

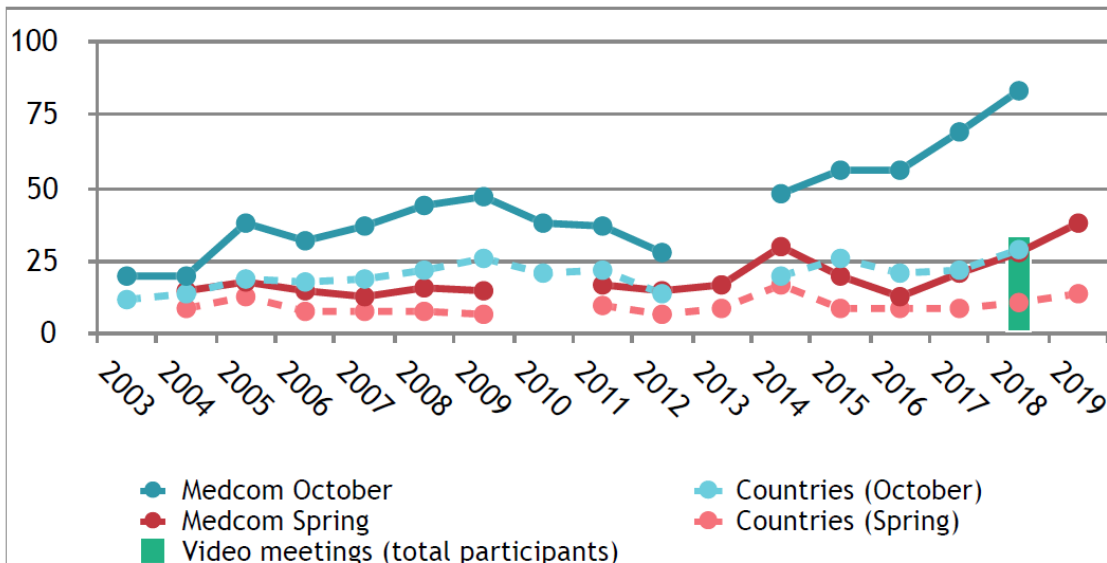
MED Commission Annual Report

20190821-MED President Dr John Ellerton

Dear colleagues

I will start my 2nd annual report with a number of logistical challenges that we will be discussing at the Zakopane Congress, followed by the mundane reports that I feel should be part of an annual report before ending with a review of our projects and aspirations.

We are aware that the Medcom (along with other commissions) have an increasing number of attendees at our meetings. The graph looks like this:



As you can see we have also started using video conferencing to discuss some issues away from our two formal meetings. It's early days but the technology works and it's easy recording the whole meeting so that those that didn't connect can watch the proceedings later. We should not be surprised by rising numbers in the commission(s); ICAR has a policy to attract more members. Two questions have been swirling round my head since the issue of numbers was raised. Firstly, has our output or effectiveness increased or decreased? The release of new recommendations peaked before the increase in numbers but is our message getting out to more rescuers. That is unknown (and hard to measure); I'd be interested in your views.

The second question is 'Why do people come to a meeting and what do they want out of it?' ICAR's function is to be a platform for mountain rescue knowledge. If we consider the agenda of our commission there is a section on administration, a section on recommendations, and a section on presentations. Where 20 'experts' could meet face-to-face and (literally) thrash out the sentences in a recommendation or develop a coherent paper, that is not feasible nor effective when there are >50 unselected persons in the room. Can we condense recommendation development into a group working in a different way without the rigour of the process being lost? We tried a parallel session in Chamonix with muted success. On the other hand, days of presentations is 'death by Powerpoint!' I will ask my members if we are getting the balance right using our internet forum. Of course, I am looking at rising numbers not as a 'problem' but as a 'challenge'. I have discounted the idea that the ICAR Conference/Congress should become a delegate-restricted event; in Medcom only about 50% of attendees are delegates and the impression is that many do not contribute to the same degree as non-delegate members. This does not surprise me having been a delegate (with its subservience to the member organisation) and a non-delegate (with the freedom that brings) myself. I am sure the output of the Medcom would fall if we cannot attract both types of members.

Our ICAR Medcom Spring meeting in Bolzano, Italy was organised superbly by EURAC. We were privileged to be invited to the scientific opening of the TerraXcube, a climate chamber that offers endless opportunity for relevant mountain rescue research. The concern of the meeting was reproducibility in science both at a small scale and a population scale. We anticipate many fruitful collaborations in the future. In 2020, our Spring meeting is in Christchurch, New Zealand. Some time will be spent at the Polar Institute, and some at Mount Cook. This is the third time we have ventured over the equator; perhaps we need to reconsider the word 'Spring' in our schedule. ICAR's position as an international forum has been enhanced by active correspondence with groups in Australia, Asia, and South America. I was hoping to include Africa on this list but there has been a set back in our work with a rescue organisation operating on Kilimanjaro. On a positive note, our work on hypothermia has been recognised by the International Hypothermia Registry (Geneva) with the request that ICAR becomes a patron of this important project.

Turning to internal Medcom matters, we have concluded our review of the Medcom's internal regulations and I hope these will be accepted in October 2019. Interventions by the Executive Board and other commissions have lead to a number of important changes for the better and I hope the final internal regulations document will be a good template for other commissions to use. Now the regulations at completed, I will be inviting delegates (with the support of their organisation) to put themselves forward to become a Vice-President of the Medcom at Zakopane.

The Medcom budget of €3000 for 2018 was used to support the Medcom and its work by contributing to an 'open access' fee to publish (\$700), supporting the expenses of an international expert to attend our Spring meeting (€650), paying for the non-reimbursed travel expenses of the President to the ISMM World Congress (£669) and to Tromsø (£755), and on website development (£22). In 2019, the expenses to date have been non-reimbursed travel expenses of the President to Bolzano (£745) and gift to non-ICAR POCUS instructors (€58), with the following budgeted for: Open Access contribution (€1000) and hi-fidelity manikin with technician for the Practical Day (€870). The proposed budget for 2020 is: Open access (€1000); President's non-reimbursed expenses to Christchurch and ISMM World Congress (€1500); website (€100); and hypothermia preparedness video (€200). I would like to record and thank our sponsors who support our meetings. In 2018 they were: Norwegian Red Cross and the University of Tromsø. For 2019 (to date) they are EURAC, Bergrettungsdiens Südtirol, and CNSAS. No conflicts of interest were declared at any of our meetings.

This brings us to our October programme: We are kick-starting the ICAR Conference by visiting the Krakow Hypothermia Centre on Tuesday. This is a world leading centre that has worked hard to strengthen the frequently weak 'chain of survival' from mountain to appropriate hospital. On Wednesday (the ICAR practical day), I am particularly excited to see the work of Prof. Matthius Jacob at 'his' station 'Stopping the bleeding'. It promises to be both informative and colourful! The ICAR Conference on Thursday and Friday is a mixture of lectures and discussions. New areas for ICAR include heat illness and a technology that allows teams to obtain a casualty's medical history on scene. We will also work on our current projects: Review of Recommendations; ICAR recommendation: Determination of death; ICAR recommendation: Suspension trauma; ICAR Recommendation: Multiple trauma management in alpine environments; Psychosocial health of ski patrollers and mountain rescuers; Proposal to form a registry of rescuer deaths; Avalanche/Hypothermia hospital preparedness video; ICAR Medcom recommendation: Medical quality improvement for avalanche rescue missions; Medcom archive; and Rescuer first aid competence document. There are also two projects in the wings: Pointof-Care UltraSound in MR following a successful workshop in Bolzano and Blood products in MR.

So lots going on! Without the help of so many members these activities would not be possible and I am indebted to all the hard-working Medcom members who make things happen. Please direct any questions to myself or our leads – Peter Paal, science-lead; Natalie Hölzl, education-lead or Jason Williams, Diploma in Mountain Medicine-lead.

John Ellerton
President of the International Commission for Mountain Emergency Medicine