



Application Form for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs) (FOR054 – V6)

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Introduction

This form shall be used by providers seeking recognition from the Pre-Hospital Emergency Care Council to implement Clinical Practice Guidelines (CPGs).

Completing this form:

The Applicant shall respond to all questions. If an item is not applicable to your organisation, please note as Not Applicable, incomplete forms will not be processed and your application cancelled. The incomplete application and your fee will be returned to you.

The application form and Statutory Declaration have been developed as a Microsoft Word protected document. It will not allow you to make any changes to the form itself or spell check.

Statutory Declaration:

The Statutory Declaration is to be declared by a person duly authorised by the Applicant pre-hospital emergency care service provider and witnessed by a Commissioner for Oaths/Practising Solicitor.

If submitting electronically the form should be printed out, signed and scanned. Electronic signatures will not be accepted.

Supplementary Information:

Details of supplementary information are included throughout the form. Please use the numbering and document naming as outlined in Section 9 – Checklist to ensure clear and sequential presentation of information. All documentation should meet basic formatting and standard version control requirements.

Submitting this form:

Contact info@phecc.ie for up to date process for submission of this form.

Section 1 - Organisational Details

Organisation name	
Trading name (if different to the above)	
Business address 1	<i>Registered office of the organisation</i>
Business address 2	
Town/City	
County	
Eircode	
Business telephone number	
Email address	
Organisation type	<input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Statutory Body <input type="checkbox"/> Voluntary Group (see below)
Company registration number (if applicable)	
Date of foundation	
Proposed date of initiation of operations	

Voluntary Group

Charity registration number <i>(applicants wishing to be considered for a refund as Voluntary Group must have a charity registration number)</i>			
Do you wish your application to be considered for refund as a registered charity? <i>(as per Council Rules & Schedule of Fees)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Attach Voluntary Group Statutory Declaration</i>
Please confirm your annual turnover for the previous tax year	<input type="checkbox"/> Voluntary Group annual turnover less than €50,000	<input type="checkbox"/> Voluntary Group annual turnover more than €50,000	<i>Attach evidence of annual turnover (statement of accounts or letter of confirmation from accountants)</i>

Section 2 – Key Personnel¹

Key Personnel - Main Contact	<i>Details of the applicant's main contact for this application. This person will be contacted for all future notices and correspondence</i>
Main contact name	
Main contact job title	
Main contact telephone number	
Main contact email address	

Key Personnel – Directors, Trustees, Business Owners or Equivalent	<i>Details of the organisation Directors, Trustees, Business Owner or equivalent (please add more lines if required)</i>	
Director, Trustee, Business Owner or Equivalent Name 1	First Name	Last Name
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 2	First Name	Last Name
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 3	First Name	Last Name
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 4	First Name	Last Name
	Contact Telephone Number:	

¹ Key personnel are directors, trustees, business owners and/or employees who have the authority to directly or indirectly plan and control business operation.

Key Personnel - Medical Director	<i>Details of the applicant's Medical Director</i>	
Name of Medical Director:		
Medical Council Registration No:		
Please confirm that the Medical Director is based in the jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Director telephone number		
Medical Director email address		
Roles & Responsibilities of Medical Director	<i>Attach summary of Medical Director roles and responsibilities</i>	

Key Personnel - Responsibility for clinical governance	<i>Details of the individual responsible for overall clinical governance in the organisation</i>	
Name & Contact Details	First Name	Last Name
	Contact Telephone Number:	
	Job Title	

Key Personnel Declaration	
Are or have any of the key personnel ² (listed above) been subject to a referral or an investigation by a health professional body?	Yes No If 'Yes', please provide specific details on separate sheet titled Section 2 - Key Personnel Declaration

Organisational chart	
Please attach an organisational chart, detailing roles and responsibilities of senior, middle and operational management (detailing the line management links to practitioners)	<i>Attach organisational chart</i>

² Key personnel are directors, trustees, business owners and/or employees who have the authority to directly or indirectly plan and control business operation.

Section 3 – Proposed Activities

Applicant Profile		
Please provide a profile of the applicant's practice, facilities and capacity		
Clinical Level for Approval		
Please tick the clinical level for which you are seeking renewal approval	<input type="checkbox"/> Advanced Paramedic <input type="checkbox"/> Paramedic <input type="checkbox"/> Emergency Medical Technician	
Transport of Patients		
Please describe your proposed mechanisms for transporting patients under your organisations care (if applicable)		<i>Report on proposed mechanisms for transporting patients under your organisation's care</i>
Safeguarding		
Is the applicant organisation a 'relevant service' as listed in the Children First Act 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, attach</i> <ul style="list-style-type: none"> • Child Protection Policy • Child Safeguarding Statement • Identification of executive with responsibility for safeguarding
Details of Exemptions		
Detail CPGs where exemptions are sought and provide a rationale for each exemption. <i>Council reserves the right to reject exemption requests³.</i>		<i>Attach report on CPGs where exemptions are sought and a rationale for each</i>
Placement of Students		
Will the applicant organisation be facilitating student placements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, attach copies of formal agreement documents</i>
	If Yes, please provide details of formal/service level agreements with PHECC recognised institutions	

³ Exemptions require ratification from the Quality & Safety Committee

Section 4 – Financial & Insurance Information

Tax Clearance/Exemption	<i>Applicants must hold a current and valid Tax Clearance Certificate(s)/Tax Exemption Certificate from the Irish Revenue Commissioners</i>		
Tax Clearance	Registration number		<i>Attach copy of tax clearance certificate</i>
	Certificate number		
	Expiry date		
Tax Exemption	CHY Number (Revenue)		<i>Attach copy of tax exemption letter from Revenue</i>
	Date of issue		

Insurance	<i>Applicants must have in place/or have verifiable arrangements in place for the relevant insurances</i>	
Details of current and valid certificates of insurance	Clinical Negligence	<i>Attach copy of insurance certificate</i>
	Public & Employers Liability	<i>Attach copy of insurance certificate</i>
OR		
Cover note from the applicant's insurance company	Cover note confirming the applicant's insurance levels prior to commencement of operations	<i>Attach cover note confirming the applicant's insurance levels prior to commencement of operations</i>

Section 5 – Details of PHECC Registered Employees, Contractors and/or Volunteers

	Personnel Name	Privileged Status ³	Clinical Level	PHECC PIN Number	Current CPG Status ⁴	Date of Garda Vetting
1	<i>Last Name, First Name</i>					
2						
3						
4						
5						
6						
7						
8						
9						

³ Confirmation of privileged status by the organisations Medical Director

⁴ Confirmation of current CPG status

Section 6 – Locations & Facilities

Stations/Bases		If appropriate, please detail the proposed location of your services		
Base 1				
Address	Type of Service Provided	Max Vehicles on Duty (at any time)	Most senior clinical level of staff on roster	No of night vehicles on duty (if applicable)
Base 2				
Address	Type of Service Provided	Max Vehicles on Duty (at any time)	Most senior clinical level of staff on roster	No of night vehicles on duty (if applicable)
Base 3				
Address	Type of Service Provided	Max Vehicles on Duty (at any time)	Most senior clinical level of staff on roster	No of night vehicles on duty (if applicable)
Base 4				
Address	Type of Service Provided	Max Vehicles on Duty (at any time)	Most senior clinical level of staff on roster	No of night vehicles on duty (if applicable)

Section 7 – Meeting PHECC Standards & Requirements for New Applicants

Please complete each of the sections below to demonstrate how you will meet the applicable PHECC standards for new applicants as described in the PHECC Rules (POL003). Full details of all PHECC standards and requirements which will be assessed under the Governance Validation Framework is included in Appendix 1.

Theme 1	Person Centred Care & Support		
Standard	Requirement for New Applicants POL003	Evidence	
Standard 1.1 Patients have equitable access to health care services based on their assessed needs	<i>The Applicant has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve</i>	* Evidence of business model and an assessment of staffing levels and clinical competencies required to deliver planned service	<i>Attach business model</i>
Standard 1.5 Patients complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process	<i>The Applicant has systems, processes and procedures to ensure patient complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout the process</i>	* Policy for managing complaints regarding service delivery	<i>Attach complaints policy</i>
Theme 2	Effective Care & Support		
Standard	Requirement for New Applicants POL003	Evidence	
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved	<i>The Licensed CPG Provider undertakes an ongoing programme of clinical audit , as appropriate, which involves an appropriate combination of structure, process and outcome audits and implements the full audit cycle to support the quality improvement</i>	* Proposed clinical audit programme	<i>Attach proposed clinical audit programme</i>

Theme 3	Safe Care & Support		
Standard	Requirement for New Applicants POL003	Evidence	
Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services	<i>The medications and equipment for the administration of pre-hospital emergency care, available when providing a pre-hospital emergency care service in any setting, are appropriate to the clinical levels as outlined in the current PHECC Medications & Skills Matrix</i>	* Medicines & equipment management policies which detail how the medicines appropriate to the clinical level of recognition as specified in the PHECC Medications & Skills Matrix will be managed	<i>Attach medicines management policy & equipment management policies</i>
Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services	<i>The Applicant has a reliable system in place to prevent and protect patients and staff from healthcare associated infections</i>	* Infection prevention and control policy	<i>Attached infection prevention and control policy</i>
Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents	<i>The Applicant has structured incident reporting and investigation mechanisms which support and encourages volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events with open disclosure to patients when incidents occur which results in harm to them</i>	* Policy to detail how adverse incidents (including near misses and no harm events) will be managed, investigated and actioned	<i>Management of adverse incident policy</i>
Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse	<i>The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise</i>	* Providers have a safeguarding policy or procedure which is supported by staff training	* Child Safeguarding Statement * Child Protection Policy/procedure

Theme 4	Leadership, Governance & Management		
Standard	Requirement for New Applicants POL003	Evidence	
Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare	<i>The Applicant has a reporting and accountability structure for clinical governance</i>	* Identification of individual responsible for overall clinical governance in the organisation and accountability for clinical governance	<i>Attach details of individual responsible for overall clinical governance in the organisation, their job title & the organisational, clinical governance accountability structure</i>
Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation	<i>The Applicant has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care</i>	* Evidence of risk management approach to monitoring organisational compliance against relevant Irish and European legislation.	<i>Attach details of organisational risk management approach.</i>
Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	<i>The Applicant has a process in place to ensure the appropriate communication and adoption of new recommendations and guidance issued by the PHECC and other regulatory bodies</i>	* <i>Arrangements in place to review requirements, standards and safety alerts and comply with requirements where appropriate and circulate to staff</i>	<i>Attach details of the approach to review and disseminate to staff all requirements, standards and safety alerts</i>

Theme 5	Workforce		
Standard	Requirement for New Applicants POL003	Evidence	
Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors or employees) in delivering high quality, safe and reliable healthcare	The Applicant has a procedure for initiating and managing investigations when unacceptable variation in an individual practice is identified, or when concerns exist about the fitness to practice of an employee, contractor, or volunteer (health or competency) which acknowledges PHECC Fitness to Practice decision making (Practitioner level)	<p><i>* Procedure for initiating and managing investigations when unacceptable variation in an individual practice is identified or when concerns exist about the fitness to practice of an employee, contractor, or volunteer (health or competency).</i></p> <p><i>*The requirement to uphold the PHECC Fitness to Practice (Practitioner level) should be included in the policy</i></p>	<i>Attach policy for initiating and managing investigations when unacceptable variation in an individual practice</i>
Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high quality, safe and reliable healthcare	<i>The Applicant has processes in place to assure the English language competence of its practitioners (reading, writing, speaking and understanding), whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person</i>	<i>* Policy/procedure describing English language competency testing/assurance process</i>	<i>Attach English language competency policy</i>
Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high quality, safe and reliable healthcare	<p><i>The Applicant has;</i></p> <p><i>a. Privileged practitioners to administer specific medications and perform specific clinical interventions in keeping with their CPG status/ currency</i></p> <p><i>b. a record of the individual privileged status for each practitioner</i></p>	<p><i>*Process/procedure for pre-employment/pre-engagement checking of identity and registration for employees, contractors and/or volunteers</i></p> <p><i>* Process for assurance for registration renewals of employees, contractors and/or volunteers</i></p>	<i>Attach policy/procedure for pre-employment checks & renewal of registration</i>
Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high quality, safe and reliable healthcare	<p><i>The Applicant has in place a robust security clearance process for employees/ volunteers. In this regard, the Applicant must confirm that it is a requirement of its own internal policy that:</i></p> <ul style="list-style-type: none"> <i>- Security clearance is in place prior to any patient contact.</i> <i>- Security clearance must have a maximum lifespan of 6 years</i> 	<i>* Security/Vetting process in line with National Vetting Bureau (Children & Vulnerable Persons) Act 2012</i>	<i>Attach Vetting/Security Clearance policy</i>

	<i>(unless otherwise specified in the National Vetting Bureau [Children and Vulnerable Persons] Act 2012, regulations)</i>		
Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high quality, safe and reliable healthcare	<i>The Applicant provides or provides access to ongoing training to ensure, that practitioners' CPG skill levels are maintained commensurate with their current CPG privileged status</i>	<ul style="list-style-type: none"> * A process for the identification of training and development/continuous professional competency needs of staff. * A training and development plan for employees, contractors and/or volunteers is in place and details how the organisation will facilitate the appropriate implementation of the CPGs and other continuous professional competency requirements. * Policy to detail how employee, contractor or volunteer, clinical levels, privileging of CPGs and CPG updates certification is recorded and managed 	<i>Process for the identification of training and development/continuous professional competency needs of staff</i> <i>Attach training and development plan</i> <i>Attach training records management policy</i>
Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors or employees) in delivering high quality, safe and reliable healthcare	<i>The Applicant has in place appropriate arrangements for Critical Incident Stress Management (CISM) for its employees, contractors and/or volunteers</i>	<ul style="list-style-type: none"> * A Critical Incident Stress Management Programme is available and made accessible to staff 	<i>Attach Critical Incident Stress Management (CISM) policy which details how the process is managed and accessed within the organisation</i>

Theme 6	Workforce		
Standard	Requirement for New Applicants	Evidence	
Standard 6.1 Licensed CPG Providers have effective arrangements in place for information governance	<i>The Applicant has implemented PHECC's 'Clinical Record Management Guidelines' and will use all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times</i>	Policy to detail how clinical records are managed in accordance with PHECC current clinical records management policy	<i>Attach clinical records management policy</i>

Section 8 – Statutory Declaration –(FOR027-V4)

Statutory Declaration for approval as PHECC Licensed CPG Provider (1/4)

This Statutory Declaration is to be declared by a person duly authorised by the Applicant pre-hospital emergency care Provider.

I (Print Name of Declarant) _____ duly authorised on _____ (insert date)
On behalf of _____ (Print Name of Pre-Hospital Emergency Care Provider) 'The Applicant' _____ hereby confirm that:

1. The information on this form is true and that I have signed this form in my own handwriting, duly authorised to do so on behalf of the Applicant pre-hospital emergency care service provider.
2. The Applicant knows of no reason why the Pre-Hospital Emergency Care Council should not approve this application for the implementation of Clinical Practice Guidelines.
3. The Applicant acknowledges that approval for the implementation of current Clinical Practice Guidelines is at the discretion of the Pre-Hospital Emergency Care Council, in accordance with the current 'Council Rules for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs)'.
4. The Applicant hereby consents and gives authority to the Pre-Hospital Emergency Care Council to make any enquiry or enquiries with any body or person in pursuance of this application.
5. The Applicant is compliant with tax requirements of the Revenue Commissioners.
6. The Applicant has, and will maintain, current valid insurance policies including clinical negligence, employer and public liability.
7. All pre-hospital emergency care practitioners providing care on behalf of the organisation are current on the PHECC Register.
8. The Applicant has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.
9. The Applicant has systems, processes and procedures to ensure patient complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout the process.
10. The Applicant has developed a systematic programme of clinical audit in line with PHECC GVF requirements which will be used to monitor quality and outcomes and promote learning.

Statutory Declaration for approval as PHECC Licensed CPG Provider (2/4)

11. The medications and equipment for the administration of pre-hospital emergency care, available when providing a pre-hospital emergency care service in any setting are appropriate to the clinical levels as outlined in the current PHECC Medications & Skills Matrix.
12. The Applicant has a reliable system in place to prevent and protect patients and staff from healthcare-associated infections.
13. The Applicant has structured incident reporting and investigation mechanisms which support and encourages volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events with open disclosure to the patient when incidents occur which results in harm to them.
14. The Applicant has a reporting and accountability structure for clinical governance.
15. The Applicant has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.
16. The Applicant has a process in place to ensure the appropriate communication and adoption of new recommendations and guidance issues by PHECC and other regulatory bodies.
17. The Applicant has a procedure for initiating and managing investigations when unacceptable variation in an individuals' practice is identified, or when concerns exist about the fitness to practice of an employee, contractor, or volunteer (health or competency) which acknowledges PHECC Fitness to Practice decision-making (at Practitioner level).
18. The Applicant has processes in place to assure the English language competence (reading, writing, speaking and understanding), of its practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person.
19. The Applicant has Privileged practitioners to administer specific medications and **a)**, perform specific clinical interventions in keeping with their CPG status/currency and **b)**, record of the individual privileged status for each practitioner.
20. The Applicant has in place a robust security clearance process for employees, contractors, and/or volunteers. In this regard, the Applicant must confirm that it is a requirement of its own internal policy that:
 - Security clearance is in place prior to any patient contact.
 - Security clearance must have a maximum lifespan of 6 years (unless otherwise specified in the National Vetting Bureau [Children and Vulnerable Persons] Act 2012, regulations).
21. The Applicant provides or provides access to ongoing training to ensure that practitioners' CPG skill levels are maintained commensurate with their current CPG privileged status.
22. The Applicant has in place appropriate arrangements for Critical Incident Stress Management (CISM) for its employees, contractors, or volunteers.

Statutory Declaration for approval as PHECC Licensed CPG Provider (3/4)

23. The applicant has implemented the PHECC 'Clinical Records Management Guidelines' and will use all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times.
24. The Applicant's activities are overseen by a Medical Director who is registered with the Medical Council and who is based in this jurisdiction.
25. The Applicant has ensured that the persons acting on their behalf;
- At practitioner level:
 - only practice in accordance with their credentialed level on the PHECC Register and
 - only practice in accordance with their privileged status and
 - only practice in accordance with the CPG licensed status of the Applicant.

In addition, the applicant agrees to:

26. Comply with the PHECC's Governance Validation Framework.
27. Comply with any conditions attached to their recognition within any specified period of such condition and submit on request a progress report on the implementation of any conditions imposed at the time.
28. Implement the latest version of CPGs as soon as practically possible after CPG issue date and certainly no later than as outlined in Council Policy for implementation time frames for Clinical Practice Guidelines v2 (POL018).
29. Provide a Medical Directors Report to Council, prepared and signed by the Applicant's Medical Director in accordance with the Annual Medical Director (AMDR) Report Standard (LIS021) to Council.
30. Immediately notify the Council within defined time frames of any material changes to the organisation or structure of the Licensed CPG Provider and certain events in accordance with Licensed CPG Provider Notification Requirements (LIS020).

Statutory Declaration for approval as PHECC Licensed CPG Provider (4/4)

I _____, do solemnly and sincerely declare that: The information on this form is true and that I signed this form in my own handwriting, duly authorised to do so on behalf of the applicant pre-hospital emergency care service provider.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

(Signed) _____
Name

Declared before me by **Name** _____ who is personally known to me (*or* who is identified to me by **Name**. who is personally known to me) at:

Signed _____

Name

Notary public, commissioner for oaths, peace commissioner, person authorised by law to take and receive statutory declarations.

This day of ____/____/____ at in the County of _____

Section 9 – Checklist

Please confirm that the following information has been supplied as part of this application. If any of the information below has not been supplied incomplete forms will not be processed and your application cancelled. The incomplete application and your fee will be returned to you.

Section 1 – Organisational Details		
1.1 (if applicable)	Voluntary Group Statutory Declaration & evidence of annual turnover (<i>statement of accounts or letter of confirmation from accountants</i>)	
Section 2 – Key Personnel		
2.1	Roles & responsibilities of Medical Director	
2.2	Organisational chart	
Section 3 - Proposed Activities		
3.1	Report on the proposed mechanisms for transporting patients	
3.2	Safeguarding measures - Child Protection Policy & Procedures/Child Safeguarding Statement & Identification of executive with responsibility for safeguarding	
3.3	Report on CPGs where exemptions are sought and a rationale for each	
3.4	Student placement agreements (if applicable)	
3.5	Revenue Tax clearance certificate/Revenue tax exemption letter	
3.6	Certificate of insurance/cover note for Clinical Negligence	
3.7	Certificate of insurance/cover note Public/Employer Liability	
Section 7 – Meeting PHECC Standards & Requirements		
Theme 1	7.1	Business model
	7.2	Complaints policy
Theme 2	7.3	Clinical audit programme – Ref STN019
Theme 3	7.4	Medicines management policy & equipment management policies
	7.5	Infection prevention and control policy
	7.6	Management of adverse incident policy

Theme 4	7.7	Details of individual responsible for overall clinical governance in the organisation and the organisational clinical governance accountability structure	
	7.8	Details of organisational risk management approach	
	7.9	Details of approach to reviewing alerts and disseminate to staff	
Theme 5	7.10	Policy for initiating and managing investigations when unacceptable variation in an individual practice	
	7.11	English language competency policy	
	7.12	Policy/procedure for pre-employment checks & renewal of registration	
	7.13	Garda vetting/security clearance policy	
	7.14	Process for the identification of training and development/continuous professional competency (CPC) needs of staff	
	7.15	Training and development plan	
	7.16	Training records management policy	
	7.17	Critical incident stress management policy	
Theme 6	7.18	Clinical records management policy	
Section 8 – Statutory Declaration			
8.1	Signed and witnessed Statutory Declaration		

All documents listed above must be included for this application to be processed.

Council reserve the right to request information as supporting evidence as deemed necessary for this application. Council also reserve the right to make enquiries (with applicant organisation or specific individuals) in relation to this application.

Signed:	Title in Organisation:
Print Name:	Date:

Appendix 1 – PHECC Standards & Requirements for Licensed CPG Providers

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Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve
	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics
		1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment/and or transport
	Standard 1.3 Patients dignity, privacy and autonomy are respected and promoted	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients privacy, dignity and autonomy.
		1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture
	Standard 1.5 Patients complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process	1.5.1 Patients complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process
		1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern

Theme 2: Effective Care and Support	Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care
	Standard 2.2 Patients receive integrated care which is coordinated effectively within and between services	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients
	Standard 2.3 Healthcare is provided in a physical environment which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients	2.3.1 The Licenced CPG Provider has systems, processes and procedures in place to ensure the roadworthiness of their patient transport vehicles in line with legislation.
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved	2.4.1 The Licensed CPG Provider submits an Annual Medical Director report annually* which informs PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year)
		2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019) which is used to monitor quality and outcomes and promote learning

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections
		3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care
		3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms which support and encourages volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events
		3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no harm events) and complaints which have occurred locally, nationally or internationally with employees, contractors and/or volunteers
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise

Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance
		4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction who oversees the service
		4.1.3 The CPG Provider is compliant with taxation laws
		4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services	4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation and guidance issued by the PHECC and other regulatory bodies
		4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors or employees) to achieve the service objectives for high quality, safe and reliable healthcare	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high quality, safe and reliable healthcare	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. responder or practitioner levels
		5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees
		5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations
		5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high quality, safe and reliable healthcare	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services
		5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status
		5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable)
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors or employees) in delivering high quality, safe and reliable healthcare	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.
		5.4.2 The Licensed CPG Provider has a Fitness to Practice policy/procedure which makes reference to the PHECC Fitness to Practice processes
		5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.
		5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses & no harm events)
		5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in

Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for information governance	6.1.1 The Licensed CPG Provider has systems, processes and procedures in place to assure the full implementation of the information governance and effective management of healthcare records requirements as outlined in the PHECC Clinical Records Management Guidelines
		6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records