

Requirements for Privileging PHECC Practitioners

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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Version History

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

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| Version | Date | Details |
| 1 | July 2022 | New document |



Scope: This document's purpose is to provide context and direction to Licensed CPG Service Providers and their Medical Directors regarding the privileging of PHECC Practitioners.

Overview: The PHECC privileging requirements are intended to support safe and effective pre-hospital practice and are built upon the principles of effective Governance. The list below identifies the minimum information and data requirements for a Licensed CPG Service Provider, who shall have the following in place, prior to the pre-hospital emergency care Practitioner practicing on behalf of the Licensed CPG Service Provider as a Volunteer, Contractor, or Employee.

Privileging:

- Is specific to the individual Practitioner and dependent on the Practitioner's standing on the PHECC Register.
- Ensures Licensed CPG Service Providers have governance, accountability, and oversight on clinical actions.
- Ensures the Practitioner is competent to practice in accordance with the CPGs.
- Ensures the Practitioner has effective support to practice, and appropriate clinical indemnity is in place.
- Prevents ungoverned independent practice by individual Practitioners.

As a key part of the Licensed CPG Service Provider's governance system, checks, and balances that ensure patient safety and legal practice, commonly called credentialing, must be actioned prior to any individual being privileged to act on behalf of the Licensed CPG Service Provider.

| Item | Prior to privileging a Practitioner to act on their behalf a Licensed CPG |
|-------------------------------------|---|
| item | Service Provider shall: |
| Individual | Receive and retain evidence of individual's identity. |
| PHECC Registration | Receive and retain evidence of the Practitioner's PHECC licence and |
| | registration status (Credentialing). |
| CFR-A | Receive and retain evidence of the Practitioner's CFR-A certificate. |
| | (Credentialing). |
| Legislative Requirements | Retain evidence of Practitioner's compliance and status with respect to |
| | requirements under: |
| | National Vetting Bureau (Children and Vulnerable Persons) Act |
| | Children First Act (Children and Vulnerable Persons) |
| | Health and Safety Act |
| Induction to Role | Complete and retain documented evidence of the induction process. |
| Clinical Practice Guidelines | Receive and retain evidence of Practitioner's competency to deliver CPGs |
| | in accordance with Council Policy for implementation timeframes for |
| | clinical practice guidelines (POL018). |
| English Language | Retain evidence of Practitioner's formal certification via a recognised |
| Competency | certification system and/or formal assessment of English language |
| | competency by a suitably qualified language professional where English is |
| | not the Practitioner's first language. |
| Indemnity | If a contractor, retain evidence of the Practitioner(s)' clinical indemnity |
| | status. |
| Letter of Privileging | Issue an individualised letter that is co-signed by the Medical Director, |
| | acknowledging, and privileging the named Practitioner to act on the |
| | Licensed CPG Service Provider's behalf. The letter should detail the clinical |
| | level authorised (Privileging) and include a check box to indicate induction |
| | completed. |



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