



Strategic Plan 2011-2014

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Pre-Hospital Emergency Care Council

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Our Mission

The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland.

Our Vision

That people in Ireland receive the most appropriate pre-hospital emergency care.

Chairman's Introduction

The Government announced a major programme of state agency rationalisation in October 2008. As part of this plan, it was envisaged that PHECC would be fully integrated into the Health and Social Care Professionals Council (HSCPC) by 2011.

Following detailed consideration of the issues involved, the Department of Health and Children, informed me in December 2010, as Chair of Council, that the 'Minister has decided that PHECC should continue to operate in its present form for a further period.' In light of the other commitments which the HSCPC is currently engaged in the Minister 'considers that the best approach will be to review the [integration] situation again in three years' time with the aim of preparing the appropriate legislation to integrate PHECC into the HSCPC after that stage.'

On behalf of Council I welcome this clarification and look forward to our continued provision of a quality pre-hospital emergency care guidance and regulation service to the public, community members and practitioners alike. In this context Council is publishing this Strategic Plan for the period 2011-2014.

I was appointed Chair in June 2008 to what is essentially the second Council since PHECC was established in 2000. I pay tribute to the hard work of the first Council chaired by Paul Robinson, and its supporting Committees.

My appreciation goes out to the members of Council and the various Committees, the Director and all the PHECC team for their enthusiasm and efforts and to the Department of Health and Children for their continued support and funding. In particular I wish to acknowledge the overwhelming support given to PHECC by ambulance service management, by the emerging profession of pre-hospital emergency care practitioners, by the unions as well as by the private, voluntary and auxiliary sectors.

We look forward to a further three years of working together guided by this comprehensive Strategic Plan which sets out the parameters within which Council's work will be carried forward.

Tom Mooney, Chair
August, 2011



Our Objectives

Council Functions

- To ensure pre-hospital emergency care responders and practitioners achieve and maintain competency at the appropriate performance standard.
- To ensure training institutions and course content in First Response and Emergency Medical Technology reflect contemporary best practice.
- To sponsor and promote the implementation of best practice guidelines in pre-hospital emergency care.
- To source, sponsor and promote relevant research to guide Council directions and the development of pre-hospital emergency care.
- To recommend other pre-hospital emergency care standards as appropriate.

Council Governance

- To ensure that Council is governed in a best practice framework.
- To ensure that Council, its functions and processes remain current and relevant to the development of contemporary pre-hospital emergency care.

Administrative Support

- To maintain appropriate administration and information systems to provide a professional level of support for Council functions.
- To ensure a highly professional and efficient workforce.
- To maintain an adequate level of funding to meet current and future requirements.

Our Achievements 2000-2011

These achievements form the backdrop against which our Strategic Plan 2011-2014 has been developed.

- Medication Regulations amended (2005) to include ambulance personnel for the first time.
- The first Advanced Paramedics (APs) in Ireland graduated (2005); there are now over 250 practitioners registered at AP level (2011). PHECC sets the standard and approves, evaluates and funds the AP course.
- The sixth statutory health professional register commenced (2006); there are now over 3500 pre-hospital emergency care registrants (2011).
- EU Competent Authority status achieved (2008).
- Education and Training Standards implemented (2007) at six levels across the broad range of responders (Cardiac First Response, Occupational First Aid, Emergency First Response) and registered practitioners (Emergency Medical Technician, Paramedic, Advanced Paramedic).
- CFR Standard incorporated into the HSA OFA Certificate (2007).
- Over 40 institutions (statutory, auxiliary, private and voluntary) are approved to provide PHECC-recognised education and training at the six levels (2011).

- National examinations (NQEMT) conducted for practitioners since 2002 (Paramedic 2002, Advanced Paramedic 2005, EMT 2008) and at all responder levels since 2008.
- EMS (Emergency Medical System) Call-Taker and Dispatcher Standard currently being implemented (2011).
- Clinical Practice Guidelines (CPGs) developed to guide practice at all six levels of practitioner and responder; more than 250 are currently in use (3rd Edition, 2009).
- Paramedic upskilling to 3rd Edition CPGs available online (2010).
- Over 20 statutory, auxiliary, private and voluntary organisations are approved to implement the CPG's (2011).
- The national project, Medical Emergency Responders Integration & Training (MERIT), has been rolled out by University College Dublin (UCD) to facilitate appropriate roles for General Practitioners in pre-hospital care, in collaboration with Ambulance Services. CPGs have been incorporated into cardiac and trauma care courses for medical practitioners. As of June 2011 over half (450) of general practices in Ireland have been trained and equipped with defibrillators.
- Optimal deployment of emergency ambulances, practitioners and responders, as well as interfacility transfer of patients are critical success factors for access to quality acute services, and are being facilitated by the following PHECC-approved standards:
 - o *Driving Standards (Emergency and Non-Emergency) (2007)*
 - o *Emergency Ambulance Standard (2008)*
 - o *EMS Priority Dispatch Standard (2009)*
 - o *Inter-Facility Transfer Standard (2009).*
- First inspections of CPG-approved ambulance services conducted (2010).
- Patient Care Report (PCR) implemented nationally with supporting standards, data set and definitions. A national electronic Patient Care Report (ePCR) deployed in the HSE North East Area and in Dublin (Dublin Fire Brigade) with plans for national implementation. Cardiac First Response Report (CFRR), Ambulatory Care Report (ACR) and Patient Transport Report (PTR) developed and implemented.
- The Out-of-Hospital Cardiac Arrest Register (OHCAR) established in association with the HSE and the University of Galway has produced the first Irish, high quality, internationally comparable data. Findings include a survival rate of approximately 7%. This far exceeds the oft-quoted anecdotal survival rate of 1%. The data also highlights the need to train community members in CPR and to train first- and co-responders, including General Practitioners, in defibrillation.
- First Responder Guide (HSE, PHECC and IHF) published, Defibrillator Standards (UCD, PHECC) published, National AED signage approved (2008).
- Citizen CPR Campaign (2010) wins several awards.
- First Responders included in HIQA Pre-Hospital Emergency Response Standards and KPIs (2011).
- A Critical Incident Stress Management (CISM) research project established in association with the HSE, the National Partnership Forum and NUI Maynooth. As a result CISM has been incorporated into Education and Training Standards and CPGs.
- A pre-hospital research centre established in conjunction with the University of Limerick has produced the first ever national pre-hospital research strategy.

Our Future: Strategic Plan 2011-2014

Council Functions Objective 1

To ensure pre-hospital emergency care responders and practitioners achieve and maintain competency at the appropriate performance standard.

Strategies

1. Maintain and implement National Examinations at the levels of:
 - o *Cardiac First Responder*
 - o *Emergency First Responder*
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic.*
2. Maintain and implement a process for recognition of qualifications obtained inside and outside the State at the levels of:
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic.*
3. Maintain a statutory Register of Pre-Hospital Emergency Care practitioners with three divisions:
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic.*
4. Promote the essential requirement to be on the Register to practice in pre-hospital emergency care in Ireland.
5. Maintain a Fitness to Practice Committee to support the Register.
6. Develop and implement a continuing professional competency framework to support all levels on the Register.
7. Develop and implement cross border working arrangements in consultation with the HSE and Northern Ireland Ambulance Service to facilitate appropriate cross border practice in emergency and planned care.
8. Promote the merit and explore the feasibility, of awarding a National Qualification in Emergency Medical Technology to medical practitioners.
9. Review proprietary courses of a national standard that are relevant to pre-hospital emergency care and incorporate them as appropriate in the Continuing Professional Competency process.
10. Develop and implement a practice framework that incorporates
 - o *credentialing*
 - o *licencing*
 - o *privileging*of pre-hospital emergency care practitioners.

Council Functions – Objective 2

To ensure training institutions and course content in First Response and Emergency Medical Technology reflect contemporary best practice.

Strategies

1. Implement, develop and enhance the published standards for education and training in First Response and Emergency Medical Technology at the levels of:
 - o *Cardiac First Responder*
 - o *Emergency First Responder*
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic.*
2. Develop and implement other standards as appropriate for education and training in First Response and Emergency Medical Technology.
3. Implement, develop and enhance the published standards for the education and training of EMS Call Takers and EMS Dispatchers.
4. Implement and maintain a rigorous accreditation process for the recognition of instructors / tutors and training institutions, and the approval of course content in relation to the current standards.
5. Develop and implement comprehensive inspection regimes for Recognised Institutions (RIs) in conjunction with the implementation of the current Education and Training standards.
6. Maintain the alignment of the standards with the Occupational First Aid Certificate, which is a standard auspiced by the Health and Safety Authority (HSA).
7. Align the standards as appropriate to the National Framework of Qualifications of the National Qualifications Authority of Ireland (NQAI).
8. Ensure congruence with EU Directives and fulfil the duties and responsibilities of Council as the designated Competent Authority.
9. Pursue recognition of the National Examination and the National Qualification in Emergency Medical Technology in other jurisdictions at the levels of:
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic.*
10. Promote and support the development of innovative approaches to education and training in First Response and Emergency Medical Technology.

Council Functions Objective 3

To sponsor and promote the implementation of best practice guidelines in pre-hospital emergency care.

Strategies

1. Develop and implement Clinical Practice Guidelines (CPGs) to support practice at the levels of:
 - o *Cardiac First Responder*
 - o *Occupational First Aider*
 - o *Emergency First Responder*
 - o *Emergency Medical Technician*
 - o *Paramedic*
 - o *Advanced Paramedic*
 - o *Medical Practitioner.*
2. Develop and evaluate "treat and referral" CPGs as appropriate for implementation by practitioners.
3. Develop and incorporate equipment recommendations in the CPGs as appropriate.
4. Continue to refine and develop the approval process for the implementation of CPGs by pre-hospital emergency care providers.
5. Develop and implement comprehensive inspection regimes for CPG-Approved organisations in conjunction with the implementation of the current CPGs.
6. Periodically review the regulations and schedules that apply to the administration of medications and recommend amendments as required to authorise appropriate administration by members of the PHECC Register.
7. Develop and implement pre-arrival advice guidelines for the use of ambulance services, afterhours general practitioner co-operatives and other agencies as appropriate.
8. Support the implementation of priority dispatch systems and make recommendations as required, to include:
 - o *EMS Priority Dispatch Standard*
 - o *Inter-Facility Patient Transfer Standard.*
9. Develop and implement best practice First Responder and Co-Responder models in conjunction with the HSE and other organisations as appropriate.
10. Develop and evaluate potential new roles for the ongoing development of advanced paramedic practice to include:
 - o *Community Practitioners*
 - o *Physicians Assistants in EDs*
 - o *Critical Care retrievals /transfers.*

Council Functions Objective 4

To source, sponsor and promote relevant research to guide Council directions and the development of pre-hospital emergency care.

Strategies


1. Commission the Centre for Prehospital Research to deliver on PHECC research priorities consistent with the Pre-Hospital Research Strategy.
2. Examine the requirement for Ireland to become a member of the European Resuscitation Council.
3. Develop and support the national implementation of an EMS information/report suite:
 - o *Electronic Patient Care Report (ePCR)*
 - o *Cardiac First Response Report (CFRR)*
 - o *Patient Transport Report (PTR)*
 - o *Ambulatory Care Report (ACR).*
4. Sponsor the development and implementation of clinical audit tools and a clinical audit framework which exploits the available EMS information suite for implementation by pre-hospital emergency care practitioners and providers.
5. Promote the integration of the Out-of-Hospital Cardiac Arrest Register (OHCAR) into the National Ambulance Service as a platform for developing clinical audit.
6. Promote the integration of the Critical Incident Stress Management (CISM) research project into the National Ambulance Service.
7. Investigate and develop appropriate roles for GPs and GP co-operatives in pre-hospital emergency care and appropriate roles for other health professionals and community responders as part of an integrated approach.

Council Functions Objective 5

To recommend other pre-hospital emergency care standards as appropriate.

Strategies

1. Develop and promote EMS response standards and performance indicators that incorporate clinical need parameters, appropriate to Ireland.
2. Prioritise the development of
 - o *Equipment and Vehicle Standards for Ambulance Services providers*
 - o *Public Events EMS Standards*
 - o *Standards for Interhospital Retrieval/Transfer*
3. Develop and enhance the published standards for driving training.



Council Governance Objective 1

To ensure that Council is governed in a best practice framework.

Strategies

1. Comply as appropriate with the Code of Practice for Governance of State Bodies and other guidelines as issued by the Department of Finance, Department of Health and Children (DoHC) and other relevant bodies.
2. Maintain and continue the consolidated role of the Audit Committee to incorporate a risk management function including health and safety matters.

Council Governance Objective 2

To ensure that Council, its functions and processes remain current and relevant to the development of contemporary pre-hospital emergency care.

Strategies

1. Periodically review the Statutory Instruments and make recommendations as appropriate.
2. Explore the feasibility of seeking primary legislation in the medium term.
3. Review the membership of Council on an ongoing basis and make recommendations as appropriate in regard to the medium and longer term.
4. Maintain ongoing review of the membership and terms of reference of Council's Committees and Working Groups.
5. Develop and maintain a strategic and effective working relationship with the Department of Health and Children and other state agencies as appropriate.
6. Develop and maintain a strategic and effective working relationships with the HSE, the National Ambulance Service and Dublin Fire Brigade.
7. Develop and maintain strategic and effective working relationships with private ambulance service providers.
8. Develop and maintain strategic and effective working relationships with voluntary, auxiliary and community organisations relevant to pre hospital emergency care.
9. Develop and implement communications and consultation strategies with key partners within the health industry and broader community.
10. Develop and exploit a communications strategy to inform the public on matters relating to the functions of Council.

Administrative Support Objective 1

To maintain appropriate administration and information systems to provide a professional level of support for Council functions.

Strategies

1. Maintain the ISO Quality Management System certification to standard so as to ensure continuous quality improvement in all areas of Council support.
2. Exploit appropriate information and communication technology to maximise benefit in support of Council functions.
3. Promote an appropriate environment within the PHECC office, which fully exploits the intellectual capital of the staff within the organisation.
4. Devolve appropriate authorities and responsibilities to staff at all levels within the office consistent with clearly defined guidelines and delegations.
5. Develop partnerships with key agencies to facilitate smarter working in the implementation of Council functions.

Administrative Support Objective 2

To ensure a highly professional and efficient workforce.

Strategies

1. Ensure staffing levels and skills base meet current and developing office requirements.
2. Implement effective Human Resource Management strategies (recruitment, orientation, performance appraisal, exit interviews etc) to meet statutory and personnel requirements.
3. Provide staff development and training opportunities to meet current and future job requirements.
4. Develop internal communications and maintain a productive work environment that enables employees to maximise their contribution to, and satisfaction from, their role in the organisation.

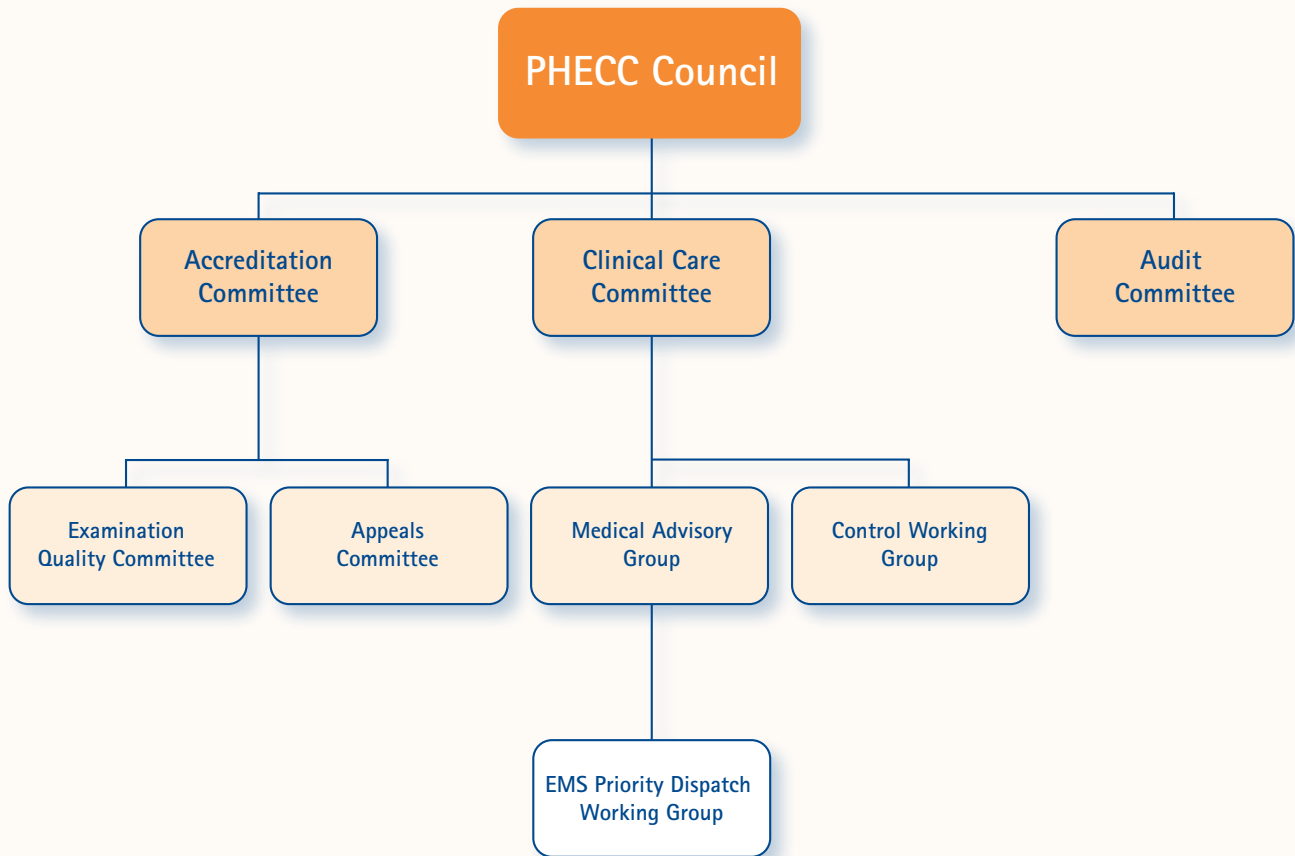
Administrative Support Objective 3

To maintain an adequate level of funding to meet current and future requirements.

Strategies

1. Develop and maintain a strategic and effective working relationship with the Department of Health and Children.
2. Progressively introduce charging of fees for services provided to individuals and institutions, where appropriate.
3. Explore opportunities for obtaining funds for specific purposes from other sources.

Council and Committee Structure



Current Council

Council Membership consists of not more than seventeen persons. Members are appointed by the Minister for Health & Children.



CHAIR – *Mr Tom Mooney*
Healthcare Management
Consultant



VICE CHAIR – *Ms Valerie Small*
Advanced Nurse Practitioner



Mr Michael Brennan
Public Representative



Ms Maureen Cronin
Assistant National
Director, Finance, HSE



Mr Michael Dineen
Chairperson, Association
of Ambulance Personnel



Mr Conor Egleston
Consultant, Emergency
Medicine



Ms Patricia FitzPatrick
DFB-RCSI



Dr Zelig Gaffney
Medical Practitioner



Mr Michael Garry
Consultant, Emergency
Medical Systems



Mr Macartan Hughes
Head of Education &
Competence Assurance,
NASC



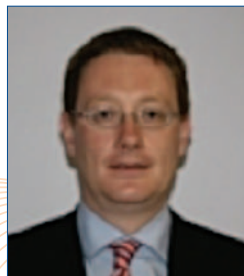
Ms Mary McClelland
Occupational Health
Advisor



Mr Robert Morton
Director, National
Ambulance Service



Mr Barry O'Brien
Assistant National
Director, HR, HSE



Dr Cathal O'Donnell
Medical Director,
National Ambulance
Service



Mr Frank O'Malley
Paramedic, Retired



Mr Tom Tinnelly
Paramedic, HSE



Mr Gerry Tuohy
Paramedic, HSE

Council Membership

Extract from Statutory Instrument – S.I. No. 109 of 2000

Article 5.1

The Membership of the Council shall consist of not more than seventeen persons who shall be appointed by the Minister as follows:

- (a) one shall be a person appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians:
 - o *Mr Michael Dineen, Chairperson, Association of Ambulance Personnel*
- (b) three shall be persons appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians:
 - o *Mr Frank O' Malley, Paramedic, Retired*
 - o *Mr Tom Tinnelly, Paramedic, HSE*
 - o *Mr Gerry Tuohy, Paramedic, HSE*
- (c) two shall be persons appointed from recognised institutions on the nomination of the heads of those institutions:
 - o *Ms Patricia FitzPatrick, DFB/RCSI*
 - o *Mr Macartan Hughes, Head of Education & Competence Assurance, NASC*
- (d) three shall be persons representative of the management of health boards:
 - o *Mr Robert Morton, Director, National Ambulance Service*
 - o *Ms Maureen Cronin, Assistant National Director, Finance, HSE*
 - o *Mr Barry O' Brien, Assistant National Director, HR, HSE*
- (e) three shall be registered medical practitioners with an interest and expertise in pre-hospital emergency care:
 - o *Dr Conor Egleston, Consultant, Emergency Medicine*
 - o *Dr Cathal O' Donnell, Medical Director, National Ambulance Service*
 - o *Dr Zelig Gaffney, Medical Practitioner*
- (f) one shall be a registered nurse with an interest and expertise in pre-hospital emergency care:
 - o *Ms Valerie Small, Vice Chair, Advanced Nurse Practitioner*
- (g) one shall be a person representative of the interests of the general public:
 - o *Mr Michael Brennan, Public Representative*
- (h) three shall be persons with a special interest or expertise in pre-hospital emergency care:
 - o *Mr Tom Mooney (Chair), Healthcare Management Consultant*
 - o *Mr Michael Garry, Consultant, Emergency Medical Systems*
 - o *Ms Mary Mc Clelland, Occupational Health Advisor*

Audit Committee

Terms of Reference

- To examine the adequacy of the nature, extent and effectiveness of the accounting and internal control systems.
- To complement, enhance and support the internal audit function.
- To comment on the resources available to internal audit.
- To engage with the Comptroller & Auditor General.
- To monitor and report on any governance or risk issues.
- To observe and report on health and safety matters.
- To annually affirm the status and integrity of internal audit and internal control systems to Council.
- To meet not less than two times a year.
- The Committee shall not have any executive decision making powers or supervisory functions.

Membership

Council appoints the five-member Audit Committee: Three members holding membership for three years, and two members holding membership for one year.

One external member who is qualified in accounting and auditing, who will Chair the Committee's meetings

- o *Mr Con Foley, Accountant*

A finance specialist from a Health Board (or similar)

- o *Mr Dermot Magan, Finance Specialist*

A member of the Council

- o *Mr Michael Garry*

A management representative member from Council on a rotating basis

- o *Mr Barry O'Brien*

A staff member of PHECC on a rotating basis

- o *Ms Jacqueline Egan*

Accreditation Committee

Terms of Reference

- To make recommendations on the
 - o *establishment and maintenance of the PHECC Register*
 - o *establishment and maintenance of the NQEMT examinations*
 - o *assessment of equivalence of professional qualifications in pre-hospital care obtained inside and outside the state*
 - o *recognition of training institutions for the education and training of pre-hospital emergency care responders and practitioners*
 - o *approval of the content of education and training courses run by recognised training institutions*
 - o *approval of pre-hospital emergency care service providers for the implementation of CPGs*
- To assess annually the suitability of the education and training in pre-hospital emergency care being provided by an institution recognised by the Council for that purpose
- To make recommendations, not less than once in every three years, on the standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care
- To establish and maintain the Terms of Reference and membership of its sub-committees
 - o *Examination Quality Committee*
 - o *Appeals Sub Committee*

Membership

Membership of the Accreditation Committee is approved to reflect its role as an expert group and, where the membership is generic as in representing a position or an organisation, Council need not individually approve membership changes.

1. A representative of consumers
 - o *Mr Stephen McMahon, Irish Patients Association*
2. A representative from a non-government organisation (NGO) with a community focus
 - o *Ms Sarah Cain, Irish Heart Foundation*
3. Training representatives from each of the Recognised Institutions accredited by PHECC (generic)
 - o *Mr Macartan Hughes, Head of Education & Competence Assurance, NASC*
 - o *Mr Terry Kearney, DFB-RCSI*
4. A representative from the Northern Ireland Ambulance Service analogous to (3) (generic)
 - o *Mr Paul Meehan, Regional Training Officer, NIAS*
5. An invited expert in education and training, nursing
 - o *Ms Ursula Byrne, An Bord Altranais*
6. An invited expert in education and training, medical
 - o *Prof Paul Finucane, University of Limerick*

7. An invited expert in adult education
 - o *Ms Mary Ryan, University of Maynooth*
8. Advanced Paramedics/Paramedics x 3 (from Council)
 - o *Mr Gerry Tuohy*
 - o *Mr Michael Dineen*
 - o *Mr Frank O'Malley*
9. The Chairs of both the Clinical Care Committee and the Medical Advisory Group (generic)
 - o *Mr Frank O'Malley, Chair CCC*
 - o *Dr Zelig Gaffney, Chair MAG*
10. The Chair and Vice Chair of Council (generic)
 - o *Mr Tom Mooney*
 - o *Ms Valerie Small*
11. A management representative and registered nurse from Council where not already a member by way of 1-9 above
 - o *Mr Barry O'Brien*
 - o *Ms Valerie Small*
12. Other
 - o *Ms Patricia FitzPatrick, Council*

With a Member of Council as Chair (by election).
Mr Michael Garry

Clinical Care Committee

Terms of Reference

To consider and advise on operational aspects of clinical care matters for/under consideration by MAG, the Accreditation Committee and Council.

Membership

Membership of the Clinical Care Committee is approved to reflect its role as an industry group and, where the membership is generic as in representing a position or an organisation, Council need not individually approve membership changes.

1. A representative of consumers
 - o *Mr Terry Moran, Patient Focus*
2. A representative from a non-government organisation (NGO) with a community focus
 - o *Ms Brigid Sinnott, Irish Heart Foundation*
3. A representative of HSE Ambulance Service (generic)
 - o *Mr Pat Grant, Fleet Logistics & Support Manager, HSE*

- 
4. A representative of Dublin Fire Brigade (generic)
 - o *Mr Shay Power, DFB*
 5. Advanced Paramedics/Paramedics x 3 (from Council)
 - o *Mr Frank O' Malley*
 - o *Mr Tom Tinnelly*
 - o *Mr Michael Dineen*
 6. The Chairs of both the Accreditation Committee and the Medical Advisory Group (generic)
 - o *Mr Michael Garry, Chair AC*
 - o *Dr Zelig Gaffney, Chair MAG*
 7. The Chair and Vice Chair of Council (generic)
 - o *Mr Tom Mooney*
 - o *Ms Valerie Small*
 8. Other
 - o *Ms Mary McClelland, Council*

With an Advanced Paramedic/Paramedic member of Council as Chair (by election)
Mr. Frank O' Malley

Medical Advisory Group (MAG)

Terms of Reference

To consider medical matters as referred to it by Council, the Clinical Care or Accreditation Committees or the PHECC office, and to report to Council through the Clinical Care Committee. The Medical Advisory Group is a Sub Committee of the Clinical Care Committee.

Membership

Membership of the Medical Advisory Group is approved to reflect its role as an expert group and, where the membership is generic as in representing a position or an organisation, Council need not individually approve membership changes.

1. The Medical Advisor of each Ambulance Service and Training Institution (generic)
 - o *Mr Mark Doyle, Deputy Medical Director, NAS*
 - o *Prof Stephen Cusack, Area Medical Advisor, NAS South*
 - o *Mr Conor Egleston, Consultant, Emergency Medicine*
 - o *Dr John O'Donnell, Area Medical Advisor, NAS West*
 - o *Dr Peter O'Connor, DFB*
 - o *Dr David Menzies, NASC/UCD*
 - o *Dr Sean O'Rourke, Area Medical Advisor, NAS North Leinster*
 - o *Dr Cathal O'Donnell, Medical Director, NAS*

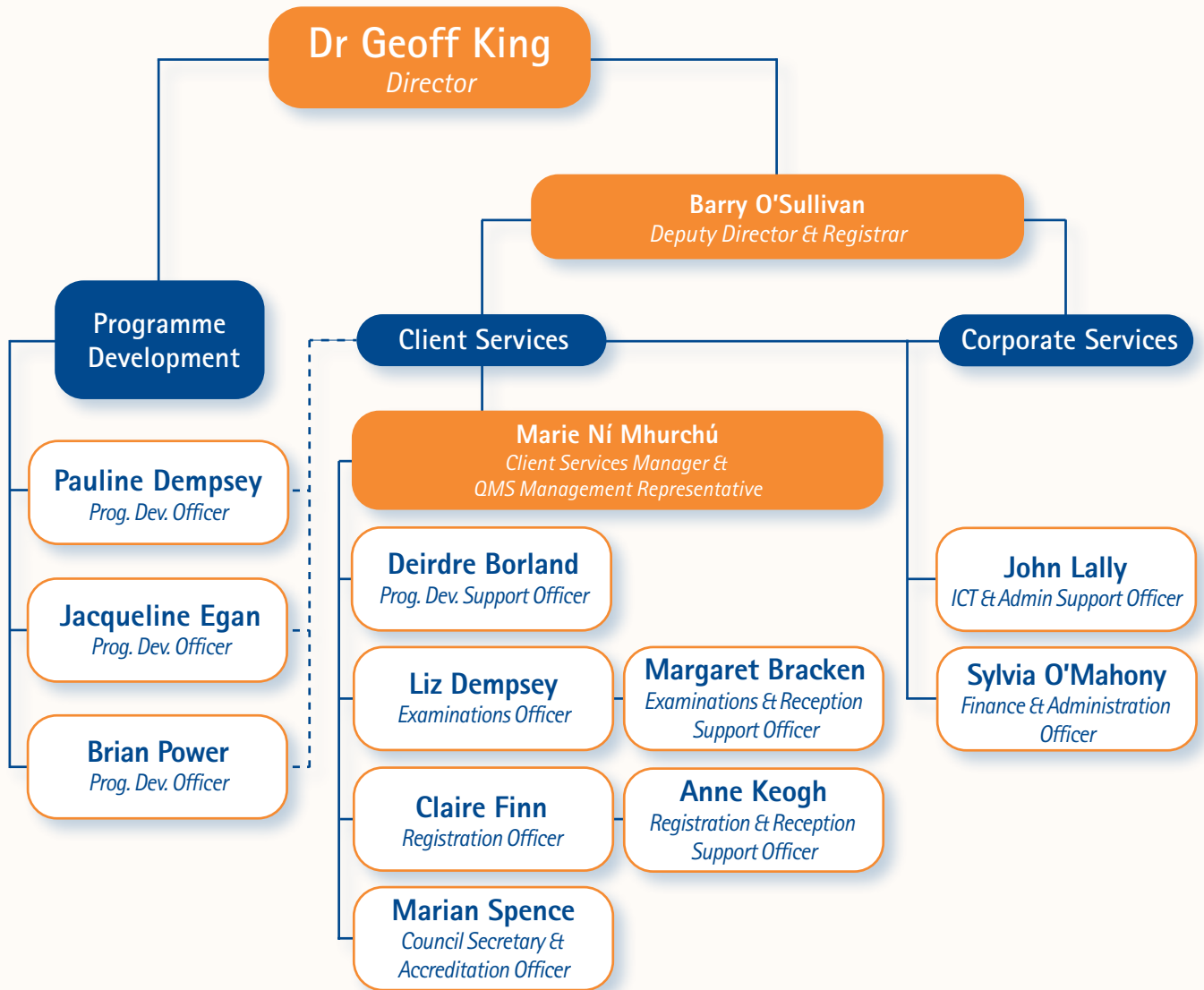
2. A representative from each of the Training Institutions recognised by PHECC (generic)
 - o *Mr Macartan Hughes, NASC/UCD*
 - o *Mr Martin O'Reilly, DFB/RCSI*
3. Two representatives from Northern Ireland Ambulance Service analogous to (1) & (2) (generic)
 - o *Mr Paul Meehan, Regional Training Officer, NIAS*
 - o *Dr David McManus, Medical Director, NIAS*
4. Four Advanced Paramedic/Paramedic representatives from Ambulance Services recognised by PHECC (generic)
 - o *Mr Paul Lambert, DFB*
 - o *Mr Lawrence Kenna, NAS*
 - o *Mr Brendan Whelan, NAS*
 - o *Mr Declan Lonergan, NAS*
5. The Chairs of both the Clinical Care and Accreditation Committees (generic)
 - o *Mr Michael Garry, Chair AC*
 - o *Mr Frank O'Malley, Chair CCC*
6. The Chair and Vice Chair of Council (generic)
 - o *Mr Tom Mooney*
 - o *Ms Valerie Small*
7. One each of (where not already a member by way of (1) to (6))
 - o *General Practitioner(s) – Dr. Zelig Gaffney*
 - *Prof Gerry Bury, UCD*
 - *Dr David Janes, General Practitioner*
 - o *Paediatrician – Dr Sean Walsh, Consultant Paediatric Emergency Medicine*
 - o *Obstetrician (TBA)*
 - o *Anaesthetist (TBA)*
 - o *Registered Nurse – (Ms Valerie Small)*
8. Other
 - o *Dr Niamh Collins, Consultant, Emergency Medicine*

With a member of Council as Chair (by election)

Dr Zelig Gaffney

Our Team

Organisation Chart, August 2011



Our Mission: The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland

August 2011



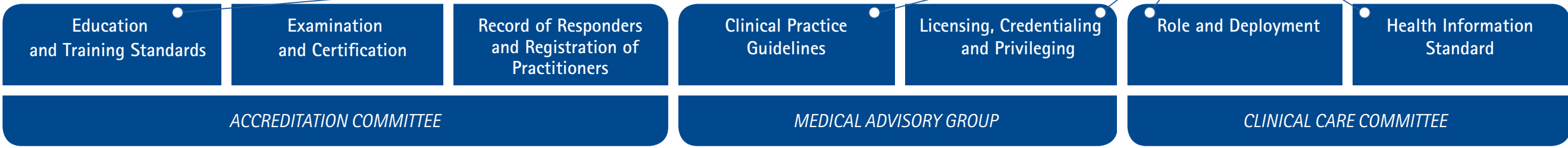
RESPONDER

<p>Council rules for Recognised Institutions (RI) and Courses at Responder level</p> <ul style="list-style-type: none"> • Citizen CPR (compression only CPR) • Cardiac First Response (CFR) (Provider and Instructor levels) 	<p>Following successful completion of a course and assessment a joint RI/ PHECC certificate will be awarded by the Recognised Institution</p> <p>Note: the CFR standard is incorporated into the Occupational First Aid certificate; a Health & Safety Authority (HSA) and FETAC standard</p>	<p>Record of certified holders maintained by Recognised Institutions</p> <ul style="list-style-type: none"> • CFR 	<p>Citizen CPR – No training – Pre-arrival advice and actionable information e.g. Check Call Compress campaign</p>	<ul style="list-style-type: none"> • Retention training every year and recertification every 2 years 	<p>Non-transporting Responders:</p> <ul style="list-style-type: none"> • Citizens • Uniformed personnel: e.g. Garda, Fire Service, Auxiliary/Voluntary Services • Non-uniformed: Community First Responders 	<ul style="list-style-type: none"> • Cardiac First Response Report (CFRR) • Out-of-Hospital Cardiac Arrest Register (OHCAR) • Ambulatory Care Report (ACR) • Electronic Ambulatory Care Report (eACR)
<ul style="list-style-type: none"> • Emergency Care (EC) – Special circumstances (Provider and Instructor levels) 		<ul style="list-style-type: none"> • EC – Special Circumstances 		<ul style="list-style-type: none"> • Recertification every 2 years 		
<ul style="list-style-type: none"> • Emergency First Response (EFR) (Provider and Instructor levels) 		<ul style="list-style-type: none"> • EFR 		<ul style="list-style-type: none"> • Retention training every year and recertification every 2-3 years 		
<ul style="list-style-type: none"> • Emergency Medical Services (EMS) (Call-taker and Dispatcher levels) 		<ul style="list-style-type: none"> • EMS – Call-taker and Dispatcher 		<ul style="list-style-type: none"> • Retention training every year and recertification every 3 years 		
<ul style="list-style-type: none"> • Driving (Non-emergency and Emergency levels) 		<ul style="list-style-type: none"> • Driving 		<ul style="list-style-type: none"> • Retention training every year and recertification every 2 years 		

Audit & Research

Our Vision

That people in Ireland receive the most appropriate pre-hospital emergency care



PRACTITIONER

<p>Council rules for Recognised Institutions (RI) and Courses at Practitioner level</p> <ul style="list-style-type: none"> • Emergency Medical Technician (EMT) • Paramedic (P) • Advanced Paramedic (AP) • Medical Practitioner (MP) 	<p>National Qualification in Emergency Medical Technology (NQEMT)</p> <p>NQEMT – EMT</p> <p>NQEMT – P</p> <p>NQEMT – AP</p> <p>MP</p>	<p>All registrants subject to code of professional conduct and ethics and fitness to practice requirements</p> <p>PHECC Register divisions:</p> <ul style="list-style-type: none"> • EMT • P • AP 	<p>CPGs guide the use of medications and skills/procedures for patient care appropriate to every level</p>	<p>Practitioners are required to re-register with PHECC annually</p> <ul style="list-style-type: none"> • Maintaining and updating competencies – 2 days per year • Maintaining and updating competencies – 2 weeks per year • Maintaining and updating competencies – 2 weeks per year 	<p>Transporting practitioners provide the appropriate standard of patient care for interfacility transfers and pre-hospital emergency care services</p> <ul style="list-style-type: none"> • Health Service Executive (HSE) National Ambulance Service (NAS) • Dublin Fire Brigade (DFB) • Auxiliary/Voluntary/Private Services - The EMS Emergency Ambulance Standard - The EMS Priority Dispatch Standard - The Interfacility Patient Transfer Standard 	<p>National Data Collection</p> <ul style="list-style-type: none"> • Patient Care Report (PCR) • Electronic Patient Care Report (ePCR) • Patient Transport Report (PTR) <p>Continuous Improvement</p> <ul style="list-style-type: none"> • Strengths and Weakness Identification (SWID) • Clinical activity review
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Recognition of professional qualifications for temporary service and establishment

Implementation and use of CPGs at service-provider level is subject to an approval process against Council criteria

Our Mission: The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland.





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