

Pre-Hospital  
Emergency Care  
Council



Council Policy for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs)

## **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](http://www.phecc.ie) to confirm current version.)

<b>Name:</b> POL003_Council Policy for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs)		
<b>Version</b>	<b>Date</b>	<b>Details</b>
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

## Council Policy for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs)

### 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 Schedule of Fees.
4. The Council will review the application and supporting information and undertake an onsite meeting 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 consider the application.
6. The Council reserves the right to approve Applicants 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 Basic Tactical Emergency Care (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).

## New Applications Statutory Declaration Requirements

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

9. The Applicant is compliant with tax requirements of the Revenue Commissioners.
10. The Applicant has, and will maintain, current valid insurance policies including clinical negligence, and employer and public liability.
11. All pre-hospital emergency care practitioners providing care on behalf of the organisation are current on the PHECC Register.
12. The Applicant has systems, processes, and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.
13. The Applicant has systems, processes and procedures to ensure patient complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout the process.
14. The Applicant has developed a systematic programme of clinical audit in line with PHECC GVF requirements, which will be used to monitor quality and outcomes, and promote learning.
15. The medications and equipment for the administration of pre-hospital emergency care, available when providing a pre-hospital emergency care service in any setting, are appropriate to the clinical levels as outlined in the current PHECC Medications & Skills Matrix.
16. The Applicant has a reliable system in place to prevent and protect patients and staff from healthcare-associated infections.
17. The Applicant has structured incident reporting and investigation mechanisms, which support and encourages volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events with open disclosure to patients when incidents occur that results in harm to them.
18. The Applicant has a reporting and accountability structure for clinical governance.
19. The Applicant has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.
20. The Applicant has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issues by PHECC and other regulatory bodies.
21. The Applicant has a procedure for initiating and managing investigations when unacceptable variation in an individuals' practice is identified, or when concerns exist about the fitness to practice of an employee, contractor, or volunteer (health or competency), which acknowledges PHECC Fitness to Practice decision making (at Practitioner level).
22. The Applicant has processes in place to assure the English language competence (reading, writing, speaking and understanding) of its practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person.

23. The Applicant has
- privileged practitioners to administer specific medications and perform specific clinical interventions in keeping with their CPG status/currency;
  - a record of the individual privileged status for each practitioner.
24. The Applicant has in place a robust security clearance process for employees, contractors, and/or volunteers. In this regard, the Applicant must confirm that it is a requirement of its own internal policy that:
- security clearance is in place prior to any patient contact;
  - security clearance must have a maximum lifespan of six (6) years (unless otherwise specified in the National Vetting Bureau [Children and Vulnerable Persons] Act 2012, regulations).
25. The Applicant provides, or provides access to, ongoing training to ensure that practitioners' CPG skill levels are maintained commensurate with their current CPG privileged status.
26. The Applicant has in place appropriate arrangements for Critical Incident Stress Management (CISM) for its employees, contractors, and/or volunteers.
27. The Applicant implements the PHECC Clinical Information Standards and Associated Patient Reports (POL043) and uses all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times.
28. The Applicant's clinical activities are overseen by a Medical Director who is registered with the Medical Council and who is based in this jurisdiction.
29. The Applicant has ensured that the persons acting on their behalf at practitioner level:
- only practice in accordance with their credentialed level on the PHECC Register, and
  - only practice in accordance with their privileged status, and
  - only practice in accordance with the CPG licensed status of the Applicant.

In addition, the Applicant agrees to:

30. Comply with the PHECC Governance Validation Framework, including the annual submission of an organisational self-assessment and associated quality improvement plan.
31. 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.
32. 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 time frames for Clinical Practice Guidelines (POL018).
33. Provide an Annual Medical Director's Report (AMDR) to Council, prepared and signed by the Applicant's Medical Director in accordance with the Annual Medical Director's Report Standard (LIS021) to the Council.
34. Immediately notify the Council within defined timeframes of any material changes to the organisation or structure of the Licensed CPG Provider and certain events in accordance with Licensed CPG Provider Notification Requirements (LIS020).

## New Application Outcome

35. Following an assessment of a completed Application Form, supporting information and an onsite interview with the Provider's Senior Management and Medical Director by the PHECC Project Lead, a Provider who has demonstrated their capacity to meet the New Applicant 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.
36. A Provider who does not demonstrate their capacity to meet the new applicant requirements will be **Refused** recognition. At this stage, the application fee will not be returned.
37. Incomplete applications will be returned to the Applicant, and the fee refunded.
38. Within 12 months following receipt of **Conditional Recognition to implement CPGs** the Licensed CPG Provider will be subject to an initial GVF site assessment.
39. A final determination on **Full Recognition to implement CPGs** will be made following this initial assessment.
  - a. Where appropriate, **Full Recognition to implement CPGs** will be given for a 3-year period. The fully recognised Licensed CPG Provider will submit an annual GVF self-assessment and quality improvement plan and be subject to site assessment on a 3-yearly basis after that.
  - b. **Refusal** - If the Applicant fails to meet the PHECC requirements they will be refused and conditional recognition removed. Comprehensive feedback will be provided to the Applicant.
  - c. A determination to maintain a Provider on **Conditional Recognition to implement CPGs** may be made. The Provider will then be subject to a further scheduled assessment within the next 6-month period.
40. A determination on **Full Recognition to implement CPGs** will be made following this second assessment
  - a. Where appropriate, **Full Recognition to implement CPGs** will be given for a 3-year period. The fully recognised Licensed CPG Provider will submit an annual GVF self-assessment and quality improvement plan and be subject to site assessment on a 3-yearly basis after that.
  - b. **Refusal** - If the Applicant fails to meet the PHECC requirements they will be refused and conditional recognition removed. Comprehensive feedback will be provided to the Applicant. An Applicant can avail of the PHECC Appeals Process.
41. Council retains the right to issue an improvement notice, attach conditions or withdraw recognition if a Licensed CPG Provider does not fully comply with requirements contained in these Rules.

## Renewal Process

42. The renewal process applies to those Providers who have received an initial Full Recognition to implement CPGs.
43. A renewal application is required on a 3-yearly basis for those Licensed CPG Providers who have Full Recognition to implement CPGs.

44. Licensed CPG Providers shall apply for renewal at least 60 days before their renewal date and include:
- a. completed Renewal Application Form;
  - b. completed Renewal Declaration;
  - c. payment of appropriate fees, in accordance with the current Schedule of Fees.
45. The Council will make a renewal decision for a Licensed CPG Provider who has received Full Recognition to implement CPGs based on the following:
- a. submission of a completed annual organisational self-assessment and associated quality improvement plan by the Licensed CPG Provider. This demonstrates the organisational ability to meet the standards and requirements for Licensed CPG Providers as described in the Governance Validation Framework;
  - b. submission of an Annual Medical Director's Report by the Licensed CPG Provider;
  - c. review of Site Assessment reports and findings (where available);
  - d. review of Renewal Application Form and Renewal Declaration;
  - e. payment of appropriate fees, as per the current schedule of fees.
46. The outcome of the renewal application will be one of the following:
- A Provider who has demonstrated their ability to meet PHECC standards and requirements will be awarded **Full Recognition to implement CPGs** for a 3-year period.
  - A Provider who has not fully demonstrated their ability to meet PHECC standards and requirements will be awarded **Conditional Recognition to implement CPGs** and will be subject to a responsive GVF site assessment within three months.
  - **Refusal** – Where a Provider fails to provide sufficient evidence of their ability to meet PHECC standards and requirements, the Council reserve the right to refuse the application. Comprehensive feedback will be given to the renewal applicant.
47. A Licensed CPG Provider has the right to appeal a decision to refuse a renewal 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).

#### Renewal Declaration

48. As part of the renewal process, the Licensed CPG Provider must complete a Renewal Declaration confirming that as of the date of signing:
- a. the submitted self-assessment and quality improvement plans are a true and accurate record of organisational compliance with the standards and requirements for Licensed CPG Providers as described in the Governance Validation Framework;
  - b. the submitted Annual Medical Director's Report (AMDR) has been completed in accordance with PHECC requirements for Annual Medical Director's Report (LIS021) and are a true and accurate record of organisational activities;
  - c. all Council requirements issued within the period have been met.

#### Fees

49. See [www.phecc.ie](http://www.phecc.ie) for current Council Fees (POL006).
50. Applications will not be processed until fees are paid in full.
51. Charitable status: an application for a partial refund of fees for an organisation that is a registered charity will only be considered after a determination is made on the full application.



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