In this issue …

Chairman’s welcome
Annual General Meeting – Reports
Executive members
Honorary members
New administrative staff
Symposium, Restart a Heart Day – 16th October 2013
ALS Instructor Day
ALS 20th anniversary
BACPR statement
LIFESAVER
GIC update
Learning management system update
Obituaries

Members, Instructors and ICs:
To ensure we can continue to notify you about future newsletters, please let us know if your email address changes.

Online contact details update form

Resuscitation Council (UK)
5th Floor, Tavistock House North
Tavistock Square, London WC1H 9HR
Telephone: 020 7388 4678
Email: enquiries@resus.org.uk
Website: www.resus.org.uk
2013 is flying past at an alarming rate. A very warm welcome to your summer newsletter and I hope that you are all enjoying a good (and also very warm) summer. This edition includes reports from the AGM in June, as we know that only a small minority of you were able to attend that meeting. You will see from these reports that we have plenty of on-going work in our efforts to support and develop further the delivery of effective, high-quality resuscitation in the UK.

Key dates for your diaries in the remainder of the year are:

- **16th October 2013** – Symposium to mark European Restart a Heart day
- **23rd October 2013** - NCAA Annual Meeting
- **27th November 2013** - ALS Instructor Day

Further details of these are included below.

We hope to see many of you at the symposium on 16th October and at the other two events and that you will all do everything possible to find ways to promote Restart a Heart day in your own localities.

As always, please keep us in touch with questions and concerns that are important to you, so that we can strive to ensure that you and your clinical service receives appropriate and effective support in relation to resuscitation and resuscitation training.

Very best wishes for the remainder of the year.

David Pitcher
Chairman
The last year has been a busy one for the Council. Among many highlights were a successful Scientific Symposium in September, an NLS Instructor Day in November 2012 and an EPLS Instructor Day earlier this month. I would like to both thank and congratulate all those who contributed to the success of these events. Excellent feedback testified to the educational value of these.

As always there has been on-going work throughout the year to ensure that the courses are fit for purpose. In particular there has been substantial work on reviews of the content of and teaching materials for the ALS, NLS and EPLS courses. Continuing developmental work on an Advanced Resuscitation in Newborn Infants (ARNI) Course has included a successful proof-of-concept course. Progress with the full adoption of the Focused Echocardiography in Emergency Life Support - UK (FEEL-UK) Course by the Council is continuing and has included work on all the course documents including the manual and on the FEEL-UK website. The Council is collaborating with the Advanced Life Support Group (ALSG) on development of a learning management system and e-learning components for the Generic Instructor Course (GIC). On the subject of e-learning, a notable achievement was the e-learning age 2012 silver award to the ALS Course, so congratulations are due to Gavin Perkins and everyone on the ALS team who contributed to this success.

The Council promotes research into resuscitation as one of its major objectives and the annual research budget provides grants for worthy projects. The Research Sub-committee report is found below.

As you know a major part of our work involves the provision of guidelines and position statements on resuscitation and related topics.

- This year has seen a major revision of our guidance on quality standards for resuscitation and resuscitation training and equipment. The introduction and the section on provision in acute hospitals are complete, and will be followed shortly by sections relating to mental health in-patient facilities, primary dental practice and primary medical practice. This has been a huge piece of work and we are grateful to Jas Soar for leading this project to a successful conclusion.
- In addition, with the British Association for Cardiac Prevention and Rehabilitation (BACPR), we have reviewed and updated our previous joint statement on resuscitation facilities and training required for cardiac rehabilitation programmes. The BACPR statement can be found at http://www.resus.org.uk/pages/crepbacr.htm
- We collaborated with the Medicines and Healthcare products Regulatory Agency (MHRA) to produce advice on measures to consider when defibrillation is needed by a person with an implanted neurostimulator.
- We have published on the website a brief statement emphasising the finely balanced evidence for and against benefit from using adrenaline during cardiopulmonary resuscitation (CPR) - http://www.resus.org.uk/pages/adrenalineVersusPlacebo.htm. This essentially restates the view expressed in 2010 by the International Liaison Committee on Resuscitation (ILCOR) that placebo-controlled trials are needed to evaluate the use of any vasopressor in cardiac arrest.
- Work has begun on an update of our guidance on the management of anaphylaxis.
In addition to the guidance that we publish ourselves, either alone or in partnership with other organisations, the Council provides advice or acts as stakeholder in relation to guidance produced by other organisations. Such work during the past year has included provision of advice following the publication a year ago of the report by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) on cardiac arrest management in hospitals. We have provided feedback to the Academy of Medical Royal Colleges on their guidance on Safe Sedation Practice for Healthcare Procedures, but have had to express disappointment at their apparent failure to respond to our comments. We have been a stakeholder in relation to new NICE guidelines, specifically those on ST-elevation myocardial infarction, asthma, intravenous (IV) fluids in children and IV fluids in adults.

Many cardiac arrests occur in out-of-hospital settings. We regard as a major priority the promotion of access in the community to prompt and effective CPR and to early defibrillation when needed. Our efforts to achieve these objectives have included:

- Partnership with the British Heart Foundation (BHF) in the Emergency Life Support (ELS) campaign, to try to have ELS included as compulsory in the school curriculum.
- Working with the Professional Golfers’ Association on promoting the availability of AEDs and CPR training, and on access for emergency services at UK golf clubs.
- Liaison with and support to the Oliver King Foundation, a charity that has been lobbying for a law to make automated external defibrillators (AEDs) a statutory requirement in certain buildings and public venues, much as these might require a fire extinguisher.
- Earlier this month the BHF decided to take up this campaign and the Council has accepted its invitation to collaborate on this.
• This is all highly relevant to collaborative work that is under way with the BHF and NHS England, as the Department of Health’s Cardiovascular Outcomes Strategy requires NHS England to work with the Council and the BHF to promote immediate access to CPR, rapid availability of defibrillators, and effective first-responder schemes.

• On this topic a really exciting recent development has been the LIFESAVER project - http://www.resus.org.uk/pages/lifesaver.htm, sponsored by the Council and developed in collaboration with Unit 9. This was released only last month. It is an interactive film providing clear and simple instruction on ELS techniques for anyone, and can be accessed free on computers, tablets and most mobile telephones. Details can be found on the RC (UK) website. Initial feedback has been substantial and hugely positive, and a testament to the quality of this production is that it was shortlisted for a “Webby” award this year, before it had even been launched.

A strong feature of the Council’s work in recent years, particularly prominent this year, has been our collaborative work with an array of other organisations. These have included the BACPR, BCS, BHF, BMA, Co-ordinate My Care (London), the Faculty of Sexual Health, the Intensive Care National Audit & Research Centre, NCPC, NHS England, NHS Pathways, NHS Wales, PGA, and RCN, but this list is for illustration and by no means exhaustive.

There is no doubt that with each passing year the Council’s workload increases. New courses, new guidelines and new publications, together with increasing numbers of enquiries, create huge amounts of work for the Council’s committees and add greatly to the work of the office team. I would like to pay tribute firstly to the commitment of the members of the Executive Committee, Sub-committees and Working Groups and to thank them (and their families) for the large amount of their time that they devote to the Council’s work. I would like to thank Sarah Mitchell and the team for the tremendous support that they have given me during my first year as Chairman and for all their hard work, which ensures that the Council continues to achieve very high standards in all that it does.

In the coming months we shall be making some organisational changes. This has started with Sue Hampshire, now with us on a full-time basis as Courses Manager, and continues in August, when Paul White will join us as Business Systems Manager. We have seen very few changes to the office team in recent years, but this year we have just said farewell to Bob Harris, who has retired from his role in our IT and website management, and are about to say farewell to Sara Harris, who has been a strong and stable influence in the office for 17 years. On behalf of the Council I would like to thank them for their huge contribution to our work, and to wish them every happiness in their retirement and in their new home in Devon.

Here at the Council we look forward to a further year of development and on-going work in pursuit of the charity’s objectives.

David Pitcher
Chairman
As I enter my second year as Chair of the ALS Sub-committee, I am delighted to report another successful year. Despite concerns about study leave and professional leave availability, the number of courses exceeds 900 and the number of candidates processed is higher than previous years. The number of instructors has continued to increase and a healthy supply of instructor candidates are in the pipeline.

A summary of the ALS Provider Courses Statistics for 2012 is provided below.

- **Number of course centres:** 229
- **New course centres:** 24
- **Number of ALS instructors:** 6,813 (6,422 in 2011)
- **Number of ALS ICs:** 1,847 (1,739 in 2011)

**Number of ALS courses**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>2-day ALS</th>
<th>e-ALS</th>
<th>modular</th>
<th>recert</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of ALS candidates

19,207 Candidates in 2012 (18,208 in 2011)

e-ALS
We have now successfully implemented the learning management system across all ALS centres (whether running as e-learning or traditional courses). This has streamlined the administrative process and facilitated improved reporting and comparisons of course outcomes. We do, however, need centres to work with us to continually improve the administrative processes and to ensure candidates’ records are kept current. Candidates have the ability to access some (or all) of the e-learning material (depending on course type) and following successful completion of the course candidates are reminded to complete their evaluation forms and download their certificates in the required time frame. Early evaluations show that learning outcomes remain equivalent between traditional and e-learning courses. Candidate profiles are also well matched. Those on e-learning courses that do not access the e-learning material are less likely to pass the course assessments.

Revisions to the ALS course
In response to the results of the national survey of ALS providers, instructors and educators, we have reviewed the ALS course content and structure. Working from the premise of not increasing the time required to complete the ALS course we have developed new sessions covering:
1) Intra-osseous access and end-tidal CO₂ workshop
2) Revised cardiac arrest simulation (CAS) teach sessions to include sepsis
3) Increased focus on non-technical skills and introduction of the Team Emergency Assessment Measure (TEAM) checklist into the 2nd series of CASTeaches (CASTeach 4 + 5)

We have been very fortunate that Dr Joyce Yeung has agreed to be co-opted on the ALS Sub-committee to assist with the implementation of the non-technical skill training. Joyce is a NIHR Lecturer in Anaesthesia and has published previously on non-technical and team work skills in relation to resuscitation.

The new style course is now in the process of being piloted, with an anticipated launch date of 2014. Early feedback indicates that the course revisions have been well received. I look forward to providing an update of this at the ALS Instructor Day in November 2013. Information can be found on the RC (UK) website at http://www.resus.org.uk/pages/events.htm.

FEEL-UK Course
The process of fully integrating Focused Echocardiography in Evaluation in Life support (FEEL-UK) into the Resuscitation Council (UK) continues.
A transition committee has been formed to facilitate this process, with full integration expected by the end of 2013.

Generic Instructor Course (GIC) 2012
Number of GICs: 65 (65 in 2011)
Number of candidates: 865 - ALS 684, EPLS 72, NLS 109 (854 in 2011)
Number of GIC course centres: 53
New Course centres: 2

Thanks
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.

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 Sub-committee.

My thanks go also to the administrative staff at Resuscitation Council (UK), namely Sara Harris, Dami Daramola, Helen Keen, Sultana Begum, Helen Keen and Sue Hampshire. Finally I wish to extend my thanks to Sarah Mitchell for her never fading encouragement and support.

Prof Gavin Perkins
Chairman, ALS Course Sub-committee
It has been another busy year for the EPLS Sub-committee.

The success of the PILS course continues with 1,900 courses and 14,827 candidates. The number of EPLS courses and candidate numbers remains the same with 116 courses and 2,136 candidates.

The EPLS Sub-committee have spent the last few months piloting the new EPLS course which they developed over the course of 2012. The new EPLS programme now broadly reflects the teaching on the current European EPLS course, which was introduced in 2010, with the addition of teaching on common paediatric emergencies and an educational approach similar to that of the ALS course.

Feedback from instructors and candidates on the initial pilot courses was analysed and a further few adjustments to the course were made. The course was then re-piloted and was very well received with the vast majority of instructors commenting that the new course was an improvement.

The new course was introduced at the EPLS Instructor update day held last week. This was a very successful meeting with 150 delegates attending and an exciting and varied programme of teaching on topics such as supraglottic airway devices, fluid resuscitation, quality of chest compressions and strategies to help adults learn. Andy Lockey spoke about CPR for children and there was great enthusiasm for the initiative and a general willingness to help in any way possible.

The new EPLS course will be formally launched from January 2014 as EPLS moves onto the LMS system. The Sub-committee will next focus on supporting material for the LMS platform and changes to the manual to support the new course.

I would like to thank all the members of the Sub-committee for their support during my first year as EPLS chair, and the instructors for their hard work and dedication in teaching the EPLS courses. Finally, my thanks go to Karen Cooper for so ably coordinating the course at the Resuscitation Council (UK).

Sophie Skellett  
Chair, EPLS Sub-committee
The last year has been overshadowed by the sad death of Dr Sam Richmond soon after he retired from clinical practice. It is difficult to over-estimate Sam’s contribution to Newborn Life Support from its inception to its spread into Europe. Sam was the original chair of the NLS working group after the launch of the course in the UK and chaired the ERC course committee for NLS. Subsequently he co-chaired the Newborn Life Support ILCOR task force. All of the Sub-committee will miss his common-sense advice and his extensive knowledge of all neonatal resuscitation literature. His obituary is found below.

The NLS Sub-committee has met and addressed a forward plan to revise the manual in time for 2015 and new guidelines. It has also introduced updated instructor and course materials which have been supplied to course centres.

The group is now monitoring the number of NLS candidates identified as having instructor potential each year. This was 492 in 2012 with only 109 actually progressing to GIC. Just under a quarter of those identified each year progress to GIC and it is not certain whether this is due to a limitation of places, time or financial factors. A standard form has been produced to ensure that candidates proposed as having instructor potential also have sufficient credibility in terms of resuscitation at birth.

NLS Courses
There were 257 courses run in 2012 training 5123 candidates which is a new record but 27 courses were cancelled often due to lack of faculty which may become an increasing issue. Already for 2013, 269 courses are planned.

All of the instructor materials and course materials including the MCQs were updated and changed. They were launched in April 2013 with new discs going to all course centres. This was advertised to all instructors and had been covered at the NLS instructor day 2012 from which instructor opinions had been sought. Although the overall course fail rate has remained consistent at 4% over the last 7 years a rather higher rate has been noted since the introduction of the new post course MCQ. This has led to a review of the new post-course MCQ by the working group and some course directors. A slightly revised version will be published shortly. However, whilst a few of the questions have been altered or changed, some of the problems were merely due to the introduction of a new assessment tool which covers knowledge acquired from the course including the manual. This has addressed complaints from instructors that the old MCQ was too easy.
NLS Instructor Day

The NLS instructor day on **Tuesday 13 November 2012** at the Wellcome Collection Conference Centre in London was a great success and over-subscribed by instructors. The feedback was good for all components and more than half the instructors were able to train to avoid mask leak in their mask ventilation. This was the system which will be part of the ARNI course and gives real-time individual feedback on the technique of candidates. The NLS questionnaire informed a discussion at the end of the day and also informed the updating of course materials. Two educational talks were very popular.

**ARNI**

An advanced resuscitation of the newborn infant course (ARNI) is under development in a joint venture between the RC (UK) and BLISS. The course will be 2 days and focus on more complicated clinical resuscitation situations, crisis resource management and communication. It is envisaged that it will be attended by middle grade doctors, experienced nurses, advanced neonatal nurse practitioners, consultant paediatricians and neonatologists. The proof of concept course was held in Oxford and was tremendously useful, proving the concept and further developing the course. Feedback was sought from all participants and observers. The manual and teaching materials are now almost finalised and pilot courses will be run in October 2013 and February 2014. The course will be launched formally after that with a controlled roll out following these.

**Europe**

The NLS course continues to develop and spread in Europe under the auspices of the European Resuscitation Council (ERC). The course is now taught in the Netherlands, Germany, Austria, Belgium, Greece and Poland. In the Netherlands NLS has been running 10 years and has become an integral part of paediatric training. Croatia has started the process of establishing a faculty and courses ran in Cyprus in 2012 with a Greek faculty. The first courses in Portugal will be run in November 2013. European versions of the course materials are available in English through the ERC course management system.

**Future developments**

The RC (UK) has entered into an agreement with the Australian Resuscitation Council for NLS to be taught in Australia. There will be a few small differences which will eventually be highlighted in a joint document enabling instructors to teach in either country. This follows a similar arrangement for ALS and ILS. However, there is doubt as to whether the Australian course will mirror NLS or seek to teach at an advanced level from the start.

**Thanks**

I would like to thank all instructors, directors and course organisers for their hard work and dedication in increasing the availability of high quality teaching in NLS courses. I would especially want to thank those who have helped with their constructive feedback about the course. Of course, I also thank the RC (UK) staff for their organisational skills and support and especially Rowan Davies and Sarah Mitchell.

**Jonathan Wyllie**

Chairman, NLS course Sub-committee
The Sub-Committee met twice this year, once in person and once by teleconference. During the last year, the principal activities have been:

- Discussion with the HSE on CD248 a consultative document on proposed changes to first aid regulations. The main issue is whether HSE should retain its role of approving first aid trainers and training organizations. The syllabus of the actual courses would remain unchanged. Under the proposed change it will be up to the employers to select the training provider and ensure they are a competent provider of such training. It is understood that Ofqual would be responsible for the award of certificates and qualifications while Skills for Health would define the principles of assessment. This is still at the consultative stage and the outcome is awaited.

- One major activity of members of the Sub-committee in recent years has been to advise persons considering the installation of AEDs in a public location or in the workplace. To provide guidance we are producing a detailed document to be published on our website. There has recently been a major drive to install AEDs in the workplace and the Sub-committee have received advice from a Health and Safety consultant with an interest in resuscitation to advise on the development of a risk assessment tool to help identify higher risk locations. It is hoped that this will become joint guidance from the RC(UK) and British Heart Foundation (BHF).

- The need for precise data about the epidemiology of cardiac arrests in the UK is required, and the intention is to work with the BHF Heartstats unit to produce an accurate fact sheet to be made available on the website.

- Maintained close liaison with the BHF and their role in developing community resuscitation. The Department of Health’s Cardiovascular Disease (CVD) programme mentions the BHF and RC(UK) in Action point 7 concerning the mapping of AEDs and producing a national database of their locations. It is also understood that the NHS Commissioning Board will work with both the RC (UK) and BHF and bring together other charities to promote AEDs.

- Revised the FAQ on resuscitation in remote places, and the statement on the treatment of choking in the obese or in late pregnancy.

Dr Mick Colquhoun
Chairman, BLS/AED Sub-committee
Membership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Bingham (Chair)</td>
<td>Paediatric anaesthesia</td>
</tr>
<tr>
<td>Fiona Jewkes</td>
<td>Pre-hospital care</td>
</tr>
<tr>
<td>Jonathan Wyllie</td>
<td>Neonatal resuscitation</td>
</tr>
<tr>
<td>David Zideman</td>
<td>Paediatric anaesthesia</td>
</tr>
<tr>
<td>Serena Cottrell</td>
<td>Paediatric intensive care</td>
</tr>
<tr>
<td>Peter-Marc Fortune</td>
<td>Paediatric intensive care</td>
</tr>
<tr>
<td>Sophie Skellett</td>
<td>Paediatric intensive care</td>
</tr>
<tr>
<td>Ian Maconochie</td>
<td>Paediatric emergency medicine</td>
</tr>
</tbody>
</table>

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

One particular issue in the last few years has been optimum fluid resuscitation in different circumstances. The Resuscitation Council and others have successfully lobbied NICE to review paediatric fluid administration and this process is due to start with a scoping meeting early in July.

Ian Maconochie has taken over from Bob Bingham as lead for the NCAA meetings to provide paediatric input into the audit; he is looking at potential for interrogation of the NCAA dataset and is exploring international collaboration, which has great potential for answering major paediatric resuscitation questions.

Ian has also been appointed as Co-Chair of the paediatric working group of ILCOR.

Peter-Marc Fortune has been co-ordinating the paediatric component of the revised Quality Standards for Cardiopulmonary Resuscitation Practice and Training document.

As mentioned last year, we are developing a list of priority research questions, as a resource for potential researchers and as a guide for reviewers of grant applications. Suggestions for this list are encouraged and would be welcome.

Finally, I would like to extend the traditional but totally heartfelt thanks to Sarah and the Tavistock House team for their extensive and essential input.

Bob Bingham  
Chairman, Paediatric Committee
The Resuscitation Council (UK) supports research related to cardiopulmonary resuscitation and the Research & Development Sub-committee considers all applications for research funding in this area. An annual budget of £150,000 is available for Grants and we maintain our partnership status with the National Institute for Health Research (NIHR).

During 2012 – 2013 the Sub-committee has dealt with its business by email and one telephone conference. We have considered six applications during the financial year.

**Review and update of research application procedures**

We are developing a more streamlined approach to reviewing applications and are moving to a single annual deadline for applications. This has necessitated a temporary suspension of our acceptance of applications for research grants. Details of the revised process for applications for the 2013/2014 round of grants will be published very soon. We are also redesigning the application form, combining the grant and fellowship forms into one and have strengthened the external review process. Professor Gavin Perkins joined the Research & Development Sub-committee in 2012 and his extensive research experience has already proved to be invaluable.

**NCAA (National Cardiac Arrest Audit)**

The Resuscitation Council (UK) continues to fund this project jointly with ICNARC and significant progress has been made in 2012/13. The two organisations have collaborated to develop a nationwide database of cardiac arrests that take place in hospital. As of June 2013, 156 hospitals have signed up. The aim is to enable analysis of all in-hospital cardiac arrests and to compare cardiac arrest rates and outcome among hospitals.

**AED Event Database**

We continue to fund and oversee the national Automated External Defibrillator Event database, which logs the outcomes following resuscitation attempts by lay people. This project is in collaboration with the Department of Health and the British Heart Foundation and is being overseen by Mick Colquhoun.

**LIFESAVER**

Last year we combined forces with UNIT9 to produce LIFESAVER. The Resuscitation Council (UK) provided £114,322 towards the development of this interactive app which is available for PC/Mac, iPhone, iPad, Android phones and tablets. It is a revolutionary new way to learn CPR and it is completely free to users.
Scientific Symposium September 2012
The symposium took place on Thursday 27th September 2012 and there was a session in the afternoon for five oral presentations:

- Variation in Do-Not-Attempt-Resuscitation (DNAR) Policies and Forms in a Single Strategic Health Authority
- The introduction of DNAR documentation has not affected ward-based cardiac arrest calls or the likelihood of survival after resuscitation
- Why do organisations implement AEDs?
- A gender comparison on the performance of external chest compressions using old and new resuscitation guidelines
- The impact of airway management on quality of cardiopulmonary resuscitation

There were also 11 poster presentations.

I would like to thank Sara Harris for all the hard work she has put into the Research & Development Sub-committee over many years - Sara has kept the show very much on the road. Thank you also to all of the Sub-committee members who have volunteered their time in reading and providing feedback and recommendations on all grant applications submitted to the RC (UK).

Jerry Nolan
Chairman, Research & Development Sub-committee

Executive Members

Vice Chairman
Carl Gwinnutt was elected to become the Vice Chairman for two years before becoming Chairman in 2015.

Honorary Treasurer
Dr David Gabbott was elected Honorary Treasurer for the next three years.

Executive Committee Members:
Four Executive Committee positions were available. Five high-quality nominations were received. Under the terms of the Constitution the Executive Committee may have up to 25
members. The inclusion of these nominees would bring the total membership to more than 25 and therefore an election was necessary.

Voting was conducted through the Electoral Reform Services and Personal statements of all the nominees and ballot forms were sent to all Full Members. Fifty-four votes were received (39.1%).

The successful candidates, who will now commence a three-year tenure, were: Dr Serena Cottrell, Professor Charles Deakin, Dr Fionna Moore, and Professor Gary Smith.

Honorary Members

All Full Members were contacted in January and nominations for Honorary membership invited. Colin Morley, Sheila Simpson and Gary Smith were recommended by the Officers as highly deserving of the nomination for their invaluable contribution to the Resuscitation Council (UK). Their nominations had been approved by the Executive.

New Administrative Staff

There have been very few changes to the office team for many years, but this year Bob Harris retired from his role of managing our website and Sara Harris, Assistant Director, has also retired. It is with great sadness that we see them go; both have made so many contributions to the work of the Resuscitation Council (UK). We thank them for their dedication and commitment and wish them both every happiness in their retirement and in their new life in Devon.

We have made some organisational changes and are delighted to welcome new members to our team. Sue Hampshire is now with us on a full-time basis as Courses Manager, Paul White has joined us as Business Systems Manager, and Crystal Govender as Content Coordinator.
This year sees the first Europe-wide “Restart a Heart” awareness day on **Wednesday 16th October** and in recognition of this important event the British Heart Foundation (BHF) and Resuscitation Council (UK) are delighted to co-host a Symposium at Regent’s College Conference Centre, Regents Park, London from 1pm – 8.30pm.

This special Symposium is sponsored by the Laerdal Foundation and includes a full afternoon programme focusing on recent advances in improving outcome from cardiac arrest, presented by an array of national and international experts. This will be followed by a Theatre Concert on The Legend of 'Inconnue (The Girl from the River Seine) and a standing buffet at 7.00pm. The full programme is available at [http://www.resus.org.uk/pages/Events-update.htm](http://www.resus.org.uk/pages/Events-update.htm)

Registration is £25 via the BHF online shop at [www.bhf.org.uk/RestartaHeart](http://www.bhf.org.uk/RestartaHeart). Places are limited so we urge you to register now to avoid disappointment.

The ALS Instructor Day is being held on Wednesday 27th November at the New Dock Hall in Leeds. The busy programme includes recent innovations in resuscitation, aspects of resuscitation services in the new NHS, and information on the new ALS course. To view the full programme go to [http://www.resus.org.uk/pages/IDaProg.htm](http://www.resus.org.uk/pages/IDaProg.htm)

Registration is £75. If you have not yet registered please do so soon as places are limited. The registration form is at [http://www.resus.org.uk/pages/IDaRegFm.rtf](http://www.resus.org.uk/pages/IDaRegFm.rtf)
An advanced life support (ALS) course was held in Eastbourne on 28th February and 1st March 2013 which celebrated the 20th anniversary of the first official ALS course in the United Kingdom.

Training in resuscitation procedures for hospital staff in the UK was not standardised until the 1990s. The American Advanced Life Support (ACLS) course had been considered, and was being taught in some centres. But many in the UK thought this course was too detailed, too classroom based and relied too heavily on lectures. In the UK it was thought that a more practical course, teaching the most important techniques, could be taught more effectively and to a wider range of health care providers. As a result it was felt that more patients would be likely to benefit. Much of the early history of the ALS has been described by Andy Lockey in the Summer 2011 Newsletter. http://www.resus.org.uk/newsletr/nlsup11s.pdf

The first official RC (UK) ALS Provider course was run in Eastbourne from the 26th-28th March 1993. The faculty included Mick Colquhoun, Harry Walmsley, Shaun Stacy, Steve Rochester, Brian Stone, Mark Whitbread, and Mary Liezers, all names well known in the resuscitation world.

The 20th anniversary course included 3 of the original faculty – Mick Colquhoun, Harry Walmsley and Steve Rochester. The other original faculty and some participants were invited back but sadly were unable to make it. However there was a full faculty who had to listen to three oldies reminiscing about the old times during the course and over dinner! Steve pinned up a load of newspaper articles from national and world news on a board from the year of 1993. Were these news events really that long ago?!

Harry Walmsley said in the local Eastbourne paper that “it was a great achievement to be able to mark the anniversary of something that started in Eastbourne 20 years ago. The Advanced Life Support course has evolved over the years and has been adopted by the European Resuscitation Council and other councils around the world. There are people alive today because of the techniques and training offered to health care professionals on these courses”.

Harry Walmsley, Mick Colquhoun and Steve Rochester.
This joint statement by the RC(UK) and the British Association for Cardiovascular Prevention and Rehabilitation was developed initially in 2008 but has been reviewed and updated in 2013 in response to enquiries about the facilities and level of resuscitation training required for staff supervising the structured exercise component of comprehensive cardiac rehabilitation programmes. The statement can be found at http://www.resus.org.uk/pages/crepbacr.htm

If you have not yet seen or used LIFESAVER you are missing out!

The RC (UK) joined forces with award-winning production company UNIT9 to develop this interactive, live-action film to teach how to save someone's life. LIFESAVER is free and can be accessed on computers, tablets and most mobile telephones. Details can be found at http://www.resus.org.uk/pages/lifesaver.htm

Officially launched in May of this year it has received over 82,000 downloads, been shortlisted for a “Webby” award this year, and been chosen to be Site of the Month on the FWA website (http://www.thefwa.com). This means it will be showcased for the whole month of September and will be eligible to become FWA Site of the Year 2013. It has also been shortlisted for 5 out of 6 categories entered for in the E-Learning Age Awards 2013.

This year sees the first Europe-wide “Restart a Heart” awareness day on 16th October. To mark this occasion and to support our joint campaign with the British Heart Foundation to teach emergency life support in schools, the RC (UK) will be providing all secondary schools with a LIFESAVER DVD so that it can be downloaded onto computers and shared.

We encourage everyone use LIFESAVER and to promote “Restart a Heart” day.
2013 continues to be a busy and exciting year. Work continues on the GIC website and we hope to trial this with a number of course centres in the coming months. All courses will be administered via this website, candidates will be able to apply direct to course centres and to access their course allocations material online and instructors will be able to access and review course materials in order to prepare for the course. We will contact all centres when we have more information to share.

Alongside this, the development of e-learning modules for the GIC continues. These will provide, together with the Pocket Guide to Teaching for Medical Instructors, (the “Blue Book”) a comprehensive package for all our GIC candidates and for all our instructors also.

We look forward to sharing more information about these initiatives at the ALS Instructor Day on 27th November and I hope that you can join us for the event which is being held in Leeds. You will find links to the programme and registration form at http://www.resus.org.uk/pages/events.htm

For your information, I now work for the Resuscitation Council (UK) full time and can be reached via the switchboard or via my email which is sue.hampshire@resus.org.uk. I hope to see many of you at upcoming events but if you need more information or have any comments on the GIC do please contact me.

Susan Hampshire
Courses Manager

Since the successful rollout of the Learning Management System (LMS), for ALS, the RC (UK) has been working towards expanding the system to incorporate EPLS and NLS. These developments have now been completed and EPLS and NLS courses run from the beginning of September 2013 will be managed via the LMS. Training has been offered to all EPLS and NLS centres in addition to the training materials, User Guide and FAQs available on the LMS website.

To those already familiar with the LMS through ALS, the registration and administration process for these courses is practically identical to the ALS course. The only variance is in the registration process where centres must complete the Provisional Faculty list as well as the online Course Notification, Manual and Registration form before course approval may take place.

If you have any queries regarding the LMS process for NLS and EPLS, please contact NLS@resus.org.uk or EPLS@resus.org.uk.
National Cardiac Arrest Audit (NCAA) – Progress update 10

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).

BREAKING NEWS! BREAKING NEWS! BREAKING NEWS! BREAKING NEWS!

Initial risk-adjusted comparative analyses released!

Initial risk-adjusted comparative analyses for the 2012/13 financial year are now being sent to participating hospitals, allowing them to fairly compare their patient outcomes with other participating hospitals for the first time.

After achieving a sufficient sample size, NCAA statistical risk models have been built. The models take into account differences in patient/event characteristics that would be expected to result in differences in outcomes.

The outcomes presented in these risk-adjusted analyses are:

- ROSC>20 minutes
- Survival to hospital discharge

Initial risk-adjusted comparative analyses on 2011/12 data will be provided to relevant hospitals in due course. Once final testing and refinement of the models is finished, the risk-adjusted analyses will be introduced into the quarterly NCAA Report.

Does your hospital participate?

NCAA continues to actively recruit hospitals and so far we have reached nearly 60% coverage of adult, acute hospitals in the UK!

A list of non-participating hospitals (and participating hospitals) grouped by region, is now available to download from the ICNARC website. If your hospital does not participate, consider the following questions:

- Can ‘NCAA’ be added to the agenda for any forthcoming resuscitation meetings?
- Are there any local barriers to signing up? If so, what are these?

Testimonials describing the benefits of participating are available online.

If you would like us to visit your hospital in order to share information about NCAA, outline the importance of joining, and answer any questions you may have, please contact the NCAA team: ncaa@icnarc.org
Registration now open!
Third NCAA Annual Meeting (23 October 2013)

The hot topic of the **NCAA initial risk-adjusted comparative analyses** is on the agenda, amongst other exciting developments. The meeting will be held in central London.

Participating hospitals are eligible for a free place for their hospital as well Trust (ideally the Chair of the Resuscitation Committee). Hospitals in the process of signing up to NCAA are welcome to join the meeting for a small charge.

Places are allocated on a first-come, first-served basis, on receipt of a completed Registration form. Please contact the NCAA team if you have any questions. We look forward to seeing you there!

Sarah Mitchell  
Director  
Resuscitation Council (UK)

Kathy Rowan  
Director  
ICNARC

Edel Gallagher  
NCAA Coordinator  
ICNARC

It is with great sadness that we report on the deaths of two of our instructors.

**Elizabeth Greenwood**  
12 July 1967 - 26 June 2013

Liz grew up in Cheshire and moved to London to train as a registered general and sick children’s nurse. The 'big smoke' did not have a hold on her and she soon returned as a qualified nurse to the Midlands. Over the next 10 years Liz progressed through jobs at the Birmingham Children’s hospital and Birmingham Heartlands Hospital where she worked in a variety of paediatric specialities including plastics, general surgery, trauma & orthopaedics and A&E before becoming a Resuscitation Officer in 1999. She developed quickly into the role of Resuscitation Officer making a local and national impact joining the executive committee of the Association of Paediatric Resuscitation Officers.

Liz’s influence was wide spread; as a mentor, an instructor, a clinician and academic. Her passion for resuscitation was evident in everything that she did; determined to improve standards of care through doing and teaching. In nearly 15 years as a Resuscitation Officer Liz had trained thousands of staff, patients, parents and school children in CPR. She taught neonatal, obstetric,
paediatric, and adult resuscitation, trauma care, and major incident management. Her enthusiasm was infective; it is telling that even after her death candidates on a Generic Instructor Course were citing her enthusiasm and encouragement as an influence on wanting to develop as an instructor.

Liz managed to fit all this in whilst working part time in the latter part of her career. This meant she could continue to be involved in the speciality she loved and find more time to dedicate to her growing family. She still found time to contribute to her local community in other ways and had been Vice chair of Governors at her children's school, Treasurer for the pre-school, a member of the local rugby club where she provided first-aid cover (and trained other members to do the same), and a supporter of charities including Cancer Research and Resuscitation Council (UK). Her commitment was evident when she asked, rather than flowers for her funeral, that money be donated to RC (UK).

Liz died 26th June 2013. She is survived by husband Andrew and three children; Matthew, James and Chloe.

By Robin Davies

Dr Sam Richmond
5 Sept 1949 - 10 March 2013

Whilst Sam’s greatest professional satisfaction was to have served the population of Sunderland for more than 25 years as a consultant neonatologist, he was best known in the UK resuscitation community for his leadership of the Newborn Life Support (NLS) course from its inception. He had an international reputation in neonatal research and resuscitation training and all who have known him will mourn his death whilst regarding it as a privilege that he enriched their lives.

Having been born in London, Samuel William John Richmond spent his childhood in London, the Middle East, Texas and North Yorkshire. He studied medicine at Newcastle University and qualified in 1972. After two years in Paediatrics and General Medicine in Sunderland and Newcastle General, he went to work in Algeria (1975) and then Yemen (1976–79) as Chief Medical Officer through “Save the Children” where he developed his teaching and administration expertise. These years abroad confirmed to Sam the importance of developing priorities in the provision of health care, and the necessity of obtaining accurate epidemiological information on which to base decisions. This period also reinforced his life-long love for Arab culture. In all he served in those countries for over four years before returning to Tyneside in 1979.

Over the next three years Sam worked in paediatrics and neonatal surgery in the Queen Elizabeth Hospital in Gateshead and in the Princess Mary Maternity and Fleming Memorial Hospitals in Newcastle. He went on to do research in the Biochemical Screening Unit at Peterborough District Hospital on the early diagnosis of cystic fibrosis, work as a Paediatric Registrar in Leicester Hospitals, followed by two years in Newcastle funded by the “Spastics Society” investigating the epidemiology of cerebral palsy. Sam was always appreciative of his colleagues throughout his career and acknowledged the privilege it had been for him to gain such experience and training in his earlier years. He felt particularly indebted to his mentor in Newcastle, Edmund Hey (1934–2009, FRCP 1984) who, in the early 1980s, first started a course in Newcastle to prepare practitioners
who had to resuscitate babies at birth. In the early 90s the running of that course, much of which became the NLS, was handed over to Sam, by now a neonatal consultant at Sunderland and myself, a senior registrar.

When the Resuscitation Council (UK) set up a working group to develop the Newborn Life Support it was natural to appoint Sam as chair, in which role he continued until 2010. He was the editor of all three versions of the NLS manual to date and closely involved in all aspects of the course and materials. Even after stepping down as chair, he remained involved as a member of the working group until shortly before his death and it is impossible to overestimate the loss of his giant intellect and encyclopaedic knowledge of the literature. He was also chair of the NLS international Courses Committee of the European Resuscitation Council (ERC) and co-chair of the neonatal task force of the International Liaison Committee on Resuscitation (ILCOR), evaluating evidence and writing guidelines from 2005 to 2010. In 2010 he was made an Honorary member of the RC (UK), and Fellow of the ERC in recognition of his contributions to resuscitation knowledge and training.

Sam taught NLS in the UK, the Netherlands, Belgium, Greece, Poland, Cyprus and Gibraltar helping to spread the course through Europe. However, for more than ten years Sam went to Bangladesh for several weeks each year to work with colleagues teaching and training and in 2005 he went to Gaza to give his time in support of Palestinian newborn care. His longstanding bonds with the Arab world (his parents, grandfather and great-grandfather all had strong connections with the Middle East) will come as no surprise to those who met him and saw his jumper with the prominent “Free Palestine” badge.

Sam loved conversation and reasoned argument. Although he helped develop the Newborn Life Support Course he was never entirely comfortable with the necessary didactic approach because he baulked at absolutes unless supported by evidence. This was at times frustrating to colleagues who wanted a completely didactic approach. However, Sam always wanted people to think about what they were doing and practicing. One of his favourite quotes which appears in the NLS manual was:

“When we all think alike, no one is thinking.”

The common themes of people’s perceptions of Sam are Integrity, Modesty, Kindness, Respect, Intellect, Patience, Approachability and Availability. Rarely is there someone of such towering intellect with so little personal ambition. He leaves a national and international legacy of effective training and standards which will continue to benefit babies and clinicians in the future.

Sam leaves a wife Liz, family and friends richer for having known him, and many colleagues who simply feel he was one of the best neonatologists they have ever known.

Jonathan Wyllie
Chair Newborn Life Support Committee


Let us know what you think:
If you have any comments regarding this newsletter, please contact us at enquiries@resus.org.uk

Issue 26
summer 2013

Return to contents page

24