



Council Policy for Recognition to Implement
Clinical Practice Guidelines (CPGs)

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

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Version History

(Please visit the [PHECC website](#) to confirm current version.)

Name: POL003_Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs)		
Version	Date	Details
1	Dec 2006	Approved by Council
2	Oct 2010	Approved by Council
3	May 2012	Approved by Council
4	Feb 2014	Approved by Council
5	July 20115	PHECC Policy for Organisations to apply for approval to implement Clinical Practice Guidelines V5
6	Jan 2018	Redraft following establishment of GVF.
7	Sept 2019	Update ref Clinical Information Standards & PHECC CPG Categorisation and Implementation Guide
8	July 2022	Name edit. Updated following evaluation of GVF Standard.
9	May 2023	Update ref Medical Director Standard, Insurance, Cancellation, Ability to undertake assessment, Retention of higher-level recognition.

Recognition of Pre-hospital Emergency Care Service Providers

1. Pursuant to S.I. No 109 of 2000, as amended by S.I. No 575 of 2004, one of the functions of the Pre-Hospital Emergency Care Council (the “Council”) is to recognise, in accordance with rules made by Council, those pre-hospital emergency care service providers who undertake to implement the clinical practice guidelines prepared by the Council. These Rules set out the procedure for recognition, which will apply to all pre-hospital emergency care service providers who apply to the Council for such recognition (the “Applicant”).

New Application Recognition Process

2. The Applicant must complete the Application Form and the Statutory Declaration (Pursuant to the Statutory Declarations Act 1938), which is appended to these Rules. The Application Form and Statutory Declaration as downloaded from the PHECC website must be used . It is not acceptable to re-type or re-format the application form or Statutory Declaration.
3. A completed Statutory Declaration and Application Form, together with supporting documentation, must be submitted to the Council with the appropriate fee as per the current Council Policy and Schedule of Fees (POL006).
4. The Council will review the application and supporting information and undertake meeting(s) with the Applicant Senior Management and Medical Director, which will allow the Applicant to show evidence of capacity to comply with the Council’s standards and requirements for new applicants.
5. The Council reserves the right to request the Applicant to produce such further information and supporting documentation as it deems necessary in order to fully consider the application.
6. The Council reserves the right to approve Applicant at the clinical levels it deems appropriate; based on staff levels, equipment and medications available, access to education and training to maintain competency and type of activities engaged in.
7. Approval for EMT Basic Tactical Emergency Care (EMT-BTEC) shall only be provided for Licensed CPG Providers that demonstrate a specific need where emergency care is being provided in a hostile environment and access to the patient is not available to standard PHECC practitioners due to safety or environmental conditions. Once the patient is removed from the hostile environment, standard clinical levels apply to patient care.
8. The Applicant has the right to appeal a decision to refuse an application. The Council Policy and Procedures for Appeals (POL019) sets out the manner in which such appeals are conducted. The fees related to appeals are detailed in the Council Policy & Schedule of Fees (POL006).
9. The Applicant will be required to enter into a data protection agreement with PHECC.

New Applications Statutory Declaration Requirements

The Applicant must complete the Statutory Declaration confirming that as of the date of signing:

10. The Applicant is compliant with tax requirements of the Revenue Commissioners.
11. The Applicant has, and will maintain, current valid insurance policies including, but not limited to, clinical indemnity/medical malpractice, and employer and public liability.
12. The Applicant ensures that Practitioners are Licensed, Credentialed, and Privileged in accordance with PHECC Privileging Standard (STN033) prior to delivering pre-hospital care.
13. The Applicant has policies and procedures to ensure patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services. Records of pre-hospital operations/ activity will be recorded.
14. The Applicant has policies and procedures to ensure all patients are treated with compassion, respect, and dignity and policies for informed consent and patient's refusal of treatment and/or transport are in place.
15. The Applicant has policies and procedures to ensure patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.
16. The Applicant has developed a 3-year programme of clinical and environmental audits in line with the services provided.
17. The Applicant has policies and associated procedures to ensure safe and legal medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.
18. The Applicant has policies and associated procedures that constitutes an effective infection prevention and control programme including appropriate clinical waste management.
19. The Applicant has policies and associated procedures that ensure safeguarding of children and vulnerable adults.
20. The Applicant has documented structures and accountability for corporate governance to include workforce planning, maintenance of risk management processes, and a document control system.
21. The Applicant has documented structures and accountability for Clinical Governance.
22. The Applicant has a system to ensure monitoring and circulation of new recommendations by PHECC, other regulatory bodies, and public health alerts.
23. The Applicant has processes for the performance management of employees, volunteers, and/or contractors.
24. The Applicant has a policy and procedures in place to ensure the Practitioner's English language competency where English is not the Practitioner's first language.

25. The Applicant has policies in place to support a training and development programme, which ensures employees, volunteers and/or contractors have the required competencies to undertake their duties in line with their scope of practice.
26. The Applicant has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.
27. The Applicant has policies and associated guidelines to ensure that appropriate equipment is in place and documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards (PCR - STN003).
28. The Applicant has policies and associated guidelines to make certain documentation ensures confidentiality and security of data is protected.
29. The Applicant has a Medical Director, who is registered with the Medical Council, with general or specialist registration, has the competencies, experience, and is indemnified to fulfil the role. The Medical Director shall provide oversight and support for Clinical Governance in accordance with the CPG Service Providers Medical Director Standard (Role and Responsibilities) (STN032).

In addition, the Applicant agrees to:

Complete an online application process that involves scanning of forms and production of supporting documents, which are to be uploaded into a Microsoft SharePoint link.

The correct Fee must be paid in advance of an application being accepted.

- The application submission link will be time limited and incomplete applications will not be processed. The applicant will be informed in advance of all related time bound requirements. Instructions regarding the naming convention for uploaded files will be supplied.
- An administrative check will be performed on the submission that does not involve content appraisal. It is the Applicant's responsibility to submit the 'correct' supporting material that is named in accordance with the instructions received.
- An assessment will be performed on the submission and a category of 'Acceptable', requires minor attention, 'Requires Substantial Review' or 'Unacceptable' will be applied to each criterion on the application form. All items will be required to be Acceptable to achieve PHECC recognition.

Further details are included on the Application Form (FOR054).

30. Comply with the PHECC Governance Validation Framework Standard (STN034), submitting substantial evidence of compliance and undergoing assessments and/or inspections as required by PHECC.
31. Comply with Assessment Cancellation Policy - PHECC Quality Assurance Programmes - GVF/QRF (POL052).
32. Comply with any conditions attached to their recognition within any specified period of such condition and submit on request a progress report on the implementation of any conditions imposed at the time.
33. Implement the latest version of CPGs as soon as practically possible after CPG issue date and no later than outlined in Council Policy for implementation time frames for Clinical Practice Guidelines (POL018).

34. The Applicant ensures to submit a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation (LIS021).
(*Calendar year).
35. Immediately notify the Council within defined timeframes of any material changes to the organisation or structure of the Licensed CPG Service Provider and certain events in accordance with Licensed CPG Service Provider Notification Requirements (LIS020).
36. Incomplete applications will be returned to the Applicant, and the fee refunded.
37. Council reserves the right to attend, without prohibition, any premises, location, or event, where a Provider is delivering pre-hospital emergency care services. Council further retains the right to issue an improvement notice, attach conditions or apply the delisting policy if a Provider does not fully comply with requirements contained in these Rules.

New Application Outcome

38. An Applicant who does not successfully meet the requirements following a submission and one round of feedback with subsequent update of their submission will be **Refused** recognition. At this stage, the application fee will not be returned.

Stage 1

39. Following an assessment of a completed Application Form, supporting information, a site visit and an interview with the Provider's Senior Management/Medical Director by the PHECC Accreditation Manager, an Applicant who has demonstrated their capacity to meet the requirements will receive **Conditional Recognition to implement CPGs** for 12 months. This recognition is conditional on the Provider's participation in the Governance Validation Framework (GVF) Standard assessment process.
40. Within 12 months, following receipt of **Conditional Recognition to implement CPGs**, the Licensed CPG Service Provider (Provider) will be subject to their first GVF Standard assessment.
 - Should a Conditionally recognised CPG Service Provider be unable or unwilling to undertake an assessment due to non-clinical activity, PHECC reserves the right to move directly to Stage 2 decision.
41. A final determination on **Full Recognition to implement CPGs** will be made following this initial GVF assessment, the Provider will be awarded a decision of:
 - **Approval:** Following an outcome rating of '**Acceptable**', full Recognition to implement CPGs will be awarded. The fully recognised Provider will be subject to GVF Standard assessment cycle on a 3-yearly basis after that.

Stage 2

- **Conditional Approval:** Following an outcome rating of '**Conditionally Acceptable**' the Provider will be subject to a further scheduled GVF Standard assessment within the next 6-month period.
 - In this instance, the Provider must inform PHECC if they wish to proceed and will pay a fee in advance to offset the cost of this assessment.
- **Refusal:** If the Provider receives any outcome other than 'Acceptable', conditional recognition will be removed, and they will be refused full recognition. In this case a feedback report will be provided.

42. Following a second GVF a determination on **Full Recognition to implement CPGs** will be made
- **Approval:** Where an outcome of 'Acceptable' has been achieved **Full Recognition to implement CPGs** will be granted. The Licensed CPG Service Provider will be subject to GVF Standard assessment on a 3-yearly basis after that.
 - **Refusal:** Comprehensive feedback will be provided to the Provider. The Provider can avail of the PHECC Appeals Process.

Renewal of CPG Licence Process

43. The renewal process applies to those Providers who have already received Full Recognition to implement CPGs. A CPG licence renewal submission is required on an annual basis.
44. Providers shall receive a timely reminder before renewal due date and must complete their submission for CPG licence renewal at least 6 weeks in advance of their CPG licence expiry date. Required renewal submission information will be included in the reminder notification. Payment of appropriate fee, in accordance with the current Council Policy & Schedule of Fees (POL006) will be required in advance of processing the renewal application.
45. Council will make a renewal decision for a Provider who has received Full Recognition to implement CPGs based on the following:
- Review of submitted material.
 - Review of Assessment Report(s) and findings (where applicable).
 - Review of Renewal Declaration.
 - Payment of appropriate fee, in accordance with the current Council Policy & Schedule of Fees (POL006).
46. The outcome of the renewal application will be one of the following:
- **Approval:** The Provider will receive Full Recognition to implement CPGs for a 1-year period within the 3-year assessment cycle, e.g. Licence certification may state Year 2 of 3 and indicate next renewal date.
 - **Conditional Approval:** Conditions will be clearly communicated to the Provider. Verification of the improvement will be required, and a follow-up onsite engagement/assessment may be undertaken as appropriate.
 - **Refusal:** Council reserve the right to refuse an application for renewal based on justifiable grounds. Should this occur reasons will be clearly communicated to the Provider.
 - Delist process may be applied.
47. Recognised CPG Service Providers should note that application for retention of recognition at specific clinical levels may be reviewed at any time. Providers may be requested to submit data related to their clinical activity at specific clinical levels i.e. Paramedic and Advanced Paramedic. Providers may be required by PHECC to justify their requirement for retention of PHECC recognition at these levels.
48. A Provider has the right to appeal a decision to refuse renewal of recognition as a Licensed CPG Service Provider. The Council Policy and Procedures for Appeals (POL019) sets out the manner in which such appeals are conducted. The fees related to appeals are detailed in the current Council Policy & Schedule of Fees (POL006).

Renewal Declaration

49. As part of the renewal process, the Licensed CPG Service Provider must complete a Renewal Declaration confirming that as of the date of signing:

- The submitted Self-assessment and Quality Improvement Plan are a true and accurate record of organisational compliance with the standards and requirements for Providers as described in the Governance Validation Framework Standard (STN034).
- The submitted CPG Service Provider Annual Report (LIS021) has been completed in accordance with PHECC requirements and is a true and accurate record of organisational activities.
- All Council requirements issued within the period have been met.

Fees

50. See www.phecc.ie for current Council Policy & Schedule of Fees (POL006).

51. Applications will not be processed until fees are paid in full.



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