

Application format:

- This application form can be used to assist you to organise and submit the correct information. Alternatively the application may be typed but the checklist numbering must be used to present clear and sequential information.
- A hardcopy application must be submitted in an appropriate sized A4 2 Ring Binder. Please ensure the application is completed in full. Incomplete applications will be returned and cause unnecessary delays.
- Every application for recognition must include: a signed complete application form, including appendices, statutory declaration, remittance notice/payment and a cover letter (if relevant).

Application process:

1. The Applicant must complete the Statutory Declaration which is appended.
2. The Applicant must complete the Application Form and enclose all relevant supporting documentation. The Application Form should be accompanied by the appropriate fee as per the current Schedule of Fees.
3. A completed Statutory Declaration (stamped by a solicitor) and Application Form, together with supporting documentation and fees must be sent to the Council.
4. The Council reserves the right to request the Applicant to produce such further information and supporting documentation as it deems necessary in order to consider the application.
5. On receipt of the completed Statutory Declaration and Application Form, the Council will consider the application for approval to implement CPGs.

The outcome of the application process will be one of the following:

6. **Full recognition to implement CPGs** for a one year period. A renewal application is required on an annual basis.
7. **Conditional recognition to implement CPGs.** The pre-hospital emergency care service provider will be required to show evidence of compliance with the specified conditions within a specified time period. Failure to satisfactorily comply with these conditions will result in withdrawal of approval.
8. **Refusal**
The applicant fails to meet the criteria or provide sufficient evidence for the Council to have confidence in the applicant's ability to meet the criteria.

Appeals

An applicant has the right to appeal a decision to grant conditional recognition or to refuse to grant recognition to the PHECC Appeal Panel. The procedures of the Appeal Panel set out the manner in which such appeals are conducted. A copy of the procedures is available from the Council. **Note:** On receiving PHECC approval, details marked with an asterisk (*) will be shown on the PHECC website

Renewal Application Form Licensed Clinical Practice Guidelines (CPGs) Provider

General Information

1. Name: <i>*Full name/title of the Applicant pre-hospital emergency care service provider. The Applicant must state if it is trading under a different name.</i>	
2. Address: <i>The full postal address of the Applicant including Eircode.</i>	
3. Main Contact Details: <i>The name, job title and contact details, including direct telephone number and email address for the person with whom PHECC will communicate regarding this application.</i>	
Main Contact Name: *	
Main Contact Phone:	
E-mail:	
4. Medical Director Details: <i>Name of the Applicant's Medical Advisor/Director and their Medical Council Registration Number. The Applicant must also provide a description of the role and responsibilities of the Medical Advisor/Director in addition to contact details for the Advisor/Director</i>	
Name of Medical Director: *	Medical Council Registration No:
Medical Director Phone:	Medical Director contact E-mail:
Description of roles and responsibilities	Supporting documentation included

Governance Information

5. Report: Annual Medical Advisor/Director <i>An Annual Medical Advisor/ Director's report from the previous calendar year signed by the Medical Director/Advisor. The report must contain at minimum the details outlined by PHECC in the Medical Director's Report requirements.</i>	Supporting documentation included
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Clinical and Training Information

6. Report: CPG Upskilling (current edition) <i>A report of the proportionate list of employees and volunteers upskilled to the current edition of CPGs.</i>	Supporting documentation included
7. CPG Usage <i>Details on the circumstances and or situations your organisation will use CPGs.</i>	Supporting documentation included
8. List of Clinical Levels for approval: * <i>Clearly state the clinical level for which the Applicant is seeking approval.</i>	
9. Exemptions Sought <i>Outline exemptions sought (if any) and the rationale for each exemption. Council reserves the right to reject exemption requests.</i>	Supporting documentation included

Payment

10. Fee <i>(paid/enclosed as per current Schedule of Fees)</i>	Remittance Notice completed
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Also include documentation on any significant changes or policy changes from previous application that are relevant to your approval status (see + on Council Rules POI003). All information submitted will be considered and Council reserves the right to make enquiries (with the applicant organisation or specific individuals) in relation to the application.

Following approval, details marked with an asterisk (*) will be shown on the PHECC website

Signed:	Organisation Title:
Printed Name:	Date:

Statutory Declaration on behalf of pre-hospital emergency care service provider applying for approval for the implementation of Clinical Practice Guidelines (CPGs) FOR027 – V2 July 2015

Appended to POL003 Council Rules for pre-hospital emergency care service providers who apply for approval for implementation of Clinical Practice Guidelines (CPGs)

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

I, _____ [PRINT NAME OF DECLARANT], duly authorised on behalf of _____ [PRINT NAME OF PRE-HOSPITAL EMERGENCY CARE SERVICE PROVIDER] hereby declare that:

- A. 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.
- B. 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.
- C. 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 approval for implementation of Clinical Practice Guidelines (CPGs)”
- D. 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.
- E. The Applicant is compliant with tax requirements of the Revenue Commissioners.
- F. The Applicant has current valid insurance policies including clinical negligence, employer and public liability.
- G. All pre-hospital emergency care practitioners providing care on behalf of the organisation are current on the PHECC Register.
- H. The Applicant is compliant with all relevant laws and regulations, including the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- I. The Applicant has in place a robust security clearance process for employees/ volunteers. In this regard, the Applicant has a requirement in its own internal policy that :
 - (i) Security Clearance is in place prior to any patient contact.
 - (ii) 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).
- J. The Applicant has an English language competence policy to ensure its responders’ and practitioners’, employed or volunteering whose first language is not English, have appropriate English competency to carry out the clinical/professional activities by that person.
- K. The Applicant provides or provides access to on-going training to ensure, that responders and practitioners’ CPG skill levels are maintained commensurate with their current CPG privileged status.
- L. The Applicant shall ensure that the latest version of GPGs shall be implemented as soon as practically possible after issue and certainly no later than as outlined in Council Policy for CPG implementation timeframes.

- M. The Applicant has medications and equipment for the administration of pre-hospital emergency care, available when providing a pre-hospital emergency care service in a vehicle, an aircraft, maritime craft or a first aid/medical post, which are appropriate to the clinical levels as outlined in the current PHECC Medications & Skills matrix.mn
- N. The Applicant has a 'near miss and adverse incident' reporting policy with an open disclosure, and non-punitive reporting process.
- O. The Applicant has a fitness to practice findings policy for employees/volunteers at practitioner level in place. The Applicant confirms that decisions issued by the FTPC of PHECC will be recognised and that the organisation will take appropriate action to protect the public. The Applicant has a requirement to have an internal complaints handling process.
- P. The Applicant has in place appropriate arrangements for Critical Incident Stress Management (CISM) for its employees/ volunteers.
- Q. The Applicant has implemented PHECC's current 'Clinical Record Management Guidelines'. The Applicant uses all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all time.
- R. The Applicant has :
- (i) Privileged responders/ practitioners to administer specific medications and perform specific clinical interventions in keeping with their CPG status/ currency.
 - (ii) a record of the individual privilege status for each responder/practitioner.
- S. The Applicant has ensured that the persons acting on their behalf ;
- (i) At responder level: only use CPGs appropriate to the individual's PHECC certification and privileged status
 - (ii) 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.
- T. The Applicant's activities are overseen by a Medical Advisor/Director who is registered with the Medical Council and who is based in this jurisdiction.
- U. The Applicant agrees to provide an annual CPG Report, prepared and signed by the Applicant's Medical Advisor/Director, to the Council in accordance with the current PHECC Clinical Audit Standard and Medical Director's Report requirements.
- V. The Applicant agrees to comply with the PHECC's Governance Validation Framework.
- W. The Applicant agrees to inform PHECC in writing immediately of any material changes to the organisation or structure of the licensed CPG provider including changes of contact person, Medical Advisor/Director and use of CPGs.
- X. The Applicant agrees to carry out three clinical audits annually, one of which must be a process audit to the PHECC clinical audit standard.
- Y. The Applicant agrees to comply with any conditions attached to their approval within any specified period of such conditions and submit on request a progress report on the implementation of any conditions imposed at the time of initial approval.

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.

DECLARED by the said _____
Signature of authorised person on behalf of the organisation

Before me a Commissioner for Oaths/Practising Solicitor _____

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

and I know the Declarant / the Declarant is identified to me by _____ who is personally known to me.

COMMISSIONER FOR OATHS/ PRACTISING SOLICITOR

