitioners from other specialities such as General Practice and Anaesthetics & Intensive Care Medicine.

Emergency Medicine Trainees

Advanced Specialist Trainees (Specialist Registrars – SpRs) in Emergency Medicine are appointed to the National Training Programme in Emergency Medicine by ICEMT and are assigned to the individual numbered training posts on this programme annually.

It is the view of ICEMT that the practice of PHC/PHEM in a role relevant to the training needs of Emergency Medicine trainees is a necessary and desirable component of ASTEM.

These guidelines create a framework to allow Emergency Medicine Trainees practice PHC/PHEM as part of their training while complying with the Medical Practitioners Act and the Medical Council Registration Rules. They are also relevant for EM trainees developing an interest in Sports and Exercise Medicine, which by its nature takes place in a PHC environment.

Position of Advanced Specialist Trainees in Emergency Medicine

The nature of PHC/PHEM is that it occurs outside of traditional hospital training environments. As the body responsible for the regulation of Emergency Medicine training in Ireland, ICEMT endorses the

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practice of medicine in a PHC/PHEM environment by Advanced Specialist Trainees in Emergency Medicine as outlined in these guidelines. This is compatible with the 'health service settings formally connected with that training post' described within the Medical Council's Registration Rules.

Guidelines

ICEMT will support Emergency Medicine Advanced Specialist Trainees practice in Pre Hospital Care/Pre Hospital Emergency Medicine if the conditions below are met.

The trainee should review these guidelines with the ASTEM Vice Dean in advance of engaging in any PHC/PHEM activity in order to ensure compliance.

These guidelines only apply to ASTEM trainees. It is the view of ICEMT that Core Specialist Trainees would not have the necessary competencies or experience to practice PHC/PHEM safely. However, basic trainees may attend PHC/PHEM activities as observers.

1. Educational Value

The primary purpose of the PHC/PHEM activity is for the education and training benefit of the trainee. To this end, it must be ensured that the activity fulfils a defined training need and is part of a curriculum/programme of pre hospital activities necessary to meet either the RCEM/ICEMT curriculum requirements of PHC/PHEM or to further a special interest in PHC/PHEM.

Such clinical PHC/PHEM experience should be augmented by elements of: clinical audit, research, reflective learning and teaching activities as agreed with the ASTEM programme director in advance.

A portfolio of PHC/PHEM experience must be maintained by the trainee with inclusion of dates, times, venues, nature of activity and learning points.

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2. Pecuniary Interest

It is recognised that the majority of PHC/PHEM occurs on a voluntary and unpaid basis, but that certain PHC/PHEM activities are reimbursed to a greater or lesser degree (either as expenses, an honorarium or payment). It is the view of ICEMT that the primary purpose of the trainee engaging in any PHC/PHEM activity must be for educational benefit and not monetary gain.

In the circumstances where the PHC/PHEM activity is reimbursed, due regard must be had to the relevant educational value of the activity and it must be ensured that this is not eclipsed by any financial benefit.

Furthermore, in these circumstances, trainees must ensure compliance with the provisions of the European Working Time Directive.

3. Supervision

During the course of their PHC/PHEM activity, trainees should have access (either direct or remote) to senior supervision and advice from either:

- A Consultant Trainer in Emergency Medicine

or

- A Medical Practitioner on the Specialist Division of the Register who has appropriate experience in PHC/PHEM (as decided by a Consultant Trainer in Emergency Medicine).

4. Indemnity

Certain PHC/PHEM activities may be indemnified by the Clinical Indemnity Scheme. Where this is not the case, the trainee must ensure that their practice is indemnified under separate professional indemnity insurance.

5. Compatible with Contract of Employment

The practice of PHC/PHEM must not be specifically excluded under the terms of the trainee's contract of employment.

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6. Scope of Practice

In planning a PHC/PHEM activity, due regard must be had to the likely clinical situations the trainee is expected to encounter. The practice of PHC/PHEM by an individual trainee must be within his or her own scope of practice. As such, trainees should not undertake treatments or procedures, which they would not normally undertake in their hospital environment.

It is recognised that PHC/PHEM requires a greater degree of autonomy and independence than hospital practice, but exposure to this environment should be graduated in line with the trainee's previous experience and competencies.

Competencies may be evidenced from previous experience, audit, research and training in addition to higher qualifications (e.g. Dip IMC RCSEd).

Initially, trainees may require more supervision and support (e.g. working within the Ambulance Service or with a consultant trainer on site), but subsequently may be in a position to practice more autonomously.

7. Suitable support and Equipment

PHC/PHEM should rarely be practiced in isolation. Trainees engaged in PHC/PHEM activities should be afforded appropriate support in the out of hospital environment.

Normally this would involve operating as part of a team of pre hospital practitioners (EMTs, Paramedics, Advanced Paramedics, Nurses, other Doctors) in an organised operation with adequate equipment, medications, transport and communications.

Close liaison with the statutory and voluntary ambulance services is recommended in advance of any PHC/PHEM activity. Attention is drawn to the guidelines on Event Medical Cover pending from the Pre Hospital Emergency Care Council (PHECC).