

**Minutes of Executive Meeting  
Irish Association for Emergency Medicine  
1:00pm, Wednesday, 1<sup>st</sup> September 2010**

Venue: Emergency Department, St. James's Hospital, Dublin 8

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**1. Present:**

Mr. F. Hickey – President  
Mr. J. Binchy – Honorary Secretary  
Dr. J. McInerney  
Ms. P. Houlihan  
Mr. N. O'Connor – Honorary Treasurer (Via Telephone link at end of meeting)

**Apologies:**

Dr. G. Quin  
Mr. R. Eager

The President noted that Mr O'Connor had been caught up in crisis talks in Our Lady's Hospital, Navan occasioned by the precipitous decision of the HSE to withdraw acute general surgical services from the hospital. It was hoped he might be in a position to join the meeting by telephone at a later stage.

**2. Minutes of the Executive Meeting, Wednesday 2<sup>nd</sup> June 2010**

These were accepted as correct.

**3. Matters Arising not on Agenda**

**a) Health and Safety Authority (HSA)**

The President confirmed that he hadn't any further update from the HSA visit to Tallaght to report. The Honorary Secretary reported the HSA had visited the Emergency Department at University Hospital Galway. However he had not seen any formal report yet.

**b) Clinical Indemnity Scheme (CIS)**

The Honorary Secretary had not been able to obtain access to the information provided some time ago by the CIS but would revert to them to obtain up-to-date information which could be accessed

**Action: The Honorary Secretary**

**c) CEM eLearning Project**

This appeared to continue to be stuck in the mire of the UK Civil Service.

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**d) Overcrowding and the Full Capacity Protocol**

Dr. Gilligan's paper on the Full Capacity Protocol had been resubmitted to EMJ after some corrections. He has also recently written an opinion piece in the Health Supplement of the Irish Times to which there had been a particularly malicious reply by the INMO. It was agreed that IAEM should produce a dispassionate, factual position paper on the role of the Full Capacity Protocol ready to launch at an appropriate time. The President would ask Dr Gilligan to produce a first draft for consideration by the officers and the Executive.

**e) Reconfiguration in the North East**

The Louth County Hospital, Dundalk had moved to a 12 hour service on 1<sup>st</sup> July 2010 and as of the day of meeting all acute general surgery is being removed from Our Lady's Hospital, Navan. The downgrading of the Louth County Hospital had resulted in increased overcrowding in the new ED in Our Lady of Lourdes Hospital, Drogheda.

When Mr O'Connor joined the meeting later he appraised colleagues of the imposition of new arrangements for surgical review of patients seen in the ED in Navan. These had been introduced with no consultation or agreement with EM. There had been little communication with the 5 hospitals to which acute surgical cases would now apparently be referred on a rota basis (Cavan, OLOL, MMUH, Beaumont & Connolly). The intended 'arrangements' mandated by the HSE were that the duty ED doctor would 'negotiate' the transfer of acute surgical patients to one of the 5 hospitals, even though Navan would continue to employ 3 Consultant Surgeons and 5 Surgical Registrars. The Hon. Treasurer explained that he had made contact with Dr Barry White via Dr Una Geary, Chair of the EMP. Dr White confirmed his preference that the ED doctor refer to the surgical team to assess and then they refer as appropriate and would see to it that the original edict was amended accordingly. While it was accepted by Consultants in EM in the NE that Navan would lose many of its acute services in time, there were serious concerns about the ability of OLOL hospital, Drogheda to cope with this workload.

There had been no official, further details on reconfiguration in the greater Dublin area. There were some rumours to suggest that Connolly Hospital, Blanchardstown might become a 08.00 - 20.00 service.

**f) IPMS**

Mr. R. Eager has piloted a survey which was now ready to go.

**Action: Mr Eager to run survey and revert.**

**g) HSE List of Approved Courses**

It was confirmed that Dr. Quin had drawn up an appropriate list for Emergency Medicine. However many of these had been left out in the final document. It wasn't clear whether the removal was by the RCSI or HSE METR.

**h) NCHD Locums**

The President has had no reply to his email to the HSE concerning the restrictive qualification being requested for ED locums. He will send a reminder.

**i) Exchange with Supt G Blake, An Garda Siochana**

In his last letter Supt Gerry Blake stated that he was awaiting a reply from the Director of Public Prosecutions. The Honorary Secretary will chase this up with Chief Supt Blake's successor.

**Action: The Honorary Secretary**

**j) KPI Project**

The President confirmed that Dr Abel Wakai would shortly send around the third and final round of this Delphi questionnaire. This had been ready to launch in July but a decision had been taken to avoid circulating it during the holiday period. The intention was to present the findings in Waterford.

**k) NCHD Shortage**

The President confirmed that the technical issues which had up-to-then stopped the use of an on-line staffing questionnaire launched from within the Members' Area of the site had been resolved. The questions had been revised by Dr G McCarthy and it was hoped that the results of the survey would be available in a fortnight.

**4. Correspondence**

**a) Letter from Laverne McGuinness, National Director Integrated Services, HSE**

The Honorary Secretary had received a reply from Ms Laverne McGuinness, National Director Integrated Services confirming that the HSE were 'actively working' on contingency plans for the anticipated NCHD shortfall.

**b) Letter from Corporate Health Ireland**

The Honorary Secretary had received a reply from Corporate Health Ireland outlining their role as being Occupational Health advisors to the IBTS. It essentially appears that they would like EDs to provide post exposure prophylaxis for any of the staff of IBTS as a result of occupational blood exposure. All risk assessment and follow up will be done by either IBTS or CHI. They simply want to be able to access post exposure prophylaxis drugs from ED. There was agreement that this seemed a reasonable request. The Hon. Secretary undertook to review the detailed documentation attached to the letter, scan same and circulate.

**Action: The Honorary Secretary to review, circulate & respond.**

The President confirmed that the group tasked with producing national guidelines for management of possible blood borne virus exposures to which Dr Una Kennedy had been appointed was due to meet for the first time on 22<sup>nd</sup> September 2010.

**5. Emergency Medicine Programme**

The President reported that the Working group and the Regional Leads had met for the first time two weeks earlier. The Programme was chaired by Dr Una Geary who had agreed to provide periodic updates to the IAEM Full Members as matters proceeded. It was also anticipated that some time would be devoted

to the subject at the Waterford meeting. Considerable scepticism was voiced about the HSE's likely commitment to the type of resources that would be needed to make significant improvements to the Emergency Departments which would be left after reconfiguration. It was also felt that the necessity to provide additional Consultants to facilitate implementation of the Acute Medicine Programme (AMP) might well remove any chance of much needed resources being provided for EM.

It was noted that the AMP document was in final draft form and had been seen by the EMP WG who had offered comments. Dr John McInerney noted that the document was in wide circulation within MMUH and no doubt elsewhere. He agreed to forward it to the Executive for their information. He said that he had a number of comments to make on it. The President advised that the document was to be finalised the following morning and asked Dr McInerney to revert to Dr Geary with his comments as soon as possible.

The President noted that the IAEM Academic Committee had agreed to be the clearinghouse for national clinical guidelines and pathways.

## **6. Progress of groups producing IAEM Position Papers**

The President and Prof. R O'Sullivan had developed a position paper concerning training in Paediatric Emergency Medicine which had subsequently been approved by ACEMT. The document recommended the development of PEM as a subspecialty of both Acute Paediatrics & EM. The matter was due to be considered by the Board of the Faculty of Paediatrics, RCPI two days later which was expected to endorse the approach. A joint approach would then need to be made to the Medical Council from FP,RCPI and ACEMT. It was hoped that HSE CAAC would approve a number of posts in PEM to be recruited over the next 18 months both to the Dublin PEDs and the regional centres. A three-way meeting to discuss a joint approach between FP,RCPI, ACEMT and Prof G Bury representing METR and CAAC was anticipated.

There had been no real progress on the other proposed position papers because of the summer holidays. The President also felt that much of the relevance of these groups had been lost and that some of their draft work would inevitably be subsumed into the EMP's work.

## **7. Progress of Subcommittees**

### **a) Web Committee**

Ownership of both IAEM sites [www.iaem.ie](http://www.iaem.ie) and [www.emergencymedicine.ie](http://www.emergencymedicine.ie) is now finally vested in IAEM. The President reported that [www.iaem.ie](http://www.iaem.ie) is now live again and the two sites essentially function as mirror sites. Changes made on [www.iaem.ie](http://www.iaem.ie) are now visible on both sites. Dr. Stuart Carr is the new webmaster.

### **b) Academic Committee**

Ms. P Houlihan fed back on the last academic committee meeting which was held on 19<sup>th</sup> August 2010 at the new National Conference Centre. The

membership had received a detailed tour and all were in agreement that the facilities were very impressive.

Regarding ICEM 2012 there had been discussion as to how many tracks there should be. It was agreed that there would be seven tracks. It was also suggested that the tracks should be along the lines of normal working departments i.e. Resus/Majors/Minors/ Triage/ Pre-Hospital/ Office work etc. The Committee were also developing two proposals for multicentre studies; one looking at care of the elderly and care of children and the other looking at analgesia in renal colic patients using nitrates.

## **8. Applications for Membership**

The following applications for change of status from Associate to Full Membership were approved.

- Dr. Abel Wakai, Consultant in Emergency Medicine, Midland Regional Hospital, Tullamore.
- Dr. Damien Ryan, Consultant in Emergency Medicine, Mid Western Regional Hospital Dooradoyle, Limerick.
- Mr Fergal Cummins, Consultant in Emergency Medicine, Mid Western Regional Hospital Dooradoyle, Limerick.

The following application for Associate Membership was approved.

- Dr. Kiren Govender, Associate Emergency Physician, University Hospital Galway.

## **9. Honorary Treasurer's Update**

Mr O'Connor informed us that the accounts for the year had been completed. The Accountants had advised IAEM to adopt standard accounting practices i.e. any profit should be declared in the year that they occurred. As a result IAEM now had a total tax liability of €29,500. It had been suggested by the Accountant that if we were to get the appropriate tax advice, we might be able to significantly reduce this. Mr O'Connor agreed to pursue this line.

Mr O'Connor also expressed concerns that there remained a significant number of members who had not yet cancelled their standing orders in spite of two general and a number of individual reminders to this effect. The President suggested that it be announced at the AGM that from 1<sup>st</sup> January 2010 anyone who hadn't chosen to cancel their standing order would be assumed to be making a donation to IAEM and would not receive a refund.

Mr O'Connor reemphasized the need to proceed quickly with incorporation and agreed to go back to the solicitors to advance matters.

## **10. IAEM Annual Conference 2010, Waterford**

Dr. Barry White, Director of Quality and Clinical Care HSE and Mr John Heyworth, President College of Emergency Medicine have agreed to speak.

This will be the 21<sup>st</sup> AGM of the Association. It was agreed that IAEM should formally invite the founding members of the Association and their guests to the gala dinner. It was agreed that we would also allow founding members to be guests at the scientific conference with the Association's compliments.

**Action: Hon Secretary.**

The suggestion was made that the occasion might be marked by the creation of a special 'Reeling in the Years' for 1989, the inaugural year of the Association, to be aired at the Dinner. Ms Houlihan agreed to contact Drs Niamh Collins and Jean O'Sullivan to request their assistance.

**Action: Ms Houlihan to pursue**

## **11. ICEM 2012**

The biggest issue currently is the excessive budget. The conference organizers appear to have now realized this and have gone back to the Conference Centre about costs. The President confirmed that Chairs had been agreed for the Academic, Social, Finance and Communication Committees, namely Prof Ronan O'Sullivan, Mr Robert Eager, the Hon Treasurer and Mr John Ryan respectively. Some individuals have been allocated to the committees but the chairs will co-opt further assistance. It was emphasized that every member in the country will have to pull their weight in the organizing of this conference for it to be both a financial and organisational success.

## **12. Chairman's and A.O.B**

### **a) Meeting dates for remainder of 2010**

The chair requested that the dates for Executive Meetings for the rest of the year be circulated as some Executive members had allowed themselves be double booked as they had not taken note of the dates of upcoming meetings.

**Action: the Honorary Secretary**

### **b) CEM Diploma Presentation Ceremony**

The College of Emergency Medicine is having a diploma presentation ceremony on 7<sup>th</sup> October 2010 and Mr. Gerry McCarthy had requested the thoughts of the Executive. CEM had requested posters from each of the regions/countries to highlight progress there. It was agreed that Ireland should be highlighting the fact that IAEM were celebrating our 21<sup>st</sup> anniversary, we are hosting ICEM 2012 and we are formalizing BST and PEM training.. In addition the commencement of the Emergency Medicine Programme should be highlighted

### **c) Honorary Membership**

The Honorary Secretary brought up the subject of citations and the striking of medals to be presented to people who are selected as Honorary Members. It

was agreed that the Honorary Secretary would approach Prof Stephen Cusack to see if he would prepare citations and make enquiries about striking medals. There are 4 Honorary Members who await such a formal acknowledgement.

**Action: Hon Secretary**

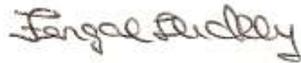
At the Hon Secretary's request consideration was given to whether the Executive might nominate a suitable candidate for Honorary Membership to the AGM. It was felt that no-one suitable came to mind.

### **13. Date of next Meetings**

- Friday, 15<sup>th</sup> October 2010 at 17:30hrs at the Annual Scientific Meeting in Waterford at a venue in the Faithlegg House Hotel to be confirmed.
- Wednesday 1<sup>st</sup> December 2010 at 13.00 in the Emergency Department, St James's Hospital, Dublin 8

The Hon Secretary suggested that in future the 1<sup>st</sup> Wednesday in September be avoided as this was a particularly busy time for those with school going families

**Signed:**



**President**

**Date:** 15<sup>th</sup> October 2010