Pre-Hospital Emergency Care Council

Application Form

PHECC Recognised CPG Service Provider

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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FOR054: Application Form PHECC Recognised CPG Service Provider		
Version	**Date**	**Details**
1	Oct 10	New Document.
2	Jan 13	Updated.
3	Apr 14	Updated.
4	Jul 15	Updated.
5	Dec 16	Re-titled from LIS005 and FOR027 to FOR054, plus new Statutory Declaration signature block.
6	Feb 2018	1st iteration of new application form, post GVF. Form renamed.
7	Aug 2018	Form updated to include Council Policy on Exemptions.
8	Jun 2020	Update ref Clinical Information Standards, and PHECC CPG Categorisation and Implementation Guide. Deletion of exemptions. Updated.
9	Sep 2022	Name edit. Updated following evaluation of GVF Standard.
10	May 2023	Updated following amendment to Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs) (POL003) V9.
11	Aug 2024	Updated PHECC bank account details
12	May 2025	Updated to reflect change in GVF standard Section 7, Standard 3. Changed Voluntary Group 1b) instruction. Updated Privileged Practitioner list.

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

Note:
Should the Governance Validation Framework Standard be changed in any aspect Section 7 and Appendix 1 must be reviewed and amended as appropriate.

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Pre-Hospital Emergency Care Council Accreditation Programme

The Pre-Hospital Emergency Care Council (PHECC) accreditation programme for CPG Service Providers requires the Applicant to apply for recognition and develop and maintain their systems and processes in accordance with the Governance Validation Framework Standard (GVF) (STN034).

A system of assessment is utilised by the PHECC to monitor Providers' activities and the quality of the service provided.

Completing the Application Form

This form shall be used by new Applicants seeking recognition from the Pre-Hospital Emergency Care Council (PHECC) to implement Clinical Practice Guidelines (CPG).

Applications are not deemed complete until all required submissions have been made, including payment of the appropriate fee (see Schedule of Fees POL006).

Payment may be made through PayPal or Electronic Fund Transfer (EFT)

Account Name: The Pre-Hospital Emergency Care Council
Account No: 38367189
Sort Code: 93-32-36
IBAN: IE60 AIBK 9332 3638 3671 89
BIC: AIBKIE2D

Completing this Form:

The Applicant shall respond to all questions. If an item is not applicable, please note as *Not Applicable*; incomplete forms and/or applications not accompanied by the application fee will not be processed and the Applicant will be notified of the cancellation of the application. The incomplete application will be returned, and the application fee refunded.

It is not acceptable to re-type or re-format any part of the Application Form as the form has been developed as a protected document. **Applications submitted using an adjusted application form risk being rejected.**

Part One is designed to gather information regarding the organisation and its proposed activities and to identify required documentation for submission.

Section 1: Organisational Details – profile details of the organisation.

Section 2: Key Personnel – identification of those who have authority to directly or indirectly plan and control business operations.

Section 3: Proposed Activities – a synopsis of the activities to be carried out by the organisation.

Section 4: Financial and Insurance Information – details of insurance cover held or letter of comfort and organisation's tax clearance access details for verification of tax clearance status.

Section 5: List of organisation's Practitioners (employees, volunteers, contractors), including their privileged status, current CPG status and garda vetting status.

Section 6: Locations and Facilities: - details of the location(s) of the organisation's services.

Section 7: Meeting PHECC Standards and Requirements for New Applicants – details of how the organisation will meet the applicable PHECC standards as set out in the Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs) (POL003) and the related documentation required for submission.

Part Two is the Statutory Declaration, which identifies what the Applicant must comply with to seek recognition as a CPG Service Provider.

Part Three is a checklist for use as an aid to guide the Applicant through the required information for submission as part of this application.

Appendix I is a description of the criterion contained in the Governance Validation Framework (GVF) Standard (STN034). Not all items are validated on the initial application as it is not possible to evidence their presence, nonetheless, Applicants should be aware that future quality assurance assessments will involve all the items in the Governance Validation Framework Standard. Therefore, some policies, procedures and guidelines will not be required to be developed at the application stage. However, they will be required to be in place and will be verified during the GVF assessment.

Submitting this Form

Please note that PHECC cannot accept responsibility regarding the delivery of material placed in the regular postal system and advise the use of the registered post system when posting important documents, which ensures proof of postage.

Part One

Organisational information may be typed directly into the form and when complete may be submitted electronically.

Part Two

The completion of a Statutory Declaration is the Applicant's formal commitment to PHECC at the initiation of recognition as a CPG Service Provider. It is to be declared by a person duly authorised by the Applicant pre-hospital emergency care service provider and witnessed by a Commissioner for Oaths/Practising Solicitor.

Part Two cannot be submitted electronically, as **electronic signatures will not be accepted**. Part Two of this form should be printed out, signed, and witnessed, and posted to or handed into the PHECC office.

Part Three

Details of required supporting information for submission are included throughout Part One. When submitting, **please use the numbering and document naming as outlined in Section 9 Checklist** to ensure clear and sequential presentation of information. All documentation should meet basic document formatting and standard version control requirements.

Submission of Application Material

Be advised that required submission documentation may be electronically uploaded to PHECC through an online system or submitted via email. A link to access the online system for submissions will be emailed to the Applicant upon request by emailing **gvf@phecc.ie**. Applicants are best advised to include a read receipt with any material being submitted by email.

The completed form along with required submissions may be posted or handed into the PHECC office if preferred.

Application Process

An application will not be deemed complete until all requirements, including the fee, have been submitted. Incomplete applications will be returned to the Applicant and the application fee refunded.

Please note that the process can take **1-3 months** from the time a **complete application has been submitted**. It is therefore important to ensure compliance with the requirements as laid out in this application form.

Council reserves the right to request information as supporting evidence as deemed necessary for this application. Council also reserves the right to make enquiries (with Applicant or specific individuals) in relation to this application.

On receipt of completed application, for the purpose of transparency and validation, PHECC will engage an experienced external PHECC assessor to carry out a verification assessment of the Application Form and supporting information. Please note that PHECC may seek supplementary information at any stage of this process. An onsite interview will also take place with the Applicant's Senior Management and Medical Director.

Decision

All successful Applicants will be awarded **Conditional Recognition to implement CPG** for 12 months. Recognition is conditional on the Provider's implementation of the Clinical Practice Guidelines in accordance with PHECC CPG Categorisation and Implementation Guidance (GUI026) and the completion of a successful GVF assessment, which will take place within the 12-month period of conditional recognition. A final determination on **Full Recognition to implement CPG** will be made following this assessment.

IMPORTANT NOTE: A non-active clinical organisation represents a clinical risk. Be advised that once recognised by PHECC, non-activity will not be accepted as a valid reason to cancel/refuse a Quality Assurance inspection and assessment under the GVF standards. PHECC reserve the right to refuse a renewal application for a non-active organisation.

PHECC reserves the right to attend any premises, location, or event, where the Applicant is delivering pre-hospital emergency care services. Attendance may be scheduled or unscheduled with the purpose of verifying arrangements for the delivery of safe and effective pre-hospital emergency care services as per Council Policy for Recognition to implement Clinical Practice Guidelines (POL003) and Governance Validation Framework Standard (STN034).

Maintenance of Recognition as a CPG Service Provider and the GVF

The GVF utilises structured templates, providing a standardised approach to assessment, which promotes transparency, strengthens accountability arrangements, raises awareness of quality and safety, and focuses CPG Service Provider activity towards continuous improvement.

If the outcome of the full GVF onsite assessment is successful, **Full Recognition to implement CPG** will be granted for a 12-month period and the CPG Service Provider will enter a 3-year assessment cycle. Annually, the CPG Service Provider will make a licence renewal submission of the organisational Self-Assessment and its associated Quality Improvement Plan (TEM026) (maintained on an ongoing basis) plus a CPG Service Provider Annual Report (LIS021) and a Declaration (FOR060).

There will be a requirement to engage in a full GVF assessment every three years.

Part One

Section 1 - Organisational Details

Organisation name			
Trading name (if different to the above)			
Business address 1 *Registered office of the organisation*			
Business address 2			
Town/City			
County			
Eircode			
Business telephone number			
Email address			
Organisation type	Partnership ☐ Company ☐ Statutory Body ☐ Voluntary Group** ☐		
Company registration number			*1a) Submit copy of Certificate of Incorporation, **and** Registered Business Name if trading as.*
Date of foundation			
Proposed date of initiation of operations			
****Voluntary Group** (*to be completed by registered charities only, other Applicants continue to Section Two*)			
Charity registration number *(Applicants wishing to be considered for a refund as Voluntary Group must have a charity registration number)*			
Does the Applicant wish to be considered for refund as a registered charity? *(as per Council Rules and Schedule of Fees)*	Yes ☐ No ☐		*1b) Submit letter requesting fee reduction.*
Confirm the Applicant's annual turnover for the previous tax year (*if already in business*) or projected turnover.	Voluntary Group annual turnover less than €50,000	Voluntary Group annual turnover more than €50,000	*1c) Submit evidence of annual turnover, if already in business, (statement of accounts or letter of confirmation from accountant). Otherwise submit statement of projected turnover from accountant.*

Section 2 – Key Personnel

Key Personnel - Main Contact	*Details of the Applicant's main contact for this application. This person will be contacted for all future notices and correspondence.*
Main contact full name	
Main contact job title	
Main contact telephone number	
Main contact email address	

Key Personnel – Directors, Trustees, Business Owners or Equivalent	*Details of the organisation Directors, Trustees, Business Owner or equivalent (if required, add additional names on a separate sheet using the same formatting style).*	
Director, Trustee, Business Owner or Equivalent Name 1	First Name:	
	Last Name:	
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 2	First Name:	
	Last Name:	
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 3	First Name:	
	Last Name:	
	Contact Telephone Number:	
Director, Trustee, Business Owner or Equivalent Name 4	First Name:	
	Last Name:	
	Contact Telephone Number:	

Key Personnel - Medical Director	*Details of the Applicant's Medical Director.*	
Name		
Medical Council Registration No		
Registration with Medical Council	General Registration ☐ Specialist Registration ☐	*The Medical Director shall be registered by the Medical Council on the General or Specialist Register and have the competencies and experience to fulfil the role. PHECC reserves the right to require evidence of this.*
Telephone number		
Email address		
Roles and Responsibilities of Medical Director (STN032)	*2a) Submit roles and responsibilities and include signed acceptance by Medical Director.*	

[1]*Key personnel are directors, trustees, business owners and/or employees who have the authority to directly or indirectly plan and control business operations.*

Key Personnel - Responsibility for Clinical Governance	*Details of individual responsible for overall clinical governance in the organisation.*	
Name and Contact Details	First Name:	
	Last Name:	
	Email:	
	Contact Telephone Number:	
	Job Title:	

Key Personnel - Responsibility for Safeguarding	*Details of individual responsible for Safeguarding (Child and Vulnerable Adult)*	
Name and Contact Details	First Name:	
	Last Name:	
	Email:	
	Contact Telephone Number:	
	Job Title:	

Key Personnel - Declaration	
Are or have any of the key personnel[1] (listed above) been subject to a referral or an investigation by a health professional body?	Yes ☐ No ☐ If yes, provide specific details on separate sheet titled Section 2 - Key Personnel Declaration

Organisational Chart	
Please prepare an organisational chart, detailing roles and responsibilities of senior, middle, and operational management and Medical Director (detailing the line management links to Practitioners).	*2b) Submit a detailed organisational chart.*

[1]*Key personnel are directors, trustees, business owners and/or employees who have the authority to directly or indirectly plan and control business operations.*

Section 3 – Proposed Activities

Applicant Profile		
Provide a profile of the Applicant's intended practice, facilities, and capacity	*3a) Submit an overview of the organisation's intended practice, facilities, and capacity.*	
Clinical Level for Recognition		
Tick the clinical level(s) for which the Applicant is seeking recognition	Emergency Medical Technician ☐ Paramedic ☐ Advanced Paramedic ☐	
Transport of Patients		
Describe the Applicant's planned mechanisms for transporting patients under the organisation's care		*3b) Submit a proposal on planned mechanisms for transporting patients under the Applicant's care.*
CPG Implementation		
CPGs shall be implemented by the Applicant in accordance with the PHECC CPG Categorisation and Implementation Guide **Clinical responsibility related to, and emanating from, any nonconformity, additions, or exemptions from the PHECC CPG Categorisation and Implementation Guidance (GUI026) is a matter for the Provider and their Medical Director*		*3c) Submit confirmation of the Applicant's intention to implement PHECC CPGs in accordance with the PHECC CPG Categorisation and Implementation Guidance (GUI026).* *PHECC advise organisations to specifically notify their clinical indemnity/medical malpractice insurer of any intended nonconformity, additions, or exemptions from the PHECC CPG Categorisation and Implementation Guidance (GUI026).* *Be advised, PHECC may seek to verify notification.*
Placement of Students		
Will the Applicant be facilitating student placements?	Yes ☐ No ☐	*3d) If yes, submit copies of formal agreement with PHECC Recognised Institutions or other accredited 3rd level educational institutions.*

Section 4 – Financial and Insurance Information

Tax Clearance/Exemption	*Applicant organisation must hold a current and valid Tax Clearance Certificate(s)/Tax Exemption Certificate from the Irish Revenue Commissioners.*		
Tax Clearance	Tax Reference Number		*4a) If a new business, submit verification of tax registration from Revenue Commissioner.*
	Tax Clearance Access Number		
Tax Exemption	CHY Number (Revenue)		*4b) Submit a copy of tax exemption letter from Revenue Commissioner.*
	Date of Issue		
Insurance	*Applicants must have in place/or have verifiable arrangements in place for the relevant insurances.* *Be advised, First Aid Provision is not an acceptable term for Practitioner level clinical practice.*		
Details of current and valid certificates of insurance	Medical Malpractice (Clinical Negligence)	*4c) Submit a copy of insurance policy.*	
	Public and Employer's Liability	*4d) Submit a copy of insurance policy.*	
OR			
Cover letter from the Applicant's insurance underwriter	Type and level of insurance coverage sought by Applicant	*4c), 4d) Submit a cover letter, from insurance provider or Broker, confirming the Applicant's insurance type and levels prior to commencement of operations.* *Details should specify activities and clinical level (EMT, Paramedic, Advanced Paramedic) to be underwritten.*	

Section 5 – Details of PHECC Registered Practitioners (Employees Volunteers and/or *Contractors) PRIVILEGED by your Organisation* *(TEM021)*

	Privileged Practitioner Name (Last Name, First Name)	PHECC PIN Number	Clinical Level Privileged Status[2] (EMT, P, AP)	CPG Status[3] (Version/Year)	Date of Garda Vetting
1					
2					
3					
4					
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40					

If Applicant has more than 40 Practitioners, please use the format above on separate page(s) to record the additional personnel details and submit with the completed Application Form.

[2]Confirmation of privileged status (clinical level) by the organisation, in conjunction with their Medical Director.

[3]Confirmation of current CPG status (version of CPG to which Practitioners are upskilled and privileged to implement).

Section 6 – Service Overview

Station/Base Address	*Vehicle Resource Attached (Insert vehicle registration number and submit CVRT)*	*Practitioners Attached*

If Applicant has more than 7 Bases, please use the format above on separate page(s) to record the additional details and submit with completed Application Form.

Section 7 – Meeting PHECC Requirements for New Applicants

The table below aligns the Council Policy (POL003) to the Governance Validation Framework Standard (GVF) (STN034) and identifies the Applicant's submission requirements.

Successful Applicants will be assessed on the complete GVF Standard during a QA assessment, see Appendix 1.

Standard 1: Person-Centred Care and Support		
Statement – The intent here is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.		
Criteria	**Evidence**	**Submit**
1.1 Patients have equitable access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.	Evidence of business model and an assessment of staffing levels and clinical competencies required to deliver planned service. Clinical Governance system that oversees CPG implementation. Process for escalation to higher clinical care.	*Business model and service delivery plan.*
1.2 Access to pre-hospital emergency care is not affected by discrimination.	Policy in place, supported by documented procedures. Staff training/induction. Foreign language translation service/information available.	*Discrimination Policy.* *Pre-hospital communication guide.* *Staff training/induction plan.*
1.4 The Provider develops and implements a process to ensure best practice for patient identification.	Policy in place, supported by documented procedures. Staff training/induction. Operational support access.	*Patient Identification Policy.* *Staff training/induction plan.*
1.5 The Provider has a policy for informed consent.	Policy in place, supported by documented procedures. Staff training/induction. Operational support access.	*Informed Consent Policy.* *Staff training/induction plan.*
1.6 The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.	Policy in place, supported by documented procedures. Staff training/induction. Operational support access.	*Refusal of Treatment and/or Transport Policy.* *Staff training/induction plan.*
1.7 The Provider ensures all patients are treated with compassion, respect, and dignity.	Defined Organisational Values/Mission Statement.	*Mission Statement.*
1.9 Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.	Policy for managing complaints regarding service delivery. Staff training/induction that incorporates open disclosure.	*Complaints Policy.* *Staff training/induction plan.*
Standard 2: Effective Integrated Care and Safe Environment		

Statement – The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.		
Criteria	**Evidence**	**Submit**
2.3 The Provider has a system in place to ensure the safety of their vehicles in line with legislation.	Evidence of CVRT/NCT. Planned vehicle checking/documented.	*CVRT/NCT.* *Vehicle checking form.*
2.4 Training is provided for staff to transport patients safely, including during emergency situations.	Policy for managing emergency patient transport. Staff training/induction.	*Transport Policy.* *Staff training/induction plan.*
2.5 The Provider has a policy on the use of emergency lights and sirens.	Policy for use of emergency lights and sirens. Staff training/induction.	*Emergency lights and sirens policy.* *Staff training/induction plan.*
2.6 The Provider has a fire safety plan for any physical environments owned or used by their organisation.	Fire safety plan in place, supported by documented procedures.	*Health and Safety Policy.* *Fire Safety Programme.*
2.9 The Provider has a 3-year programme of clinical and environmental audits in line with the services provided.	Proposed clinical audit 3-year programme, supported by documented procedures.	*Clinical and Environmental Audit Policy.* *Proposed clinical audit programme (STN019) /PHECC KPI (STN026).*

Standard 3: Safe Care and Support		
Statement – The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.		
Criteria	**Evidence**	**Submit**
3.1 The Provider describes in a plan or policy the content of the infection prevention and control programme.	Policy in place, supported by documented procedures. Staff training/induction. IPC PPE and supplies available to Practitioners. Infection prevention and control risk register.	*Infection Prevention and Control Policy.* *Risk Register.* *Staff training/induction plan.*
3.2 The Provider segregates and manages waste according to hazard level and disposes of same, according to best practice.	Policy in place, which includes clinical waste disposal, supported by documented procedures. Staff training/induction. Service Level Agreement with specialist waste company or formal arrangement with local healthcare facility.	*Waste Management and Disposal Policy.* *Staff training/induction plan.*
3.4 The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.	Policy in place, supported by documented procedures. Staff training/induction. Processes in place for recognition and reporting adverse events, near misses or no harm events. Open disclosure. Engagement with HPRA, if appropriate.	*Medicines Management Policy.* *Evidence of engagement with HPRA.* *Clinical audit plan.* *Staff training/induction plan.*
3.7 Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.	Policy in place, supported by documented procedures. Staff training/induction.	*Equipment Management Policy.* *Staff training/induction plan.* *Staff supervision monitoring plan.*
3.8 The Provider has a safeguarding policy to deal with children and vulnerable adults.	Policy and statement in place, supported by documented procedures. Staff training/induction on safeguarding responsibilities.	*Safeguarding Policy.* *Child Safeguarding Statement.*

Standard 4: Leadership and Governance		
Statement – The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.		
Criteria	**Evidence**	**Submit**
4.1 The Provider has a documented structure and accountability for corporate governance.	Organisational Chart. Finance, budgets, and planning. Memorandum of understandings / Service Level Agreements in place (MOU/SLA), where necessary.	*Organisational Chart.* *Corporate Governance Policy.* *Whistle-blower Policy.*
4.2 The Provider has a documented structure and accountability for clinical governance.	Policy in place, supported by documented procedures. Policy shall include details of the individual(s) responsible for overall clinical governance in the organisation, their job title, and the organisational, clinical governance. Website information.	*Clinical Governance Policy.*
4.4 Written documents, including policies and procedures are managed in a consistent and uniform way.	Policy in place, supported by documented procedures.	*Document Control Policy.*
4.5 The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.	Policy in place, which gives details of the approach to review and disseminate to staff all requirements, standards, and safety alerts and which is supported by documented procedures. Process for confirming receipt/comprehension.	*Staff Communications Policy.*
4.6 The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.	Plan for managing risk. Develop a risk register as part of the governance system.	*Risk management plan.* *Risk register.*

Standard 5: Workforce Planning		
Statement – The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.		
Criteria	**Evidence**	**Submit**
5.2 The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.	Process/procedure for pre-employment/pre-engagement checking of identity, qualifications, and registration for employees, volunteers and/or contractors. Process for assurance for registration renewals of employees, volunteers and/or contractors. Records are maintained to ensure credentialing and privileging are in situ, and repeated as necessary • CFR-A certification (not copy) • National vetting status • CPG upskilling training status • Service Privileging letter	*Privileging Policy.* *Service Privileging letter.*
5.3 The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.	Policy in place describing English language competency testing/assurance process, supported by documented procedures. Records of English language competence certification retained and maintained.	*English Language Competency Policy.*
5.4 The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.	Outline of programme for induction of Practitioners, include topics to be covered.	*Induction plan.*
5.5 The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.	Policy in place, supported by documented procedures. Training and development programme. A process for the identification of training and development/continuous professional competency needs of staff. A training and development plan for employees, volunteers and/or contractors is in place and details how the organisation will facilitate the appropriate implementation of the CPGs and other continuous professional competency requirements. Policy to detail how employee, contractor or volunteer, clinical levels, privileging of CPGs and CPG updates certification is recorded and managed.	*Training and Development Policy.* *Training and Development Programme.* *Training Records Management Policy.*

5.6 The Provider has appropriate arrangements for the management and supervision of students (if applicable).	If appropriate, formal and signed agreement with PHECC Recognised institution in place that recognises the requirements for vetting, indemnity. and health, safety, and wellbeing of the student. Policy for Students/Observers. Student Handbook. Confidentiality agreement in place. Arrangements for the monitoring, supervision, and wellbeing, of students/observers.	*Signed agreements with PHECC RI.* *Students/Observers Policy.* *Student Handbook.* *Confidentiality agreement.* *Monitoring, supervision, wellbeing plan.*
5.7 The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.	A Critical Incident Stress Management Programme is available and made accessible to staff. Occupational health programme. Workplace/environmental safety assessments. Personal protective equipment. Working time records maintained.	*Critical Incident Stress Management (CISM) Policy.* *Working Time Records Management Policy.*
5.8 The Provider has processes for the performance management of employees, volunteers, and/or contractors.	Policy in place, supported by documented procedures. Ongoing monitoring of performance. Procedure for initiating and managing investigations when unacceptable variation in an individual's practice is identified or when concerns exist about their fitness to practice. Monitoring, recording, and responding to complaints/compliments relating to staff.	*Fitness to Practice Policy.*

Standard 6: Use of Information		
Statement – The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.		
Criteria	**Evidence**	**Submit**
6.1 The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.	Policy in place that details how clinical records are managed in accordance with PHECC current clinical records management policy, supported by structured processes. Staff training/induction. Staff appraised in clinical record keeping. Audit.	*Clinical Records Management policy.*
6.2 The Provider ensures confidentiality and security of data is protected.	Policy in place that is supported by structured processes. Staff training/induction on the principles of data collection and protection. Staff awareness of confidentiality requirements.	*Data Protection Policy.* *Staff Confidentiality Agreement/Clause.*

Part Two

Section 8 - Statutory Declaration

(FOR027 V7)

This Statutory Declaration is to be declared by a person duly authorised by the Applicant pre-hospital emergency care service Provider.

I (Print Name of Declarant)		duly authorised on	(insert date)
On behalf of	(Print Name of Pre-Hospital Emergency Care Provider) 'The Applicant'		hereby confirm that:

1. The information on this form is true and that I have signed this form in my own handwriting, duly authorised to do so on behalf of the Applicant pre-hospital emergency care service provider.

2. The Applicant knows of no reason why the Pre-Hospital Emergency Care Council (PHECC) should not approve this application for the implementation of Clinical Practice Guidelines (CPGs).

3. The Applicant acknowledges that approval for the implementation of current Clinical Practice Guidelines is at the discretion of the PHECC, in accordance with the current 'POL003 Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs)'.

4. The Applicant hereby consents and gives authority to PHECC to make any enquiry or enquiries with any person or body in pursuance of this application.

5. The Applicant is compliant with tax requirements of the Revenue Commissioners.

6. The Applicant shall have, and will maintain, current valid insurance policies including, but not limited to, clinical indemnity/medical malpractice and employer and public liability.

7. The Applicant shall enter into a data protection agreement with PHECC.

8. The Applicant shall ensure that Practitioners are Licensed, Credentialed, and Privileged in accordance with PHECC Privileging Standard (STN033) prior to delivering pre-hospital care.

9. The Applicant shall have 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.
    - The Applicant shall have 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.

10. The Applicant shall have 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.

11. The Applicant shall develop a 3-year programme of clinical and environmental audits in line with the services provided.

12. The Applicant shall have policies and associated procedures to ensure safe and legal medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.

13. The Applicant shall have policies and associated procedures that constitutes an effective infection prevention and control programme including appropriate clinical waste management.

14. The Applicant shall have policies and associated procedures that ensure safeguarding of children and vulnerable adults.

15. The Applicant shall have documented structures and accountability for corporate governance to include workforce planning, maintenance of risk management processes, and a document control system.
    - The Applicant shall have documented structures and accountability for Clinical Governance.

16. The Applicant shall have a system to ensure monitoring and circulation of new recommendations by PHECC, other regulatory bodies, and public health alerts.

17. The Applicant shall have processes for the performance management of employees, volunteers, and/or contractors.

18. The Applicant shall have a policy and procedures in place to ensure the Practitioner's English language competency where English is not the Practitioner's first language.

19. The Applicant shall have 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.

20. The Applicant shall have systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.

21. The Applicant shall have 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).
    - The Applicant shall have policies and associated guidelines to make certain documentation ensures confidentiality and security of data is protected.

22. The Applicant shall have 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).

23. The Applicant shall implement the Council Policy for implementation timeframes for clinical information standards and associated patient reports (POL043) and shall use all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times.

In addition, the Applicant agrees to:

24. Comply with the PHECC Governance Validation Framework Standard (STN034), submitting substantial evidence of compliance and undergoing assessments and/or inspections as required by PHECC.

25. Comply with Assessment Cancellation Policy – PHECC Quality Assurance Programmes – GVF/QRF (POL052).

26. Comply with any conditions attached to their recognition within any specified period of such condition and submit on request a progress report on the implemetation of any conditions imposed at the time.

27. 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 timeframes for Clinical Practice Guidelines (POL018).

28. As required, shall submit a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation (LIS021).
    (*Calendar year).

29. As required, shall submit the latest version of their organisation's:
    - Self-assessment
    - Quality Improvement Plan

which 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).

30. Immediately notify the Council within defined timeframes of any material changes to the organisation or structure of the CPG Service Provider and certain events in accordance with CPG Service Provider Notification Requirements (LIS020).

31. Agree to announced, or unannounced, inspection visits by PHECC.

32. Pay the correct Fee in advance of an application being accepted: visit www.phecc.ie for current Council Policy & Schedule of Fees (POL006).

I _____, do solemnly and sincerely declare that: The information on this form is true and that I signed this form in my own handwriting, duly authorised to do so on behalf of the applicant pre-hospital emergency care service provider.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

(Signed) _____
Name

Declared before me by **Name** _____ who is personally known to me (*or* who is identified to me by **Name**, who is personally known to me) at:

_____

_____

Signed_____

Name

Notary public, commissioner for oaths, peace commissioner, person authorised by law to take and receive statutory declarations.

This day ___/____/_____ at _____ in the County of_____

Part Three

Section 9 – Checklist

Please confirm that the following information has been supplied as part of this application. If any of the information below has not been supplied, the incomplete submission will not be processed, the application will be cancelled, and the fee will be returned to the Applicant.

Section 1 – Organisational Details			
1a)	Certificate of Incorporation, and Registered Business Name if trading as.		☐
1b)	I**f applicable**, Voluntary Group Statutory Declaration		☐
1c)	**If applicable,** evidence of annual turnover *(account statement or letter of confirmation from accountants),* or statement of projected turnover from accountant.		☐
Section 2 – Key Personnel			
2a)	Roles and Responsibilities of Medical Director including signed acceptance by Medical Director.		☐
2b)	Detailed Organisational Chart that includes line management links to Practitioners.		☐
Section 3 – Proposed Activities			
3a)	Overview of the organisation's intended practice, facilities, and capacity.		☐
3b)	Proposal on the planned mechanisms for transporting patients.		☐
3c)	Confirmation of the intention to implement PHECC CPGs in accordance with the PHECC CPG Categorisation and Implementation Guidance (GUI026).		☐
3d)	**If applicable**, formal agreements with PHECC Recognised Institutions/3rd level educational institutions.		☐
Section 4 – Finance and Insurance Information			
4a)	**If applicable as a new business**, verification of tax registration from Revenue Commissioner.		☐
4b)	Copy of tax exemption letter from Revenue Commissioner		☐
4c)	Copy of insurance policy **or** *if new business*, cover note for Medical Malpractice (Clinical Indemnity).		☐
4d)	Copy of insurance policy **or** *if new business*, cover note for Public/Employer Liability.		☐
Section 7 – Meeting PHECC Standards and Requirements			
Standard 1	Criterion 1.1	Business model and service delivery plan.	☐
	Criterion 1.2	Discrimination Policy. Pre-hospital communication guide. Staff training/induction plan.	☐
	Criterion 1.4	Patient Identification Policy. Staff training/induction plan.	☐
	Criterion 1.5	Informed Consent Policy. Staff training/induction plan.	☐
	Criterion 1.6	Refusal of Treatment and/or Transport Policy. Staff training/induction plan.	☐

	Criterion 1.7	Mission Statement.	☐
	Criterion 1.9	Complaints Policy. Staff training/induction plan.	☐
Standard 2	Criterion 2.3	CVRT/NCT. Vehicle checking form.	☐
	Criterion 2.4	Transport Policy. Staff training/induction plan.	☐
	Criterion 2.5	Emergency lights and sirens policy. Staff training/induction plan.	☐
	Criterion 2.6	Health and Safety Policy. Fire Safety Programme.	☐
	Criterion 2.9	Clinical and Environmental Audit Policy. Proposed clinical audit programme (STN019) /PHECC KPI (STN026).	☐
Standard 3	Criterion 3.1	Infection Prevention and Control Policy. Risk Register. Staff training/induction plan.	☐
	Criterion 3.2	Waste Management and Disposal Policy. Staff training/induction plan.	☐
	Criterion 3.4	Medicines Management Policy. Evidence of engagement with HPRA. Clinical audit plan. Staff training/induction plan.	☐
	Criterion 3.7	Equipment Management Policy. Staff training/induction plan. Staff supervision monitoring plan.	☐
	Criterion 3.8	Safeguarding Policy. Child Safeguarding Statement.	☐
Standard 4	Criterion 4.1	Organisational Chart. Corporate Governance Policy. Whistle-blower Policy.	☐
	Criterion 4.2	Clinical Governance Policy.	☐
	Criterion 4.4	Document Control Policy.	☐
	Criterion 4.5	Staff Communications Policy.	☐
	Criterion 4.6	Risk management plan. Risk register.	☐
Standard 5	Criterion 5.2	Privileging Policy. Service Privileging letter.	☐
	Criterion 5.3	English Language Competency Policy.	☐

	Criterion 5.4	Induction plan.	☐
	Criterion 5.5	Training and Development Policy. Training and Development Programme. Training Records Management Policy.	☐
	Criterion 5.6	Signed agreements with PHECC RI. Students/Observers Policy. Student Handbook. Confidentiality agreement. Monitoring, supervision, wellbeing plan.	☐
	Criterion 5.7	Critical Incident Stress Management (CISM) Policy. Working Time Records Management Policy.	☐
	Criterion 5.8	Fitness to Practice Policy.	☐
Standard 6	Criterion 6.1	Clinical Records Management Policy.	☐
	Criterion 6.2	Data Protection Policy. Staff Confidentiality Agreement/Clause.	☐
Section 8 – Statutory Declaration			
8a)	Signed and witnessed Statutory Declaration.		☐

All documents listed above must be included for this application to be processed, along with the appropriate fee.

Appendix 1 Governance Validation Framework Standard

(STN034 V3)

The PHECC Recognised CPG Service Provider will be referred to as the Provider throughout the document.

Standard 1: Person-Centred Care and Support	
Statement – The intent here is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.	
Criteria	
1.1	Patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.
1.2	Access to pre-hospital emergency care is not affected by discrimination.
1.3	The Provider ensures information from calls / activation is recorded accurately and dispatched according to priority.
1.4	The Provider develops and implements a process to ensure best practice for patient identification.
1.5	The Provider has a policy for informed consent.
1.6	The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.
1.7	The Provider ensures all patients are treated with compassion, respect, and dignity.
1.8	The Provider seeks feedback from patients and carers to improve services.
1.9	Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.
Standard 2: Effective Integrated Care and Safe Environment	
Statement – The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.	
Criteria	
2.1	The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical Practice Guidelines) appropriate to their scope of practice.
2.2	The Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.
2.3	The Provider has a system in place to ensure the safety of their vehicles in line with legislation.
2.4	Training is provided for staff to transport patients safely, including during emergency situations.
2.5	The Provider has a policy on the use of emergency lights and sirens.
2.6	The Provider has a fire safety plan for any physical environments owned or used by their organisation.

2.7	The Provider ensures there is a business continuity plan for their organisation.
2.8	The Provider ensures plans are in place to deal with major incidents.
2.9	The Provider has a 3-year programme of clinical and environmental audits in line with the services provided.
2.10	The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation. (*Calendar year).
Standard 3: Safe Care and Support	
Statement – The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.	
Criteria	
3.1	The Provider describes in a plan or policy the content of the infection prevention and control programme.
3.2	The Provider segregates and manages waste according to hazard level and disposes of same, according to best practice.
3.3	The Provider ensures that medications are administered in accordance with the relevant laws and regulation.
3.4	The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.
3.5	The Provider must have current HPRA Licence and or Registration as appropriate for its PHECC approved clinical level – Paramedic and or Advanced Paramedic.
3.6	The Provider ensures that there are systems in place to ensure the availability of medical devices and consumables.
3.7	Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.
3.8	The Provider has a safeguarding policy to deal with children and vulnerable adults.
3.9	The Provider can demonstrate follow-up and actions taken as a result of audit and monitoring findings.
Standard 4: Leadership and Governance	
Statement – The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.	
Criteria	
4.1	The Provider has a documented structure and accountability for corporate governance.
4.2	The Provider has a documented structure and accountability for clinical governance.
4.3	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.
4.4	Written documents, including policies and procedures are managed in a consistent and uniform way.

4.5	The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.
4.6	The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.
Standard 5: Workforce Planning	
Statement – The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.	
Criteria	
5.1	There is a staffing structure developed for the Provider that identifies the number, types, and required qualifications of staff required to provide the service.
5.2	The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.
5.3	The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.
5.4	The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.
5.5	The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.
5.6	The Provider has appropriate arrangements for the management and supervision of students (if applicable).
5.7	The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.
5.8	The Provider has processes for the performance management of employees, volunteers, and/or contractors.
5.9	The Provider creates opportunities for employees, volunteers and/or contractors to feedback on all aspects of the service.
Standard 6: Use of Information	
Statement – The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.	
Criteria	
6.1	The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.
6.2	The Provider ensures confidentiality and security of data is protected.
6.3	The Provider has systems in place to measure the quality of healthcare records.

Pre-Hospital Emergency Care Council

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