

# PHECC Council Meeting Minutes

## 11 March 2021

### Via Videoconference

**Present:**

Jacqueline Burke (Chairperson)

**Apologies:**

Tess O'Donovan

Conor Deasy

**Videoconference:**

Aidan O'Brien

William Merriman

David Menzies

Dennis Keeley

Don Brennan

Fiona McDaid

Hillery Collins

Jason van der Velde

Jimmy Jordan

Tomás Barry

Niamh Collins

Patrick Fleming

**In attendance:**

Richard Lodge, PHECC Director

Con Foley, Council Secretary (VC)

Barry O'Sullivan, Deputy Director/Registrar (VC)

Brendan Cawley, PHECC Manager

Ricky Ellis, PHECC Manager

Karen O'Neill, Council Administrator

## 1.0. Chair's Business

### 1.1. Correspondence

No correspondence noted.

### 1.2. Council Appointments

The Chair welcomed Tomás Barry to the meeting on the occasion of his appointment to Council as "a registered medical practitioner with an interest and expertise in pre-hospital emergency care". She also welcomed Jason van der Velde on his re-appointment to Council for a second term. Two vacant positions on Council remain; the booklet for the "person with a special interest or expertise in pre-hospital emergency care" is expected to be published via PAS shortly.

The procedures for the election of a Vice-Chair, as set out in the vesting S.I. and in Council Standing Orders (S.12), were referenced. Nominations for the post of Vice-Chair of Council were invited to be sent to the Secretary. The confidential postal election process was clarified and there being no objections, the closing date for receipt of nominations to the Secretary to Council was set as COB 20 March 2021.

Votes will be counted by two non-Council members, which Council agreed will be two members of the Executive. In the event of a contest and two nominees receive equal votes, lots will be drawn to decide the winner. The term of office for the Vice-Chair will be the earlier of four years or the end of the member's term of office on Council.

*William Merriman joined the meeting.*

### 1.3. Committee TOR update

The Chair reminded Council that existing Council committees will cease to act for their present term on 31 March next.

The Chair also sought Expressions of Interest [EOI] for committee Chairs, Vice-Chairs and members for the new committees of Council which, having reviewed and revised the existing Terms of Reference [TORs], will be reconstituted as follows:

- Quality & Safety Committee (incorporating QRF & GVF)
- Education & Training Committee
- Research Committee
- Registration Committee (oversight of Fitness to Practise process, CPC & RTP)
- Medical Advisory Committee (incorporating Priority Dispatch as a Working Group)
- Finance, Risk, Audit & Compliance Committee

The agreed general principles of which are;

- Purpose of committees is to advise and make recommendations to Council, as the accepted experts in a given area.
- Committee TORs are to be set by Council.
- All committee Chairs are appointed by the Chair of Council.
- All committee members are appointed by the Chair of Council, as approved by Council, on the recommendation of the Chair of the committee and in accordance with an agreed required skill set and committee composition and following an agreed recruitment process.
- Committees may establish working groups of committee members and external experts, to address specific issues, by Council request.
- There should be a minimum of 2 Council members on each committee – one as Chair, one as Vice Chair.
- In addition, there may be 1, or more other member of Council.
- No Council member will sit on a committee by virtue of being on any other Committee.
- As is current practice, any Council member can attend any committee meeting as an observer, not as a voting member of the committee.
- Terms of office for members of committees are to be agreed. At present there is no agreed or common practice. Suggestions include 3 or 4 years or mixture with 2 consecutive terms permissible.
- Thought needs to be given to the skill set required by committee members and the composition of the committee. It is likely that the requirements on members may change slightly given the formation of new committees and the realignment of responsibilities of certain functions.

It was suggested that, ideally, if a Committee Chair were on their second term and the Vice-Chair on their first term on Council, it would provide a degree of continuity if the Vice-Chair then became Chair in their second term. Obviously, this would not be applicable in every case.

Committee Chairs and Vice-Chairs will be appointed by the Chair of Council as informed by the EOI process, and committee members having been appointed in accordance with appropriate procedures, will be approved by Council.

Committee TORs will be sent to existing committee Chairs for observations in the coming days and include both the generic TORs, as detailed in the Alignment of Committees Policy presented to Council in July 2019 and subsequently discussed in September 2019, and proposed TORs specific to each committee. Particular emphasis should be placed on the TORs specific to that committee together with the skills required by the committee. Membership numbers and terms of office will also need to be addressed. The Chair requested that the above review is urgent as the new Council committees will need to be formed in April so as to minimise any break in the work programme of the committees concerned.

## **2.0. Minutes & Matters Arising**

### **2.1 Draft Minutes 21 January 2021\***

The draft minutes of the previous meeting were reviewed and subject to a minor edit to item 3.1.2,

Council passed the following resolution.

**Resolution:** That Council approve the minutes of the Council meeting of 21 January 2021.  
**Proposed:** Jimmy Jordan                      **Seconded:** Hillery Collins  
**Carried without dissent.**

## **2.2. Matters Arising**

**2.2.1** Two content errors on the PHECC App were highlighted and will be corrected by PHECC IT.

## **3.0 Directors Report**

### **3.1 Directors Report to Council**

#### **3.1.1 COVID-19 Arrangements**

The Executive continue to modify the return to work, working remotely, office protocols and the deployment of staff in response to the most recent restrictions. There have been no reported COVID-19 incidents involving staff, examiners, students or in external reviews.

#### **3.1.2 COVID-19 Crewing Model**

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

#### **3.1.3 Letter of Determination from DoH**

Receipt of our 2021 Letter of Determination dated 16 February 2021 confirming funding of €2.587m, as included in Council papers, was noted. An explanation of the reduction in funding vs 2020, related to deductions reflecting non-funding of the UCD AP Programme and superannuation sums, was provided. It was clarified that historically the AP Programme Registration Fee funding was a discretionary spend by PHECC, from their own funding and not from the DoH determination. The Director has also clarified to the DoH that at no stage have PHECC confirmed they will not be funding any future AP Programmes.

#### **3.1.4 Future UCD AP Programmes\***

This matter was deferred to the April Council meeting, pending receipt of legal opinion.

#### **3.1.5 Fitness to Practise [FTP] Procedural Review**

Ursula Byrne, retired Director of Regulation NMBI has agreed to act as Chair for the review of PHECC FTP policies and procedures. The Director is currently confirming the TORs and membership of the group, with a provisional start date expected shortly.

#### **3.1.6 PHECC Website Update**

Council members were invited to submit feedback on the newly refreshed PHECC website. The next phase will be a more substantive review of the structure and function of the website. Awaited Council member bios were requested, with those requiring editing to be returned for final review by member(s) concerned.

#### **3.1.7 COVID-19 Temporary Register**

The PHECC Temporary COVID Register has now been reopened as per previous decision and can be utilised as a possible re-registration route for lapsed PHECC registrants who wish to apply for HSE Vaccinator posts.

#### **3.1.8 COVID-19 Vaccination CPGs**

Though no further COVID-19 vaccines have been approved, mechanisms are in place to facilitate the approval of future COVID-19 Vaccine CPGs.



### **3.1.9 PHECC Governance Review**

Discussions with the IPA in relation to progressing elements of the Governance review continue. Content for a Council Training Package is under review and is expected to include a mix of external generic training and PHECC-specific content. Council members were invited to submit training requests which may be facilitated at the planned training day or by engaging separate external online resources. A second April Council meeting for internal training, to include external input, was proposed as 22 April, though agenda items may be determined between 08 and 22 April.

### **3.1.10 Availability of PHECC Registrants to Assist with COVID-19 Vaccinations**

Since the Director's interview with RTÉ Morning Ireland broadcast on 10 February 2021, discussions with various sections of the HSE continue in relation to the availability of PHECC registrants and Licensed CPG Providers to assist with the COVID-19 Vaccination Programme.

### **3.1.11 HSE Recruitment of PHECC Practitioners\***

The HSE have clarified that though the recruitment advert for COVID-19 Vaccinators states 'eligible for registration', job offers will only be made to PHECC registrants. Legal advice obtained, included in Council papers, in relation to PHECC registrants acting as COVID-19 Vaccinators, confirmed that the authority to administer the COVID-19 vaccine comes from S.I. 698 of 2020 and as a result PHECC registrants employed by the HSE as Vaccinators cannot be privileged to follow PHECC CPGs. It was clarified that though the NAS are a PHECC Licensed CPG Provider, the HSE are not.

Council endorsed the Executive's approach that PHECC Registrants recruited by the HSE as COVID-19 Vaccinators are not required to follow PHECC COVID-19 Vaccine CPGs, as their authority to give the vaccine derives directly from S.I. 698 of 2020. CPGs give legal authority to registrants to administer medications on the Seventh Schedule and have no other legal standing outside PHECC's 'triple lock' process. Any PHECC registrant administering the COVID-19 vaccine on behalf of a HSE contracted PHECC Licensed CPG provider (such as NAS, DFB) would however be required to follow the CPGs. It was agreed that it seems most unlikely that PHECC registrants deployed by a PHECC Licensed CPG Provider would be working alongside PHECC registrants employed as HSE Vaccinators. There being no change to Council Rules, no resolution was required.

It was agreed that PHECC are not able to recognise non-PHECC approved BLS qualifications for registration and do not provide certificates for any individual elements of the NQEMT. Thus, the HSE will be advised to subject all PHECC registrants applying to work as a COVID-19 Vaccinator to the same training as other professional groups.

Legal advice is that PHECC registrants working as COVID-19 Vaccinators are still subject to PHECC FTP.

The need to provide clarity on the above to both the HSE and PHECC registrants was noted.

*Council took a short recess.*

### **3.1.12 Covid-19 Related Extensions to PHECC Certificates**

It was clarified that PHECC do not have the power to extend certifications as they are not the awarding body. PHECC could, however, relax the requirement to hold an in-date certificate, an approach which Council have already endorsed in respect of Responder certification. Legal opinion sought on the requirement to hold an in-date CFR-A certification for registration purposes, as included in Council papers, was referenced and upon consideration of same Council decided not to relax the requirement for an in-date CFR-A cert, as the majority of registrants have been able to comply with the requirement. To avoid a late registration fee, PHECC registrants experiencing difficulties in renewing CFR-A certs are being advised to inactivate their registration until such time as they can renew their certs. As with item 3.1.11 above, no resolution is necessary as no amendment to Council rules is required.

### **3.1.13 ICT Arrangements for Council Members**

As part of our reconfiguration of ICT services, Council members have now transitioned to Office365. A survey will be issued in the coming days to determine Council members current IT requirements. In line with our standard approach, it was agreed that two-factor authentication will be implemented as an added security mechanism for all Council members.

### **3.1.14 Munster Medics**

Following the recent death of their founder and Director, Munster Medics have decided to cease operations and have informed PHECC that they will not be renewing their registration as a PHECC Licensed CPG Provider. PHECC have passed on their condolences.

### **3.1.15 Protected Disclosure**

Council was updated on the status of a complaint about a PHECC recognised GPG provider, received from a PHECC registrant.

### **3.1.16 Cross-Border Working**

Acknowledgement by the DoH of a requirement for a legal cross-border working agreement has resulted in an arrangement to commence dialogue between PHECC, the DoH, the DoH in Northern Ireland and HCPC on the matter. This positive progress was welcomed by Council.

## **3.2. Delegated Decisions of the Director**

The report, as included in Council papers, was noted. Though RoQ applications have increased significantly, the majority are not originating from the UK as expected.

## **4.0. Clinical Matters**

### **4.1. 2021 CPGs – Project Update**

An update on the status of the 2021 CPG Project, as included in Council papers, was provided. It is expected that, following approval by MAC at their meeting on 25 March, the finalised suite of CPGs will be submitted to Council for approval in April. The need for adequate agenda time allocated to this item on 08 April was agreed. Appreciation was extended to MAC members, Programme Manager, Ricky Ellis and members of the Executive for their efforts in progressing the project to this stage.

## **5.0. Education & Examinations**

### **5.1. Examinations Update**

An update on examinations including upcoming NASC AP Programme examinations, as included in Council papers, was provided. It was noted that a PHECC Quality Panel member and a PHECC representative will attend all NASC UCC AP examinations.

Very positive feedback from all stakeholders with regards to the safe running of assessments has been received, for which all those involved were commended.

A new exam system and database in place will be trialed in March/April 2021 with the purpose of streamlining candidates' applications, examination scheduling, examiner appointments and results.

### **5.2. Education & Standards Committee Update**

An update on the Education and Standards Committee meeting of 10 February 2021 was provided at which it was agreed that PHECC will tender for a subject matter expert, familiar with the Irish system, to chair and project manage a working group to develop and present a 2021 version of the Practitioner Level Education Standards and a Competency Framework to Council. It is expected that a draft specification for a Request for Tender [RFT] will be considered at the next committee meeting on 14 April 2021 and will be presented to Council for approval on 22 April.



It was agreed by Council that the development of a competency framework is the way forward. The importance of this task in shaping the future of PHECC education and examinations, its implications for the organisation and on future legislation was emphasised. There was general agreement that the opportunity to develop the competency framework must not be compromised by the requirement for a revised curriculum. It was determined that the role of regulator is to develop standards and a competency framework whereas the role of the educational institution is to develop curriculum, based on PHECC standards. This curriculum will be reviewed by PHECC as part of the RI approval process.

Although PHECC currently set the exams for EMT and Paramedics, as per our S.I., there is no reason why this would not be devolved to the RIs, as in the case of AP Programmes, since the role of regulator is to set standards and the competency framework and oversee the exams.

It was agreed that these and other matters, including the approach of updating the current standards for immediate implementation by RIs and the simultaneous completion of the competency framework for implementation at a future date, be considered by the expert group.

## **6.0. Quality & Safety**

### **6.1. GVF & QRF Alignment**

Council was provided with an update on the alignment of the QRF and GVF systems and processes. An external company has been engaged to conduct an alignment analysis of the QRF and the GVF and provide a gap analysis report that will lead to the development of one standardised approach.

It is envisaged that following alignment both programmes will successfully achieve International Society for Quality in Health Care External Evaluation Association accreditation under the Guidelines and Principles for the Development of Health and Social Care Standards. Council will be kept informed of progress at the appropriate junctures.

*Council took a short recess.*

## **7.0. Governance & Finance**

### **7.1. Conflict-of-Interest Sub-Committee Report**

An overview of the Conflict-of-Interest Sub-Committee Report, as included in Council papers, was provided, the recommendations of which are included in Draft POL048 Conflict of Interest Policy (item 7.2) and its associated documentation. The Sub-Committee also recommended that some training be provided to Council members on the introduction of the new policy and that the new policy be approved by PHECC's legal advisors. Furthermore, a Declaration of Conflict form will be included with Council papers going forward, only to be completed and submitted to the Chair and Secretary to Council in advance of the meeting by a member who feels a possible Conflict of Interest will arise in his/her case by an item on the meeting Agenda. This new process will require earlier circulation of the agenda and earlier engagement with Council members, prior to each Council meeting taking place.

### **7.2. Draft POL048 Conflict of Interest Policy\***

Referencing the draft policy (including its associated Declarations and Guidance documents) as included in Council papers, several amendments were proposed by members, including introducing the Vice-Chair as a substitute for the Chair in situations where the Chair was also conflicted. Subject to a legal review of the policy and associated documents, Council passed the following resolution.

**Resolution:** That Council approve the Draft POL048 Conflict-of-Interest Policy, subject to legal approval of same.

**Proposed:** Hillery Collins

**Seconded:** Aidan O'Brien

**Carried without dissent.**

### 7.3. C&AC Annual Report 2020

The Report was tabled, noted and approved by Council by way of the following resolution:

**Resolution:** That Council approves the Annual Report for 2020 by the C&AC, subject only to the identification of any further items in the course of their audit of the 2020 accounts by the Office of the Comptroller and Auditor General; no material weaknesses in the System of Internal Control were identified by the C&AC Annual Report in relation to the year 2020.

**Proposed:** Fiona McDaid      **Seconded:** Dennis Keeley

**Carried without dissent.**

The Chair of the C&AC described the procedures and processes inherent in the System of Internal Control [SIC], including the “pyramid” of procedures, tests and assurances which enable the C&AC to, in turn, assure Council as to the integrity of the SIC. This resulted in the following resolution being passed.

**Resolution:** Having approved the C&AC Annual Report to Council and based on the assurances contained therein, Council asserts that the System of Internal Control has functioned adequately in PHECC during the fiscal year 2020.

**Proposed:** Tomás Barry      **Seconded:** Dennis Keeley

**Carried without dissent.**

Council’s fiduciary responsibilities were highlighted and as mentioned earlier, those Council members requiring related training were reminded to request same as appropriate.

### 7.4. Internal Audit Update

The Internal Auditor has presented the results of the Internal Audit review performed in Autumn 2020.

Three risks identified have resulted in correspondence with the Executive with three objectives:

- i. Agreement or otherwise with the C&AC view of the risks identified.
- ii. Confirming, with external assistance, if necessary, that the risks as identified, exist.
- iii. Putting resolutions in place, expeditiously for those risks that require mitigation.

A response from the Executive is expected by the next C&AC meeting.

## 8.0. Risk

### 8.1. Risk Register

The Risk Register as included in Council papers was reviewed and noting the dynamic nature of the document, Council passed the following resolution.

**Resolution:** That Council approves the Risk Register as presented in Council papers, subject to the agreed amendments to Risk No. 19 & 20.

**Proposed:** Hillery Collins      **Seconded:** Niamh Collins

**Carried without dissent.**

## 9.0. Register

### 9.1. Register Report

The report, as included in Council papers, was noted.

### 9.2. Register Matters

Referencing 3.1.12 above, it was added that the Director is exploring options for the non-collection of late registration fees.

#### 10.0. AOB

The Chair expressed her thanks on behalf of Council to Thomas Keane and Mick Molloy, whose terms of office expired since the last Council meeting. She also expressed condolences to William Merriman on the passing of his brother.

The Chair requested that the Strategic Plan 2020-2023 Implementation Plan be placed on the April meeting Agenda for review.

The Director was requested to revert on the HSE Resuscitation of Children Directive at the next Council meeting.

There will be two Council meetings in April, Thursday 08 April and Thursday 22 April. Agendas for both meetings are to be agreed, incorporating issues above together with earlier referenced reviews of CPGs, induction training, committee membership and TORs etc.

The meeting concluded at 14.40pm.

Signed:

  
\_\_\_\_\_  
Jacqueline Burke  
Chairperson

Date:

08/04/2021