

Revalidation issues

Edwin Swarbrick

Notes by Nick Crombie

Should MEA be a governing body, an advisory committee or other?

Jo Trelawny – 360 degree feedback from organisers and other organisations

Malcolm Gerald – asked about how that would apply within equestrian when rarely work with other doctors. Should we include reflective practice?

Swarbrick – college guidance varies – should reflect whole practice.

James ? – when retiring from mainstream practice in 60's, cost of retaining practice is restrictive. Should we be rushing to meet uncertain future regulation?

Matthew Henderson – rugby do not apply same standards – RFU require for appropriate certification for level of work

Ian Clancy Smith – Independent doctors association conduct appraisals for doctors outside NHS. For training purposes – MDU require 'level of competence to deal with activities involved in'.

Ted Adams – accreditation very difficult to define. ATLS falling out of favour – independent courses spring up, but are they academically accredited?

Anna Louise MacKinnon – BHA look at RCSEd courses and put selected courses on approved list.

BHS require every 2 or 3 years depending on activity.

?? P2P authority should recognise that doctors are volunteers and should fund or subsidise courses.

Andrew Moir – MPS wanted £450 per year to cover equestrian events only, plus GMC, drugs – may well end up costing £1500 pa if retired.

Peter Whitehead – few years ago made registered paramedics a mandatory requirement. Have so far been very careful about setting minimum requirements. Worry about small events. In Scotland, paramedics are precluded from doing non NHS work. CQC are now scrutinising ambulance carriage of drugs. If it falls to doctors, added logistic and cost burden.

Small events are under increasing pressure to maintain medical cover.

Irish anaesthetist: now classified as non-consultant doctor working in field – E3000 for cover.

JLP – must be other sports with similar issues – should faculty of sports and exercise medicine get involved? Consider Rally and Motocross organisers. Spread net wider to other sports.

James Boyden – is there a risk regarding above as trackside medical cover is more first aid orientated, and FSEM are more performance and rehab related.

Consider mentioning courses and MEA membership for MPS MDU discount.

Concern re being sued by professional athlete or their management.

Orla Hayes – do any approved courses have a paediatric component? BASICS provide some training.

Does payment for event make a difference to MPS cover? Probably not.

Boyden – Should we look at defining areas of competence? Putting anaesthetists through ALS probably pointless. Should we look at more modular competence?

END at 17:25

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