



Licensed CPG Service Provider  
Annual Report

## **Mission Statement**

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

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Published by:

*Pre-Hospital Emergency Care Council  
Sept 2022*

2<sup>nd</sup> Floor  
Beech House  
Millennium Park  
Naas  
Co Kildare  
W91 TK7N  
Ireland

T: + 353 (0)45 882042

F: + 353 (0)45 882089

E: [info@phecc.ie](mailto:info@phecc.ie)

W: [www.phecc.ie](http://www.phecc.ie)

## **Version History**

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

<b>Name: LIS021_ Licensed CPG Service Provider Annual Report</b>		
<b>Version</b>	<b>Date</b>	<b>Details</b>
1	Aug 2018	New document approved by Council as part of application and renewal process for CPG Licensed Providers.
2	Oct 2019	Council approved version 2 (AMDR).
3	Sept 2022	Name edit and document amended following GVF Model evaluation.

**Scope**

This document identifies the reporting requirements for the **Licensed CPG Service Provider Annual Report** (LIS021), which has two parts:

Part 1	Licensed CPG Service Provider Report
Part 2	Annual Medical Director's Report

The report should be retrospective and cover the previous 12 months; content may be jointly developed by the Provider and their Medical Director. The completed report must be co-signed by the Medical Director and the Provider's nominated responsible person.

**Part 1**  
**Licensed CPG Service Provider Annual Report (LIS021)**

	<b>This report should be retrospective and cover the previous 12 months.</b>	<b>Inclusion Checklist</b>
<b>Organisational Overview</b>		
1.	Organisational Chart to include the supporting structure.	Y / N
2.	A comprehensive summary of the nature and type of service provided, including an outline of the full patient care journey.	Y / N
3.	A list of all employees, volunteers and/or contractors, to include their Name, PHECC PIN, CPG privileged status, CPG upskilled status, and date of Garda vetting (Template provided by PHECC).	Y / N
4.	Evidence of: <ul style="list-style-type: none"> <li>• Clinical Indemnity/ Medical Malpractice Insurance and the indemnity levels</li> <li>• Employee and Public liability</li> </ul>	Y / N
5.	Has there been any significant changes to the Provider's corporate structure, or change in key personnel?  *Providers are reminded of their reporting responsibilities under PHECC Licensed GPG Service Provider Notification Process (LIS020) to report significant changes ASAP.	Y / N
6.	Details of staff training conducted (relevant to pre-hospital care).	Y / N
7.	Evidence of any SLA/MOU in place with PHECC Recognised Institutions (RI) regarding training/student placements, (If applicable). (or evidence of arrangements made with specific organisations/hospital, etc).	Y / N
8.	Evidence of SLA/MOU in place with clinical waste disposal service (or evidence of arrangements made with specific organisations/hospital, etc).	Y / N
9.	Copy of any new or updated policies.	Y / N
10.	Summary report on any employees, volunteers and/or contractors that were subject to review, to include any actions undertaken to protect the public.	Y / N
11.	Report on any service provision-based complaints received.	Y / N

**Part 2**  
**Annual Medical Director's Report (AMDR)**

	<b>The report should be retrospective and cover the previous 12 months.</b>	<b>Inclusion Checklist</b>
<b>Clinical Overview</b>		
A.	Comprehensive summary of the Provider's clinical service arrangements to include all aspects of the service.	Y / N
B.	Confirm that clinical indemnity is in place regarding your role as Medical Director.	Y / N
C.	Level of clinical activity i.e., number of: <ul style="list-style-type: none"> <li>• PCR/ACR completed</li> <li>• patients transported</li> <li>• patients refused treatment/transport</li> </ul>	Y / N
D.	Summary report on: Adverse clinical incidents* Clinical based complaints Near-misses and no-harm events, and their resolution *No practitioners or patients to be identified	Y / N
E.	Confirmation that the Medication Management arrangements and systems in place ensure safe service delivery and protect the public.	Y / N
F.	Have any PHECC Practitioners had their privilege status adjusted due to clinical practice, behaviour, or misconduct concerns? (If yes, provide a de-identified report and any actions taken.)	Y / N
G.	Report on Provider's Clinical Key Performance Indicators (KPI), to include <a href="#">PHECC KPI</a> if appropriate to the Provider's service model.	Y / N
H.	Submit one clinical audit to include the full audit cycle i.e., plan audit, gather information, review information, determine info impact, identify and develop outcome actions, assign responsibilities and communicate results to stakeholders.	Y / N



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Web: [www.phecc.ie](http://www.phecc.ie)