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Resuscitation Council (UK)

Newsletter

Training people, saving lives

The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

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President's welcome

This is my first introduction to the Newsletter as President of the Resuscitation Council (UK) and my first words are to thank David Pitcher for the sterling job he has done over the past three years as President. Although many of you will be aware of the contribution made by David to the new edition of the document 'Decisions Relating to Cardiopulmonary Resuscitation' published last October, he also put a huge amount of time and effort in the intervention the Resuscitation Council made in the Tracey case in order to explain the range of complex circumstances in which decisions about whether or not to attempt cardiopulmonary resuscitation are made. I think his contribution is best demonstrated by quoting the words of Lord Justice Longmore "I have been somewhat exercised by the well-balanced and powerful intervention by the Resuscitation Council, in which its chairman, Dr Pitcher, has expressed the fear that a judgment which states (or implies) that there is a presumption that, save in exceptional cases, every DNACPR decision must be made after consultation with the patient would seriously hamper the ability of health care professionals to provide individualised and compassionate care for vulnerable people towards the end of their lives".

The other area that David made a major contribution was to Chair the Working Group that produced the guidelines 'Cardiovascular Implanted Electronic Devices in People Towards the End of Life, during Cardiopulmonary Resuscitation and After Death', an important and informative document in a somewhat previously neglected area of end of life care. However, we have not seen or heard the last of David as he continues as Vice President and to represent the Council on many national committees to ensure our voice is heard, advice is given and our opinions presented as and when necessary. So on your behalf, I'd like to say 'thank you David most sincerely for all your hard work for the Resuscitation Council (UK) during your time as Chair and President'.

Hopefully you have all now seen and explored the new website. This was launched in May and was due to the efforts of Crystal Govender, Content Manager, and Paul White, Director of Business Systems. It's very different to the old site, much easier to navigate and much better organised. You will also notice that we have a section dedicated to the Public and this brings me onto my next topic.

For some time, many of us at the Resuscitation Council (UK) have been aware that despite the huge amount of material for education and training that we produce, we do not have a very strong public or professional profile. Indeed, if you ask healthcare professionals who we are or what we do, most people will fail to respond. A good example of this can be seen in the letters pages of the BMJ recently when one of the correspondents in an article about DNACPR referred to 'Dr David Pilcher of the Research Council UK'! One of my objectives over the next three years is to try and rectify this situation. I've already mentioned the public area on the website, we have a Communications Officer, Meghan Smith, who is rapidly acquiring media contacts and promoting our activities (mine included) on social media. We now have over 10,000 followers on combined social media channels. It is also fair to say that in the past six months, we have received far more requests for TV, radio and newspaper interviews and this can only help us promote all the work of the Council.

As I sit compiling this introduction, many members of the Council's subcommittees are busy writing the RC (UK) 2015 Guidelines that will be published on 15 October. This material is then used to update our courses; ALS, eALS, ILS, EPLS, PILS, ARNI, NLS and FEEL, not forgetting the GIC and recertification courses! This is a tremendous amount of work for the subcommittees and the office staff. The new course material will be available early 2016, but in the meantime don't stop all your hard work, training people, saving lives.

Finally, if you want to learn about the 'Science behind the guidelines', 'Improving survival following out-of-hospital cardiac arrest', 'Learning with a difference' and hear the wonderful Douglas Chamberlain delivering the 25th Asmund Laerdal Lecture, make sure you have registered for the Scientific Symposium which is being held on 26 November at the National Motorcycle Museum. Don't forget that members get a reduced registration fee (and much more for their membership fee). Full membership is now available to all UK registered healthcare providers with professional registration.

I look forward to meeting as many of you as possible on 26 November.

Carl Gwinnutt
President

Annual General Meeting

President's report

This is my third annual report and my last before handing over the Presidential mantle to Carl Gwinnutt this afternoon. The Council has made many substantial achievements during this year, so this report is at best a summary of some highlights. Those achievements have meant a huge workload for the team in the Council's office and for those members of our Executive Committee, Subcommittees and Working Groups who have taken active roles in our various projects and are a huge tribute to the dedication, enthusiasm and skills of all those people.

A Council for the 21st century

Last year I described some of our plans for the Council's future strategy and structure. During the past year we have examined a good many of the processes that underpin our activities and developed or updated policies and other documents to ensure that we have a robust and transparent system of governance that fulfils our responsibilities both as a charity and as a professional body. This work is on-going, and should help to ensure that delivery of the Council's objectives remains the central focus of our activities.

One major element of the Council's achievements has been in computing and digital technology. Our excellent new website went live last month and we hope that it is and will continue to be easy to use and of value to our members, our instructors and to other healthcare professionals. It includes also information in a specific section for members of the public, and it is our intention to develop and expand that section further to address some topics that have already been identified and others in response to further feedback and demand. The website will be the route of access for our learning management system for course centres and course candidates for all our courses. The upgraded learning management system will replace our old database, and will store details of all courses and related information. Bringing these projects to completion safely and effectively has been a huge piece of challenging work, managed masterfully by members of the office team who are to be congratulated on this.

The website is just one strand of our communications strategy. We must use all the available vehicles for communication, including social media. We recognise the importance of effective communication with the public and with the media as well as with healthcare professionals if we are to improve public awareness and understanding of cardiac arrest and the role of CPR. In support of that aim we were delighted in November to welcome Meghan Smith to the office team as our Communications Officer.

Whilst there has been increased focus on these public-facing communications, we have not neglected our commitment to communicating with healthcare professionals. In November we held another successful Scientific Symposium at the National Motorcycle Museum, attended by about 600 delegates, who gave us helpful and mostly very positive feedback.

We have continued to produce guidelines and other publications of relevance to various aspects of resuscitation. These have included:

- 'Management of cardiac arrest during neurosurgery in adults', published in August last year in collaboration with the Neuroanaesthesia Society of Great Britain and Ireland and the Society of British Neurological Surgeons.
- 'Cardiovascular implanted electronic devices in people towards the end of life, during cardiopulmonary resuscitation and after death' published in March this year in collaboration with the British Cardiovascular Society and National Council for Palliative Care. This was supported by a brief clinical guide on ICD deactivation towards the end of life and a patient information leaflet on the same topic.
- Both these major pieces of guidance are accredited by NICE, thanks to successful revision and submission to NICE last year of our process manual for guideline development. This means that any of our guidelines that are developed by following the process manual will have NICE accreditation.
- In October we published, in collaboration with the BMA and RCN the third edition of 'Decisions relating to Cardiopulmonary Resuscitation'. We are conscious of the need to raise wider awareness and to promote better adherence to this guidance, and are working with other organisations, including the Academy of Medical Royal Colleges, to try to achieve this.
- In last year's report I referred to work on a revised edition of 'Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings'. This required more work and more time than originally anticipated, but is now close to being published and available on the website.

I would like to pay tribute to all those who devoted a huge amount of time and energy on these projects to bring them to a successful conclusion.

As you have heard, several of these projects were carried out in close collaboration with other organisations. Collaboration with other organisations has been an increasing feature of the Council's activities in recent years. The list of such organisations

is too long to mention them all in this report, but I will draw your attention to a few examples, several of which reflect an encouraging wider recognition of the need to improve outcome from out-of-hospital cardiac arrest in the UK.

- Together with the British Heart Foundation (BHF), the Ambulance Service and others we are members of the Community Resuscitation Steering Group, chaired by Huon Gray, National Clinical Director for Cardiovascular Disease at NHS England. The group aims to drive forward initiatives to improve survival from out-of-hospital cardiac arrest.
- Arising from this we are represented on the Advisory Board that is overseeing the proposed development of a national database of Public Access Defibrillators, to be funded by the BHF.
- We are continuing to work with the Department for Education on their AED guidance for schools and are helping to advise the Department of Health on how to spend money allocated by the Treasury for new Public Access Defibrillator schemes.
- Together with the BHF we are continuing to campaign for teaching CPR to all children before they leave school.
- We are collaborating also with the BHF on a project to develop improved signage for AEDs and especially Public Access Defibrillators.
- We are a member of the Public Record Standards Body and hope thereby to ensure that standards for electronic health records and communications include safe and adequate standards to record information relevant to resuscitation.
- We continue to register as a stakeholder in and provide feedback on any NICE guideline or quality standard of relevance to resuscitation.
- As a further part of our strategy of collaboration with others we have provided training sessions at the Annual Conference of the Royal College of Paediatrics and Child Health and at the British Cardiovascular Society's Annual Congress.

Last October we co-hosted a symposium at the Royal Society of Medicine at which the results of research by Gavin Perkins' group at Warwick University on DNACPR decisions were presented and their implications debated. Arising from that was considerable enthusiasm from various quarters to develop a form for recording anticipatory decisions about CPR, and to try to ensure that the form is recognised and accepted nationally across all boundaries. As a result we are helping to fund and lead a Working Group with very broad representation to develop a person-centred form that is underpinned by a robust decision-making process and in turn supports good decision-making.

Another of the Council's main objectives is the promotion of research in resuscitation. The Council continues to provide grants for a number of worthy research projects each year, and also provides half the funding for the National Cardiac Arrest Audit and the Out-of-Hospital Cardiac Arrest Database, both of which have started to provide valuable data on the UK's progress in improving survival as well as providing feedback on their data to individual hospitals and individual ambulance trusts, so that variations in outcomes and in service delivery can be identified and, where possible, deficiencies or failures can be corrected.

Once again last year our established life support courses trained more than 130 000 healthcare professionals. Currently, as you will hear in other reports, there is a huge amount of work under way to produce the new UK resuscitation guidelines, due to be published on 15 October, and to ensure that the detail is incorporated in our course materials soon after that.

Another current focus of our attention is our relationship with the European Resuscitation Council (ERC). Our current Memorandum of Understanding (MoU) with the ERC expires in October and was a customised document that included specific detail of the RC (UK)'s historical, reciprocal free exchange of many course materials with the ERC. Most but not all of these are UK materials that have been made freely available to the ERC. The ERC has now standardised the nature and format of the Agreements and Memoranda of Understanding that it signs with individual National Resuscitation Councils. Following a period of negotiation we are hoping to be able, before the expiry of the MoU, to sign an Agreement as a member National Resuscitation Council with the ERC and a separate, customised agreement defining specifically the extent and limitations of free exchange of materials.

The progressive increase in the Council's activity that I and others have reported to you over several years could not be achieved without increased financial cost. We have appointed new members of staff to expand the office team and have needed to spend substantial sums on items such as digital hardware and software and the new website. Nevertheless the Council's financial situation remains stable.

The Council's achievements are in no small part due to a great deal of dedication, hard work and time commitment on the part of a good many members of our Executive Committee, Subcommittees and Working Groups. The office team must also take credit for their enthusiasm and commitment and the tremendous support that they give to the Executive Committee, Subcommittees and Working Groups, to course centres, instructors, candidates and to members of the public. I would like to thank everyone for their commitment to the Council and its work, and also to say a personal 'thank you' for the support that many have given me during my 3 years in office. I am delighted to hand over the leadership of the Council to the safe hands of Carl Gwinnutt and I know that he will value that continued support.

David Pitcher
President

Advanced Life Support Subcommittee report

On behalf of the ALS Subcommittee I am delighted to report another successful year which is summarised below.

Number of course centres	227
New course centres	4
Number of ALS instructors	8,153
Number of ALS ICs	2,307
Number of ALS candidates	19,810

The breakdown of course types is summarised in figure 1. For the first time over half of our courses are now of the one day e-learning style. This is also reflected in participant numbers (51%).

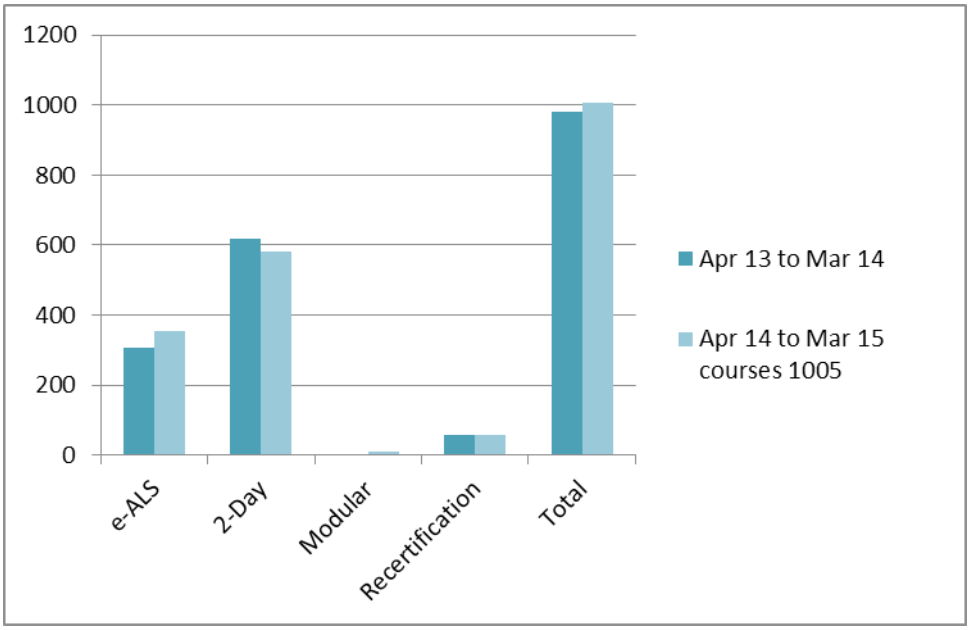


Figure 1: Breakdown of ALS course type

Revisions to the ALS course

Previously I announced the launch of the new style ALS course which integrates non-technical skill training using the TEAM tool alongside traditional technical skill training. I am pleased to report that after a period of 'bedding- in' feedback indicates that this is now running well with positive reports received from candidates and faculty. The Research and Development Subcommittee funded Dr Joyce Yeung and colleagues to undertake a formal evaluation of the introduction of the TEAM tool. The data has now all been collected and we look forward to learning about the results of this formal evaluation soon.

The ALS Subcommittee has now started work in earnest preparing to update the course material in line with the 2015 Resuscitation Guidelines. We anticipate that the revised material will be available for courses running from January 2016.

Evidence of malpractice during ALS courses

The Resuscitation Council (UK) is aware of five cases from two separate courses of alleged malpractice whilst undertaking the final MCQ paper during the ALS course over the last 18 months that are being investigated by regulatory authorities. A policy was introduced in April which gives guidance and information to centres and candidates regarding the management of the MCQ paper and subsequent actions that will be taken if malpractice is alleged. This is available on the website and also on the LMS.

E-learning – Lead: Dr Joyce Yeung and Sultana Begum Ali

The Resuscitation Council (UK) continues to make substantial investment in to the e-learning system. The e-learning team has successfully moved all online content to the GoMo Learning platform. This multi-device authoring tool will make content responsive to different devices and provide flexibility for in-house editing of online content.

In line with the introduction of Guidelines 2015, a new e-ALS course will be launched. The new e-ALS course will provide a contemporary and modern online course to ALS candidates. A tightly packed schedule of work is already well under way.

The e-ALS working group has been working in conjunction with LEO Learning Limited to rewrite and redesign all learning modules. The user interface has undergone redesign and clear signposting allows for easy interaction and navigation even on mobile devices. The format has moved away from e-lectures and content has been rewritten to focus on the needs of the learner, with more exercises to improve interactivity and engagement. Additional resources with useful links and downloadable media such as podcasts will be included. New ALS scenario and A to E assessment videos have been filmed with Lifesaver director Martin Percy alongside Sweet Pixel filming company. The new videos will be a key feature of the e-ALS course.

FEEL Course – Lead: Dr Susanna Price
The Focused Echocardiography in Emergency Life support (FEEL) course has now been fully integrated under the umbrella of the Resuscitation Council (UK). The course continues to be co-badged with the British Society of Echocardiography (BSE) and the BSE logo is on FEEL certificates.

The Working Group is currently reviewing and updating the course materials ready for compliance with Guidelines 2015. The Working Group have consolidated centres in London to ensure appropriate temporal distribution of courses and maximise faculty development (King's, Brompton-Harefield, Royal London) and approved centres in Dublin and Southern Ireland.

The course statistics are summarised below:

Number of FEEL courses	12
Number of candidates	223

Generic Instructor Course (GIC)
I would like to start by thanking Dr Ian Bullock for his outstanding service as Lead Educator for the Resuscitation Council (UK) since the late 1990s. Ian has been an inspiration to all those that worked with him and has made a substantial contribution to the standing and success of the GIC. Ian hands over the reins to Kevin Mackie as the new Lead Educator but will continue to work to support the ALS Subcommittee as part of the educator body.

Identification and training of new instructors remains a crucial part of the Resuscitation Council (UK) sustainability and growth. The figures for the period April 2014 – March 2015 are summarised below:

Number of GICs	82
Number of candidates	910

Other progress:
The 2-day course is being evaluated well and the VLE is proving popular. The discussion forum facility for candidates/director/educator has been trialed and has proved useful in better preparing candidates for the GIC.

Mike Davis and Kevin have submitted a proposal for mixed methods evaluative research on the GIC, to be commenced this year subject to funding.

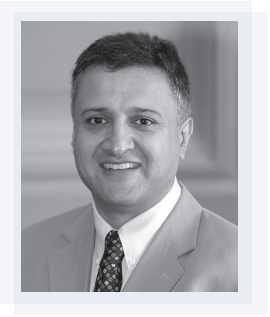
Thanks
I wish to record my grateful thanks to all members of the Regional Representatives who support our on-going quality assurance programme and to the ALS Subcommittee.

I would like to express my thanks for the hard work and dedication of our team of national ALS instructors. I recognise that it is becoming increasingly difficult for you to secure time off to teach and yet you continue to do deliver world class training to the future generation of doctors and nurses year on year.

Finally my thanks to the administrative staff at Resuscitation Council (UK), Sue Hampshire, Dami Daramola, Helen Keen, and Sultana Begum Ali for their hard work and commitment to maintain the quality and standing of the ALS course.

Prof Gavin Perkins
Chair, ALS Subcommittee

Immediate Life Support Subcommittee report



Course statistics:

Year	Centres	Candidates	Recert candidates	Courses	Recert courses
2002	137	17281	127	1887	18
2003	160	29805	2136	3259	381
2004	189	37704	4260	4260	714
2005	206	44733	6895	4948	1158
2006	219	50816	3889	5297	553
2007	233	56041	6277	6047	894
2008	245	55926	11395	6012	1545
2009	250	61948	14355	6652	1921
2010	256	64132	17324	6898	2260
2011	253	67317	18874	7232	2380
2012	256	65036	21581	7414	2782
2013	262	66125	21469	7567	2803
2014	273	69799	23154	7942	2923

No. of ILS manuals sold in 2014: 66759

ILS instructor course:
No. of courses in 2014: 30
No. of candidates: 180

1. The ILS Subcommittee have developed a second MCQ paper that is optional for course centres.
2. We are piloting new ABCDE scenarios during 2015.
3. The feedback from course centres on new MCQs and ABCDE scenarios has been positive to date.
4. New ILS instructor course materials have been launched after piloting.
5. New Guidelines 2015 compliant ILS courses will run from January 2016.
6. There will be no significant changes in the format of the course linked to these materials.
7. The continuing success of ILS depends on the hard work of a large number of individuals whom I wish to thank:
   - The resuscitation officers, instructors and staff at course centres across the UK.
   - The ILS Subcommittee members.
   - The team in the RC (UK) office, in particular Karla Wright the ILS coordinator and Sue Hampshire.

Dr Jasmeet Soar
Chair, ILS Subcommittee

Basic Life Support Subcommittee report

The subcommittee has met twice in the last year, once face-to-face and once by telephone conference. A great deal of our work is done by email. During the last year the principle activities have been:

1. The membership and Terms of Reference of the subcommittee have been reviewed and updated. Representation from the BHF has been clarified and now includes the Deputy Medical Director and the Programme Director for prevention and care.

2. A risk assessment protocol to determine the need to install an AED at a workplace or public location has been produced in association with the HSE. This sits alongside the detailed AED guide produced last year. It is titled 'A first aid needs assessment' to comply with HSE terminology, and the document is cross-referenced from the HSE website.

3. In preparation for Guidelines 2015 consideration has been given to the role of the traditional instruction manual that we have produced in the past. It has been decided not to produce a written document on this occasion. This is mostly due to a lack of demand for such books at present. Depending on the response to the new guidelines and the questions we receive, consideration will be given to publishing a detailed guide to BLS and its teaching. This would be published online to sit alongside the AED guide on the website.

4. Work has commenced on a project to evaluate the standard signage used to indicate the presence of AEDs in public places and to design a new AED sign that informs and encourages potential users of AEDs. This will include work with several focus groups held in different regions in an attempt to provide some scientific basis for the design. The work is in partnership with the BHF and jointly funded by the BHF and RC (UK) with Sarah Mitchell and Chris Smith the major representatives from the RC (UK).

5. Members of the subcommittee have represented the RC (UK) on important committees including the HSE first aid quality partnership and the NHS England Community Resuscitation group.

6. The national database of AED use that collected information about resuscitation attempts by lay persons using AEDs was concluded. The data from the report forms covering the years 1999 - 2012 (3500 resuscitation reports) was summarised and a report published on the Council's website. It has now been replaced by a national database maintained by Warwick University that attempts to collect data on all resuscitation attempts in which ambulance services are involved.

7. The subcommittee contributed to the Consensus Paper on the epidemiology of cardiac arrest in England written jointly by the RC (UK), NHS England and the BHF. Chris Smith has also produced a detailed systematic review of the epidemiology of cardiac arrest in childhood and adolescence which has been submitted for publication.

M. C Colquhoun
Chair BLS Subcommittee

Newborn Life Support Subcommittee report

NLS

This has been an active year with 109 centres delivering 286 courses. A national faculty of 1713 instructors has trained a total of 5654 candidates. There has been an increase in smaller courses teaching 12-18 candidates and this may represent a move to more local cheaper courses run for Trusts. This number of candidates represents a further small increase and does not demonstrate the pause in growth often seen before new guidelines are published. That may present in this year. This year we have welcomed Victoria Monnelly, Eleri Pritchard and Hilary Lumsden as new members of the subcommittee.

Since the last report the subcommittee has been preparing for new guidelines and a new manual for 2015. Sean Ainsworth, Rob Tinnion and myself have been editing the chapters and appendices for the final version with all members of the subcommittee contributing. There will be a new algorithm and the chapters have been slightly rearranged and amalgamated to better follow and prepare for the course. The manual will be ready for courses in April next year with new Guidelines 2015 compatible course materials. We are grateful to John Madar who has been piloting use of more effective manikins for use in NLS.

The subcommittee have piloted a new way of assessing courses for recertification. Course reports for several course centres are assessed at each subcommittee meeting. These are assessed using a set format, which is filled in, and then each centre is discussed by the whole subcommittee. This has been very successful and is time and personnel efficient. However, it has highlighted that there is sometimes too little information in course reports now that they are on-line. Information about extra support to candidates having difficulties as well as instructor candidate performance and faculty decision-making is necessary for the system to work. It is also essential when any problems or issues arise. We would encourage course directors to give such detail in the course reports both to facilitate recertification but also to protect the quality and reputation of their courses.

There has been discussion amongst both the NLS and Advanced Resuscitation of the Newborn Infant [ARNI] groups about representation within each subcommittee/working group and the most efficient ways for the courses to function. In future NLS and ARNI meetings will occur on the same day to save travelling time and costs for members on both groups as well as to enhance communication and working between groups. It has been agreed that the chair of the ARNI working group will always be on the NLS Subcommittee and that we will arrange for attendance of others on an individual basis.

ARNI

Following the successful launch of the ARNI course the controlled roll out has commenced. In this financial year there have been three course centres providing four courses. Twenty full instructors have taught a total of 62 candidates. A planned course in Plymouth could not go ahead due to lack of faculty availability. There are now future courses planned into 2016 for Oxford, Leicester, Brighton, Plymouth, Middlesbrough, Manchester and Leeds. It is intended to build regional faculties and centres over the next two years. The demand for the course outstrips supply both from candidates but also from those wishing to run it in their hospitals and regions. The limitation continues to be the pool of experienced instructors but this is slowly increasing. It is a far more complex course than NLS in terms of materials, organisation and instructor skills. The individualised educational feedback, whilst complicated to provide, is valued by almost all candidates and is a particular strength. The innovative approach to improving mask ventilation technique will be showcased at the Symposium on 26 November. There remains great interest in Europe about the ARNI course.

The subcommittee and I personally would like to especially thank Mark Sedge and Sue Hampshire in the RC (UK) office as well as the rest of the team. However it remains our enthusiastic instructors throughout the UK who make the course successful.

Jonathan Wyllie
Chair, NLS Subcommittee

European Paediatric Life Support Subcommittee report

It has been another good year for EPLS. The subcommittee has continued to work hard to promote the new EPLS course and to raise its profile. Course and candidate numbers have increased with 2384 candidates attending over the year.

In April, we had a presence at the Royal College of Paediatrics and Child Health annual conference with members of the subcommittee and EPLS instructors attending to deliver paediatric life support skills and scenario teaching.

Work has started on updating the course material and manual with the new resuscitation guidelines and, in collaboration with the ERC, the title of the EPLS course will change to become the European Paediatric Advanced Life Support (EPALS). This will take effect when the course material is updated with Guidelines 2015 and launched in April 2016.

The PILS course continues to grow with 2,152 courses and 16,740 candidates during last year. The PILS course material will also be updated with Guidelines 2015 and launched in April 2016. Work is currently underway to enable those PILS candidates who show excellent potential on the PILS course to become PILS instructors by attending a more generic ILS instructor course. The materials to enable this will be available from April 2016.

Once we have finalised the courses with Guidelines 2015, the subcommittee will turn its attention to developing an e-learning EPALS course in a similar way to the ALS course.

I would like to thank the subcommittee members for their hard work and Karen Cooper and Sue Hampshire for the support that they have provided us all throughout the year.

Sophie Skellett
Chair, EPLS Subcommittee

Paediatric Subcommittee report

The main duty of the Paediatric Subcommittee is to ensure that the Council fully considers the needs of children in the conduct of its business. The subcommittee offers advice and prepares statements and answers questions on paediatric matters addressed to the Council.

Over the last year, Sophie Skellett has been co-ordinating the updating of the EPLS manual; fluid management in particular is proving challenging following the FEAST study and changes in adult trauma care. The release of the ILCOR worksheet on paediatric fluids and the NICE consultation on its review of the subject will provide good evidence on which to base the manual's advice.

Clearly there has been a big focus on the 2015 ILCOR process. Ian Maconochie is the Co-Chair of the Paediatric group of ILCOR and has been extremely busy in the preparation of the CoSTR paediatric document. He also chairs the Paediatric Committee of the ERC and is lead editor of the ERC paediatric guidelines. He and I have both been involved in the writing of the ERC paediatric chapter.

Jonathan Wylie has the same role in the Neonatal Committee of ILCOR and is the editor of the Resuscitation of babies at birth chapter of the ERC guidelines.

Fiona Jewkes has been concentrating on pre-hospital guidance, particularly telephone advice and has almost completed the revision of the NHS Pathways document.

Members of the subcommittee, particularly Serena Cottrell and Sophie Skellett, provided feedback on the paediatric components of the CPR decisions document and forms.

This is my last annual report as I have come to the end of my term as subcommittee chair. I am very pleased to be handing over to Ian Maconochie who is exceptionally well qualified for the job.

Finally, I would particularly like to extend the traditional but totally heartfelt thanks to Sarah Mitchell and the rest of the Tavistock House team for their extensive and essential support over the last nine years.

Bob Bingham
Chair, Paediatric Subcommittee

Research and Development Subcommittee report

The Research and Development grant application budget for 2014/15 was £150,000.

Application for research grants was advertised in March 2014 with a closing date of May 2014. Nine applications were received. Of the nine applications received there were conflicts of interest declared on two where Research and Development Subcommittee (RDS) members were named as co-applicants. For this reason, where applicable, these members did not score those applications. Following the review by the RDS, seven projects were shortlisted and sent for external (independent) review.

Final funding decisions

Following external review the seven shortlisted projects were reviewed again on an individual basis by the RDS. It was agreed to award grants to five of the seven short-listed projects. The total sum of grants awarded was £96,746.00 to the following projects:

	Main applicant	Project title
1	Professor Guy Rutty	Development of an adult human model to study the effectiveness of chest compressions during resuscitation using post-modern computed tomography angiography
2	Dr Joyce Yeung	Evaluation of instructor-led debriefing in Advanced Life Support course (ATEAM-II) – A program of research
3	Dr Richard Lyon	Study site: Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study (PRINCESS)
4	Dr Gareth Clegg	The First 'First Responder': Understanding bystander actions, experience, and well-being in out-of-hospital cardiac arrest
5	Dr Ben (NJ) Shaw	An Assessment of the Impact of the ARNI course

Applicants were kept informed of the status of their application throughout the process. Letters of Award and Terms & Conditions were sent out to the successful applicants and upon receipt of the signed agreements the grant was activated.

Out of Hospital Cardiac Arrest Audit (OHCA audit)

Further research funding was agreed to be paid over the next three years (2015/16/17) for the continuation of OHCA audit by Professor Perkins on behalf of the University of Warwick.

New subcommittee members

The RDS welcomed the following members to the panel:

- Ken Spearpoint
- Jas Soar

RC (UK) Research and Development for 2015/16

A Research and Development grant application budget of £150,000 has been set for 2015/16 and applications sought.

National Cardiac Arrest Audit (NCAA)

The Resuscitation Council (UK) continues to fund this project jointly with ICNARC. As of May 2015, 186 hospitals have signed up.

Progress reports for previous project awards

- A biannual progress report, relating to the reporting period of July-December 2014 was received for the project Epidemiology of Out of Hospital Cardiac Arrest Outcomes, which was awarded in financial year 2011/12.
- A report was received for the project development and evaluation of NHS - ready post-event feedback strategies to enhance clinician performance at in-hospital adult cardiac arrest, which was awarded in 2013.

Scientific Symposia (2014 and 2015)

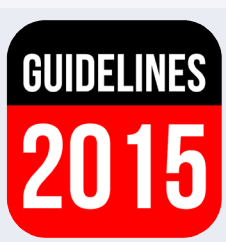
Five free papers were selected by the RDS for oral presentation at the meeting in Birmingham in 2014 and nine poster presentations.

This year's symposium will take place on Thursday 26 November 2015 and because the programme focusses on new resuscitation guidelines there will be no oral presentations. However we encourage submission of poster presentations – the closing date for these is 1 September.

I thank the members of the RDS and the external reviewers for their time and expertise, and Geraldine Zake for the administrative support.

Jerry Nolan
Chair, Research and Development Subcommittee

New Resuscitation Guidelines 2015



We will be publishing new resuscitation guidelines online on 15 October 2015 following the review of resuscitation science by the International Liaison Committee on Resuscitation (ILCOR).

Changes in the guidelines will be based on the available science and aimed at simplifying clinical practice, enhancing education, and improving outcomes. The process used by the Resuscitation Council (UK) to develop and update its guidelines has NICE accreditation and is described in the Guidelines development process manual on the Council's website.

The publication of new and revised treatment recommendations does not necessarily imply that current care is either unsafe or ineffective. We believe it is in everyone's best interests that the current training you provide continues right up until such time as your organisation has updated its content and has made plans for local implementation. We will be updating course teaching material after the guidelines have been published and new course material will be introduced in the following stages during 2016:

- Advanced Life Support (and e-ALS) - January 2016
- Immediate Life Support - January 2016
- Focused Echocardiography in Emergency Life Support - April 2016
- Newborn Life Support - April 2016
- Advanced Resuscitation of the Newborn Infant - April 2016
- European Paediatric Advanced Life Support - April 2016
- Paediatric Immediate Life Support - April 2016
- Generic Instructor Course - April 2016
- Immediate Life Support Instructor Course - April 2016

We recommend that all organisations aim to have implemented the guidelines by **January 2017**.

Increase in course registration fee from April 2016

The Resuscitation Council (UK) reviews in detail the cost of course manuals and candidate registration with the introduction of new guidelines. These costs are normally looked at each year, however, mindful of the financial pressure on NHS budgets no increases over the last five years have been considered.

Since Guidelines 2010, the RC (UK) has developed two further courses (ARNI and FEEL), e-learning content and the Learning Management System (LMS). Administration expenses have also increased.

With Guidelines 2015 and the introduction of new course material and manuals, each candidate registration fee for ALS, EPLS, NLS, GIC, and ARNI courses will increase from £22 to £26. **This increase will take effect for all these courses from 1 April 2016.**

There will be **no** increase to ILS or PILS registration. Furthermore, there will be no increase to any of the manuals for all RC (UK) courses.

Scientific Symposium - 26 November 2015

This year's Scientific Symposium takes place on **Thursday 26 November 2015** at **The National Motorcycle Museum, Solihull, West Midlands.** If you have not already registered we urge you to do so soon as places are selling rapidly. Remember, full and associate members receive a £30 discount on their registration.

The programme is aimed at healthcare professionals with an interest in resuscitation, ranging from the newborn, through paediatrics to adults, both in hospital and out-of-hospital. Not surprisingly, there is a session focusing on the Resuscitation Guidelines 2015 providing an important update on the science, the changes and how these relate to your practice.

But it's not just about guidelines. We shall also:

- hear a personal account from a teenager who had a cardiac arrest at school and was resuscitated by his teachers shortly after the school acquired an AED
- hear about improving outcomes from out-of-hospital cardiac arrest and the latest information from the national out-of-hospital cardiac-arrest registry
- question the wisdom of taking all patients in cardiac arrest to hospital
- hear up-to-date research on mask ventilation in children and offer you the chance to test your skills during the breaks
- question the effectiveness of simulators when teaching and assessing resuscitation skills
- hear from Guy Rutty, Professor of Forensic Pathology, what the recently deceased can teach us.

We close the program with an important landmark presentation. This year will be the 25th anniversary of the Laerdal Lecture and all previous Laerdal presenters have been invited to attend the Symposium. Professor Douglas Chamberlain presented the very first in 1990, entitled 'So much against the odds: 30 years of resuscitation' and it is only fitting that we have invited Douglas to return to this event to present the Laerdal Lecture, reminding us that, 55 years after its discovery, successful CPR may still be best considered 'against the odds'.

Three good reasons why you should attend.

Call for Posters

This year we are unable to include a Free Papers session but we will be selecting posters for presentation at the Symposium and we encourage anyone interested in presenting a poster to download the application form. Successful abstracts will be published on our website. Please return your completed poster application no later than **5pm Monday 1 September 2015** to Geraldine Zake at geraldine.zake@resus.org.uk

Behind the Scenes – Technology and Communication

IT update

It has been an exciting few months with the launch of our new look website and the continued development of our learning management system (LMS) platform.

The website was launched in May 2015, with a variety of new features. This includes improved navigation and defined areas for courses, healthcare professionals and the general public. It is our policy to develop our platforms to work on mobile devices such as smartphones and tablets, and follows the release of our mobile-friendly LMS at the end of last year. We welcome your feedback and comments on the website and any areas for improvement.

This winter we will be releasing further improvements to our LMS bringing all of our remaining courses onto the same platform. This should benefit all of our customers, making it easier to run and attend RC (UK) courses.

Paul White
Director of Business Systems

Communications update

2015 has been and continues to be a very busy year for the Council, especially from a communications perspective: a re-modelled website, considerable LMS updates, a new President, new guidelines in October, the Symposium in November and a revision of all the course material.

I'm pleased to say that there has been a rise in media activity and enquiries, most predominantly but perhaps not unsurprisingly concerning DNACPR. The last few months have seen David Pitcher interviewed for BBC news and radio, and also for an opinion piece in The Times. Andy Lockey, Gavin Perkins and Carl Gwinnutt have all been interviewed about different aspects of AEDs. There have been enquiries and requests from ITV, BBC Worldwide and a number of other media outlets. We're now in a position in which we can be proactive rather than reactive, and prepared for unbalanced and inaccurate stories that cause numerous enquiries. All of this is contributing to the Council's media presence and securing our position as a trusted and active point of call and reference for the media.

Our updated website will play an instrumental role in continuing to improve our public engagement, and we're hoping to grow our 'Friends of RC (UK)' supporters to help this. An increased and more consistent presence on social media has seen a great deal more interaction with our key audience stream, healthcare professionals. There has also been an increase in more diverse and interactive content on our website, such as video clips, case studies and FAQs created especially for lay people.

Looking forward our aim is to continue to increase and improve our communications with all our audiences and with the media.

Meghan Smith
Communications Officer

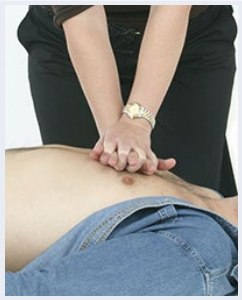
European Restart a heart day – 16 October

The theme this year is 'Your hands can save more lives, with the new guidelines'.
After the success of last year's Restart a Heart day, this year on 16 October the RC (UK) will be present at two events:

1. A CPR relay at Manchester University. They will be aiming, along with over 700 others to break the current world record of 12 hours continuous CPR set in 2012 by the American Heart Association.
2. 'Creating a Generation of Lifesavers' – a national conference at the Royal College of Physicians. The aim of this national conference is to bring together all those with an interest or involvement in educational initiatives to provide training in CPR and AED awareness in schools.

Once again we will have a map on our website and encourage everyone planning an event or taking part in one to let us know, so that we can pin them on the map. Promotional posters and flyers can also be downloaded from our website to help support and promote events.

Campaign for CPR training to be compulsory in the school curriculum



There has been no change in policy towards CPR training for school children with the new Conservative Government in Westminster compared with the previous Coalition Government. Their rationale remains that they want to leave teaching to local choice. Latest estimates suggest that, despite increased public awareness over the last 5 years, only 1 in 4 children benefit from CPR training in England. Teresa Pearce MP (Lab) has been successful in securing a Private Members Bill calling for compulsory first aid education (including CPR training and AED awareness) for secondary schools. The second reading is to be held on 20 November and will need the support of 100 MPs in attendance to progress to Committee stage. We will be in touch with you nearer the time to ask for your support to ensure your MP attends. The Council is also continuing to work with the Department of Health to promote bystander CPR and AED awareness through alternative routes.

Elsewhere in the UK, Northern Ireland and Scotland now have a Community Resuscitation strategy and work is underway to introduce one to Wales as well. One of our Instructors, Phil Hill, has also successfully submitted a Petition to the Welsh National Committee calling for AEDs to be made available in all public places. The topic will be debated in September and he has asked for anyone supportive to contact their AM. Further information can be found at http://www.rememberingjack.co.uk/

Finally, we would like to hear from you! We would like to share stories where you have managed to improve bystander CPR rates and AED awareness. This could either be on a local, regional or national level. Anything that may inspire others to do similar and learn from your success. We plan to showcase these stories on our new website. Please send brief examples, with the consent of anyone named or photographed, to meghan.smith@resus.org.uk

Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings

This document is a revision of and replaces previous guidance from the Resuscitation Council (UK) published in Guidance for safer handling during resuscitation in hospitals (2001 and 2009). It aims to provide guidance for care providers and resuscitation officers involved in delivery of cardiopulmonary resuscitation and for healthcare managers and moving-and-handling practitioners. It relates to the care and treatment of adult patients but may be relevant also to the care and treatment of some children. It cannot provide all the answers and is unable to cover all possible situations. It is not intended to replace the moving-and-handling policies and procedures of hospitals or other healthcare organisations, developed following full local risk assessment. Rather, it is hoped that the principles described in this publication can be used as a resource to support local decisions and policies.

Emergency care and CPR decision-making (a national form and process)

A Working Group has been established, co-chaired by David Pitcher from the Resuscitation Council (UK), and JP Nolan from the Royal College of Nursing to work collaboratively and build on major work already undertaken in order to develop a national form to record anticipatory decisions about CPR and other life-sustaining treatment.

Find more information on the RC (UK) website.

General Medical Council consultation

General Medical Council

The General Medical Council is currently consulting on the document 'Developing a framework for generic professional capablities'. This draft framework sets out the core knowledge and skills that should be embedded in postgraduate training. The Resuscitation Council (UK) will be providing feedback in relation to any resuscitation issues within the document. The GMC invites feedback from any individuals interested in medical training and you can view the document and register at https://gmc.e-consultation.net/econsult/default.aspx

National Cardiac Arrest Audit (NCAA) – Progress update 14

NCAA is the national clinical audit of in-hospital cardiac arrest with the aim of improving resuscitation care and outcomes for the UK and Ireland. It is a joint initiative between the Resuscitation Council (UK) and ICNARC (Intensive Care National Audit & Research Centre).

Fifth NCAA Annual Meeting, Thursday 8 October 2015
The Fifth NCAA Annual Meeting will be taking place at the Royal Society of Arts near Charing Cross, Central London. This year's meeting will cover:

- NCAA update
- 2014/15 results and trends
- Using NCAA data locally
- Using NCAA data nationally
- The external context and NCAA.

The meeting is open to all hospitals currently participating in NCAA and to those interested in joining and is a great opportunity to network with Resuscitation Officers/Managers, Chairs of Resuscitation Committees, the NCAA Steering Group and NCAA team!

Places are limited, and offered on a first-come, first-served basis, so don't miss out on your chance to attend! Participating hospitals receive one free place for their hospital and one free place for their Trust. Additional places for participating hospitals and places for non-participants are charged at £100 (including VAT).

To request a Registration form, or to find out further details, please contact the NCAA team at ncaa@icnarc.org or 020 7269 9288.

Clarification to the NCAA scope and dataset
Following feedback from participants who attended the Fourth NCAA Annual Meeting (October 2014) and in consultation with the NCAA Steering Group, clarification to the NCAA scope of data collection and dataset fields 'Date/Time resuscitation started' and 'Date/Time resuscitation stopped' have been made. These changes were effective from 13 May 2015. For more information download the 'Clarification to the NCAA scope and dataset'.

Participation in NCAA increases!
Participation in NCAA has increased to a total of 189 hospitals across England, Wales, Scotland and Northern Ireland and this continues to grow! Coverage in England is over 85% of adult, acute hospitals.
Thinking about joining? Find out more about the benefits of participating and read testimonials from Resuscitation Officers at participating hospitals. Contact NCAA to request a Recruitment Pack.

Test your NCAA Dataset knowledge…
…With the NCAA Dataset Quiz.
The quiz is designed to support participating hospitals with the NCAA scope of data collection and definitions of the dataset. It includes questions and useful guidance and is a great source of support for new starters. It was originally presented at the Fourth NCAA Annual Meeting and following participants feedback we have made it available via File Exchange.

Contact the NCAA team: ncaa@icnarc.org, 020 7269 9288.

Automated External Defibrillators on aircraft

Airlines are required to train cabin crew in first aid and to carry first-aid kits. Since 2004, the Federal Aviation Authority has required all US commercial airlines to carry AEDs on passenger flights that are large enough to have at least one flight attendant and to train cabin crew in their use.

The first airline to carry defibrillators was British Caledonian in 1986. Some UK-based current airlines carry AEDs, including Virgin, British Airways and easyJet. At present there is no requirement for all airlines to carry defibrillators.

The exact number of cardiac arrests and sudden cardiac deaths that occur each year during flights on commercial passenger aircraft is unknown, due to the absence of mandatory reporting. It has been estimated that 1 000 people die during commercial flights each year. In-flight medical emergencies during air travel have become more frequent, due to larger numbers of passengers and more frequent travel by older people and people with chronic illness. Medical emergencies have been reported to occur with a frequency of 1 per 10–40 000 passengers.

When cardiac arrest occurs, any delay in starting resuscitation and in using a defibrillator to deliver a shock when needed will reduce the person's chance of survival. Although in-flight cardiac arrest is relatively rare, survival from cardiac arrest when there is no defibrillator on board is extremely unlikely, due to the time that it takes to divert and land the aircraft to obtain the treatment needed.

There have been several reports (series and individual case reports) of successful resuscitation of passengers during air travel as a result of prompt recognition of cardiac arrest by trained flight attendants, prompt delivery of cardiopulmonary resuscitation (CPR) and prompt use of an on-board automated external defibrillator (AED). Success rates of up to 55% have been reported in people who received prompt CPR and AED use for cardiac arrest due to a 'shockable rhythm' (a chaotic heart rhythm that is treatable with a defibrillator). An AED will only save a life when the cardiac arrest is due to a shockable rhythm. These rhythms have been present in up to one third of cardiac arrests reported in aircraft passengers. Survival from an in-flight cardiac arrest that is not due to a shockable rhythm is extremely unlikely.

Even if the cardiac arrest rhythm is not shockable, attaching an AED to a person in cardiac arrest may help to guide the further action of those attempting resuscitation.

Unfortunately, some cardiac arrests occur when passengers are unobserved, for example when asleep or in the toilet. In such circumstances the delay in recognising the event, starting resuscitation and attaching an AED inevitably reduces the likelihood of a successful outcome.

We recognise the importance of public-access defibrillators in improving survival from sudden cardiac arrest. These AEDs are often located in places visited by large numbers of people, one of whom may suffer cardiac arrest (e.g. railway stations, airports, shopping centres, sports venues), or in places where delay in the arrival of an ambulance could greatly limit a person's chance of survival unless a shock is given before the ambulance arrives (e.g. rural villages, golf courses). A commercial aircraft with a substantial number of passengers on board is analogous to the rural-village example. We strongly advocate voluntary action in the public interest by all airlines to equip commercial passenger flights with an AED and train their cabin crews in recognition of cardiac arrest and delivery of immediate attempted resuscitation.