

A decorative graphic consisting of three overlapping, stepped lines in grey, orange, and blue, forming a jagged shape that resembles a mountain range or a stylized 'W'.

Declaration for Renewal as a
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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Version History

(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)

Doc No-Title: FOR060 Declaration for Renewal as a PHECC Recognised CPG Service Provider		
Version	Date	Details
1	Dec 2017	(PD) Proposal agreed by Council
2	Sept 2019	Updated prior to 1st issue to reflect current Council policies.
3	Sept 2022	Name edit. Updated following evaluation of GVF Standard. Medical Director requirements adjusted
4	May 2023	Updated to reflect change to Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs) (POL003 V9)

This declaration is to be declared by a person duly authorised by the Applicant pre-hospital emergency care provider.

I (Print Name of Declarant) _____ duly authorised on _____ (insert date)

On behalf of _____ (Print Name of Pre-Hospital Emergency Care Provider) hereby confirm that:

‘The Applicant’

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.
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 the Pre-Hospital Emergency Care Council to make any enquiry or enquiries in pursuance of this application.
5. The Applicant is compliant with tax requirements of the Revenue Commissioners.
6. The Applicant has, and will maintain, current valid insurance policies including, but not limited to, clinical indemnity/medical malpractice, and employer and public liability.
7. The Applicant has entered into a data protection agreement with PHECC.
8. The Applicant ensures that Practitioners are Licensed, Credentialed, and Privileged in accordance with PHECC Privileging Standard (STN033) prior to delivering pre-hospital care.
9. 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.
 - 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.
10. 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.
11. The Applicant has developed a 3-year programme of clinical and environmental audits in line with the services provided.
12. 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.
13. The Applicant has policies and associated procedures that constitutes an effective infection prevention and control programme including appropriate clinical waste management.

14. The Applicant has policies and associated procedures that ensure safeguarding of children and vulnerable adults.
15. The Applicant has documented structures and accountability for corporate governance to include workforce planning, maintenance of risk management processes, and a document control system.
 - The Applicant has documented structures and accountability for Clinical Governance.
16. The Applicant has a system to ensure monitoring and circulation of new recommendations by PHECC, other regulatory bodies, and public health alerts.
17. The Applicant has processes for the performance management of employees, volunteers, and/or contractors.
18. 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.
19. 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.
20. The Applicant has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.
21. 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).
 - The Applicant has policies and associated guidelines to make certain documentation ensures confidentiality and security of data is protected.
22. The Medical Director shall be registered by the Medical Council on the Specialist or General Register and 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:

23. Comply with the PHECC Governance Validation Framework Standard (STN034), submitting substantial evidence of compliance and undergoing assessments and/or inspections as required by PHECC.
24. Comply with Assessment Cancellation Policy – PHECC Quality Assurance Programmes – GVF/QRF (POL052).
25. 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.
26. Implement the latest version of CPGs as soon as practically possible after CPG issue date and certainly no later than as outlined in Council Policy for implementation timeframes for Clinical Practice Guidelines (POL018).
27. Immediately notify the Council within defined timeframes of any material changes to the organisation or structure of the Recognised CPG Service Provider and certain events in accordance with Recognised CPG Service Provider Notification Requirements (LIS020).

28. As required, submit a CPG Service Provider Annual Report,* that informs PHECC of clinical and other activities in their organisation (LIS021), which has been completed in accordance with PHECC requirements and is a true and accurate record of organisational activities.
(*Calendar year).
29. As required, 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. As required, confirm that all Council requirements issued within the previous 12-month period have been met.
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).

Date _____

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

_____ (*insert name of PHECC Recognised CPG Service Provider*).

I make this declaration conscientiously believing the same to be true.

_____ **(Signed)**

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