

PROFESSIONAL BOARD FOR EMERGENCY CARE COMMUNIQUE

Dear Emergency Care Provider

The Professional Board for Emergency Care (PBEC) hereby wishes to inform practitioners that the Board remains committed to the successful implementation and integration of the recently adopted emergency care Clinical Practice Guidelines (CPGs). Although certain information regarding the CPGs was previously communicated, the PBEC felt that providing clarity around certain matters is important. Where necessary, important statements from existing documentation generated in the development of the CPGs is included.

1. The development of evidence-based emergency care guidelines for South Africa is in line with international emergency care practice.^{1,2,3}
2. The PBEC appointed the African Federation of Emergency Medicine (AFEM) as a service provider to “...*review and develop emergency care guidelines or protocols and scope of practice for emergency care providers registered in terms of the Act.*” The agreement was signed on the 26th of August 2015.⁴
3. As part of the agreement, the development of the Clinical Practice Guidelines included the appraisal of existing local and international guidelines using a recognised scientific methodology. It is important to state that the time and scope of the guideline development did not allow for *de novo* (of new/from the beginning) guideline development. Interested practitioners are encouraged to contact the PBEC to obtain a copy of the relevant scientific methodology followed in the development of the CPGs.
4. Based on the fact that existing local and international guidelines (and not *de novo*) were used, the PBEC appreciates the fact that there may be more recent or alternative bodies of evidence (possibly local) in existence that may differ from the published CPGs; however, to ensure the scientific rigour and consistent application of the scientific methodology in the generation of the CPGs, literature used was limited to existing guidelines meeting the inclusion criteria. Future projects related to CPG updates will look to include a broader (including local data) evidence base.

5. In the original AFEM CPG submission to the PBEC, it became clear that updating and assigning certain skills to existing emergency care providers would prove to be difficult. *“this complexity is further compounded by the lack of direct evidence relating to the background training or educational requirements for any of the recommendations contained in this CPG: most recommendations have been taken from hospital based guidelines, but even those from EMS guidelines contain no useful information to help determine the educational background of the providers for whom we recommend the practice.”*⁵
6. As a result, it was acknowledged that determining skill sets for existing emergency care providers would remain the responsibility of the PBEC... *“Most of these proposed changes will be controversial, but the decision on whether to implement them rests with PBEC”*.
7. On final submission, the PBEC undertook a comprehensive review of the CPGs and identified practice points with associated skills linked to these practice points. Using the existing list of capabilities and medications for various professional registration categories within the current emergency care environment, the PBEC established a revised list of capabilities and medications.
8. In addition to the existing list of capabilities and medications, the following variables were considered when revising the list of capabilities and medications –
 - a) Actual risk versus documented scientific benefit of performing particular interventions in a prehospital environment.
 - b) The current fragmented emergency care environment consisting of multiple private and public sector role players.
 - c) Varying levels of equipment availability amongst the private and public sector role players.
 - d) Level of national/provincial/regional clinical governance structures within the emergency care environment.
 - e) The significant number of professional registration categories (ranging from supervised to independent categories).
 - f) Existing education and training experiences (including notional hours, curriculum coverage, clinical learning and exit-level outcomes) amongst the professional registration categories - this was particularly relevant to high-risk interventions.

- g) Current Continuing Professional Development (CPD) compliance amongst emergency care providers.
 - h) Urban and rural emergency care needs in South Africa.
 - i) Vast differences in rural and urban emergency care practices.
 - j) Frequency with which certain interventions occur and considering the impact of skill attrition on patient safety. This was particularly relevant to high-risk interventions.
 - k) An ultimate desire by the PBEC to consolidate the various professional registration categories in line with the National Emergency Care Education and Training (NECET) Policy into three tiers of practice.
9. Based on these variables and considering that this was the first time that the HPCSA has introduced CPGs in the emergency care environment, it was felt that the revised list of capabilities and medications (which includes a widening of all capabilities and medications across all professional registration categories) are patient-safe and implementable using the existing network of CPD accreditors and service providers.⁶
10. It is envisaged that the CPGs should be used as a national guiding document, and that emergency medical service providers are encouraged to develop regional-, service-, and professional category-specific practice algorithms and protocols within the defined list of capabilities and medications.
11. The PBEC is currently engaging with various role players to assess the need for refinement, additional skills and monitoring of the implementation of the CPGs and where clearly demonstrable empirical data is submitted, changes to the list of capabilities and medications will occur.
12. As previously indicated, emergency care providers are encouraged to participate in suitably accredited CPD activities in order to familiarise (and demonstrate competency, where applicable) themselves to the newly introduced capabilities and medications.
13. All interested persons are encouraged to apply to the relevant CPD accreditors to have Level One CPD activities accredited to allow for the education and training of additional skills and medications. Please refer to the “July 2017 Continuing Professional Development Guidelines for the Health Practitioners”, specifically activity “p” and “q” on page 15.⁷
14. The period between the publication date of August 2018 and the implementation date of 31 December 2018 is intended for practitioners to familiarise themselves with the CPG

document. The current publication of the CPGs further serves to ensure that skills and/or clinical interventions which are not supported by evidence are removed from practice sooner rather than later.

15. Kindly take note that the PBEC acknowledges that the relevant learning/training activities required to perform procedures and administer medications not currently on the scope of practice will extend beyond 31 December 2018 (this includes final approval of the additional medications by the South African Health Products Regulatory Authority).⁶

REFERENCES

1. Lang ES, Spaite DW, Oliver ZJ, et al. A national model for developing, implementing, and evaluating evidence-based guidelines for prehospital care. *Acad Emerg Med.* 2012;19:201–09.
2. Brown KM, Macias CG, Dayan PS, et al. The development of evidence-based prehospital guidelines using a GRADE-based methodology. *Prehosp Emerg Care.* 2014;18(S1):3–14.
3. Martin-Gill C, Gaither JB, Bigham BL, Myers B, Kupas DF, Spaite DW. National Evidence-Based Guidelines Strategy: A Summary for EMS Stakeholders. *Prehosp Emer Care.* 2016;20:175-83.
4. Emergency Care Guideline Agreement – Health Professions Council of South Africa and African Federation for Emergency Medicine. August 2015.
5. Emergency Medical Services Clinical Practice Guidelines:2016. African Federation for Emergency Medicine. June 2016.
6. Clinical Practice Guidelines – Health Professions Council of South Africa Professional Board for Emergency Care. July 2018.
7. Health Professions Council of South Africa. Continuing Professional Development Guidelines for the Health Practitioners. July 2017.