

Recognition of pre-hospital emergency care service providers

Pursuant to S.I. No 109 of 2000 as amended by S.I. No 575 of 2004, one of the function 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 which 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 recognition process is set out below.

Recognition Process

1. The Applicant must complete the Statutory Declaration which is appended to these Rules. The statutory declaration as downloaded from the PHECC website must be used. It is not acceptable to re-type or re-format this declaration.
2. The Applicant must complete the Application Form (I New or II Renewal as applicable) and enclose all relevant supporting documentation.
3. A completed Statutory Declaration and Application Form, together with supporting documentation and fees must be submitted to the Council.
4. 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.
5. On receipt of the completed Statutory Declaration, Application Form and supporting material, the Council will consider the application for recognition to implement CPGs. Applications will not be processed prior to receipt of the appropriate fee as per the current Schedule of Fees.
6. **All new Applicants** must contact the office to arrange an application meeting with PHECC officers. At the meeting, Applicants must be able to show evidence of capacity to comply with Council's Governance Validation Framework. Pre-approval site visits may also be arranged.
7. PHECC 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.
8. Approval for Basic Tactical Emergency Care (BTEC) and Advanced Tactical Emergency Care (ATEC) levels 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.

9. The outcome of the application process will be one of the following:
- 9.1. **Full recognition to implement CPGs** for a one year period. A renewal application is required on an annual basis.
 - 9.2. **Conditional recognition to implement CPGs.** The pre-hospital emergency care service provider will be required to show evidence of compliance with the specified conditions within a specified time period. Failure to satisfactorily comply with one or more conditions will result in withdrawal of approval.
 - 9.3. **Refusal.**

An applicant has the right to appeal a decision to grant conditional recognition or to refuse to grant recognition to the PHECC Appeal Panel. The procedures of the Appeal Panel set out the manner in which such appeals are conducted. A copy of the procedures is available from the Council.

10. The Applicant when approved will be issued with a certificate verifying Licensed CPG Provider status.

Statutory Declaration

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

- 11. The Applicant is compliant with all relevant laws and regulations, including the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- 12. The Applicant has in place a robust security clearance process for employees/ volunteers. In this regard, the Applicant must confirm that it is a requirement of its own internal policy that:
 - 12.1. Security clearance is in place prior to any patient contact.
 - 12.2. Security clearance must have a maximum lifespan of 6 years (unless otherwise specified in the National Vetting Bureau [Children and Vulnerable Persons] Act 2012, regulations).
- 13. The Applicant has satisfied itself that the English language competence of its responders and practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. responder or practitioner levels.
- 14. The Applicant provides or provides access to on-going training to ensure, that responders' and practitioners' CPG skill levels are maintained commensurate with their current CPG privileged status.
- 15. The medications and equipment for the administration of pre hospital emergency care, available when providing a pre-hospital emergency care service in a vehicle, an aircraft, a maritime craft or a first aid/ medical post, are appropriate to the clinical levels as outlined in the current PHECC Medications & Skills matrix.
- 16. The Applicant has in place a 'near miss and adverse incident reporting policy, which contains an open disclosure section, to inform patients and healthcare staff accepting the patient, and a non-punitive reporting section for the practitioners involved'.

17. The Applicant has a fitness to practice findings policy for employees/ volunteers at practitioner level in place. The Applicant must confirm that it will recognise decisions issued by the fitness to practice committee (FTPC) of PHECC and take appropriate action to protect the public. The Applicant also has in place its own internal complaints handling process.
18. The Applicant has in place appropriate arrangements for Critical Incident Stress Management (CISM) for its employees/ volunteers.
19. The Applicant has implemented PHECC's 'Clinical Record Management Guidelines'. The Applicant must also confirm that it will use all reasonable endeavours to ensure compliance with the 'Clinical Record Management Guidelines' at all times.
20. The Applicant's activities are overseen by a Medical Advisor/Director who is registered with the Medical Council and who is based in this jurisdiction.
21. The Applicant has;
 - 21.1. Privileged responders/ practitioners to administer specific medications and perform specific clinical interventions in keeping with their CPG status/ currency .
 - 21.2. a record of the individual privilege status for each responder/ practitioner.
22. The Applicant has ensured that the persons acting on their behalf;
 - 22.1. At responder level: only use CPGs appropriate to the individual's PHECC certification and privileged status
 - 22.2. At practitioner level:
 - 22.2.1. only practice in accordance with their credentialed level on the PHECC Register and
 - 22.2.2. only practice in accordance with their privileged status and
 - 22.2.3. only practice in accordance with the CPG licensed status of the Applicant.
23. The Applicant agrees to provide an annual CPG Report to Council, prepared and signed by the Applicant's Medical Advisor/Director in accordance with the Medical Report requirements to the Council. The report shall include;
 - 23.1. A descriptive summary of the nature and type of service provided to include the number of patients cared for, transported, refused and referred.
 - 23.2. A report on near miss and adverse events identified and actions completed as a result.
 - 23.3. Three clinical audits completed within the previous twelve months, outlining the clinical findings and corrective actions undertaken. Clinical audits to comply with PHECC clinical audit standards.
 - 23.4. A list of fitness to practice adverse findings against named employees/ volunteers and actions undertaken to protect the public.
 - 23.5. The CPG privileged status of staff/ volunteers and their currency with the latest edition of CPGs (released within the previous twelve months).
 - 23.6. Report on incidents/ calls where staff/ volunteers were not the clinical lead of the crew. (e.g. Doctor/ Nurse)
 - 23.7. A summary of training/ placement activities.
 - 23.8. Other information as determined by Council from time to time.
 - 23.9. The annual report signed by the medical Director/Advisor from the previous calendar year shall be submitted at the time of applying for renewal of recognition.

23.10. Compliance rate with PHECC KPIs (as published).

24. The Applicant agrees to comply with the PHECC's Governance Validation Framework.

Application Form(s) New Applications and Renewal of existing providers

*** Requirement for Renewal, + Required for Renewal where policies have not been submitted previously**

The information supplied in the application form must include:

25. *The full name/title of the Applicant pre-hospital emergency care service provider. The Applicant must state if it is trading under a different name.

26. *The full address of the Applicant.

27. *The identity of the Applicant's Medical Advisor/Director and their Medical Council Registration Number. The Applicant must also provide a description of the role and responsibilities of the Medical Advisor/Director in addition to contact details for the Advisor/Director.

28. *The name, job title and contact details, including direct telephone number and email address for the person with whom PHECC will communicate regarding this application, if not the Medical Advisor/Director.

29. The title that best describes the Applicant body, e.g. registered charity, company limited by guarantee etc.

30. A profile of the Applicant's practice, facilities and capacity.

31. The date when the Applicant organisation was founded.

32. Details of corporate governance and financial viability. Tax clearance certificates and copies of certified accounts must be available for inspection on request.

33. Details of insurance policies held, including clinical negligence, employer and public liability. Copies of insurance documents must be included with the application to PHECC.

34. An organisational chart showing management and staff structure. The chart to include clinical governance throughout the organisation.

35. A profile of the status of employees/ volunteers on the PHECC Register.

36. + A policy for employee/ volunteer record management, to include license, clinical level, privileges, CPG updates and CFR certification.

37. *A Report on the current edition CPG Upskilling for employees and volunteers.

38. + Details in relation to the provision of training to facilitate appropriate implementation of the CPGs and other continuing professional competence (CPC) requirements.

39. + Details in relation to how adverse events, including near misses, are reported, investigated and actioned by the Applicant.
40. Evidence of a security clearance process for employees/volunteers e.g. compliance with the National Vetting Bureau Act is required.
41. Evidence of arrangements for Critical Incident Stress Management (CISM) for its employees/ volunteers.
42. + Evidence of a complaints policy.
43. + Evidence of fitness to practice findings policy.
44. + Evidence of a clinical record management policy.
45. + Details of any formal/ service level agreements that are in place with Recognised Institutions for the provision of experiential/ placements for students. Where a recognised CPG provider undertakes to facilitate placements a formal record of placements must be maintained and made available to PHECC.
46. *A comprehensive report on the circumstances and or situations for the use of CPGs.
47. *Clearly state the clinical level for which the Applicant is seeking approval and exemptions from specific medications and/ or interventions. (Council reserves the right to reject such exemption requests).
48. Evidence that employees/ volunteers have the English language competence to use CPGs at the level within the remit of the CPGs applicable to their registration with PHECC.
49. *Appropriate fee as per current Schedule of Fees.
50. The Council reserves the right to request the Applicant to produce such information and supporting evidence as it deems necessary in order to consider the application.

All information submitted will be considered and Council reserves the right to make enquiries (with the Applicant organisation or specific individuals) in relation to the application.

Note for renewal applications: Policies that have been updated/developed since first submission must be submitted with renewal applications as appendices.

Post Approval

51. When Council approves an application, the organisation shall be regarded and known as a **licensed CPG provider**.
52. Licensed CPG providers shall ensure that latest version of CPGs shall be implemented as soon as practically possible after issue and certainly no later than as outlined in Council Rules on CPG implementation timeframes.
53. Licensed CPG providers shall be subject to monitoring and compliance inspections from time to time from the Council. Inspections may be pre-arranged or unannounced.

54. Any material changes to the organisation or structure of the licensed CPG provider must be immediately notified to the Council of PHECC, including changes of contact person, Medical Advisor/Director and use of CPGs.
55. Council retains the right to issue an improvement notice, attach conditions or withdraw approval if a licensed CPG provider does not fully comply with requirements contained in these Rules.
56. **A licensed CPG provider is obliged to carry out three clinical audits annually**, one of which must be structure audit, to the PHECC clinical audit standard.
57. CPG recognition shall be valid for a one year period, subject to compliance with current Council rules and requirements.

Conditional Recognition

58. Council may attach conditions to its recognition of an Applicant. Continued approval of a licensed CPG provider is dependent upon full compliance within a specified period with such conditions.
59. The licensed CPG provider shall submit to the Council, on request, a progress report on the implementation of any conditions imposed at the time of initial approval.

Fees

60. Council fees are applicable for the following:
- Application for CPG approval
 - Re-application or renewal of CPG approval.
 - Conduct of site survey or site inspection.

(See www.phecc.ie for current Council fees)

Version History

Version	Date	Details
1	December 2006	Approved by Council
2	14 th October 2010	Approved by Council
3	10 th May 2012	Approved by Council
4	13 th February 2014	Approved by Council
5	9 th July 2015	Approved by Council