

PHECC Council Meeting Minutes
20 January 2022
Via Videoconference



Present:

Jacqueline Burke (Chairperson)

Apologies:

None

Videoconference:

Aidan O'Brien
Conor Deasy
David Menzies
Dennis Keeley
Fiona McDaid
Hillery Collins
Jason van der Velde (Vice-Chair)
Jimmy Jordan
Martin O'Reilly
Niamh Collins
Patrick Fleming
Tess O'Donovan
Tomás Barry
William Merriman

In attendance:

Richard Lodge, PHECC Director
Con Foley, Council Secretary (VC)
Brendan Cawley, PHECC Manager
Ray Carney, PHECC Manager (VC)
Pauline Dempsey, PHECC Manager (VC)
Ricky Ellis, PHECC Manager (VC)
Karen O'Neill, Council Administrator

1.0. Closed Session

During a closed session the following matters were addressed.

- 1.1. The Chair advised Council that the Director's Performance Review will be commence shortly.
- 1.2. The Chair confirmed that her Confidential Letter to the Minister of Health, together with the two Appendices as previously advised, had been sent and acknowledged.
- 1.3. A brief update on the progress by the subgroup on the complaint against PHECC

The Director joined the closed meeting.

- 1.4. The Director updated Council on the current status of Fitness to Practise [FTP] process and indicated that the review of the FTP processes and procedures was about to commence.
- 1.5. The Director also advised Council on the status of two separate complaints arising from a GVF and QRF Review. Council endorsed the Directors approach to the investigations of both complaints.

Members of the Executive joined the meeting.

The Chair opened the meeting by welcoming all attendees.

2.0. Declarations of Interest

No declarations of a possible conflict-of-interest had been received by the Chair nor Secretary for any agenda item.

Jason van der Velde joined the meeting.

3.0. Chairs Business

3.1. Correspondence

The Chair noted receipt of the Engagement Letter for the 2021 Audit from OCA, adding that it would be referenced in the course of the Director's Report.

The Chair advised Council of receipt of a letter from Council Member, Don Brennan, in relation to his resignation from Council due to additional work responsibilities and commitments. The Chair, had regretfully accepted Mr. Brennan's resignation, wished him well in his continuing endeavors and thanked him for his contribution to Council affairs during his tenure on Council.

In accordance with Section 7. (b) of the vesting statute, Council was now formally being informed of his resignation. Further, with regard to S.8. of the same vesting statute [S.I. 109 of 2000], the department has also been informed of his resignation and the appointment, by the Minister of a replacement Council member for the remainder of his term is awaited.

3.2. Legislation Update

The Chair referenced the two letters sent to department officials and the Minister of Health in December 2021 regarding PHECC's legislative deficiencies. A formal reply to both correspondence is awaited.

It was noted that OCAg continue to comment on the appropriateness of Council composition as restricted by current legislation.

4.0. Minutes & Matters Arising

4.1. Draft Minutes 16 December 2021*

The draft minutes of the previous meeting were reviewed, and Council passed the following resolution.

Resolution: That Council approves the minutes of the Council meeting of 16 December 2021.

Proposed: Jimmy Jordan **Seconded:** Dennis Keeley

Carried without dissent.

4.2. Matters Arising

There were no matters arising from the minutes.

5.0. Directors Report

5.1. Directors Report to Council*

5.1.1. COVID-19 Arrangements

A Risk Assessment of the office has been carried out with the subsequent action plan being progressed accordingly. Revised Covid-19, Return to Work and Visitor policies are now in place and antigen testing kits purchased have been made available to staff who require same.

Several staff continue to work from home while they isolate due to being close contacts of family members who have tested positive for Covid-19.

There have been no reported Covid-19 incidents involving, examiners, students, assessors or in relation to external reviews.

5.1.2. Emergency Ambulance Crewing Model

The situation remains whereby no requests have been received to move from the current minimum crewing model standard.

Following a recent meeting with the Director of the National Ambulance Service [NAS], the Director confirmed that NAS have not and do not envisage a move from the minimum crewing model during the current pandemic. If such a derogation was to be sought, NAS will engage with PHECC in advance of such a request.

NAS updated the Director in relation to their engagement with private and voluntary CPG providers in relation to emergency response, patient transfers and patient discharges. In such cases, practitioners will be privileged by their governing PHECC Licensed CPG Provider. Clarification has been provided that additional PHECC registered practitioners, being considered for recruitment from various sources as part of the NAS planned increase in practitioner resources, would be employed by, and thus privileged by NAS.

5.1.3. Potential Increase in Registrants

The Director has informed the department of the envisaged resource and financial impact of increased practitioner recruitment by NAS on PHECC.

5.1.4. Council Members Survey by IPA

All members were encouraged to respond to the recently circulated IPA Council members survey, the results of which will be presented at a forthcoming Council meeting and will advise on the progression of the relevant recommendations of the Governance Review.

5.1.5. OCAG Audit

The Director reported that he had received the Engagement Letter from OCAG in respect of their audit of 2021. The Director referenced the Letter of Representation attached thereto which will be signed by the Chair and the Director on behalf of the Council. This includes many assertions, among these, that the Code of Governance is being complied with, procedures are in place under the Protected Disclosures Act, any grants made by PHECC are in compliance with legislation and that no Council members have any interest in any grant or other contract entered into by PHECC. Council was reminded that these are onerous responsibilities undertaken on their behalf by the Chair and Director.

Additionally, the draft Management Letter for 2020 had also been received from OCAG and is currently being addressed by the Director. The response will be considered at the upcoming meeting of the Finance, Risk, Audit & Compliance Committee [FRACC].

5.1.6 Request from CPG Provider

The Director has responded to previously reported correspondence from a potentially new CPG Provider confirming the appropriate course for applications for authorisation as a PHECC Licensed CPG Provider.

5.1.7 PQ in relation to RoQs

The Director reported on a Parliamentary Question [PQ] received in relation to Recognition of Qualification [RoQ] requests from the UK.

The Director reported that there were 33 RoQ applications from the UK in 2020 & 2021, 73% (24) of which received the registration level applied for. The remainder were awarded a lower level and offered a period of adaptation or compensation measures.

In reply to a question from a member, it was also confirmed that a total of 21 applications were received from South Africa in the same period and 19, (86%) received the registration level applied for, with the remaining 2 applicants being offered a lower registration level and a period of adaptation. It was further confirmed that no application had been rejected due to non-availability of educational certificates or educational documentation in cases where the education institution may have ceased trading.

All unsuccessful applications are given guidance on how to make an appeal and no appeals were received during the period 2020-2021. PHECC is unaware of any difficulties associated with the RoQ application process from any jurisdiction.

5.2. Delegated Decisions of the Director

The report as included in Council papers was noted, highlighting that an application for CPG Provider status recognition is being progressed.

Council took a short recess (11.15am – 11.30am)

6.0. Education

6.1. Paramedicine Education*

The Chair opened the discussion referring to Council functions as specified in PHECC Statutory Instrument No. 109 of 2000 Section 4. (f) *to advise the Minister of the standards which should inform the education and training of emergency medical technicians in the State;* and Section 4. (g) *to advise the Minister of the specific content of recognised courses.*

Decisions on the questions posed by the related Expert Group at the Council meeting of 18 November last had been deferred to allow Council members sufficient time to consider and address these significant issues. Council members were requested to provide guidance to the Expert Group on the future strategic direction of paramedicine education, specifically regarding the academic level (and alignment with NFQ and QQI) at which the paramedic competency-based curriculum would be based, also on the scope of the paramedic role, particularly in relation to ALS, and on programme accessibility, in order to allow them to continue their work in developing a revised Education Standard and associated Competency Framework.

The Chair thanked all those who made submissions prior to the meeting and each Council member was provided the opportunity to make a short verbal submission during which the following themes and points were discussed and considered.

- Focus on PHECC's mission to protect the public.
- The importance of deciding the fundamental professional foundation of pre-hospital emergency care and alignment with the international definition of a Paramedic.
- The need to agree a definition of Paramedicine and scope of practice.
- A requirement to determine the desired skillset of a Paramedic prior to aligning the resulting competency framework with the appropriate EU Standard NFQ/QQI level.
- The need to be able to justify the level set and map the competency framework to the role was noted.
- Strong emphasis on the importance of significant, effective consultation and stakeholder engagement from the outset to inform future decision.
- PHECCs role in the involvement of stakeholders as part of any proposed change was stressed, while noting that PHECC's primary responsibility as the regulator is the setting and development of the education standards.
- Acknowledgment of the level of consultation already taken place when developing the Future of Paramedicine and Crowe Reports.
- The requirement for an impact statement as part of the process, considering aspects such as implementation, costs, capacity, impact on existing practitioners, training, recruitment, crewing models.
- A need for multiple routes of entry to the profession and future education pathways such as the academic CAO, Vocational, Apprenticeship, and direct entry/RoQ routes, and the potential impact of same on recruitment.
- Differing views were expressed on education level required for Paramedics currently.

- Benefits of an expanded/degree level of education on critical thinking, clinical judgement and decision making and resulting increase in confidence and competence of practitioners.
- The professionalisation of the service and equal status of the Paramedic within the multidisciplinary health care team as necessary for continued provision of safe care.
- The need for Paramedic practitioners with higher level thinking, clinical judgement and decision-making skills to respond to evolving health care service including Sláintecare and Pathfinder Projects.
- Recognition of the need to support existing Paramedics and the provision of pathways for them to expand/update their skills.
- Possible implications for patients in relation to improvements in service provision and reference was made to research on other professions demonstrating the benefit of graduate education on patient outcome.
- Protection of continuation of services in any interim/transition period.
- Acknowledgement of the existing move to degree level of Paramedic education already taking place with 80% of all newly qualified Paramedics already being at degree level.
- The need for a route for existing Paramedics to complete an ALS module, and other professional development is required or desired.
- The urgent requirement for PHECCs Education Standards and Competency Frameworks to keep pace with how the profession is already developing.
- Suggested introduction of interim Education Standards while the current standards are being rewritten.
- Consideration of the implications of changes to the Paramedic scope of practice for the other practitioner levels and the workload of the Expert Group.
- It was noted that Paramedics are the last remaining Health and Social Care Profession that are not already at degree level. This can impact on the role, confidence and status of the paramedic within the multidisciplinary team.

Fiona McDaid departed the meeting during the above discussion but did provide her submission prior to her departure.

Following an extended and detailed discussion, two proposals emerged for resolutions, with a number of wording revisions, and a vote was taken on each with those dissenting requesting that their dissent be recorded in the minutes.

Resolution: That Council endorses that all practitioner levels be aligned to the National Framework of Qualifications [NFQ].
Proposed: Tomás Barry **Seconded:** Hillery Collins
Carried by majority vote of 13:1
Jimmy Jordan requested that his dissent be recorded in the minutes.

Resolution: That Council endorses a move to a degree level-based level of practice for Paramedics which will include appropriately enhanced scope of practice.
Proposed: Tomás Barry **Seconded:** Hillery Collins
Carried by majority vote of 10:4
Jimmy Jordan, Niamh Collins, Dennis Keeley and Martin O'Reilly requested that their dissent be recorded in the minutes.

It was noted that these resolutions are collective decisions of Council and therefore required to be supported by all Council members going forward.

Council acknowledged the paradigm shift that is required to the PHECC Education Standards and Competency Framework as a result of the above resolutions, and this now needs to be communicated to the Chair and members of the Expert Group.

It was agreed to develop a position paper on moving Paramedic education to degree level which will be used as the basis for preliminary stakeholder engagement to obtain feedback. This would be initiated along with preparation for further extensive stakeholder engagement as the project progresses.

The Chair thanked all members for their contributions to this very significant decision by Council.

Council took a short recess (1.55pm – 2.30pm) during which David Menzies, Jimmy Jordan, Tess O'Donovan and Aidan O'Brien departed the meeting.

7.0. Clinical Matters

7.1. Covid-19 Vaccination CPG Updates*

Amendments to the Cominarty and Spikevax COVID-19 Vaccination CPGs and medication formulary, reflecting changes to national guidelines on booster vaccinations, age groups and interval timings, had been approved by the Emergency Decision Making Group of MAC and were now recommended to Council for approval.

Resolution: That Council approves the updated Cominarty and Spikevax COVID-19 Vaccination CPGs and medication formulary, as recommended by the Emergency Decision Making Group of MAC.

Proposed: Martin O'Reilly **Seconded:** Hillery Collins

Carried without dissent.

8.0. Research

8.1. Research Committee Update

The outcome of two research related tenders, was provided to Council noting that both tenders had been awarded to Monash University. An initial meeting between PHECC and representatives of Monash University has taken place and further progress will be reported in due course.

- i) To carry out a review of existing research in pre-hospital emergency care in Ireland
- ii) To develop a strategy for the PHECC Research Committee

9.0. Quality & Safety

9.1. GVF Evaluation Update

An update on the current formal evaluation of the Governance Validation Framework, following completion of the first 3-year cycle of GVF assessments, was provided to Council. As part of this process, Council members were invited to complete a survey which will be circulated shortly. The results of the feedback from Council will be presented at the February Council meeting, together with an update of progress to date.

Council was also informed that as requested at the previous Council meeting, remove the risk rating element from all GVF reports is currently being implemented.

10.0. Governance & Finance

10.1. First Estimates Outturn 2021 Income & Expenditure

A presentation on the Estimated Management Account Income and Expenditure outcomes for 2021 was provided. While these included some caveats, further presentation of the final numbers for 2021 will be made to Council in due course.

Dennis Keeley departed the meeting.

11.0. Register

11.1. Registration Committee Membership Ratification*

Resulting from the Practitioner Expression of Interest for positions on Committees of Council, membership of the Registration Committee, as included in Council papers, was proposed.

Though the external lay position has yet to be filled, Council was requested to approve the membership as recommended.

Resolution: That Council approves the proposed membership of the Registration Committee as proposed.

Proposed: Patrick Fleming **Seconded:** Niamh Collins

Carried without dissent.

It was noted that all Committees of Council are now functional.

12.0. AOB


All were thanked for attending, acknowledging time given and passion demonstrated in earlier discussion of Agenda Item 6.1.

It is hoped that a face-to-face meeting will be possible in the coming months.

The next Council Meeting will take place on February 24th next at 10:00.

The meeting concluded at 15:15 approx.

Signed:



Jacqueline Burke
Chairperson

Date: 24th February 2022