



Licensed CPG Service Provider Medical Director Standard (Role and Responsibilities)

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

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Doc No-Title STN032 Licensed CPG Service Provider Medical Director Standard - (Role and Responsibilities)					
Version	Date	Details			
1	July 2022	New Document			
2	Sept 2022	Clarification on Medical Director Required Registration status and co-privileging			



This document is to identify the requirements for a Medical Director of a PHECC Licensed CPG Service Provider (S.I 575/2004).

The role of the Medical Director is not a corporate function or responsibility.

The requirements have been constructed to support the GVF requirements as a standard of operation and to ensure that Medical Directors are appropriately licensed and engaged with the service that they oversee. The Medical Director shall be registered by the Medical Council on the Specialist or General Register and have the competencies and experience to fulfil the role. PHECC reserves the right to require evidence of this.

Item	Requirement	Desirable				
1 Clinical Activities	 CAS1: Oversee and provide guidance to Providers for standards of clinical care and ensure safe, timely care, and treatment CAS2: Co-Privilege* the Provider's Practitioners (volunteer, contractor or employee) to deliver pre-hospital emergency care The Provider shall issue individual co-signed letter (MD and Provider) to each Practitioner indicating their scope of practice in advance of care delivery CAS3: Oversee policy for implementation of CPG and ensure adherence with <u>PHECC CPG Categorisation and Implementation Guidance</u> (GUI026 – V2) *Privileging is a function of the CEO/Director of the Provider in conjunction with the Medical Director. 	 Medical Director spends a self-determined period of time per annum engaged in pre- hospital clinical practice 				
Advisory The Medica	al Director is an experienced healthcare professional who undertakes an important clinical governance and adviso	rv role at the Licensed CPG Service Provider, they shall				
	be recognised by the Medical Council on the Specialist or General Register and have relevant competencies and experience in the provision of Pre-hospital emergency care.					
2 Clinical Governance	 CGV1: Participate in Provider's governance meetings to ensure systematic monitoring and evaluation of service CGV2: Review and guide the Provider's Clinical Governance Policy CGV3: Monitor the Provider's Clinical Risk Register, Clinical Key Performance Indicators, and Quality Improvement Plan Oversee/guide safe management and use of medicines and equipment practices Oversee/guide PCR management and monitor the quality of patient records Monitor refusal of treatment and/or transport Review and monitor infection prevention and control (IPC) systems CGV4: Review and guide the Provider's policy and management of: adverse clinical events/incidents near-miss clinical incidents clinical complaints CGV5: Oversee how lessons learned are communicated to Practitioners CGV5: Review and ensure Provider's compliance with statutory requirements related to the delivery of healthcare CGV7: Oversee and monitor a system of operational clinical support for Practitioners CGV8: Review and ensure that all clinical practices undertaken are adequately indemnified by the Provider CG9: Oversee that required CPG related training is conducted within the allowed period (18 months) by a Recognised Institution/PHECC approved Training Institution	 Liaise with and support Provider's clinical management personnel Provide clinical advice at incidents/events as required Oversee/contribute to development of organisation's culture Maintain direct relationship with Practitioners about clinical and governance matters Ensure patients' dignity, privacy and autonomy are respected and promoted Monitor clinical activities to ensure provisions in Licensed CPG Provider_Notification Process (LIS020 – V2) are adhered to 				

Advisory Note:		A Medical Director will be significantly engaged in monitoring governance related activities at the Provider, this involves clinical risk management, guiding the Provider's process and management of clinical complaints and promoting after action review and the communication of learning from incidents and near misses.				
3	Audit	 ADT1: Oversee and guide the Provider's Clinical Audit system appropriate to meet PHECC annual requirements 	 Lead the Provider's clinical audit system Encourage audit of PCRs, relevant clinical activities, and other supplementary topics (Structure, Process, and Outcome) Promote a culture of audit and learning 			
Advisory Note:		The Medical Director is an experienced healthcare professional in an important advisory role at the Provider, they will oversee and guide the Clinical Audit system to achieve PHECC recognition and renewal requirements, it is desirable that this leadership will foster a culture of 'learning from doing' and promote 'evidence-based change' at the Provider.				
4	Complaints Management	 CM1: Review complaints policy and guide appropriate response to clinical related complaints, including the after-action review CM2: Receive reports on all clinical related complaints 	 Provide advice for clinical complaints and serious untoward incident investigation functions Monitor the recording of complaints received, actions taken and response to complainant 			
Advisory Note:		dical Director is an experienced healthcare professional in an important advisory role at the Provider, they should provide support and guidance on developing and improving em for the management of complaints at the Provider.				
5	Statutory Compliance	 SC1: Liaise and engage with PHECC as required SC2: Ensure Provider's understanding and review compliance with statutory duties related to delivery of healthcare i.e. Controlled Medication Management 				
Advisory Note:		The Medical Director is an experienced healthcare professional in an important advisory role at the Provider, they should guide the Provider in the safe and regulatory compliant delivery of pre-hospital emergency care.				
6	Training and Supervision	 TRS1: Provide clinical support, advice, and guidance on pre-hospital education and training 	 Participate in staff interview/induction process Be accessible to staff for clinical queries Participate on in-service training courses Promote and encourage Practitioners' continued professional growth Support and advise clinical staff on clinical care issues 			
Advisory Note:	The Medica	The Medical Director is an experienced healthcare professional in an important advisory role at the Provider, they should review and guide training in the organisation.				
7	Annual Medical Director's Report	 Prepare the relevant clinical related entries in the pro-forma report for the AMDR and co-sign with Provider 	 Report any significant incidents or/and changes in clinical practice 			
Advisory Note:	The AMDR is a co-constructed report compiled between the Medical Director and the Provider and communicates important data about the Provider's clinical activities to PHECC. It contains information about the Provider's structures and presents a review of the clinical operations and other important data. Importantly, the AMDR supports the annual renewal process. The AMDR must be signed by the Medical Director and the Provider.					



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