



ANNUAL REPORT 2021

Pre-Hospital Emergency Care Council

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WELCOME

Introduction

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency charged with responsibility for standards, education and training in pre-hospital emergency care in Ireland.

The Council was established as a body corporate by the Minister for Health by Statutory Instrument Number 109 of 2000 (Establishment Order) which was amended by Statutory Instrument Number 575 of 2004 (Amendment Order). These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and brought under primary legislation with the Health (Miscellaneous Provisions) Act 2007.

Under S.I. 109 Council members, excluding the Chairperson, can hold office for three years or four years with lots drawn at the very first Council meeting as to which members should serve for three years and which for four years. Membership of Council is appointed by the Minister for Health.

The Council is now serving since December 2016 with a membership of 17 appointees, some of which are new members and some reappointed members. There are 7 Committees of Council, 2 Panels and 2 Working Groups.

Mission Statement

To protect the public by independently co-ordinating, developing, reviewing, regulating and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

Our Vision

People in Ireland receive excellent pre-hospital emergency care.

Our Values

1.

Protection of the public

Protecting the public through promotion of excellence is our principal commitment and responsibility

2.

Professionalism

We encourage and enable professionalism, setting high standards for our practitioners and ourselves

3.

Leadership

We advocate for and seek to advance the emergency care agenda in Ireland

4.

Integrity

We aim to be fair, transparent and consistent in all that we do as an organisation

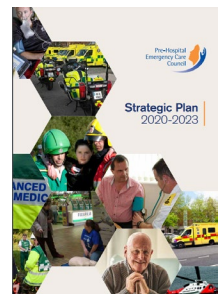
5.

Best practice

We promote best clinical practice in pre-hospital emergency care operations, education and research

Strategic Plan 2020-2023

The strategic plan links the mission statement to Council functions, governance and administrative support objectives. The specific strategies associated with each individual objective are detailed. The strategic plan gives clear direction and focus and is available on our website <http://www.phecit.ie/>.



FOREWORD FROM CHAIRPERSON

On behalf of Council, the Director and I are pleased to present 22nd Annual Report for the year ended 31st December 2021. The Pre-Hospital Emergency Care Council (PHECC) continues to strive to protect the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

The Council would like to acknowledge and thank all the individuals who agreed to serve on Council's seven standing committees and four working groups/panels and share their time and expertise with Council.

The Foreword to the 2020 Annual Report commenced by referring to the then early indications of the COVID-19 virus and its effect on the Irish community and PHECC, in particular. One year later our communities are considerably wiser in the ways of safeguarding and the vaccines to protect against the worst effects of the virus were becoming increasingly available. Council also approved the Clinical Practice Guidelines for the administration of the three vaccines as these were brought forward with the advice of the Medical Advisory Committee.

However by year-end, a series of easements had taken place only to be followed by further restrictions on movement.

PHECC continued to operate in the environment thanks to the great commitment of our people who have adapted their working practices and continue to drive PHECC forward. This also applies to our Council which held all of its meetings in 2021 virtually and, in the process, reaching a record high for meeting attendance. Council also extended the COVID-19 Temporary Register as requested by the Department of Health.

Clinical Matters:

Council also continued to review, at each meeting, the impact of the pandemic on ambulance crewing and I am happy to report that there were no departures from the current crewing models.

Our new suite of Clinical Practice Guidelines embodied in our Field Guide, which had been reviewed extensively, was published for comment by our stakeholders during the Autumn. I want to particularly thank our Medical Advisory Committee and its related Sub-Committees for all of their collective efforts in conducting this review.

Initiatives in Education and maintenance of Standards were also continued and are described in more detail in the Committee Reviews of the year.

Governance:

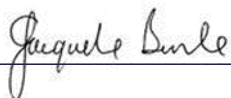
PHECC made great strides in the areas of governance in 2021, I am also happy to report. New Council policies were approved or revised, in particular in the areas of management of Conflicts of Interest. Decisions Reserved for Council, Protected Disclosures and Delegated Decisions (to the Director) were just a further sample of those reviewed and approved by Council during 2021. Other reviews and recommendations flowing therefrom, initiated by Council in 2020, continued to be implemented in 2021. Our thanks are due to all who assisted both within and outside PHECC. The review of our Council Committees, commenced in 2020 concluded and virtually all of our reconstituted Committees were fully operational by end 2021. Many of the above initiatives flowed from the governance review conducted with the assistance of the Institute for Public Administration, mentioned in our Annual Report for 2020.

Our People:

We welcomed back Pauline Dempsey, our Education Manager, after a five-year secondment to the Department of Health. On the other hand, Barry O'Sullivan, our Deputy Director and Registrar, retired at the end of September - his long experience in PHECC will be missed.

Council members Mick Molloy and Thomas Keane terms of office on Council concluded during the year and I want to thank both for their contributions to our deliberations at Council. We welcomed new members, Tomás Barry, Martin O'Reilly and Don Brennan to Council during the year. Reappointments to Council of Jimmy Jordan and Jason van der Velde were also welcomed with the latter also replacing Hillery Collins as Vice Chair. I wish to thank Hillery sincerely for his help and support during his term as Vice-Chair.

Finally, in thanking all our people in PHECC, both in the Executive and on Council for their dedication to PHECC during a particularly difficult period, I look forward to reporting on an improved environment for pre-hospital emergency care in 2022.



Dr Jacqueline Burke
Chairperson



Mr. Richard Lodge
Director

COUNCIL

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency with responsibility for standards, education and training in the field of pre-hospital emergency care. Its core mission is to protect the public through the promotion of excellence in pre-hospital emergency care.

The Council was established under Statutory Instrument S.I. No. 109/2000, with amendments in 2004 (S.I. No. 575/2004) which granted the agency some regulatory powers including elements of fitness to practise and limited powers of sanction. The Council provides voluntary regulation of practitioners and service providers.

Over the years, PHECC's functions have been expanded by additional legislation, Statutory Instruments and EU Directives and now include: education and training, examinations and registration, fitness to practise, clinical practice, research and provision of advice to the Minister of Health.

Council Functions

The functions of the Council against Statutory Instrument 109/2000 and Amendment Order 575/2004 (Composite)

- (a) recognise, in accordance with the rules made by the Council, institutions providing education and training to persons pursuing the award of the N.Q.E.M.T. at the level of competence of emergency medical technician, paramedic or advanced paramedic, as the case may be.
- (b) conduct examinations leading to the award of the N.Q.E.M.T. at the level of competence of emergency medical technician, paramedic or advanced paramedic, as the case may be.
- (c) award the N.Q.E.M.T to such persons as have completed a recognised course under sub-article (h)(i) in a recognised institution and have passed the relevant examination conducted by the Council pursuant to sub-article (b) of this Article.
- (d) upon request, assess the equivalence of professional qualifications in pre-hospital emergency care obtained from institutions other than recognised institutions, both within and outside the State, and award the N.Q.E.M.T. as appropriate at the level of competence determined by the Council. In this regard, the Council shall comply with its obligations as competent authority for emergency medical technicians, paramedics and advanced

paramedics under the general system of recognition of professional qualifications provided in Part 2 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008).

(e) upon request, advise the Minister, health boards, other Government Departments, public sector employers and other employers of recognised courses.

(f) advise the Minister, recognised institutions and such other persons as it may consider appropriate of the standards which should inform education and training in relation to pre-hospital emergency care.

(g) advise the Minister of the specific content of recognised courses.

(h)

(i) in consultation with recognised institutions providing education and training to persons pursuing the award of N.Q.E.M.T., approve of the content of courses for such education and training.

(ii) in consultation with institutions providing, or proposing to provide at any time in the future, education and training in pre-hospital emergency care, approve of the content of courses for such education and training.

(i) assess from time to time, as occasion may require, but in any event not less than once in every three years-

(i) the suitability of the education and training in pre-hospital emergency care provided by an institution recognised by the Council for such purpose.

(ii) the standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care.

(j) maintain, in accordance with the rules made by the Council, a record of holders of the N.Q.E.M.T.

(k) issue letters of accreditation to the holders of non-national qualifications;

(l) maintain, in accordance with the rules made by the Council, a record of holders of non-national qualifications.

(m) engage in research into pre-hospital emergency care, including emerging technology, education and training, the formulation of experimental curricula, and the evaluation of existing courses and assessment and examination procedures.

(n) subject to any data protection legislation in force, maintain statistical records and make such records available for research and planning, including manpower planning purposes.

(o) prepare clinical practice guidelines for pre-hospital emergency care and make such guidelines available to pre-hospital emergency care service providers and such other persons as it may consider appropriate.

(p) undertake such other appropriate tasks and functions as may, from time to time, be assigned to the Council by the Minister.

(q) prepare standards of operation for pre-hospital emergency care service providers to support best practice by pre-hospital emergency care practitioners.

(r) recognise, in accordance with rules made by Council, those prehospital emergency care service providers which undertake to implement the clinical practice guidelines prepared pursuant to subarticle (o) of this Article.

(s) establish and maintain, in accordance with rules made by the Council, a register of pre-hospital emergency care practitioners (in this instrument referred to as the register) which shall be divided into six divisions as follows:

- (i) The emergency medical technician division - for holders of the N.Q.E.M.T. at the level of competence of emergency medical technician,
- (ii) The paramedic division - for holders of the N.Q.E.M.T. at the level of paramedic,
- (iii) The advanced paramedic division - for holders of the N.Q.E.M.T. at the level of advanced paramedic,
- (iv) The visiting European emergency medical technician division - for those providing the service of emergency medical technician in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),
- (v) The visiting European paramedic division - for those providing the service of paramedic in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(vi) The visiting European advanced paramedic division - for those providing the service of advanced paramedic in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(t) register, in the appropriate division of the register, any person who wishes to provide the services of an emergency medical technician, paramedic or advanced paramedic in the State on a temporary or occasional basis and is entitled to provide such services pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(u) comply with its obligations as competent authority in relation to emergency medical technicians, paramedics and advanced paramedics under the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008)

The Council publishes clinical practice guidelines (CPGs) for practitioners and responders. It licenses pre-hospital emergency care service providers to implement CPGs. PHECC also recognises institutions to provide pre-hospital emergency care training and education, delivers professional registration examinations and maintains a statutory register of practitioners in pre-hospital emergency care.

Council Membership

Members of the Council are appointed by the Minister for Health and serve on the basis of their involvement and expertise in pre-hospital emergency care.

Council membership as of 31 December 2021

Name	Membership rationale
Dr. Jacqueline Burke	Chairperson; Representative of the interests of the general public - Re-Appointed 16/12/20.
Dr. Jason van der Velde	Vice Chairperson; Person with a special interest or expertise in pre-hospital emergency care - Appointed 15/02/20.
Mr. Hillery Patrick Collins	Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians - Re-appointed 16/12/20.

Dr. David Menzies	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Re-appointed 16/12/20.
Dr. Niamh Collins	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Appointed 30/06/20.
Mr. Dennis Keeley	Appointed from recognised institutions (DFB/RCSI) - Appointed 24/08/20.
Dr. Tomás Barry	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Appointed 15/02/21.
Mr. William Merriman	Representative of the management of health boards - Appointed 30/06/20.
Dr. Conor Deasy	Representative of the management of health boards - Re-appointed 30/06/20.
Ms. Tess O'Donovan	Representative of the management of health boards - Re-appointed 30/06/20.
Ms. Fiona McDaid	Registered nurse with an interest and expertise in pre-hospital emergency care - Reappointed 16/12/20.
Mr. Patrick Fleming	Person with a special interest or expertise in pre-hospital emergency care - Re-appointed 16/12/20.
Mr. Jimmy Jordan	Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians - Appointed 29/06/17.
Mr. Martin O'Reilly	Person with a special interest and expertise in pre-hospital emergency care - Appointed 14/06/21.
Mr. Aidan O'Brien	Appointed from recognised institutions - Appointed 24/08/20.
Mr. Don Brennan	Appointed on the nomination of a trade union to represent the majority of emergency medical technicians - Appointed 16/12/20.
Vacant Position	Appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians - Awaiting Appointment

Changes to Council membership in 2021 were as follows:

Appointments:

- Dr Jason van der Velde appointed as Vice Chair of Council, replacing Hillery Collins
- Dr Tomás Barry appointed, replacing Dr Mick Molloy as representative of "a registered medical practitioner with an interest and expertise in pre-hospital emergency care" (15 Feb 2021)
- Mr Martin O'Reilly appointed, replacing Thomas Keane as "a person with a special interest or expertise in pre-hospital emergency care" (15 Feb 2021)

-

Reappointments:

- *Dr Jason van der Velde and Mr Jimmy Jordan were reappointed for a second term on Council.*

Vacant:

- Mr Pat Hanafin's position remains vacant since 15 December 2020.

Council Meetings

Council met 11 times in 2021. Schedule of attendance is as follows.

Name	Jan 21st	Mar11th	Apr 08th	Apr 22nd	May 20th	Jun 17th	Jul 15th	Sept 09th	Oct 14th	Nov 18th	Dec 16th	Total	Attended	%
Jacqueline Burke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100%
Hillery Collins	✓	✓	✓	✓	✓	X	✓	X	✓	✓	X*	11	8	73%
David Menzies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100%
Conor Deasy	✓	X	✓	✓	X	✓	✓	✓	X	✓	X*	11	7	64%
Tess O'Donovan	✓	X	✓	✓	X	✓	X	✓	X	✓	✓	11	7	64%
Fiona McDaid	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	11	10	91%
Patrick Fleming	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100%
Jason Van Der Velde	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X*	11	9	82%
Jimmy Jordan	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	11	10	91%
William Merriman	X	✓	✓	✓	X	✓	X	✓	✓	✓	✓	11	8	73%
Niamh Collins	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	100%
Aidan O'Brien	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	11	10	91%
Dennis Keeley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X*	11	10	91%
Don Brennan	✓	✓	✓	X	✓	✓	✓	X	X	✓	X*	11	7	64%
Tomás Barry	N/A	✓	✓	✓	✓	X	✓	✓	X	✓	✓	10	8	80%
Martin O'Reilly	N/A	N/A	N/A	N/A	N/A	N/A	✓	A	✓	✓	✓	5	4	80%
Thomas Keane	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	0	0%
Mick Molloy	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	100%

Note: * refers to those members not present due to rescheduling of the meeting (Dec 2021)

COMMITTEES OF COUNCIL

The Council is advised and assisted by a number of committees and panels made up of Council members and health industry and community partners and is supported on a daily basis by the PHECC executive.

In 2021, Council had seven standing committees: Quality & Safety, Education & Training, Medical Advisory, Registration, Research, Finance Risk Audit & Compliance, and Fitness to Practise.

Quality & Safety Committee

Overview

A Standing Committee of Council. The terms of reference specify that the Committee consider and make recommendations to Council on development, maintenance and monitoring of policies, policy matters relating to approval to implement CPGs by licensed CPG providers, CPG implementation procedures to include upskilling status, a pre-hospital emergency care practitioner practice framework which incorporates credentialing, licensing and privileging and a framework for validation of licensed CPG providers. In addition, maintenance of practitioner CPC, criteria for registration including code of conduct, development of information standards, patient care reports and clinical audit framework and tools which exploit the information standards.

2021 saw the continuance of the Covid-19 emergency and the Committee's meeting schedule was severely disrupted. A revision of the Committee structures in PHECC led to Council preparing new Terms of Reference and an instruction to establish a new Committee. Nominations were sought from specific service providers and an Expression of Interest was circulated to the RI/ATI and CPG Providers on 23rd July 2021. Membership was also sought from the members of the public. An interview process ensued, and a new committee was constituted.

There were no meetings held prior to with the first meeting of the new Committee being held in October 2021.

Quality & Safety Committee Membership (as of 31 December 2021)

Name	Membership Rationale
Fiona McDaid	Chairperson, Council Representative
Dennis Keeley	Vicechair, Council Representative
Open	Council Representative
Ciarán McCullagh	Representative for National Ambulance Service
Michael O'Reilly	Representative for Dublin Fire Brigade
Frances Duggan	Representative for Joint Voluntary and Auxiliary Committee
David O'Connor	Representative for Defence Forces Medical Corps
Áine Broderick	Representative for Recognised Institutions
Paul Creevey	Representative for Recognised Institutions
Sharon Kelly	Representative for Approved Training Institutions
Paul Pearson	Representative for Patients
David Bradley	Representative for Licensed CPG Service Providers (private)
Brian Murphy	Representative for Licensed CPG Service Providers (events)
Mary O'Neill	Representative for 3rd Level Institutions (expertise in healthcare quality and safety)

Changes to membership in 2021

- Council ratified the above membership of the committee at their October Council meeting.

Key Activities in 2021

CPG Service provider registration in Ireland is governed by S.I. 109 of 2000 as amended by S.I. 575 of 2004. The Accreditation section is responsible for PHECC recognition of Licensed CPG service providers and maintains their annual renewal process in accordance with the Council rules of recognition (POL003).

Institutions providing education and training to persons pursuing the award of the N.Q.E.M.T and Approved Training Institutions must comply with Council Rules for the recognition of Institutions and Approval of Training Institutions (RUL006). PHECC recognition in this area is governed internally by the Education Department.

Within PHECC the Accreditation section is now responsible for the effective management of the PHECC Quality Assurance Programmes, the Quality Review Framework and the Governance Validation Framework.

External Assessments

- The Accreditation section operates the Council's quality assurance systems, the Governance Validation Framework (GVF) and the Quality Review Framework (QRF), which seek to verify quality aspects of CPG Service Providers and RI/ATI. To ensure transparency, GVF and QRF assessments are conducted by PHECC using a model that involves external assessment on a three-yearly basis.
- GVF Assessment includes a combination of internal and external review, site visits and engagement with management and PHECC registered practitioners which culminates in a Final Report, thereafter the Provider submits a quality improvement plan.
- QRF Assessment includes a combination of desktop review and on-site review. A Compliance Report is produced following the on-site review. The organisation then submits a Quality Improvement Plan. A Composite Report is produced at the end of the assessment.
- GVF Site Assessment Reports and QRF Composite Reports are published on the PHECC website.
- The Accreditation Manager supports the Quality and Safety Committee and progresses items through, Quality and Safety and other PHECC committees as necessary.

Alignment of GVF and QRF

- During 2021 the Accreditation manager was tasked, by the PHECC Director, to align the GVF and QRF processes into a standardised process. This process will be overseen by the Quality and Safety committee will involve changing processes in both systems to achieve alignment. The primary focus in 2021 was the conduction of an alignment exercise and a gap analysis to examine both standards for the purpose of future merging. Work will continue on this project into 2022

Evaluation of GVF Programme

- As the GVF assessment process neared the completion of its first assessment cycle (3-year) planning was begun to develop an evaluation of its implementation.
- Evaluation of the GVF commenced with a gap analysis undertaken by an external agency.
- Future development will be conducted based on a literature review and a comprehensive feedback process involving a variety of stakeholders. i.e. Council, GVF Assessors, CPG Providers, Public, and Practitioners.

General Activities

- Maintenance of programme of assessments in GVF and QRF areas.
- 26 CPG Service Provider licence renewals were processed in 2021: 20 licences were issued; 6 licences were extended re GVF in progress.
- New applications: 3 initial pre-application meetings - At year end: 2 applications are in progress
- 2 Licensed CPG Providers ceased operations: 1 voluntary and 1 delisted under recent policy addition.

Schedule of Meeting Attendance

A total of two meetings of the Quality & Safety Committee were held in 2021.

Name	7th Oct	9 Dec	Total
Fiona McDaid	✓	✓	2
Dennis Keeley	✓	✓	2
Open	✓	✓	2
Ciarán McCullagh	Apologies	✓	1
Michael O'Reilly	✓	✓	2
Frances Duggan	✓	✓	2
David O'Connor	✓	✓	2
Áine Broderick	✓	✓	2
Paul Creevey	✓	✓	2
Sharon Kelly	✓	X	1
Paul Pearson	✓	✓	2
David Bradley	✓	X	1
Brian Murphy	✓	✓	2
Mary O'Neill	✓	✓	2

Education & Standards Committee

Overview

A Standing Committee of Council. The terms of reference are to consider and make recommendations to Council on policy, maintenance and monitoring development relating to the following areas: Education and Training Standards leading to NQEMT and Responder level awards; faculty standards for practitioner level assistant tutors, tutors and facilitators and responder level instructor; research in education and training including emerging technology and the formulation of experimental curricula; recognition of institutions providing NQEMT and Responder level training and recognised courses; monitoring of compliance of the Quality Review Framework and Education and Training Standards by Recognised Institutions; NQEMT level and Responder level examinations; Council competent authority status as per the European Union (Recognition of Professional Qualifications) Regulations 2017; and recognition of equivalence of professional qualifications.

Education & Training Committee Membership (as of 31 December 2021)

Name	Membership Rationale
Mr Aidan O'Brien - Chair	One member of Council appointed by Council to serve as Chairperson
Dr Niamh Collins	Council Member - Vice Chair
Ms Lisa Gorman	PHECC instructor from an Approved Training Institution
Mr Paul Lambert - DFB/RCSI	Senior educator in paramedicine from DFB-RCSI, UCD-CEMS, UL and NASC-UCC
Dr Maeve Doheny - UCD-CEMS	Senior educator in paramedicine from DFB-RCSI, UCD-CEMS, UL and NASC-UCC
Dr Peter Hayes - UL	Senior educator in paramedicine from DFB-RCSI, UCD-CEMS, UL and NASC-UCC
Mr Greg Cooke - NASC/UCC	Senior educator in paramedicine from DFB-RCSI, UCD-CEMS, UL and NASC-UCC
Mr Daniel Davern	PHECC registrant at facilitator or tutor level from a private Recognised Institution providing EMT training
Ms Niamh O'Leary	PHECC registrant at facilitator or tutor level from the Joint Voluntary and Auxiliary Ambulance Service Committee
Dr Owen Keane	Healthcare professional from Higher Education Institutes involved in the delivery of healthcare education and registered with CORU or NMBI or Medical Council
Mr Fergus Byrne	Two PHECC registrants at Paramedic or AP tutor level or higher
Ms Michelle O'Toole	Two PHECC registrants at Paramedic or AP tutor level or higher
Ms Rebecca Elizabeth Rigney	PHECC registrant at Paramedic or AP levels not involved in the delivery of education
Dr Liam Guilfoyle	Education Specialist
VACANT	Third Council Representative

Key Activities in 2021

- Practitioner level Education & Training Standards and Competency Framework:
 - Plan formulation for the progression and development of the Practitioner level Education & Training Standards and Competency Framework

- Consideration on developmental work previously undertaken on this project
- Feedback and proposal/ project initiation document outlining project plan objectives and proposed methods
- Request for tender process to obtain an expert chair (and project management) and formation of expert group with focus on EMT, Paramedic and AP in the first instance and Critical Care Paramedic Standard thereafter.
- All outputs/deliverables from this project to be reviewed by committee
- Agreement to reopen the application process for EA award at Facilitator level.
- Deliberation and recommendation to Council on the necessity to review and redevelop the TFF, the standards and the application process.
- Consultation on amendments presented to Council Rules for the Recognition of Institutions and Approval of Training Institutions on foot of the legal review.

*Education and Standards Committee membership conclusion in April 2021. Formation of newly named Education and Training Committee with first meeting taking place in November 2021.

Schedule of Meeting Attendance

A total of two meetings of the Education and Standards Committee were held in 2021. A total of one meeting of the newly structured Education & Training Committee was held in 2021.

Education & Standards Committee Meetings

Name	10 Feb	14 April	Total #
Tess O'Donovan	✓	X	1
Paul Lambert	✓	✓	2
Peter McDaid	X	X	0
Frank Keane	X	✓	1
Tom Brady	✓	X	1
Ben Heron	X	X	0
Gareth Elbell	✓	X	1
Niamh O'Leary	X	✓	1
Owen Keane	✓	✓	2
Ray Lacey	✓	X	1
Daniel Davern	✓	X	1

Education & Training Committee Meetings

Name	4 Nov	Total #
Aidan O'Brien	✓	1
Niamh Collins	✓	1
Lisa Gorman	✓	1
Paul Lambert	✓	1
Maeve Doheny	✓	1
Peter Hayes	✓	1
Greg Cooke	✓	1
Daniel Davern	✓	1
Niamh O'Leary	✓	1
Owen Keane	✓	1
Fergus Byrne	✓	1
Michelle O'Toole	✓	1
Rebecca Rigney	✓	1
Liam Guilfoyle	✓	1

Medical Advisory Committee

Overview

A Standing Committee of Council. MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee. There were two meetings held during 2021. There was a gap between MAC terms to explain the reduced number of meetings.

Medical Advisory Committee Membership (as of 31 December 2021)

Name	Membership Rationale
Dr David Menzies	Chair, member of Council and registered medical practitioner
Dr Tomás Barry	Vice Chair nominated by Chair and Academic GP
Dr Jason van der Velde	Member of Council registered medical practitioner
Mr Ian Brennan	Representative, at PHECC registered practitioner from the Joint Voluntary and Auxiliary Organisations Committee
Prof Cathal O' Donnell	Clinical Director National Ambulance Service
Dr Peter O' Connor	Clinical Director Dublin Fire Brigade
Martin O' Reilly	PHECC Practitioner from Dublin Fire Brigade
Adrian Collins	PHECC Practitioner from National Ambulance Service
John McShane	PHECC Practitioner from other Licensed CPG Service Providers
Dr Alan Watts	Emergency Medicine Consultant
Dr Nuala Quinn	Paediatric Emergency Medicine Consultant
Mr David Irwin	PHECC practitioner
Laura O' Callaghan	PHECC Practitioner
Karl Kendellen	PHECC Practitioner

Key Activities in 2021

- Specialist Paramedic - Community Care Framework development work begins under guidance of MAC sub-committee: evidence synthesis and stakeholder workshop are contributory factors
- Development of COVID-19 vaccine and Flu Vaccine CPGS
- Publication of CPG 2021 (6 clinical levels) with updated nomenclature
- Publication of updated Field Guide 2021 (print and mobile app)
- Engagements with National Clinical Programmes and expert groups to underpin CPGs
- Revision of Medication in Pregnancy Standard by Obstetric pharmacy experts
- Appointment of advisory pharmacist to MAC
- Publish updated Priority Dispatch standards

Schedule of Meeting Attendance

A total of three meetings of the Medical Advisory Committee were held in 2021; 2 of which relate to the previous MAC membership (28th Jan, 25th Mar), and the remaining one a meeting of the newly structured committee.

Name	28 th Jan	25 th March	Total #
David Menzies	✓	✓	2
David Irwin	✓	✓	2
Niamh Collins	✓	✓	2
Shane Knox	X	X	0
Shane Mooney	✓	✓	2
Cathal O'Donnell	X	X	0
Peter O'Connor	✓	X	1
Macartan Hughes	✓	✓	2
Martin O'Reilly	✓	✓	2
Mark Dixon	X	X	0
Gerard Bury	X	✓	1
Eoghan Connolly	✓	✓	2
Stanley Koe	X	✓	1
Jason van-der Velde	✓	✓	2
Mick Molloy	✓	✓	2
Hillery Collins	X	✓	1
Ian Brennan	✓	X	1
David Hennelly	✓	X	1
Lisa Cunningham Guthrie	X	X	0
Philip Darcy	X	X	0

Name	11th Nov	Total #
David Menzies	✓	1
Tomás Barry	X	0
David Irwin	✓	1
Cathal O'Donnell	X	0
Peter O'Connor	✓	1
Martin O'Reilly	✓	1
Jason van-der Velde	✓	1
Ian Brennan	X	0
Karl Kendellen	X	0
Laura O'Callaghan	✓	0
Adrian Collins	X	0
Alan Watts	✓	1
John McShane	✓	1

Registration Committee

Overview

The Registration Committee is a Standing Committee of Council and was formed as part of the review of Council committees in 2021. Terms of Reference were approved, and membership was appointed as follows.

Registration Committee Membership (as of 31 December 2021)

Name	Membership Rationale
Hillery Collins	Council Member - Chairperson
Dennis Keeley	Council Member - Vice Chairperson
Fiona McDaid	Council Member - Lay Representative
TBA	External - Lay Representative
Rosemarie Elizabeth Hayden	PHECC Registrant at EMT Level
John Darcy	PHECC Registrant at Paramedic Level
Keith O'Connor	PHECC Registrant at Advanced Paramedic Level
Richard Lodge	Registrar / Head of Registration

The committee did not meet in 2021 as full ratification of membership had not taken place.

Fitness to Practise Committee

Overview

The Fitness to Practise (FTP) Committee is a committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. The Chair of the Committee is a Council Member the remainder are external.

The Fitness to Practice Committee is supported by the Preliminary Proceedings Committee, which is also Chaired by a Council member.

Fitness to Practise Committee Membership (as of 31 December 2021)

The Chair of the Committee is a Council Member, the remainder are external.

Schedule of Meeting Attendance

There were no Preliminary Proceeding Committee meetings or Fitness to Practise meetings in 2021.

Research Committee

Overview

A Standing Committee of Council. The Research Committee is an expert committee which considers research matters as referred to it either by Council, Committees or research areas to be pursued by PHECC. There was one inaugural meeting held during 2021.

Research Committee Membership (as of 31 December 2021)

Name	Membership rationale
Mr Pat Fleming	Chair and member of Council.
Dr Conor Deasy	Member of Council and registered medical practitioner.
Dr Brian Power	Nominated by Chair of the Research Committee
Dr Siobhán Masterson	Nominated by Chair of the Research Committee
Dr Jan Sorensen	Nominated by Chair of the Research Committee
Dr John Browne	Nominated by Chair of the Research Committee

Key Activities in 2021

- Identified a candidate to review existing pre-hospital emergency care research in Ireland.
- Identified a candidate to develop a strategy for the PHECC research committee.

Schedule of Meeting Attendance

One meeting of the Research Committee was held in 2021.

Name	Nov 10th	Total #
Pat Fleming	✓	1
Conor Deasy	✓	1
Brian Power	✓	1
Siobhán Masterson	✓	1
Jan Sorensen	✓	1
John Browne	✓	1

Finance Risk Audit & Compliance Committee

Overview

Council has established FRACC as a Committee of Council to support it in its responsibilities for issues of risk, control, financial sustainability, governance and compliance.

Finance Risk Audit & Compliance Committee Membership (as of 31 December 2021)

Name	Membership Rationale
Mr Con Foley, FCCA	Chair and external member who is a qualified accountant (temporarily remaining as Chair pending appointment of a new Chair)
Mr Patrick Clifford	Finance specialist with public health sector experience
Mr Patrick Fleming	Member of Council
Mr Jimmy Jordan	Member of Council (appointed April 2021)
Mr. William Merriman	Member of Council (appointed April 2021)

Mr Hillery Collins Member of Council (retired April 2021)

Mr Ricky Ellis Member of PHECC staff (retired April 2021)

Key Activities in 2021

In addition to maintaining oversight on the system of internal control and the risk register, the Committee reviewed the Internal Audit report for 2020 and recommended to Council that further work be done in concluding that Report and recommendations.

The Committee also made significant contributions to Governance matters in PHECC, including a comprehensive review of the Council's Conflicts of Interest policy together with reviewing, updating and re-aligning all of Council's standing Committees Terms of Reference.

The review of the Committee's own Terms of Reference resulted in a number of changes to the Committee with further changes pending.

Schedule of Meeting Attendance

A total of three meetings of the FRACC were held in 2021, all virtually due to the COVID-19 Pandemic.

Name	3 rd Feb	28 th Jun	25 th Aug	Total
Hillery Collins (Retired Apr 2021)	✓	-	-	1
Patrick Clifford	✓	✓	✓	3
Patrick Fleming	✓	✓	✓	3
Con Foley	✓	✓	✓	3
Ricky Ellis (Retired Apr 2021)	✓	-	-	1
Jimmy Jordan	-	✓	✓	2
William Merriman	-	✓	✓	2

SUB-COMMITTEES, PANELS, WORKING GROUPS

In addition to committees, Council has the following working groups and panels:

Examination Quality Panel

The Examination Quality Panel provide oversight at all levels of examinations; content, delivery and reviews. The terms of reference of the group dictates that it reviews examination relative components and timing, content, pass mark and criteria for resits in addition to new and existing examiner selection criteria, training and performance.

Criteria for membership of the Examination Quality Panel - members must be on the PHECC Examiner Panel.

Membership of the Examination Quality Panel (as of 31 December 2021)

Name	Member Rationale
Mr David Sherwin	PHECC Examiner- Chairperson
Mr Brian Power	PHECC Examiner
Mr Ray Carney	PHECC Examiner
Mr Ricky Ellis	PHECC Examiner
Mr Ben Heron	PHECC Examiner
Mr Lawrence Kenna	PHECC Examiner
Dr Shane Knox	PHECC Examiner
Mr Paul Lambert	PHECC Examiner
Mr David Sherwin	PHECC Examiner
Mr Mark Wilson	PHECC Examiner
Tom Brady	PHECC Examiner
Eithne Scully	PHECC Examiner
Omar Fitzell	PHECC Examiner
Colm McCarthy	PHECC Examiner
Fergus Byrne	PHECC Examiner

New Exam Quality Panel members will be identified and added in 2022.

Key Activities in 2021

Key activities of the panel in 2021 included:

- 16 exams conducted at Paramedic Level.
- Reintroduction of EMT double circuit Exams.
- Increase in number of EMT examinations delivered.
- 10 Double EMT Exam days conducted.
- Increase of the EMT and Paramedic Examination Bank through the creation of 20% new questions.
- Full review of MCQ content by Exam Quality members.
- Full review of EMT OSCE assessment sheets.
- Full review of all exam content in line with new CPGs.
- Expansion of NASC Paramedic Exams at new Education Centres.
- Increase in the use of remote testing through Prometric Pro Proctor Service.
- Partnership developed with NASC/UCC AP programme for the delivery and quality oversight of examiners.
- Inaugural assessments of NASC/UCC AP candidates successfully conducted.

Examiner Panel

The Panel consists of 85 active members. Panel was reviewed in 2018 and a plan to increase the size of the panel is planned for 2022.

Examiners are continuously monitored by Exam Quality Members and the PHECC Exam Team.

Key Activities in 2021

- Assessment and quality oversight of AP exams through a collaborative partnership with NASC/UCC.
- 630 NQEMT candidates examined by PHECC at EMT and Paramedic levels across MCQ and OSCE components (increase in numbers).
- Increase in volume of EMT and Paramedic MCQ content.
- Full review of all exam content in line with new CPGs.

Test Item Writing Panel

The Test Item Writing Panel develop examination test item content to meet the PHECC requirement for NQEMT and Responder level examinations.

A large volume of content was created in 2021 and new Test Item Writers were added to the panel.

Appeal Panel

The Appeal Panel is appointed by Council. The terms of reference specify that the Appeal Panel consider appeals of decisions of the Director and to adjudicate on those appeals. POL019 Council Policy and Procedures for Appeals was revised in October 2021 following legal advice clarifying that it is the original decision that is appealable to the High Court and not the decision of the Appeals Panel.

There were no hearings held in 2021.

Membership of the Appeal Panel (as of 31 December 2021)

Name	Member Rationale
Ms Tess O'Donovan	Council Member
Mr Jimmy Jordan	Council Member
Mr David Bradley	Quality and Safety Committee nomination
Mr Frank Keane	Education and Standards Committee nomination
Mr Seamus Butler	Patient Representative

There were 2 outstanding non-Council member vacancies for the Appeal Panel membership as of December 2021.

THE EXECUTIVE

Richard Lodge	Director
Richard Lodge	(Acting) Deputy Director & Registrar
Ray Carney	Clinical Manager
Brendan Cawley	Information & Examinations Manager
Pauline Dempsey	Education Manager
Ricky Ellis	Accreditation Manager
John Lally	ICT Manager
Beth Breslin	Finance & Corporate Services Officer
Claire Finn	Registration Officer
Karen O'Neill	PA to Director
Marion O'Malley	Clinical Quality Assurance Officer
Bláthnaid O'Donnell	Recognition of Qualifications Officer
Liz Dempsey	Examinations Officer
Aisling Ryan	Registration Support Officer
Andrea Finlay	Examinations Support Officer
Brendan Roche	ICT Support Officer
Dympna Higgins	Clinical Quality Support Officer
Jennifer Shortt	Accreditation Support Officer
Rebecca Cowley	Reception & Corporate Support Officer
Margaret Bracken	Committee Support Officer

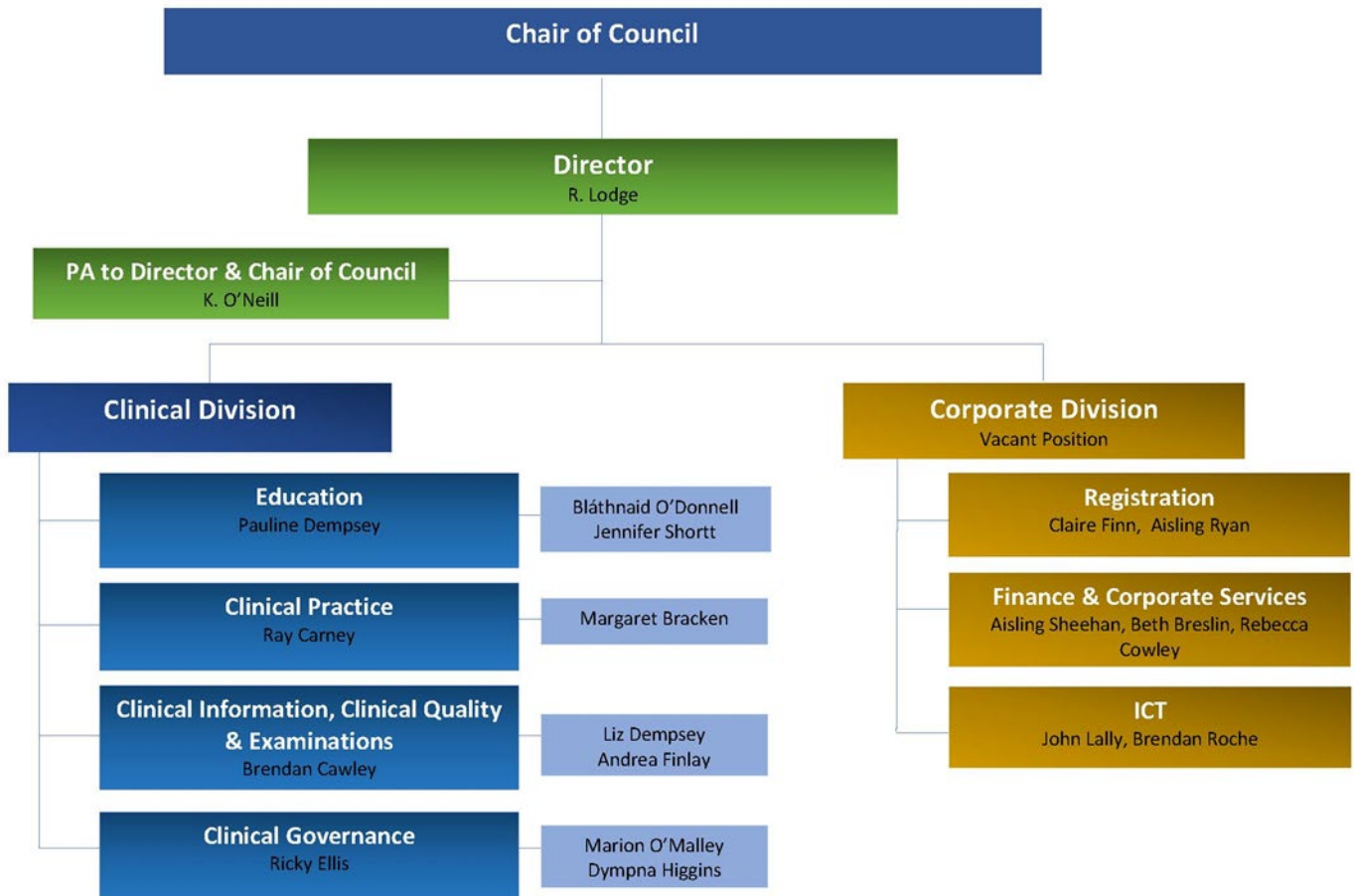
Changes to PHECC Team

Deputy Director, Barry O'Sullivan, retired from PHECC (Sept 2021)

Aisling Sheehan was appointed Finance Manager (Oct 2021)

Rebecca Cowley was appointed Grade III Clerical Officer (Jun 2021) - Specified Purpose

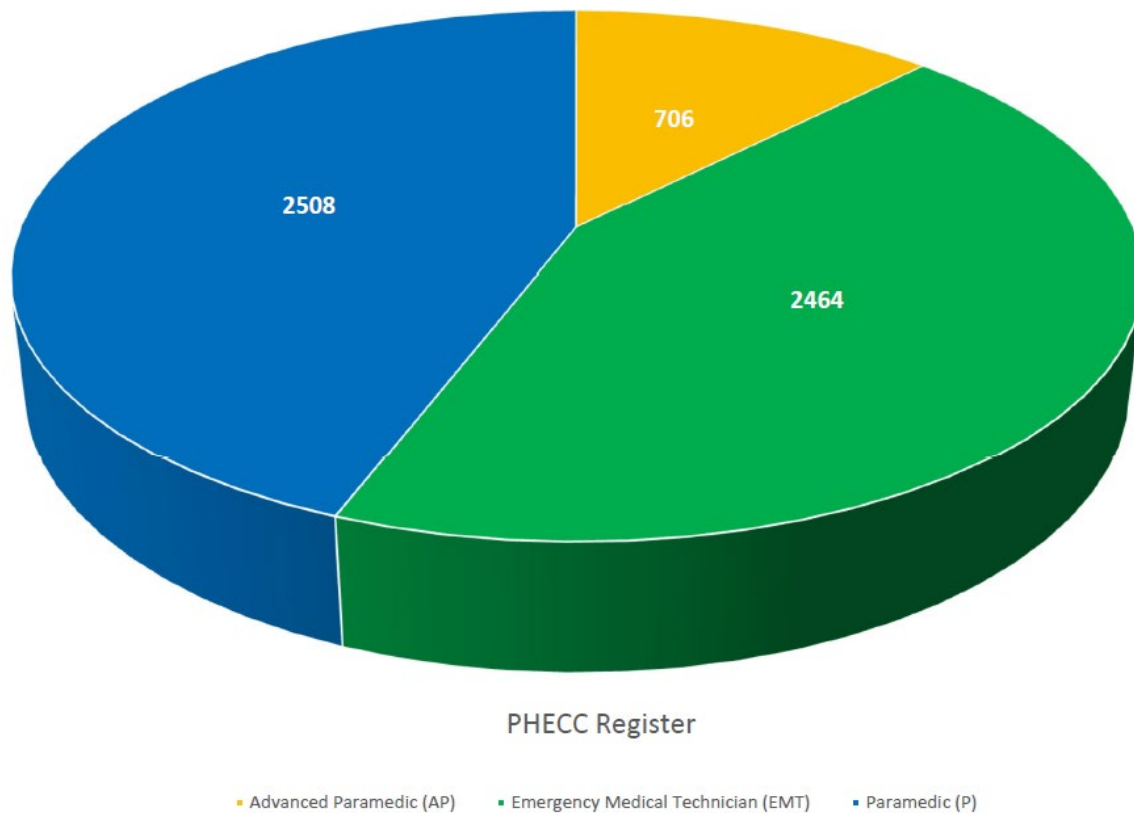
PHECC Organisation Chart



THE REGISTER

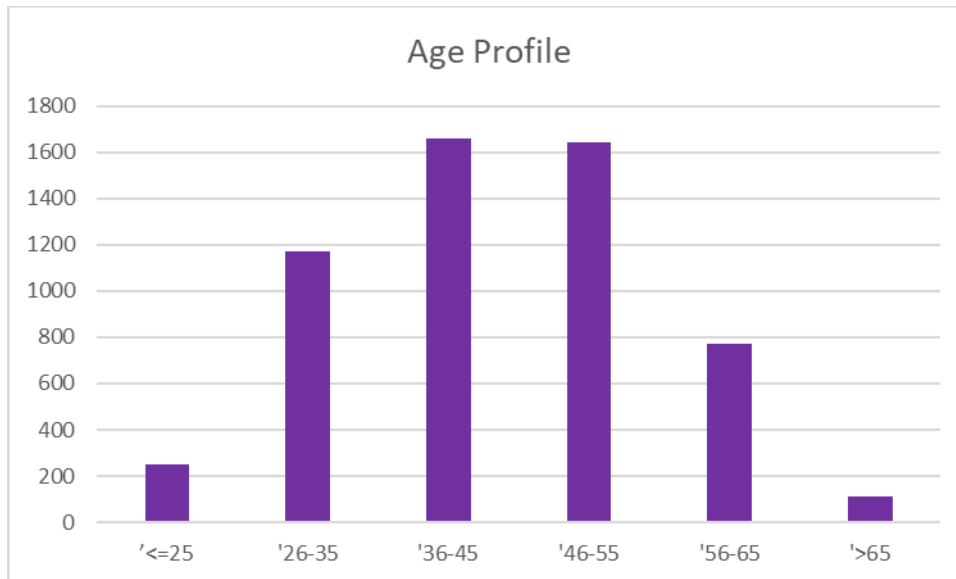
The Council Establishment Order directs that Council establish and maintain, in accordance with rules made by the Council, a register of pre-hospital emergency care practitioners. This is a statutory register of EMS practitioners similar to other healthcare regulators.

The composition of the register membership at the end of 2021 is presented in the following table;

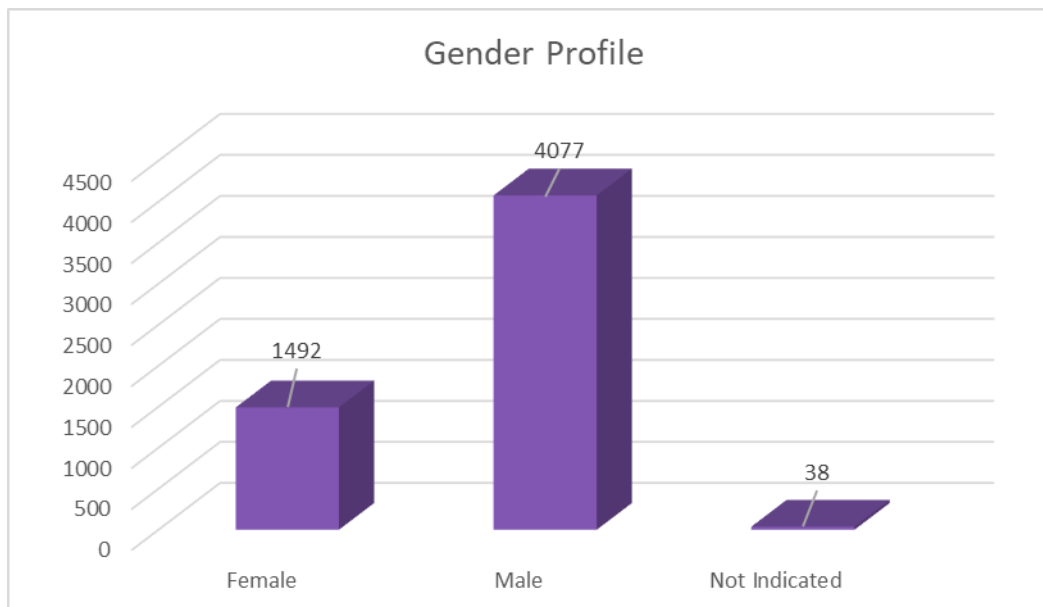


	RESTORATION to the register				First Time Registrations completed since Mar 16th, 2020
	COVID-19 Restoration		Permanent Restorations since March 16th, 2020		
	Restored	In process	Restored	In process	
PHECC	25	0	7	0	539

The age profile of the register membership is summarised in the following table;



The gender composition of the register membership is displayed in the table below.



FINANCIAL STATEMENTS 2021

Pre-Hospital Emergency Care Council Financial Statements for year ending 31 December 2021.



PRE-HOSPITAL EMERGENCY CARE COUNCIL

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2021

Comhairle Chúram Éigeandála Reamhospdeíl, 2nd Floor, Beech House Millennium Park, Osberstown, Naas, Co Kildare W91 TK7N, Ireland
T: (045 882042) info@phecc.ie www.phecc.ie

Board Members: Jacqueline Burke, Hillery Collins, Jimmy Jordan, Don Brennan, Dennis Keeley, Aidan O'Brien, Tess O'Donovan, William Merriman, Conor Deasy, Niamh Collins, Martin O'Reilly, Tomás Barry, David Menzies, Fiona McDaid, Patrick Fleming

Account Details Bank Sort Code: 933236 Account Number: 38367189 BIC: AIBKIE2D IBAN: IE60AIBK93323638367189

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GOVERNANCE STATEMENT AND COUNCIL MEMBERS' REPORT

Governance

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency charged with responsibility for standards, education and training in pre-hospital emergency care in Ireland. The Council was established as a body corporate by the Minister for Health by Statutory Instrument Number 109 of 2000 (Establishment Order) which was amended by Statutory Instrument Number 575 of 2004 (Amendment Order). These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and brought under primary legislation with the Health (Miscellaneous Provisions) Act, 2007.

The functions of Council are set out in the Establishment Orders. PHECC is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of PHECC are the responsibility of the Director and the senior management team. The Director and the senior management team must follow the broad strategic direction set by Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Director acts as a direct liaison between the Council and management of PHECC.

Council Member's Responsibilities

The work and responsibilities of the Council are set out in the Council Member's Handbook, which also contain the matters specifically reserved for decision by Council and the executive.

The Council is required by Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI 109/2000) to prepare financial statements for each financial year which give a true and fair view of the assets, liabilities and financial position of the Council and of its income and expenditure for that period.

In preparing these financial statements, the Pre-Hospital Emergency Care Council is required to:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- Keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in financial statement

The Council is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position which enables it to ensure that the financial statements comply with Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI 109/2000).

The Council is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Council is responsible for approving the annual business plan and budget. Council conducts an evaluation of performance at the end of the financial year. The Council considers that the financial statements of the Pre-Hospital Emergency Care Council give a true and fair view of the financial performance and the financial position of Pre-Hospital Emergency Care Council at 31 December 2021, except for non-compliance with FRS 102 in relation to retirement benefit obligations, as directed by the Minister for Health.

Council Structure

The Council consists of a Chairperson, Vice-Chairperson and 15 ordinary members, all of whom are appointed by the Minister for Health. Council members are appointed for a period of 4 years. No person shall hold office as a member of the Council for more than two consecutive terms of four years. The Council is directed by the Establishment Order to hold at least six meetings in every year and may hold such other meetings as may be necessary for the performance of its duties. In 2021 Council held 11 meetings.

Membership as of 31 December 2021

Name	Date of Appointment
Dr Jacqueline Burke	15/02/2021* (Chair)
Mr Hillery Collins	06/12/2020
Mr Jimmy Jordan	14/06/2021*
Mr Don Brennan	16/12/2020
Mr Dennis Keeley	24/08/2020
Mr Aidan O'Brien	24/08/2020
Ms Tess O' Donovan	30/06/2020
Mr William Merriman	30/06/2020
Dr Conor Deasy	30/06/2020
Dr Niamh Collins	30/06/2020
Mr Martin O'Reilly	14/06/2021
Dr Tomás Barry	15/02/2021
Dr David Menzies	06/12/2020
Ms Fiona McDaid	06/12/2020
Mr Patrick Fleming	06/12/2020
Dr Jason van der Velde	15/02/2021* (Vice-Chair)

*Reappointment date

The following positions remains vacant as of 31 December 2021

5(1)(a) "one shall be a person appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians"

PHECC's main functions include:

- To ensure training institutions, course content and examinations in First Response and Emergency Medical Technology reflect contemporary best practice
- To ensure pre-hospital emergency care Responders and Practitioners achieve and maintain competency at the appropriate performance standard.
- To prepare and promote the implementation of clinical practice guidelines in pre-hospital emergency care.
- To source, sponsor and promote relevant research to guide Council in the development of pre-hospital emergency care in Ireland
- To prepare standards of operation for pre-hospital emergency care providers to support best practice
- To establish and maintain a register of pre-hospital emergency care practitioners
- To recognise those pre-hospital emergency care providers which undertake to implement the clinical practice guidelines.

A complete list of Council's functions as per SI 109/2000 and SI 575/2004 are contained in the annual report.

The Council has established **7** standing Committees.

1. **Quality and Safety** - The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, criteria for registration, practice framework that incorporates credentialing, licensing and privileging of pre-hospital emergency care practitioners. Information standards, clinical audit framework and licensed provider approval to implement clinical practice guidelines (CPGs) are also included. The Chair of the Committee is a Council Member. The committee membership totaling 14, comprises of three Council members and eleven external members. The committee held 2 meetings in 2021.
2. **Education and Training** – The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, education and standards, recognition of institutions, recognition of equivalence of professional qualifications obtained from institutions both within and outside the state and maintenance and monitoring of institutions. The Chair of the Committee is a Council Member. The committee membership totaling 15, comprises of three Council members and twelve external members. The committee held 3 meetings in 2021.

3. **Medical Advisory** - The MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee. The Chair of the Committee is a Council Member. The committee membership totaling 17 comprises of four Council members, three of which are dual appointments, and ten external members. The committee held 3 meetings in 2021. MAC is supported in its work by a number of sub-committees which include the Priority Dispatch Sub-Committee, Community Paramedic Sub-Committee and Critical Care Sub-Committee.
4. **Fitness to Practise** -This is a committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practise of pre-hospital emergency care practitioners. The Chair of the Committee is a Council Member the remainder are external. The Fitness to Practise Committee is supported by the Preliminary Proceedings Committee, which is also Chaired by a Council member. There were no Preliminary Proceeding Committee or Fitness to Practise meetings held in 2021.
5. **Finance Risk Audit & Compliance** – The Finance, Risk, Audit & Compliance Committee is a committee of Council and reports to it on such matters as, but not confined to, adequacy of the nature, extent and effectiveness of the accounting and internal control systems, review of corporate governance, risk management, financial oversight and whistle blowers provisions. The Chair of the Committee is an external member, and qualified accountant. The committee membership totalling six, comprises of three Council and three external members. The committee held 3 meetings in 2021.
6. **Research** – The Research Committee is a committee of Council and advises, recommends, and guides Council in all matters pertaining to research matters. The committee membership totaling six comprises of two Council members and four external members. The committee held 1 meeting in 2021.
7. **Registration** – The Registration Committee is a committee of Council and advises Council on the development of policy in all matters relating to Registration including criteria for registration, code of conduct, practitioner's maintenance of competency at the appropriate performance standard (CPC), complaints received in relation to Fitness to Practise [FTP] of Registrants. The Chair of the Committee is an external member. The committee membership totalling eight, comprises of three Council and five external members. The newly formed committee did not hold any meetings in 2021.

In addition, Council has the following Expert Groups and Panels:

- Examination Quality Group
- Test Item Writing Group
- Appeal Panel
- Examiner Panel

Key Personnel Changes:

- Deputy Director & Registrar Barry O’Sullivan retired from PHECC in Q4 2021.
- Brendan Cawley was appointed Clinical Information & Examinations Programme Manager.
- Ray Carney was appointed Clinical Programme Manager.
- Pauline Dempsey returned to her substantive post of Education Programme Manager.
- Ricky Ellis was appointed Accreditation Programme Manager.

Schedule of Attendance and Expenses

Committee	Council	Educ. & Training	Quality & Safety	Medical Advisory	FRACC	Fitness to Practise	Research	Regist.	Approved Expenses
Number of meetings	11	3	2	3	3	0	1	0	
Member									€
Jacqueline Burke	11/11								109.60
Jason van der Velde	9/11			3/3					
Aidan O’Brien	10/11	1/1							
Conor Deasy	7/11						1/1		
David Menzies	11/11			3/3					
Dennis Keeley	10/11		2/2					0/0	
Don Brennan	7/11								
Fiona McDaid	10/11		2/2					0/0	
Hillery Collins	8/11			1/2	1/1			0/0	
Jimmy Jordan	10/11				2/2				
Martin O’Reilly**	5/4			1/1					
Niamh Collins	11/11	1/1							
Patrick Fleming	11/11				3/3		1/1		
Tess O’Donovan	7/11	1/2							
Tomás Barry**	8/10			0/1					
William Merriman	8/11				2/2				
Mick Molloy*	1/1			2/2					
Thomas Keane*	0/1								
Shane Knox				2/2					
Shane Mooney				0/2					
Patrick Plunkett						0/0			
Total									€109.60

* members whose term on Council concluded during 2021

** members whose term on Council commenced during 2021

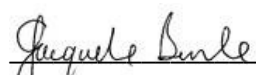
No members of Council are paid fees.

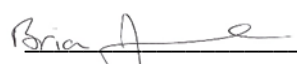
The Council is responsible for ensuring that PHECC has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code.


Pre-Hospital Emergency Care Council					
Year Ended 31 December 2021					
	2021	2021	2021	2021	2020
	€	€	€	€	€
Consultancy & Professional Fees		Other Contracted Costs	Consultant Fees	TOTAL	
	Legal Fees				
Legal Fees	56,658			56,658	39,354
HR Consultancy		24,836		24,836	11,741
Consultants - Finance & accountancy			5,963	5,963	3,801
Governance & Quality Assurance Consultancy		54,576		54,576	24,803
Education and Standards Consultancy		9,775		9,775	70,449
	56,658	89,188	5,963	151,808	150,149
				2021	2020
				€	€
Consultant Travel Expenses					2,584
				-	2,584
Travel and Subsistence				2021	2020
				€	€
Staff National Travel				20,867	20,765
Staff International Travel				-	1,541
Council Members National Travel				110	1,578
Council Members International Travel				-	-
				20,976	23,884
Hospitality Expenditure				2021	2020
				€	€
Staff Hospitality				1,090	2,453
				1,090	2,453

Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. PHECC was in full compliance with the Code of Practice for the Governance of State Bodies for 2021.


Dr. Jacqueline Burke
Council Chairperson


Mr. Brian Dunne
FRACC Chairperson


Mr. Richard Lodge
Director

Date:

19 December 2022

STATEMENT ON INTERNAL CONTROL

1. Scope of Responsibility

On behalf of The Pre-Hospital Emergency Care Council (PHECC), we acknowledge the Council's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016). PHECC, through the Director, is responsible for monitoring the system of internal control and providing assurances to the Council.

2. Purpose of the System of Internal Control

A system of internal control is designed to reduce rather than eliminate risk. Such a system can provide only a reasonable and not an absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely manner.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in PHECC for the year ended 31 December 2021 and up to the date of approval of the financial statements.

3. Capacity and Capability to Handle Risk

The Council has established a Finance, Risk, Audit and Compliance Committee [FRACC] having reviewed the Terms of Reference for all its Committees of Council during 2020/2021.

The purpose of FRACC, as a Committee of the Council, is to support Council in their responsibilities for issues of risk, control, governance, and compliance by reviewing the comprehensiveness of assurances in meeting the Council's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.

The FRACC aspires to:

- Keep oversight of the internal control system
- Minimise corporate risk through the risk management matrix reporting system
- Minimise the risk to PHECC personnel through its Health and Safety policies
- Optimise the level of organisational response to compliance requests
- Ensure that PHECC is economically sustainable over time

while always keeping in mind that PHECC's key mission is to drive change in the health-care system, which inherently involves risk. The FRACCs role is to ensure that this risk is mitigated as far as possible.

FRACC is comprised of:

- Three Council members
- Three independent external members, one of whom acts as Chair and be suitably qualified in accounting and auditing matters

The FRACC are provided with administrative support by PHECC executive. The committee formally report in writing to the Council; and provide the Council with an Annual Report, timed to support finalisation of the annual report and financial statements, summarising its conclusions from the work it has done during the year.

The FRACC advises Council on:

- The ongoing financial situation as regards income, expenditure, cashflow and variances against agreed budgets and targets.
- The strategic processes for risk, internal control, governance, and compliance.
- The accounting policies, the financial statements, and the annual report of the organisation, including the process for review of the financial statements prior to submission for audit, levels of error identified, and Council's letter of representation to the external auditors.
- The planned activity and results of both internal and external audit.
- The adequacy of management response to issues identified by audit activity, including the Office of the Comptroller and Auditor General's [OCAG] management letter.
- Assurances relating to the management of risk, corporate governance, and compliance requirements for PHECC.
- Proposals for tendering for internal audit services or for purchase of non-audit services from contractors who provide audit services.
- Anti-fraud policies, protected disclosure processes, and arrangements for special investigations.
- Achievement of financial sustainability in the medium term.

The Committee will also periodically review its own effectiveness and report the results of that review to the Council.

Following an open recruitment process Council, in March, 2022, Council appointed a new external Chair of FRACC, who is a qualified accountant.

4. Risk and Control Framework

PHECC implement a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks. A risk register is in place which identifies the key risks facing PHECC and these have been identified, evaluated, and graded according to their significance. The register is maintained and updated by the Director and reviewed by FRACC at their meetings, prior to being presented at least twice a year to Council by the Chair of FRACC. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level. The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff.

We confirm that a control environment containing the following elements is in place:

- Procedures for all key business processes have been documented
- Financial responsibilities have been assigned at management level with corresponding accountability
- There is an appropriate budgeting system with an annual budget which is kept under review by senior management with oversight from FRACC.
- There are systems aimed at ensuring the security of the information and communication technology systems
- There are systems in place to safeguard the assets

5. Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Council, where relevant, in a timely way.

I confirm that the following ongoing monitoring systems are in place:

- The system of internal financial control in PHECC is documented in Quality Management System (QMS) process maps
- PHECC has established procedures around segregation of duties and the authorisation of expenditure
- Monthly expenditure and activity are monitored against the business plan
- Financial reports are presented to the Director for consideration and appropriate action
- Income and Expenditure variances are considered by the FRACC at each meeting and presented to Council a minimum of four times per year.
- A monthly financial position report for the Department of Health is prepared and submitted to the Department
- The SAGE financial system is operated by PHECC to facilitate financial accounting practice and provide detailed audit trails on all transactions.

6. Procurement

We confirm that PHECC have an established procurement policy in place to ensure that the Pre-Hospital Emergency Care Council (PHECC) adheres to effective, strategic and professional procurement methods incorporating all relevant EU directives and Government legislation and recommendations, and in doing so will provide the best available value for money while at the same time ensuring that we will meet our obligations in terms of:

- Openness
- Transparency
- Accountability

One of the most basic and fundamental aspects of procurement within any organisation is that it must be carried out within agreed policies and procedures. Procurement within PHECC is carried out at departmental level within the executive. Public Procurement Guidelines for Goods and Services – Version 2 issued by OGP and DPER are the current guidelines in use.

We confirm that PHECC has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2021 PHECC largely complied with those procedures. All new procurement in 2021 was compliant. There remain a small number of historic contracts in place that are classed as non-compliant in that either the original procurement paperwork is not available, or they have been rolled over beyond the scope of the original contract.

The contracts classified as non-compliant include a number of printing contracts. In a number of cases, it was necessary to roll over the contract a final time due to the pressures of Covid.

The intention is to harmonise all the printing contracts (five in total with a combined total spend of €140k in 2022). Unfortunately, the existing contracts all expire at different times, and it has been necessary to roll over some of the existing contracts until such time as they all align and can be tendered collectively. This process is planned for Q1 2023 and is documented in the FRACC minutes.

7. Review of Effectiveness

We confirm that PHECC has procedures to monitor the effectiveness of its risk management and control procedures. PHECC's monitoring and review of the effectiveness of the systems of internal control is carried out by FRACC (formally C&AC) on behalf of Council. This ongoing assessment by FRACC is further informed by the work of the internal and external auditors and the senior management within PHECC responsible for the development and maintenance of the internal control framework. A report is presented, discussed and interrogated by Council. This has been the practice in PHECC for a number of years.

Following an evaluation, it is recognised that the procedure for monitoring the effectiveness of risk management and control mechanisms is not well defined, is not documented as fully as it should be and the subsequent reporting at both FRACC and Council is not as comprehensive as it could be. From 2023 a more prescribed and documented system of review of the effectiveness of the internal controls and compliance with the Code of Practice for the Governance of State Bodies will be employed by FRACC.

In 2019 the Council commissioned a review of its governance arrangements, and this was carried out by the Institute of Public Administration. A number of recommendations, which included the formation of the new FRACC, were agreed to be actioned by Council, the last of these was closed out in 2021.

8. Internal Control Issues

There were four outstanding issues from previous reports. The first relates to the potential for conflicts of interest from the historic practice that the Chair of the Compliance and Audit Committee (now FRACC), is also contracted in the role as Council Secretary. The second is in relation to the appropriate fee paid to the Chair of the Compliance and Audit Committee (now FRACC).

Following an open recruitment process Council have appointed a new external Chair of FRACC, who is a qualified accountant.

PHECC can now confirm that, following correspondence with DPER, the new Chair of FRACC is remunerated in compliance with the DPER guidelines.

A separate process is being undertaken for the appointment to the post of Secretary to Council.

During 2021, a fee of €6,270 was paid to the Chair of the Audit Committee/FRACC and separate amount of €51,354 was paid to the same individual in respect of their role of Council Secretary.

Thirdly, as part of the internal audit process for 2020/2021, the auditors were asked to critically examine engagement with a named recruitment agency, for the provision of agency staff to PHECC as assessors for a number of tasks including examiners, GVF and QRF assessors, CPC assessors, RoQ assessors, Quality Panel members and other assessor or auditor functions, as required by PHECC in the normal course of its duties as a Regulator.

The original report concluded that it is possible there may be risk of exposure to PHECC for a tax liability due on payments to GVF contractors, because of Revenues rulings on the definition of a contractor, and recommended a deep dive review.

PHECC subsequently issued a tender for a detailed examination of PHECCs management and payment of the Assessor Panel, to include a determination of any tax liability and recommendations for the most efficient management of the assessor panels going forward.

This review was tendered in 2022, the contract awarded, and work commenced on 16/09/2022. The work is now in its final stages and a draft report has been promised before the end of the year, with the final report due before the end of January 2023.

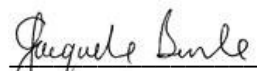
Finally, there has been ongoing engagement with DoH in relation to the requirement for PHECC to obtain prior approval for expenditure of over €20k on consultancy. The Department of Health have confirmed that this requirement is obsolete and is no longer required.

PHECC endeavoured to finalise the accounts, SIC and Governance Statement and forward to OCAG by the end of April 2022. Unfortunately, this date was not achieved, despite improving on previous years by several months. PHECC will endeavour to improve this further for 2022.

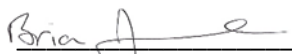
9. Conclusion

Apart from items above, (Section 8), no material weaknesses in internal control were identified in relation to 2021 that currently require disclosure in the financial statements.

On behalf of the Pre-Hospital Emergency Care Council:



Dr. Jacqueline Burke
Council Chairperson
Date:



Mr. Brian Dunne
FRACC Chairperson



Mr. Richard Lodge
Director

19 December 2022

Pre-Hospital Emergency Care Council

Statement of Income and Expenditure and Retained Revenue Reserves

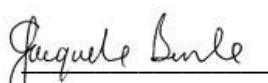
Year Ended 31 December 2021

Income	Note	2021	2020
Department of Health	2	2,365,700	3,097,404
Own Resources	3	62,878	60,992
Other Income	4	331,667	367,847
Total Income		2,760,245	3,526,243
Expenditure			
Programme and Grant Expenditure	5	400,269	867,812
Administration, Operations & Promotion	6	2,352,227	2,628,057
Total Expenditure		2,752,497	3,495,869
Surplus/(Deficit) for the Year before Appropriations		7,749	30,375
Transfer from/(to) Capital Account	9	34,031	19,050
		41,780	49,425
Balance brought forward at 01 January 2021		(24,119)	(73,544)
Balance carried forward at 31 December 2021		17,660	(24,119)

The statement of Income and Expenditure and Retained Reserves includes all gains and losses recognised in the year

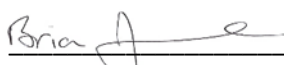
The Statement of Cash Flows and notes form part of these financial statements

On behalf of the Council of the Prehospital Emergency Care Council



Dr. Jacqueline Burke
Council Chairperson

Date: 19 December 2022



Mr. Brian Dunne
FRACC Chairperson



Mr. Richard Lodge
Director

Pre-Hospital Emergency Care Council

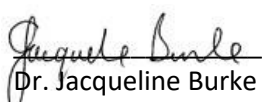
Statement of Financial Position

As of 31 December 2021

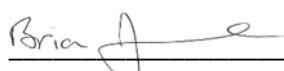
	Note	2021 €	2020 €
Fixed Assets			
Property, plant & equipment	8	14,008	48,038
Total Fixed Assets		14,008	48,038
Current Assets			
Debtors & Prepayments	11	94,281	159,644
Cash at Bank and In Hand		87,342	70,977
		181,623	230,621
Current Liabilities (<i>amounts falling due within one year</i>)			
Creditors : Short Term	10	141,602	227,106
Net Current Assets		40,022	3,514
Non-Current Liabilities (<i>amounts due after one year</i>)			
Payables	10	22,361	27,633
Total Net Assets		31,668	23,919
Representing			
Capital account	9	14,008	48,038
Retained revenue reserves		17,660	(24,119)
		31,668	23,919

The Statement of Cash Flows and notes form part of these financial statements

On behalf of the Council of the Prehospital Emergency Care Council


Dr. Jacqueline Burke
Council Chairperson

Date:


Mr. Brian Dunne
FRACC Chairperson


Mr. Richard Lodge
Director

19 December 2022

Pre-Hospital Emergency Care Council

Statement of Cash Flows

Year Ended 31 December 2021

	2021	2020
	€	€
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	7,749	30,374
(Increase)/Decrease in Receivables	65,363	(127,574)
Increase/(Decrease) in Payables	(90,774)	107,613
Depreciation	41,515	39,152
Net Cash Inflow from Operating Activities	23,851	49,565
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(7,485)	(20,101)
Net Cash Flows from Investing Activities	(7,485)	(20,101)
Cash Flows from Financing Activities		
Bank Interest		
Net Cash Flows from Financing Activities	-	-
Net Increase/(Decrease) in Cash and Cash Equivalents	16,366	29,463
Cash and Cash Equivalents at 1 Jan 2021	70,975	41,512
Cash and Cash Equivalents at 31 Dec 2021	87,343	70,975

Pre-Hospital Emergency Care Council

Notes to the Financial Statements

Accounting Policies

The basis of accounting and significant accounting policies adopted by the Pre-Hospital Emergency Care Council are set out below. They have all been applied consistently throughout the year and for the preceding year.

General Information

The Pre-Hospital Emergency Care Council was established by the Minister for Health under Statutory Instrument No. 109 of 2000, the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and are amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and confirmed by the Health (Miscellaneous Provisions) Act, 2007.

The functions of the Council are set out in the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and as amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. The Pre-Hospital Emergency Care Council is a Public Benefit Entity (PBE).

Statement of Compliance

The financial statements of The Pre-Hospital Emergency Care Council for the year ended 31 December 2021 have been prepared in compliance with the applicable legislation, and with FRS 102 The Financial Reporting Standard applicable in the UK and the Republic of Ireland issued by the Financial Reporting Council in the UK, as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, the Council accounts for the costs of superannuation entitlements only as they become payable. The basis of accounting does not comply with FRS 102, which requires such costs to be recognised in the year in which entitlement is earned.

Basis of Preparation

The financial statements have been prepared on the accruals basis under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Pre-Hospital Emergency Care Council's financial statements.

Going Concern

The financial statements are prepared on a going concern basis.

Revenue

Revenue is generally recognised on an accruals basis except in the case of the Department of Health allocation which is recognised on a cash receipts basis.

The non-capital allocation from the Department of Health is dealt with through the Revenue Income and Expenditure Account. Any part of this allocation applied for capital purposes and resulting in fixed asset additions is transferred to the Capital Fund Account.

Other Revenue

Other revenue is recognised on an accruals basis.

Cash and Cash Equivalents

Cash and cash equivalents is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours.

Receivables

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence that Pre-Hospital Emergency Care Council will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

Property, Plant and Equipment

Property, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. A full year's depreciation is charged in the year of purchase. Depreciation which is matched by an equivalent amortisation of the Capital Account is charged against the Statement of Income and Expenditure. Depreciation is provided on all property, plant and equipment, at rates estimated to write off the cost less the estimated residual value of each asset on a straight-line basis over their estimated useful lives, as follows:

ICT Equipment: 33.3% straight line.

Other Equipment: 20.0% straight line.

If there is objective evidence of impairment of the value of an asset, the impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

Depreciation and Residual Values

The Compliance and Audit Committee review from time to time the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings and have concluded that asset lives and residual values are appropriate.

Employee Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

Retirement Benefits

The Pre-Hospital Emergency Care Council has a defined benefit pension scheme as per Article 28 (4) of the SI 109/2000 in accordance with schemes and regulations made under the Local Government (Superannuation) Act, 1980 (No. 8 of 1980). This scheme is funded annually on a pay-as-you-go basis from monies provided by the Department of Health and from contributions deducted from staff and members' salaries. The Pre-Hospital Emergency Care Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER).

Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates.

In this regard, Management believe that the critical accounting policies where judgments or estimates are necessarily applied are summarised below.

Going concern

The Council is an independent statutory body funded by the State through the Department of Health. Management are not aware of any intention to amend the functions of the Council, its activities or its levels of funding. Accordingly, the accounts have been prepared on a going concern basis.

Useful lives of tangible fixed assets

The Council estimates the useful lives of tangible fixed assets based on the period over which the assets are expected to be available for use. The estimated useful lives are reviewed periodically and are updated if expectations differ from previous estimates due to physical wear and tear, technical or commercial obsolescence and legal or other limits on the useful lives.

Payables

Payables measured at the transaction price. The payment of invoices by the Council is governed by the Prompt Payment of Accounts Act, 1997.

Other financial liabilities are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight-line basis over the lease period, except where there are rental increases linked to the expected rate of inflation, in which case these increases are recognised when incurred. Any lease incentives received are recognised over the life of the lease.

2. Department of Health Allocation

The Department of Health Vote 38 (E1) allocation to the Pre-Hospital Emergency Care Council as shown in the financial statements consist of:

	2021	2020
	€	€
Grants for current expenditure	2,365,700	3,097,404
	2,365,700	3,097,404

3. Own Resources

	2021	2020
	€	€
Professional Registration Fee Income	62,878	60,992
	62,878	60,992

4. Other Revenue

	2021	2020
	€	€
Transport Medicine/Retrieval Programme (Temple St Children's Hospital) *	24,034	54,805
Accreditation and Examination Fees	101,338	103,789
Certificate Income	134,490	134,900
Superannuation Contributions	42,854	36,212
Clinical Publications	28,950	38,141
	331,667	367,847

*Funding is received from the HSE (via Temple Street Hospital) in respect of invoices processed by PHECC in relation to the Transport Medicine/Adult and Infant Retrieval Programmes, (now MICCAS). This arrangement, which included a processing fee, was discontinued during 2021.

5. Programme Expenditure

	2021	2020
	€	€
Invoices		
Advanced Paramedic Development Funding	-	491,151
On behalf of NASTransport Medicine/Retrieval Programme	14,512	31,750
Education & Standards	94,675	66,214
Digital Portal Support Initiative	10,558	23,320
Electronic Patient Care Report Initiative	-	23,729
Clinical Programme	65,924	47,275
Clinical Support Publications Project	90,077	61,616
Quality & Standards	-	139
Continuing Professional Competency Development	112,564	122,618
Research	11,960	-
Total Invoices	400,269	867,812
Total Programme Expenditure	400,269	867,812

6. Administration, Operations and Promotion

	2021	2020
	€	€
	Note	
Remuneration and other pay costs	6(a)	
Rent, rates, service charges and insurance	1,440,293	1,537,698
Depreciation	114,593	187,893
Repairs, maintenance and leasing charges	41,515	39,153
Electricity and utilities	26,966	47,775
Communications and IT	4,918	6,034
Office expenses	179,260	239,394
Consultancy and other professional fees	47,948	97,251
Audit Fee	161,582	268,504
Examinations and related expenses	21,650	18,150
Recruitment and media	185,170	128,268
Register Expenses	38,560	18,277
Council and Committees	31,450	33,812
	58,323	5,850
	2,352,227	2,628,057

6. (a) Remuneration and Other Pay Costs

	2021	2020
	€	€
Staff Gross Wages	1,123,939	1,117,948
Staff Secondment Costs	8,853	120,147
Staff Secondment (Recharge)	(24,254)	(127,826)
Pension Costs	104,997	36,030
Superannuation Benefit	77,335	263,240
Employer's contribution to social welfare	102,574	95,068
Staff training and development	17,820	4,711
Other Staff costs	6,962	2,043
Staff Hospitality/Honorarium	1,090	2,453
Staff travel and subsistence costs	20,867	22,306
Council members' travel and subsistence costs	110	1,578
	1,440,293	1,537,698

Secondment income of €24,254 (2020: €127,826) in respect of staff on secondment has been offset against salary costs.

7. Remuneration

7. (a) Directors Remuneration

	2021	2020
Director	96,843	93,415
	96,843	93,415

The Director has not received pension benefits other than the standard entitlements under the Local Government Superannuation Schemes and/or Single Service Pension Scheme. No bonus is ever paid to the Director or any other staff member.

7. (b) Key Management Personnel Salary & Benefits

	2021	2020
Salaries and Short Term Benefits as follows;		
Salary	470,685	429,672
Allowances	2,871	3,445
	473,557	433,117
Pension Contributions	21,185	19,645
Employers Contribution to Social Welfare (PRSI)	36,322	28,632
	531,064	481,394

Key Management Personnel include the Director, his Deputy and Programme Managers.

Please note, the Deputy Director retired in October 2021 and this is reflected in the above figures

7. (c) Aggregate Employees Salary and Benefits

	2021	2020
Salaries and Short Term Benefits	1,123,939	1,117,947
Post Employment Benefits (Pension)	104,997	36,030
Post Employment Benefits (SCSB)	77,335	263,240
Pension Contributions	35,383	36,212
Employers Contribution to Social Welfare (PRSI)	102,574	95,068
	1,444,228	1,548,497

Aggregate Employees is comprised of all staff including the Director, Key Management Personnel and all other employees. The WTE number of staff was 20.

7. (d) Employee Short-Term Benefits Breakdown

	2021	2020
Number of employees and salary range;		
€ 60,000 - 69,999	0	3
€ 70,000 - 79,999	2	0
€ 80,000 - 90,000	2	0
€ 90,000 - 100,000	1	2

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime, allowances and other payments made on behalf of the employee but exclude employer's PRSI.

8. Property, Plant and Equipment

	ICT Equipment	Other Equipment	Totals
Cost			
At 1 January	127,562	139,403	266,965
Additions	6,045	1,441	7,486
Disposals	(44,610)		(44,610)
At 31 December	88,997	140,844	229,841
Depreciation			
At 1 January	108,639	110,287	218,926
Charge for the year	13,763	27,754	41,517
Disposals	(44,610)		(44,610)
At 31 December	77,792	138,041	215,833
Net Book Value			
At 1 January	18,923	29,116	48,039
Net movement for the year	(7,718)	(26,313)	(34,031)
At 31 December	11,205	2,803	14,008

9. Capital Account

	2021 €	2020 €
Opening Balance 1st January	48,039	67,089
Transfer from Income and Expenditure Account		-
Funding of Asset Additions	7,486	20,102
Amortised in line with depreciation	(41,517)	(39,152)
Closing Balance at 31st December	14,008	48,039
Retained Revenue Reserves b/f	(24,119)	(73,544)
Surplus/Deficit for the year	41,780	49,425
Closing Balance at 31st December	17,661	(24,119)

10. Payables

Amounts falling due within one year

	2021 €	2020 €
Creditors Control Account	3,779	(404)
Accruals	94,522	174,048
Visa	1,831	6,835
Withholding Tax	3,108	5,532
SPPS	0	6,610
PAYE/PRSI	32,931	29,217
Union Fees Liability Ac	162	0
Deferred lease incentive	5,269	5,269
	141,602	227,106

Amounts falling due after one year

	2021 €	2020 €
Deferred lease incentive	22,361	27,633
	22,361	27,633

11. Receivables

Receivables	2021 €	2020 €
Debtors Control Account	10,380	84,485
Tax Saver Staff Transport	-	(122)
Bike to Work (BTW)	(250)	1,250
Prepayments	84,151	74,031
	94,281	159,644

12. Retirement Benefit Costs

By direction of the Minister for Health, no provision has been made in respect of benefits payable under the Local Government Superannuation Schemes as the liability is underwritten by the Minister for Health. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid. Additional superannuation contributions are paid to the Department of Health.

The Council also operate the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013.

13. Lease Commitments

At the 31st of December 2021, the Pre-Hospital Emergency Care Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2021 €	2020 €
Payable within one year	126,456	126,456
Payable within 2 to 5 years *	505,825	505,825
Payable over 5 year *	49,760	176,216
	682,042	808,498

Note *: There is a rent review following completion of 5 years of the lease and therefore may alter the amount payable in accordance with agreement made during review.

14. Reconciliation of cash and cash equivalents and net debt

	Opening balance	Cash flows	Closing balance
Cash at bank and in hand	70,976	16,366	87,342
Overdrafts (Visa)	(6,835)	5,004	(1,831)
Net funds	64,141	21,370	85,511

15. Events After the Reporting Date

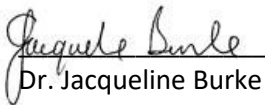
There were no events after the reporting date that would require adjustment to or disclosure in the financial statements.

16. Related Party Transactions

The Pre-Hospital Emergency Care Council complies with the Code of Practice for the Governance of State Bodies 2016 issued by the Department of Public Expenditure and Reform in relation to the disclosure of interests by the Council and members/staff of PHECC. Formal procedures exist to ensure adherence with the requirements of the Code.

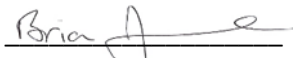
17. Approval of Financial Statements

The Financial Statements were approved by the Council on 19 December 2022.



Dr. Jacqueline Burke
Council Chairperson

Date:



Mr. Brian Dunne
FRACC Chairperson



Mr. Richard Lodge
Director

19 December 2022