

Pre-Hospital Emergency Care Council Annual Report 2004



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The Council is an independent statutory agency with responsibility for standards, education and training in the field of Pre-Hospital care

CONTENTS

Introduction	2
Chairman's Statement	3
Council Matters	4
Director's Statement	8
Council & Committee Activities	9
Education and Training	9
Examination and Registration	10
Clinical Handbook	11
Research and Development	12
Engaging with the broader Health Sector	13
PHECC Team	14
Financial Statements for the year ended 31 December 2004	15
Statement of Council Responsibilities	17
Statement of Accounting Policies	19
Income and Expenditure Account	20
Balance Sheet	21
Notes to Financial Statements	22



INTRODUCTION

The Pre-Hospital Emergency Care Council is an independent statutory agency charged with responsibility for standards, education and training in the field of pre-hospital emergency care in Ireland.

The Council was established as a body corporate by the Minister for Health and Children by Statutory Instrument Number 109 of 2000 (Establishment Order) which was amended by Statutory Instrument Number 575 of 2004 (Amendment Order). These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended.

The membership of the Council is defined in the Statutory Instrument as consisting of not more than seventeen persons who shall be appointed by the Minister.

MISSION STATEMENT

"The Pre-Hospital Emergency Care Council exists to specify, review, maintain and monitor standards of excellence for the delivery of pre-hospital emergency care for people in Ireland"

COUNCIL MEMBERS

Membership of the Council as at 31st December 2004



Chairman

Mr. Paul Robinson
Chief Executive Officer,
NEHB



Vice-Chairman

Prof. Gerard Bury
Professor of General Practice,
UCD



Chair

Clinical Care Committee
Mr. Sean Creamer
Emergency Medical Technician,
ERAS



Chair

Medical Advisory Group
Mr. Mark Doyle
Consultant Emergency Medicine,
SEHB



Chair

Accreditation Committee
Ms. Julie Woods
Registered Nurse.



Mr. John Duggan
Emergency Medical Technician,
SHB



Mr. Pat Gaughan
Chief Executive Officer,
MHB



Mr. Gabriel Glynn
Emergency Medical Controller,
WHB



Mr. David Hall
Company Director,
Private Ambulance Service



Mr. Pat Hanaffin
Emergency Medical Technician,
SHB



Mr. Martin Gallagher
Chief Executive Officer,
ECAHB



Mr. Frank O'Malley
Emergency Medical Technician,
MWHB



Michael Garry
EMS Co Ordinator,
Dublin Fire Brigade



Macartan Hughes
Director,
NAIS



Pat McCreanor
Chief Ambulance Officer,
ERAS

Mr Karl Farrell,
Mr Michael Lyons and
Mr Tommy O'Doherty
resigned at the end of
their term of appointment

CHAIRMAN'S STATEMENT

It is my pleasure to present PHECC's fifth annual report for the year ended 31st December 2004. This year marks another milestone in the continuous development of pre-hospital emergency care in Ireland manifested in particular by the long awaited PHECC Amendment Order; Statutory Instrument (No. 575 of 2004) in September.

The statutory functions of PHECC have been expanded to include:

- Develop standards of operation
- Recognise pre-hospital emergency service providers which undertake to implement clinical practice guidelines
- Assess equivalence of qualifications obtained within and outside the State
- Establish a register of pre-hospital emergency care practitioners
- Establish a Fitness to Practice Committee

Council views that these functions will be best achieved by working collaboratively with patients and health care providers and practitioners alike. Acceptance for change in pre-hospital emergency care standards has been evident from ongoing interaction with Emergency Medical Technicians around the country.

Continuing with the theme of communication and consultation PHECC was delighted to host the Auxiliary and Voluntary Emergency Care Providers Conference "Sharing the Vision" in March and the Private Ambulance Seminar in October.

Another high point was the commencement of the first cohort of Advanced Paramedic training in September. Congratulations to all parties who have worked so diligently towards this goal.

As in previous years the work of Council and its Committees was guided by the Strategic Plan 2002-2005. In November, Council members took part in an innovative workshop to review progress and in conjunction with the revised Statutory Instrument plan for the future.

I wish to thank the members of Council for their dedication and hard work in the past year. In particular, I want to acknowledge the commitment of the Director, Dr. Geoff King and all the PHECC staff. I would like to thank the Department of Health and Children for their continued support particularly in regard to the provision of funding. PHECC welcomes the proposed Health Service Reform Programme and the important role it will contribute to the agenda for change.



Paul Robinson, Chairman

COUNCIL MATTERS

Council Matters

STRATEGIC PLAN 2002-2005

The Strategic Plan links the Mission Statement to Council functions, governance and administrative support objectives. The specific strategies associated with each individual objective are detailed. The Strategic Plan gives clear direction and focus.

Council conducted a workshop in November 2004 and reviewed progress against the Strategic Plan 2002-2005. The implications of the amendments to the PHECC Statutory Instrument (SI) for Council's work in progress were also considered at this forum.

COUNCIL OPERATION

Council is assisted and advised in fulfilling its statutory functions by two Standing Committees and two Working Groups.

CLINICAL CARE COMMITTEE

Terms of Reference: The terms of reference of the Clinical Care Committee are approved as:

"To consider and advise on operational aspects of clinical care matters for/under consideration by MAG, the Accreditation Committee and Council."

Composition of Committee: The membership of the Clinical Care Committee is approved to reflect a role as an industry group and, that where the membership is generic as in representing a position or an organisation, that Council need not individually approve membership should there be a change in the individual occupying the position or representing the organisation.

- Representative of consumers (generic, from Council)
- Representative from an a non government organisation (NGO) with a community focus (currently Irish Heart Foundation)
- Representative from a Private Ambulance Service (for the present from Council)

- Representative of the Chief Ambulance Officer's (CAO's) Association (generic)
- Representative of Dublin Fire Brigade (generic)
- Public sector EMTs x 3 (from Council)
- The Chairs of both the Accreditation Committee and the Medical Advisory Group (generic)
- The Chair and Vice Chair of Council (generic)

With a public sector NOEMT Member of Council as Chair (by election).

Summary of membership changes in 2004

Mr. Joe Foy resigned and was replaced by Mr. Philip Lane (HeBE).

Clinical Care Committee Members on 31 December 2004

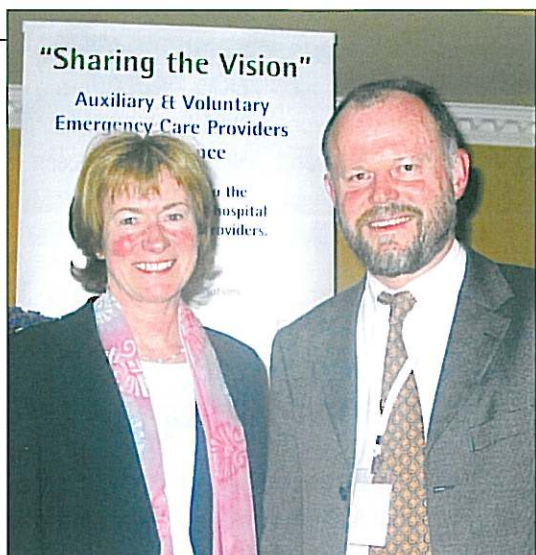
Mr. Sean Creamer	Chair Clinical Care Committee
Mr. Paul Robinson	Chair of Council
Prof. Gerard Bury	Vice Chair of Council
Mr. Mark Doyle	Chair Medical Advisory Group
Ms. Julie Woods	Chair Accreditation Committee
Mr. Pat Hanafin	Public Sector EMT
Mr Gabriel Glynn	Public Sector EMT
Mr John Duggan	Public Sector EMT
Mr. David Hall	Consumers/Private Ambulance Service
Mr. Pat Gaughan	Council Member
Mr. Dave Sherwin	DFB
Mr. Macartan Hughes	NATS
Mr. Philip Lane	HeBE
Mr. Edward Raupe	IHF
Mr. Pat Grant	CAO's Association

ACCREDITATION COMMITTEE

Terms of Reference: The terms of reference of the Accreditation Committee are approved as:

"To make recommendations to Council in relation to:

- *Recognition of Training Institutions for education and training in Emergency Medical Technology.*



- Approval of the content of education and training courses run by recognised Training Institutions.
- Setting the standards for National Examinations in Emergency Medical Technology leading to the award of the National Qualification.
- Auspicing an Appeals process for National Examinations, and to ratify National Examination results.
- Ratification of the Recognition of Equivalence of Professional Qualifications obtained outside the State in Pre-Hospital Emergency Care, and auspicing an Appeals process.
- Setting the standards for the entry onto, and maintenance on, the PHECC Register.
- Auspicing Appeals and Fitness to Practice processes for the PHECC Register, and to ratify names for entry onto, and maintenance on the PHECC Register."

Composition of Committee: The membership of the Accreditation Committee is approved to reflect a role as an industry group and, where the membership is generic as in representing a position or an organisation, that Council need not individually approve membership should there be a change in the individual occupying the position or representing the organisation.

- A representative of consumers (e.g. Patient Focus, Irish Patients Association)
- A representative from a non-government organisation (NGO) with a community focus (currently Irish Heart Foundation).
- Training representatives from each of the Training Institutions accredited by the PHECC
- A representative from the Northern Ireland Ambulance Service analogous to (3)
- An invited expert in education and training, nursing.

- An invited expert in education and training, medical.
- EMTs x 3 (from Council).
- The Chairs of both the Clinical Care Committee and the Medical Advisory Group (generic).
- The Chair and Vice Chair of Council (generic).
- A management representative and registered nurse from Council where not already a member by way of 1-9 above.
- An invited expert in adult education.
- With a Member of Council as Chair (by election).
- With a Member of Council as Chair (by election).

With a Member of Council as Chair (by election).

Summary of membership changes in 2004:

Mr. Tommy O'Doherty (Council Member), Mr. Michael Lyons (Council Member), Mr. Karl Farrell (Council Member) and Ms. Freda Miley (IHF) resigned during the year. The following members were appointed following the generic review of memberships: Mr. Mark Doyle (Chair MAG), Mr. Gabrielle Glynn (Council Member), Mr. Frank O'Malley (Council Member), Ms Ursula Byrne (An Bord Altranais) and Ms. Lisa O'Brien (IHF).

Accreditation Committee Members on 31 Dec 2004

Ms. Julie Woods	Chair Accreditation Committee
Mr. Paul Robinson	Chair of Council
Prof. Gerard Bury	Vice Chair of Council
Mr. Sean Creamer	Chair Clinical Care Committee
Mr. Mark Doyle	Chair MAG
Mr. Gabriel Glynn	Public Sector EMT
Mr. Frank O'Malley	Public Sector EMT
Mr. David Hall	Private Ambulance Service
Ms. Ursula Byrne	Education and Training, Nursing
Mr. Macartan Hughes	National Ambulance Training School
Mr. Michael Garry	DFB Training Institution
Prof. Paul Finucane	Education and Training, Medical
Dr. D. McManus	Northern Ireland Ambulance Service
Mr. Stephen McMahon	Irish Patients Association

MEDICAL ADVISORY GROUP

Terms of Reference: The terms of reference of the Medical Advisory Group are approved as:

"To consider medical matters as referred to it by Council, the Clinical Care or Accreditation Committees or the PHECC office and to report to Council through the Clinical Care Committee."

Composition of Group: The membership of the Medical Advisory Group is approved to reflect a role as a medical expert group and, where the membership is generic as in representing a position or an organisation, that Council need not individually approve membership should there be a change in the individual occupying the position or representing the organisation.

Summary of membership changes in 2004

Dr Noel Flynn resigned and was replaced by Dr. John O'Donnell, Mr Brian Abbot resigned and was replaced by Mr. Danny O'Regan, Mr Vincent Cronly resigned and was replaced by Mr. Brendan Whelan and Mr Joe Foy resigned.

Medical Advisory Group Members on 31 December 2004

Medical Advisor - Ambulance Service (generic)

Mr. Mark Doyle (Chair)	SEHB - Medical Advisor/Member of Council
Mr. Stephen Cusack	SHB - Medical Advisor
Mr. Connor Egleston	NEHB - Medical Advisor
Dr. John O'Donnell	WHB - Medical Advisor
Mr. Fergal Hickey	NWHB - Medical Advisor
Mr. Patrick K. Plunkett	ERAS - Medical Advisor
Mr. Cyrus Mobed	MHB - Medical Advisor
Dr. Mags Bourke	NATS - Medical Advisor/Anaesthetist
Mr. Peter O'Connor	DFB - Medical Advisor

Training and Development Officer - Ambulance Service (generic)

Mr. Danny O'Regan	SHB - T&D Officer
Mr. John Burton	MWHB - T&D Officer
Mr. Brendan Whelan	MHB - T&D Officer (Acting)

Mr. Declan Lonergan	SEHB - T&D Officer
Mr. Lawrence Kenna	ERAS - T&D Officer
Mr. Fergus McCarron	NWHB - T&D Officer
Mr. Michael Seaman	NEHB - T&D Officer
Mr. Vincent O'Connor	WHB - T&D Officer
Mr. Martin O' Reilly	DFB - Training Officer

Training Institutions accredited by PHECC (generic)

Mr. Macartan Hughes	NATS
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Two representatives from Northern Ireland Ambulance Service analogous to (1) & (2)

Mr. Brian McNeill	Head of Training & Quality Assurance (NIAS)
Dr. David McManus	Medical Director (NIAS)

The Chairs of both the Clinical Care and Accreditation Committees (generic)

Mr. Sean Creamer	Chair of Clinical Care Committee
Ms. Julie Woods	Chair of Accreditation Committee/Registered Nurse

The Chair and Vice-Chair of Council (generic)

Mr. Paul Robinson	Chair of Council
Prof. Gerard Bury	Vice Chair of Council/General Practitioner

One each of Emergency Medicine Physician, General Practitioner, Paediatrician (currently an individual appointment), Anaesthetist, and Registered Nurse where not already a member by way of (1) to (7).

Dr. Tony Ryan	Paediatrician
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CONTROL WORKING GROUP

Terms of Reference: The terms of reference of the Control Working Group are approved as:-

"To recommend to Council on the following:

- *Determine the merit in proposing the awarding of National Qualification in Emergency Medical Technology (Controller)*

- Identify the essential components of initial training and Continuing Professional Development (that need to be accommodated in drafting curricula)
- Identify other issues in relation to Control that require definition and development and that are within the PHECC's remit and recommend to Council how they might best be progressed."

Composition of Group: The membership of the Control Working Group Committee is approved to reflect a role as an industry group.

Summary of membership changes in 2004

Mr John Beecher and Mr Brian Power resigned and Mr Gabe McClean and Mr Shane Knox became members.

Control Working Group Members on 31 December 2004

Mr. Gabriel Glynn	Chair Control Working Group
Prof. Gerry Bury	Professor of General Practice
Mr. Sean Creamer	Chair, Clinical Care Committee
Mr. Brendan Crowley	Controller, SEHB
Mr. Pat McCreanor	Chief Ambulance Officer, ERAS
Mr. William Merriman	Controller, ERAS

Mr. John Moody	Controller, DFB
Mr. Hugh O'Neill	Assistant Chief Fire Office DFB
Mr. Gabe McClean	NI Ambulance Service
Mr. Joe Smith	Communications Officer, NEHB
Mr. Shane Knox	Training Instructor, NATS

STATUTORY INSTRUMENT

The PHECC Establishment Order, SI 109/2000, was amended in September through Amendment Order SI 575/2004. The principle changes introduced by this amendment order are threefold. Firstly provision is made for the establishment of a statutory healthcare register for pre-hospital emergency care practitioners. Secondly PHECC has been empowered to set operational standards for pre-hospital emergency care. And finally the amendment sees the introduction of new terminology and titles (Paramedic and Advanced Paramedic) which are congruent with the commencement of advanced training in Ireland.

NEWSLETTER & PHECC WEBSITE

The "PHECC Voice" newsletter and the PHECC website www.phecc.ie continue to be employed in support of a proactive communications policy within the pre-hospital emergency care community network and the wider public.



DIRECTOR'S STATEMENT

It is with great pleasure that I recall the activities of Council, Committees and Office of PHECC in 2004. The achievements of this organisation in only four years demonstrate its commitment and competence in pre-hospital emergency care.

In June the Clinical Handbook was published to the credit of the Medical Advisory Group and the chair Mr. Mark Doyle. This handbook with 35 Clinical Practice Guidelines and a medication formulary will guide Emergency Medical Technicians working in the statutory services and will form the evidence for change and a national standard of pre-hospital emergency care. Organisational criteria were developed against which Voluntary, Private and Auxiliary providers of pre-hospital emergency care may apply for the implementation of the CPGs in their services.

The commencement of the advanced paramedic training course was a momentous occasion and the culmination of years of preparatory work. Required revisions to the Medicinal Products Regulations will be in place before the first cohort start their clinical internship.

Progress developing a suite of Education and Training Standards ranging from cardiac first response, emergency medical first response transporting and non-transporting to EMT and advanced EMT/ paramedic is underway and will be ready for consultation in 2005.

In 2004 three sittings of the NQEMT-EMT examination took place for a total of 125 candidates. A timely and comprehensive review of the NQEMT examination was undertaken as part of the continuous quality improvement process. At the second examiner training workshop, in November, 19 NQEMT Examiner candidates successfully completed the 2 day programme. These and the first examiner group are contributing to a robust and valid national examination.

The development and enhancement of relationships with the stakeholders in pre-hospital emergency care was an on going

priority in 2004. The PHECC newsletter the "Voice" was published twice and distributed to a growing list of 3,000.

PHECC's research and development initiatives are growing in response to standards and service development. The PHECC data set in development will enable knowledge to flow across pre-hospital to acute services benefiting the patient and service providers alike. The national patient care report hardcopy and electronic, will be the instrument of data collection.

I would like to thank all Council members, especially the Chair, Mr. Paul Robinson, for their guidance and advice throughout the year. I also wish to thank the personnel from the Department of Health and Children for their support and assistance. Finally I wish to thank the PHECC office team who through their goodwill commitment and unity continue to provide for Council and I have no doubt will be competent to support Council's new functions and strategic direction under the revised Statutory Instrument.



Dr. Geoff King, Director

COUNCIL & COMMITTEE ACTIVITIES

EDUCATION AND TRAINING

ACCREDITATION OF TRAINING INSTITUTIONS

The National Ambulance Training School (NATS) continued to be recognised as a Training Institution with approval to conduct EMT Training Courses. NATS in affiliation with University College Dublin was also approved to commence the first ever advanced training course, for pre-hospital emergency care practitioners, as part of a development programme.

Dublin Fire Brigade in affiliation with the Royal College of Surgeons in Ireland continued to be recognised as a Training Institution for EMT training.

DEVELOPMENT OF EMT-A (Advanced Paramedic) TRAINING

The first cohort of EMT- A students commenced training in September 2004. Each of the seven Health Boards, Eastern Regional Health Authority, Dublin Fire Brigade, the National Ambulance Training School and PHECC were represented in the first cohort. All seventeen students were successful in the Distance Learning examination set by PHECC in December. These students will continue with the Clinical Practice and Intern Modules 2005. In keeping with SI 575 of 2004, the EMT-A term was changed to Advanced Paramedic.

EDUCATION AND TRAINING INITIATIVES

In support of the ICT initiative PHECC completed the national distribution of a suite of EMS educational CD-ROMs to all of the statutory ambulance station. A significant change was instigated with the amendment to the PHECC Establishment Order. The PHECC (Amendment Order), Statutory Instrument 575 of 2004 makes provision for PHECC to award qualifications at three levels:

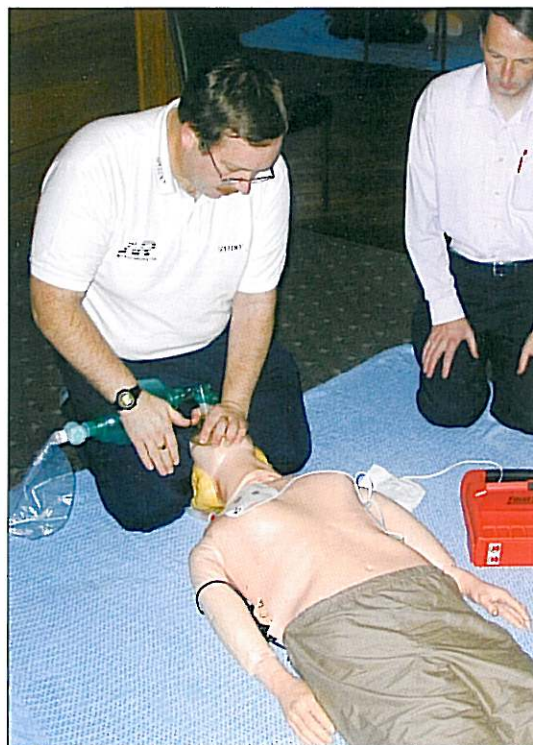
- EMT
- Paramedic
- Advanced Paramedic

This is a considerable advance on the existing status quo.

Council commenced deliberation on the concept of Continuing Professional Development and associated issues. This work when completed will link to the establishment of a professional register and will be the subject of a consultation paper.

DEVELOPMENT OF NEW STANDARDS

Council awarded an expression of interest agreement to DFB in partnership with RCSI to compile draft "PHECC Standards" for refinement and consultation through the Committee process. This new Training and Education Standard is competency based with intrinsic knowledge, attitudinal and skills learning objectives. It is expected that a continuum of learning is to be explored from CPR & AED as the foundation, through Emergency First Responder (transporting and non-transporting) to EMT /Paramedic and Advanced EMT/Paramedic. It is expected that the project will complete in early 2005.



EXAMINATION & REGISTRATION

The Pre-Hospital Emergency Care Council auspiced three NQEMT EMT examinations during 2004, in March, May and September. The 6th, 7th and 8th NQEMT examinations respectively. During the year there was pressure to accommodate extra candidates or sittings of the NQEMT examination associated with large intakes of trainees by Health Boards who are e.g. removing on-call. This issue was resolved by conducting a double examination when the demand was sufficient to warrant it.

During the year 125 candidates (118 and 7 repeat candidates from 2003) sat the NQEMT examination of which 113 (74.3%) were successful. The NQEMT examination was undergone 152 times, which reflects the repeat sittings also. This represents an increase of 223% of candidates.

	Total	1st Attempt	2nd Attempt	3rd Attempt
Candidates	125	118	29	5
2004 Successful	113 (90.4%)	86 (72.9%)	24 (82.8%)	3 (60%)

Of the four examination sections, section 2 (short answers) presented the most difficulty to candidates. Over the three examinations 82.6% of candidates were successful in section two where as the other three sections had success rates of over 90%.

Section	MCQ	Short Answers	Primary skills	Secondary skills
2004 Successful	94.5%	82.6%	93.8%	99.2%

SECTION ONE (MCQ)

Candidates are required to answer 120 MCQs within 1.5 hours. This assessment is conducted on computer. The mean mark for MCQ was 84.3% with a range of 66% to 95%.

SECTION TWO (SHORT ANSWER)

Candidates are required to answer six questions in total, three of which are compulsory (Part A) and a choice of three out of six (Part B). The mean mark for short answers was 71.6% with a range of 47% to 91%.

SKILLS STATIONS

There are six skills designated primary due to the critical nature of the skills, and are compulsory in each examination. As the primary skills are compulsory it is disappointing that candidates' perform less well than in the randomly selected secondary skills. There are 8 secondary skills selected randomly from a total of 25 which have been approved. The skills stations are conducted in the Objective Structure Clinical Examination (OSCE) format.

QUALIFICATIONS OBTAINED OUTSIDE IRELAND

The process for assessment of equivalence of professional qualifications in pre-hospital emergency care obtained outside the state of Ireland was developed further during the year with the introduction of the International English Language Testing System (IELTS) for applicants whose first language is not English. This test is internationally recognised and available in over 120 countries.

The test consists of four sections, listening, reading, writing and speaking. The applicant must be a "good user" (band 7) for listening and speaking and a "competent user" (band 6) for reading and writing to meet PHECC requirements.

Ten new applications were received from EMTs who were trained outside Ireland seeking assessment of equivalence of professional qualifications in pre-hospital emergency care during 2004. Six applications were active from 2003.

During 2004 four applicants were successful with their recognition process with no unsuccessful applications, and 6 Applications are still active.

Six applicants were placed on the inactive file following a period of 12 months with no correspondence.

	Successful	Unsuccessful	Active	Inactive	Withdrawn
Total	6	0	4	6	0

One application was received from an applicant whose first language is not English during 2004. The applicant has completed the IELTS exam and was unsuccessful.

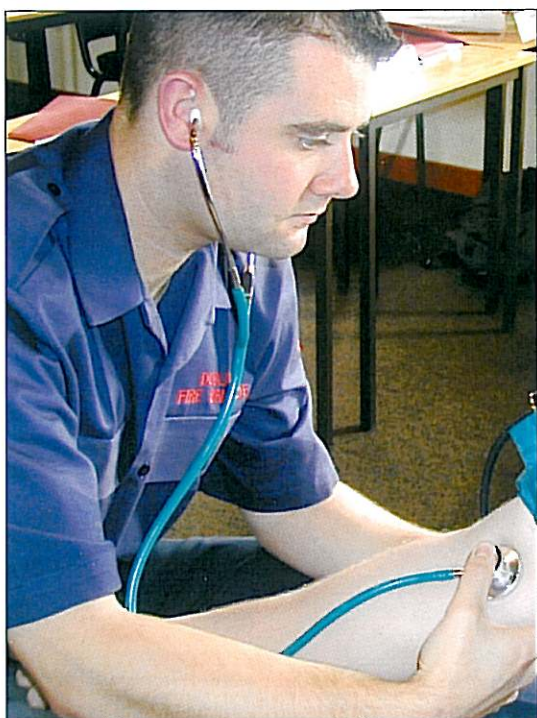
Countries from where applications were received to date include: Australia, Czech Republic, Germany, South Africa, Slovenia, Canada, UK and USA.

NQEMT EMT-A (Advanced Paramedic) EXAMINATION

The first part of NQEMT-A examination (Multiple Choice and Short Answer Questions) on the distance education component of the course for the first cohort of candidates was conducted in November.

CLINICAL HANDBOOK

The PHECC Clinical handbook for Pre-Hospital Emergency Care 2nd edition was published in June. Council approved the distribution and use of these by the statutory ambulance service providers following a formal commitment and undertaking process by the CEOs of these organizations. The PHECC Amendment Order S.I. No. 575 of 2004 has empowered PHECC *to prepare clinical practice guidelines for pre-hospital emergency care and make such guidelines available to pre-hospital emergency care service providers and such other persons as it may consider appropriate.*



The effect of this change authorises PHECC to develop Clinical Practice Guidelines to form the evidence for change and a national standard of pre-hospital emergency care. In addition the Clinical Practice Guidelines can be distributed to the wider continuum of pre-hospital emergency care providers including Privates, Auxiliary and Voluntaries.

CLINICAL PRACTICE GUIDELINES

A total of 35, including 15 new Clinical Practice Guidelines (CPGs) have been developed for specific medical and trauma pre-hospital emergencies. Applications will be sought from Voluntary, Auxiliary and Private Ambulance Services in 2005 to seek approval to implement all or selected CPGs under the auspices of PHECC.

MEDICATION FORMULARY

The draft medication formulary has been approved by the Medical Advisory Group to enable Advanced Paramedic students to practice and to enable feedback from practice to be evaluated prior to formal publication. The medication formulary consists of 25 medications which will enable 13 conditions to be treated;

Anaphylaxis, Nausea & vomiting, Bradycardia, Bronchial wheeze (asthma), Cardiac arrest, Chest pain, Hypoglycaemia, Hypovolaemia, Meningitis, Pain, Pyrexia, Opiate overdose, Seizures.

CPG-AS

The Advanced Clinical Practice Guidelines (CPG-As) continue to undergo significant revision under the direction of the Medical Advisory Group (MAG). There are currently 23 CPG-As developed which will contribute to extending the scope of practice of the advanced paramedic in 2004 thus ensuring that appropriate pre-hospital care delivered to the patient in the pre-hospital setting.

RESEARCH AND DEVELOPMENT

DATA SET

A data set and definitions was designed following feedback from the Building Capacity Project in 2003 which saw PHECC representatives visiting each ambulance station. The draft Data Set contains a total of 44 items which will provide a basis for the uniform summarisation of information derived from the National Patient Care Report and will be written to a standard that will allow the data to be collated across services, reported and integrated with data on patient progress through Emergency Departments and beyond.

PCR PILOT

The Patient Report Form Draft 1 was piloted in 2003 and following feedback received from over 3,000 EMT's Draft 2 was developed in 2004 and circulated to over 300 EMT's. Further refinements were made to include new features such as, new layout, pocket sized folding feature and entry of information comprising of free text, tick boxes and coded fields. The Patient Care Report will facilitate a national framework to record accurate, robust and timely patient assessment data by pre-hospital emergency care practitioners. The name Patient Care Report has replaced the name Patient Report form to reflect more accurately the nature and use of the Patient Care Report in pre-hospital emergency (patient) care.

E-PRF – PROOF OF CONCEPT

The E PRF proof of concept was developed and extensive quality analyses was carried out by PHECC. The next stage of the development is to align the electronic Patient Care Report with the paper Patient Care Report. This will provide a vital link in the continuum of patient care and information for research as to new skills, services, equipment and resources for future planning of pre-hospital services.

GLOSSARY OF TERMS

Sharing common terminology throughout the spectrum of pre-hospital care is vital to facilitate

good communication. The objective of the PHECC Glossary of commonly used terms is to provide a foundation for Council initiatives, particularly the National Patient Care Report.

SPATIAL ANALYSIS STUDY

Council authorised the circulation of the national spatial analysis research reports to the Hanly Group, Department of Health & Children, HeBE and the CEOs of Boards.

Additional spatial analysis refinement work continues which builds on the original national Spatial Analysis work in the Midwest region was conducted. It incorporates the utilisation of Ambulance Stations and Hospitals in neighbouring Health Boards and derived potential optimal locations for the implementation of EMT-A, as well as a possible location for a new station, or dynamic deployment of EMTs from existing stations. The methodology could also be used to consider the impact of closing a station.

Council members agreed that the research could assist greatly in the planning process. It was considered imperative to be able to use real data in the analyses as soon as possible.

It was acknowledged that a new model or model(s) of service delivery needs to be developed for small rural stations rather than 2 person 24/7. Caution was expressed in interpreting the significance of intervention time to suggest equivalence of intervention at scene to arrival at an acute secondary care centre. It was thought that the PTS work could mean that the real situation is much worse than the research, as developed thus far, indicates. It was also thought the priority dispatch research will add information on possible inappropriate workloads on Ambulance Services.

CONTROL WORKING GROUP

The Control Working Group has developed a training framework for control staff following extensive consultation with training networks in UK, USA, Canada and Australia. This framework was agreed in principle by the Control Working Group. Control staffs from all regions and services have been written to inviting comment and feedback on the control training framework.

The findings of research commissioned by PHECC and undertaken by UCD on medical dispatch systems is due to be circulated and published 2005.

ENGAGING WITH THE BROADER HEALTH SECTOR

AUXILIARY & VOLUNTARY CONFERENCE

PHECC hosted a one day conference for auxiliary and voluntary emergency care providers in March 2004. The aim of the conference was to give a voice to the non statutory pre-hospital emergency care providers. A total of nine different organisations participated.

- Air Corps
- Civil Defence
- Irish Coast Guard
- Irish Mountain Rescue Association
- Irish Heart Foundation
- Irish Red Cross Society
- Irish Society for Immediate Care
- Order of Malta Ambulance Corps
- St John Ambulance Brigade

Each of the participating organisations made a short presentation to the conference. PHECC used the opportunity to commence formal engagement with the bodies and advance the PHECC Standards agenda.



The conference was very successful with all the formal feedback being very positive.

GENERAL PRACTICE CO-OPERATIVES INITIATIVE

PHECC commenced exploratory negotiations with UCD on a collaborative proposal in relation to GP's, GP-Co-operatives & Ambulance Services aimed at achieving better integration of Ambulance Services with GP's and other health professionals, and to increase liaison and communication between Ambulance Services and GP Co-Operatives.

CONTINUING PROFESSIONAL DEVELOPMENT STUDY

PHECC commissioned research from UCD in relation to Continuing Professional Development for EMTs. It was noted that the practice in the more developed models was for a requirement for approximately two weeks of Continuing Professional Development per annum. Council referred the issue of CPD and appropriate models for EMT's in the Irish context to be progressed by the Clinical Care Committee.

PRIORITY MEDICAL DISPATCH STUDY

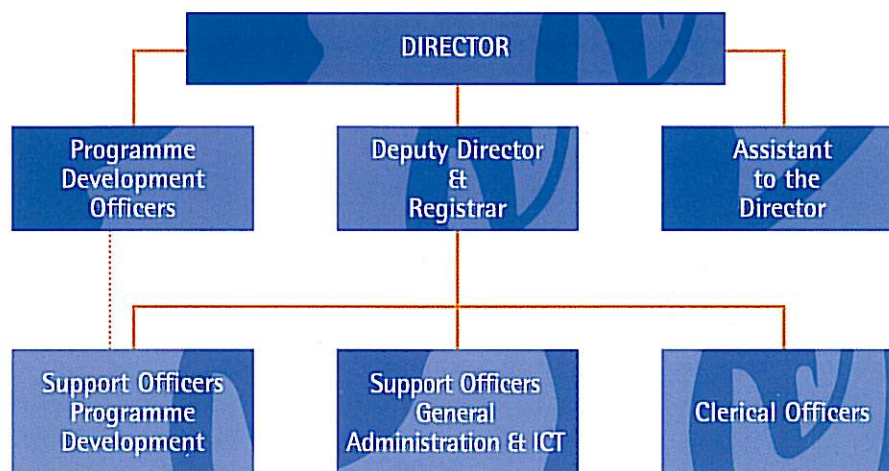
Council also sponsored research into Priority Medical Dispatch systems which will feed into the deliberations of the control Working Group.

PRIVATE AMBULANCE SEMINAR.

PHECC conducted a seminar for private ambulance services. In all 5 services attended the seminar and it was a very informative exercise PHECC's standards agenda to which the Private Ambulance Services responded to positively.



PHECC TEAM



Director	Dr Geoff King
Deputy Director & Registrar	Barry O'Sullivan
Programme Development Officers	Pauline Dempsey Brian Power Jacqueline Egan
Assistant to the Director/ Council Secretary	Marian Spence
Support Staff	Claire Finn Liz Dempsey Sharon Gallagher John Lally Jill Mason Sylvia O'Mahony

Pre-Hospital Emergency Care Council

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The Council is an independent statutory agency with responsibility for standards, education and training in the field of Pre-Hospital care

FINANCIAL STATEMENTS

FOR YEAR ENDED 31 DECEMBER 2004

Financial Statements

REPORT OF THE COMPTROLLER AND AUDITOR GENERAL FOR PRESENTATION TO THE HOUSES OF THE OIREACHTAS

I have audited the financial statements on pages 17 to 24 under Section 5 of the Comptroller and Auditor General (Amendment) Act, 1993.

Respective Responsibilities of the Members of the Council and the Comptroller and Auditor General

The accounting responsibilities of the Members of the Council are set out on page 19. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me and to report on them.

I review whether the statement on the system of internal financial control on page 18 reflects the Council's compliance with applicable guidance on corporate governance and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements

BASIS OF AUDIT OPINION

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with auditing standards issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the circumstances of the Council, consistently

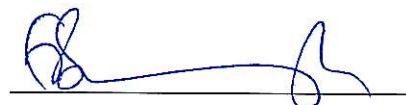
applied and adequately disclosed.

I planned and performed my audit as to obtain all the information and explanations that I considered necessary to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

OPINION

In my opinion, proper books of account have been kept by the Pre-Hospital Emergency Care Council and the financial statements, which are in agreement with them and have been properly prepared in accordance with accounting policies laid down by the Minister for Health and Children, give a true and fair view of the state of affairs of the Pre-Hospital Emergency Care Council at 31 December 2004 and of its income and expenditure for the year then ended.

For an on behalf of the Comptroller and Auditor General.



Gerard Smyth

15 June 2005

FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2004

Financial Statements

STATEMENT OF COUNCIL MEMBERS' RESPONSIBILITIES

The Council is required by the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the Council and of its income and expenditure for that period.

In preparing those financial statements, the Council is required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- comply with applicable Accounting Standards, subject to any material departures disclosed and explained in the Financial Statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Pre-Hospital Emergency Care Council will continue in operation.

The Council is responsible for maintaining proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Pre-Hospital Emergency Care Council and enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the Pre-Hospital Emergency Care Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Council


Chairman


Council Member

7th June 2005

The Council is an independent statutory agency with responsibility for standards, education and training in the field of Pre-Hospital care

STATEMENT ON THE SYSTEM OF INTERNAL FINANCIAL CONTROL

Year ended 31 December 2004

RESPONSIBILITY FOR THE SYSTEM OF INTERNAL FINANCIAL CONTROL

On behalf of the Pre-Hospital Emergency Care Council (PHECC), we acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

PHECC through the Director is responsible for monitoring the system of internal control and providing assurances to the Council.

A system of internal control is designed to reduce rather than eliminate risk. Such a system can provide only a reasonable and not an absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely manner.

KEY CONTROL PROCEDURES

The following is a description of the key processes, which have been put in place by the PHECC to provide effective internal financial control

- I.** PHECC has an established organisational structure with clearly defined lines of accountability, responsibility and reporting;
- II.** The system of internal financial control in PHECC is documented in Quality Management System (QMS) process maps;
- III.** PHECC has established procedures around segregation of duties and the authorisation of expenditure;
- IV.** TAS and SAGE Financial System are operated by PHECC to facilitate financial accounting practice and provide detailed audit trails on all transactions;
- V.** Monthly expenditure and activity is monitored against the business plan. Reports are presented to the Director for consideration and appropriate action;

VI. A monthly financial position report for the Department of Health and Children is prepared and submitted to the Department

VII. PHECC engages an external firm of Accountants to carry out a review and evaluation of systems, internal controls and routine transactions and to report its findings and recommendations to the Director. Its role is to provide an objective view, which is independent of management.

VIII. The membership of an Audit Committee has recently been approved by Council and will commence operation in 2005. This committee will report to the Council.

IX. The monitoring and review of the effectiveness of the system of internal control is informed by the work of the Internal Auditor, the Executive Managers in our Council who have responsibility for the development and maintenance of the financial control framework, and the recommendations made by the Comptroller and Auditor General in the course of audit or in his management letters.

X. Council Members are kept apprised of financial, control and general corporate governance matters via Council meetings which are conducted at regular intervals.

A formal review of the effectiveness of the system of internal control was carried out by an external firm of Accountants during 2004 and it is planned to further develop this review mechanism with the new audit committee in 2005.

I confirm that the Council has carried out a formal review of the effectiveness of the system of internal financial controls for 2004.


Chairman


Director

7th June 2005

STATEMENT OF ACCOUNTING POLICIES

(1) ACCOUNTING CONVENTION

The financial statements are prepared on the accruals basis under the historical cost convention in accordance with generally accepted accounting principles, except as indicated below.

(2) INCOME AND EXPENDITURE

The non-capital allocation from the Department of Health and Children is dealt with through the Revenue Income and Expenditure Account. Any part of this allocation applied for capital purposes and resulting in fixed asset additions is transferred to the Capital Fund Account.

(3) TANGIBLE FIXED ASSETS

A full year's depreciation is charged in the year of purchase. All Fixed Assets acquired, regardless of the source of funds are stated at cost less depreciation. Depreciation, which is matched by an equivalent amortisation of the Capital Fund Account, is not charged against the Income and Expenditure account.

Depreciation is charged at the following annual rates:-

ICT Equipment:	33.3% straight line.
Other Equipment:	20.0% straight line.

(4) CAPITAL FUND ACCOUNT

The Capital Fund Account represents the unamortised value of funding provided for fixed assets.

(5) SUPERANNUATION

By direction of the Minister for Health and Children, no provision has been made in respect of benefits payable under the Local Government Superannuation Schemes as the liability is underwritten by the Minister for Health and Children. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid.

PRE-HOSPITAL EMERGENCY CARE COUNCIL INCOME AND EXPENDITURE ACCOUNT

Year ended 31 December 2004

Income	Notes	2004 €	2003 €
Department of Health and Children Allocation		2,000,000	1,491,000
Other Income	5	46,099	186,242
		2,046,099	1,677,242
Transferred to Capital Fund Account to fund Fixed Assets	18	(58,711)	(12,565)
		1,987,388	1,664,677

Expenditure

Employee Costs	4	622,183	535,857
Staff Related Expenses	6	51,626	66,865
Accommodation and Establishment Expenses	7	92,188	63,118
Recruitment & Media	8	3,607	47,747
Consultancy and Other Professional Fees	9	36,118	38,887
Examination and Other Related Expenses	10	141,518	41,755
General Administration	11	192,782	176,129
Information, Communication and Technology	12	30,571	33,106
Council / Committee Expenses	13	57,514	54,798
EMS R&D, Special Projects, Grants	14	787,156	604,026
		2,015,263	1,662,288

Statement of Movement in Accumulated Surplus (Deficit)

Surplus (Deficit) for the year	(27,875)	2,389
Surplus at 1 January 2004	47,990	45,601
Surplus at 31 December 2004	20,115	47,990

With the exception of Fixed Asset Depreciation which is dealt with through the Capital Fund Account, all recognised gains or losses have been included in arriving at the excess of income over expenditure.

On behalf of the Council



Chairman



Council Member

7th June 2005

The accounting policies and the notes form part of these financial statements.

**PRE-HOSPITAL EMERGENCY CARE COUNCIL
BALANCE SHEET**

As at 31 December 2004

	<u>Notes</u>	<u>2004</u> €	<u>2003</u> €
Fixed Assets	17	91,454	95,596
Current Assets			
Cash in Bank		128,696	332,981
Debtors and Prepayments	16	22,147	13,665
		<u>150,843</u>	<u>346,646</u>
Current Liabilities			
Creditors and Accruals	15	130,728	298,656
Net Current Assets		20,115	47,990
Total Assets less Current Liabilities		<u><u>111,569</u></u>	<u><u>143,586</u></u>
Financed By			
Capital Fund Account	18	91,454	95,596
Surplus (Deficit) on Income and Expenditure Account		20,115	47,990
		<u><u>111,569</u></u>	<u><u>143,586</u></u>

On behalf of the Council



Chairman



Council Member

7th June 2005

The accounting policies and the notes form part of these financial statements.

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NOTES TO THE FINANCIAL STATEMENTS

Year ended 31 December 2004

1. PERIOD OF ACCOUNT

These Financial Statements cover the year from 1 January 2004 to 31 December 2004.

2. ADMINISTRATION

The Department of Health and Children provided direct funding to the Pre-Hospital Emergency Care Council (PHECC).

3. PAYMENTS TO OTHER BODIES

On behalf of and at the direction of the Department of Health and Children, the Pre-Hospital Emergency Care Council made a payment of €113,000 to the Irish Heart Foundation.

4. PARTICULARS OF EMPLOYEES AND REMUNERATION

The total staff complement as approved by the Minister for Health and Children at 31 December 2004 was twelve. The actual complement was 11 permanent, 1 Contract Staff and 1 Temporary Staff. The aggregate employee costs were:

	<u>2004</u>	<u>2003</u>
	€	€
Staff Salaries (Gross)	534,103	408,832
Employers PRSI	41,471	32,190
Contract Staff	39,418	87,568
Temporary Staff	7,191	7,267
	<u>622,183</u>	<u>535,857</u>

5. OTHER INCOME

	<u>2004</u>	<u>2003</u>
	€	€
Health Service National Partnership Funding	0	150,000
Interest Income	162	2,074
Accreditation and Examination Fees	18,160	12,156
Superannuation Contributions	27,777	22,012
	<u>46,099</u>	<u>186,242</u>

6. STAFF RELATED EXPENSES

	<u>2004</u>	<u>2003</u>
	€	€
Staff Travel & Subsist	39,020	44,012
Staff Training & Dev.	12,489	22,678
Staff - Other Expenses	117	175
	<u>51,625</u>	<u>66,865</u>

7. ACCOMMODATION & ESTABLISHMENT EXPENSES

	<u>2004</u>	<u>2003</u>
	€	€
Office Rent & Charges	72,949	53,449
Electricity (Light & Heat)	4,942	3,998
Office Refurbishment	922	
General Maintenance	3,394	181
Cleaning	2,680	2,870
Catering / Kitchen Supplies	7,301	2,620
	<u>92,188</u>	<u>63,118</u>

8. RECRUITMENT & MEDIA EXPENSES

	<u>2004</u>	<u>2003</u>
	€	€
Media & Recruitment	3,607	47,747
	<u>3,607</u>	<u>47,747</u>

9. CONSULTANCY AND OTHER PROFESSIONAL FEES

	<u>2004</u>	<u>2003</u>
	€	€
Legal Fees	4,506	3,388
ICT Consultancy		2,477
Register Maintenance		
Consulting and Professional Fees - Miscellaneous	19,040	14,853
Consulting Fees - Finance	4,872	7,236
Internal Audit		3,933
Audit Fees	7,700	7,000
	<u>36,118</u>	<u>38,887</u>

10. EXAMINATIONS & OTHER RELATED EXPENSES

	<u>2004</u>	<u>2003</u>
	€	€
Examination Board Venues	500	2,188
Exam-Equipment / Analysis	110,391	27,467
External Examiners	30,627	12,100
	<u>141,518</u>	<u>41,755</u>

11. GENERAL ADMINISTRATION

	<u>2004</u>	<u>2003</u>
	€	€
Stationery	15,632	7,058
Telephone & Mobiles	22,682	15,197
Postage & Couriers	3,760	4,310
Office Equipment	5,008	2,527
Printing/Annual Reports/ Certificates	104,303	84,792
Insurance	3,880	3,026
Copiers/Service Contracts etc	1,437	2,015
Library and Information Services	6,672	5,054
Bank Interest and Charges	612	639
Sundries & Petty Cash	3,598	2,667
Promotion and Advertising	23,210	48,407
Miscellaneous	0	0
Membership of Bodies	1,988	437
	<u>192,782</u>	<u>176,129</u>

12. INFORMATION, COMMUNICATIONS & TECHNOLOGY

	<u>2004</u>	<u>2003</u>
	€	€
Software and Peripherals	23,366	21,874
ICT Licences and Support	7,204	11,232
	<u>30,571</u>	<u>33,106</u>

13. COUNCIL/COMMITTEE EXPENSES

	<u>2004</u>	<u>2003</u>
	€	€
Council Members	18,977	20,768
Council Matters	5,612	6,582
Accreditation Committee	995	1,464
Clinical Care Committee	1,178	381
Medical Advisory Group	3,900	9,975
Other Working / Advisory Groups	14,852	12,628
Travel and Subsistence Arrears	12,000	3,000
	<u>57,514</u>	<u>54,798</u>

14. EMS R&D, SPECIAL PROJECTS & GRANTS

	<u>2004</u>	<u>2003</u>
	€	€
Irish Heart Foundation (Note 3)	113,000	140,000
Capacity Building Project	25,000	45,000
E PRF Initiative		131,260
Spatial Analysis Maps	4,840	
Conference Sponsorship	20,000	45,000
EMS CD-ROM Educational ICT Initiative		22,289
Spatial Analysis Research	44,316	45,477
Standards Research	70,000	
EMT A Training	260,000	170,000
Immediate Care Integration	250,000	
CISM Funding		5,000
	<u>787,156</u>	<u>604,026</u>

15. CREDITORS

Amounts falling due within one year 2004

	<u>2004</u>	<u>2003</u>
	€	€
Audit Fees	7,700	21,290
Trade Creditors	77,213	46,036
Accruals	45,815	231,330
	<u>130,728</u>	<u>298,656</u>

16. DEBTORS & PREPAYMENTS

	<u>2004</u>	<u>2003</u>
	€	€
Prepayment	17,909	13,665
Debtors	4,238	
Total Debtors & Prepayments	<u>22,147</u>	<u>13,665</u>

17 FIXED ASSETS

for the year ending 31 December 2004

	<u>ICT Equipment</u>	<u>Other Equipment</u>	<u>Totals</u>
Cost or Valuation			
At 1 January 2004	147,504	171,435	318,939
Additions in year	58,711		58,711
At 31 December 2004	<u>206,215</u>	<u>171,435</u>	<u>377,650</u>
Accumulated Depreciation			
At 1 January 2004	134,317	89,026	223,343
Charges for the year	28,566	34,287	62,853
At 31 December 2004	<u>162,883</u>	<u>123,313</u>	<u>286,196</u>
Net Book Value			
At 31 December 2004	<u>43,332</u>	<u>48,122</u>	<u>91,454</u>
At 31 December 2003	<u>13,187</u>	<u>82,409</u>	<u>95,596</u>

18 CAPITAL FUND ACCOUNT

for the year ending 31 December 2004

		<u>2004</u>		<u>2003</u>
	€	€	€	€
Opening Balance 1st January		95,596		169,635
Transfer from Income and Expenditure Account	58,711		12,565	
Less:				
Amortisation in line with depreciation (Note 17)	62,853	(4,142)	83,455	
Released on disposal of fixed assets			3,149	(74,039)
Closing Balance at 31st December 2004		<u>91,454</u>		<u>95,596</u>

19. COUNCIL MEMBERS – DISCLOSURE OF TRANSACTIONS

The Council complies with the Code of Practice for the Governance of State Bodies as issued by the Department of Finance in relation to the disclosure of interests by Council members. During the year 2004 Council incurred fees payable to third parties in respect of professional services for a review and audit of the NQEMT examination processes and development of the EMT-A Examination assessment process to the amount of €38,650. This amount was paid to a Council Member on the recommendation of the Director with the approval of the Chairman.

20 APPROVAL OF FINANCIAL STATEMENTS

The Financial Statements were approved by the Council on 14 April 2005.