Annual Report 2005

Contents

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 Membership

Membership of the Council on the 31st December 2005

Mr. Paul Robinson
Chairman
Chief Officer, North East Area (June)

Prof. Gerard Bury
Vice-Chairman
Professor of General Practice,
UCD

Mr. Sean Creamer
Chair
Clinical Care Committee
Emergency Medical Technician,
HSE Eastern Region Ambulance Service

Mr. Mark Doyle
Chair
Medical Advisory Group
Consultant Emergency Medicine,
HSE South Eastern Area

Ms. Julie Woods
Chair
Accreditation Committee
Registered Nurse

Mr. John Duggan
Emergency Medical Technician,
HSE Southern Area

Mr. Pat Gaughan
Chief Officer
HSE Midland Area (June)

Mr. Gabriel Glynn
Emergency Medical Controller,
HSE Western Area

Mr. David Hall
Company Director,
Private Ambulance Service

Mr. Pat Hanaffin
Emergency Medical Technician,
HSE Southern Area

Mr. Martin Gallagher
Chief Officer
HSE East Coat Area (June)

Mr. Frank O'Malley
Emergency Medical Technician,
HSE Mid Western Area

Mr Michael Garry
EMS Co-ordinator,
Dublin Fire Brigade

Mr Macartan Hughes
Director,
National Ambulance Training School

Mr Pat McCreanor
Chief Ambulance Officer,
HSE Eastern Region Ambulance Service

Chairman's Statement

It is with great pleasure that I introduce Council's Annual Report for the year ending 31st December 2005, the sixth since its establishment in 2000. 2005 was a landmark year in the history of the Irish Health Services, when under the Health Act 2004 the Health Services Executive was established on the 1st January. Council welcomes the health service reform programme and looks forward to working closely with all parties - and particularly with the National Ambulance Service in the National Hospitals Office - and contributing to the agenda for change. During 2005, the Director and Staff of Council have worked actively with the Department of Health and Children, with the National Ambulance Service and with other relevant groups and organisations to develop a partnership approach to the development and enhancement of the Ambulance Service.

Council's strategic plan 2002-2005 successfully concluded in 2005 and we look forward to developing the next plan to guide Council and Committee operations over the coming years while working with our partners in the National Hospitals Office and the National Ambulance Service.

2005 was also a significant year for PHECC and saw the successful completion of the first Advanced Paramedic Programme (in conjunction with the National Ambulance Training School and U.C.D.), and the introduction of a Register of Pre-Hospital Emergency Care Practitioners

The Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations (S.I. No. 510 of 2005) were signed into law on the 9th August, by the Minister of State at the Department of Health and Children. This was the final requirement to enable the programme for Advanced Paramedic (AP) training to proceed to a successful conclusion. The legislation has enabled medication administration by registered pre-hospital emergency care practitioners for a range of medical and trauma emergencies and will improve the quality of pre-hospital care provided.

Congratulations to the first cohort of sixteen AP students who successfully completed the programme and will join the Register in the New Year. This represents a landmark in the development of the Ambulance Service in Ireland, and is the realisation of a goal for which both the Council and Staff of PHECC have striven over the years.

Under the PHECC Amendment Order (SI 575 of 2004), a Register of pre-hospital emergency care practitioners has been established. There are three divisions; Emergency Medical Technician, Paramedic and Advanced Paramedic. In signing up to the Register, a pre-hospital emergency care practitioner agrees to abide by a Code of Professional Conduct and Ethics and is subject to Fitness to Practice conditions.

As part of its commitment to best practice in governance, Council established an Audit Committee during the year. The inaugural meeting of the Committee was held on the 21st November. The Audit Committee will support and advise on internal control including corporate governance and audit matters. Ensuing Annual Reports will include a report of the Audit Committee on its work in relation to the system of internal control.

My appreciation goes out to the members of Council and the various Committees whose commitment and enthusiasm continue to realise the PHECC strategy.

I would like on behalf of Council to thank the Director, Dr. Geoff King and all the PHECC Team for their hard work, commitment and passion, which has been and remains crucial in providing a quality service. Council is conscious of the tremendous increase in the workload in recent years, including that arising from the developments outlined in this Report, and fully supports the Director in his efforts to secure additional staffing to ensure the continuing work of Council to the high standard which has always been its hallmark.

On behalf of Council, I would like to extend our appreciation to the Department of Health and Children for their support and funding.

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 Operation

Council is assisted and advised in fulfilling its statutory functions by its Standing Committees and 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, 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)
- Representative from HSE Project Management Unit

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

Summary of membership changes in 2005
Mr. Edward Raupe, Macartan Hughes and Gabriel Glynn resigned.

Clinical Care Committee Members on 31st December 2005

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. John Duggan	Public Sector EMT
Mr. David Hall	Consumers Representative
Mr. Pat Gaughan	Council Member
Mr. Dave Sherwin	DFB
Mr. Philip Lane	HSE Project Management Unit
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, Council need not individually approve membership should there be a change in the individual occupying the position or representing the organisation.

1. A representative of consumers (e.g. Patient Focus, Irish Patients Association)
2. A representative from a non-government organisation (NGO) with a community focus (currently Irish Heart Foundation)
3. Training representatives from each of the Training Institutions accredited by the PHECC
4. A representative from the Northern Ireland Ambulance Service analogous to (3)
5. An invited expert in education and training, nursing
6. An invited expert in education and training, medical
7. EMTs x 3 (from Council)
8. The Chairs of both the Clinical Care Committee and the Medical Advisory Group (generic)
9. The Chair and Vice Chair of Council (generic)
10. A management representative and registered nurse from Council where not already a member by way of 1-9 above
11. invited expert in adult education

With a Member of Council as Chair (by election)

Summary of membership changes in 2005:

Ms. Lisa O' Brien resigned as representative from the I.H.F.

Accreditation Committee Members on 31st December 2005

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	Consumers Representative
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. David McManus	Northern Ireland Ambulance Service
Mr. Stephen McMahon	Irish Patients Association

Examination Quality Committee

The Examination Quality Committee is a sub Committee of Accreditation.

Terms of Reference – The terms of reference of the Examination Quality Committee are approved as:

> *"To quality assure the NQEMT Examination and make recommendations to the appropriate Committee(s):"*

Composition of Committee –

- One Examiner trained Medical Practitioner
- Two Examiner trained EMTs
- One Examiner trained Nurse

Examination Quality Committee Members on 31st December 2005

Dr. Geoff King **Chair Examination Quality Committee**
Mr. Sean Creamer
Mr. Brian Power
Ms. Pauline Dempsey

Appeals Committee

The Appeals Committee is a subgroup of the Accreditation Committee.

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

> *"The Appeals Committee will consider appeals made to the Director on the same day as the examination (practical) and within four weeks of the examination result being made available (theory). A member must not be a member of the Quality Committee for the said examination."*

Composition of Committee – The Appeals Committee should require a quorum of 3 with a minimum of 5 members.

- Two EMTs (non examiner trained) generic
- Independent education expert as Chair

Summary of membership changes in 2005:
Tommy O' Doherty resigned, John Duggan and Frank O'Malley were approved as members.

Appeals Committee Members on 31st December 2005

Prof. Paul Finucane **Chair Appeals Committee**
Mr. David Hall
Mr. John Duggan
Mr. Frank O'Malley
Mr. Gabriel Glynn

Audit Committee

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

- *"To examine the adequacy of the nature, extent, and effectiveness of the accounting and internal control systems.*
- *To complement, enhance and support the internal audit function".*

Composition of Committee – The Audit Committee is appointed by Council, membership being as follows:

- One external member who is qualified in accounting and auditing, who will Chair the Committee's meetings
- A finance specialist from a Heath Board (or similar)
- A member of the Council
- A management representative member from Council on a rotating basis
- A staff member of PHECC on a rotating basis

Audit Committee Members on 31st December 2005

Mr. Con Foley	**Chair Audit Committee**
Mr. Seoirse OhAodha	Finance specialist from Health Board (or similar)
Mr. David Hall	Member of Council
Mr. Martin Gallagher	Management representative from Council
Ms. Pauline Dempsey	Staff member of PHECC

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, 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 2005

Mr. Cyrus Mobed resigned and was replaced by Mr. Richard Lynch as Medical Advisor for the HSE Midland Area. Dr. Cathal O' Donnell took up the position as Medical Advisor of the HSE Mid Western Area and Dr. Tony Ryan resigned.

Medical Advisory Group Members on 31st December 2005

1. Medical Advisor – Ambulance Service (generic)

Mr. Mark Doyle (Chair)	HSE Eastern Area - Medical Advisor/Member of Council
Mr. Stephen Cusack	HSE Southern Area - Medical Advisor
Mr. Connor Egleston	HSE North Eastern Area - Medical Advisor
Dr. John O'Donnell	HSE Western Area - Medical Advisor
Mr. Patrick K. Plunkett	HSE Eastern Region - Medical Advisor
Dr. Cathal O' Donnell	HSE Mid Western Area – Medical Advisor
Mr. Richard Lynch	HSE Midland Area - Medical Advisor
Dr. Mags Bourke	NATS - Medical Advisor/ Anaesthetist
Mr. Peter O'Connor	DFB - Medical Advisor

2. Training and Development Officer – Ambulance Service (generic)

Mr. Danny O'Regan	HSE Southern Area - T&D Officer
Mr. John Burton	HSE Mid Western Area - T&D Officer
Mr. Brendan Whelan	HSE Midland Area - T&D Officer (Acting)
Mr. Declan Lonergan	HSE Eastern Area- T&D Officer
Mr. Lawrence Kenna	HSE Eastern Region - T&D Officer
Mr. Fergus McCarron	HSE North Western Area - T&D Officer
Mr. Michael Seaman	HSE North Eastern Area- T&D Officer
Mr. Vincent O'Connor	HSE Western Area - T&D Officer

3. Training Institutions accredited by PHECC (generic)

Mr. Macartan Hughes	NATS
Mr. Martin O' Reilly	DFB - Training Officer

4. 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)

5. 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

6. The Chair and Vice-Chair of Council (generic)

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

7. 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).

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.

Control Working Group Members on 31st December 2005

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 HSE Southern area
Mr. Pat McCreanor	Chief Ambulance Officer HSE Eastern Region
Mr. William Merriman	Controller HSE Eastern Region
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 HSE North Eastern Area
Mr. Shane Knox	Training Instructor NATS

Director's Statement

In this annual report we update our progress and anticipate the challenges for the coming year. From an organisational perspective, 2005 saw the renewal of a 5 year lease for the PHECC offices, our expansion necessitated occupying additional office space on the first floor of the building. The need to increase the staffing allocation has been realised and bids to secure positions are underway.

The National PCR project is now in year 4 of an envisaged 5 year project and the demand for valid pre-hospital information continues. Council has approved the implementation of the Patient Care Report (PCR) in the following HSE regions- North Western Area, Western Area, Mid-Western Area, Southern Area and the Midlands as well as DFB. Trials of the electronic PCR will be apparent going into 2006.

A phased roll-out of the PHECC Register for pre-hospital emergency care practitioners commenced at the end of 2005. This was preceded by successful consultation sessions with SIPTU/ IARC and shop stewards forums which progressed the issues of Rules of Registration and fitness to practice.

A set of Education and Training Standards; Cardiac First Response, Emergency First Response, Emergency Medical First Response and Paramedic have been drafted to support a continuum of learning from the pre-hospital responder to the career registered practitioner. Feedback is actively being sought from individuals and groups representing Statutory, Voluntary and Auxiliary Services nationally. Completion of this project is expected in 2006.

Quality improvement initiatives are ongoing in parallel with PHECC activities. The review of the NQEMT- EMT examination is now complete and the evaluation of Advanced Paramedic training will continue until the 3rd cohort has completed the programme. A review of the assessment of equivalence of professional qualification in pre-hospital emergency care process was undertaken and the changes recommended by the Accreditation Committee will be considered by Council in the New Year.

I would like to acknowledge the Chair and all Council members for their hard work, their dedication and their commitment throughout the last year. In conclusion, I would like to thank the PHECC Team for their commitment and compliance with the principles of professionalism, excellence and efficiency, a culture that is evident throughout the organisation. The dedicated work of the staff has been outstanding and their commitment is reflected in the array of achievements reported here.

Council & Committee Activities

Education and Training

Accreditation of Training Institutions

During 2005, following a formal review, Dublin Fire Brigade (DFB) in partnership with the Royal College of Surgeons in Ireland (RCSI) received full recognition as a Training Institution to deliver EMT (Paramedic) training. The National Ambulance Training School (NATS) continued to be a recognised Training Institution for the delivery of EMT (Paramedic) training. NATS in affiliation with University College Dublin (UCD) continued to be approved to provide Advanced Paramedic training as part of a developmental programme.

Development of EMT-A (Advanced Paramedic) Training

During 2005, there were three cohorts of Advanced Paramedic students in training. Due to a delay in amending the Medicinal Products legislation, the programme was suspended for a period until the end of August. All 16 candidates from the first cohort completed the Advanced Paramedic programme successfully. Prof Paul Finucane, Director, Graduate Medical School Development, University of Limerick and member of the Accreditation Committee is carrying out an evaluation of the Advanced Paramedic training course. The purpose of the evaluation is to assist NATS/ UCD develop and refine the course as well as guide PHECC in ongoing recognition of Training Institutions and approval of course content for Advanced Paramedic training.

Education and Training Initiatives

Council has supported in principle an approach from DFB/ RCSI to develop an Advanced Paramedic Programme. The support is subject to a formal proposal outlining timeframes and costs being submitted to Council.

Continuing Professional Development (CPD) requirements for maintaining currency on the PHECC Register are being explored by the Clinical Care Committee and a standard will be completed in 2006.

PHECC regards regional training a priority and welcomes that NATS held the fourth ever regional Conversion Course in Limerick in December. DFB/ RCSI also delivered a Conversion Course in November.

Development of New Education and Training Standards

The PHECC education and training standards have been developed to support a learning continuum ranging from a one day cardiac first response standard to the education programme for registered pre-hospital emergency care practitioners. Each standard is competency based with specific knowledge, attitudinal and skills objectives to be covered in

each training programme. These objectives guide both the student and the instructor through the requirements of the standards. They are currently in draft format and are in circulation to relevant persons and bodies in industry for feedback prior to publication. In September, Council approved the implementation of the Cardiac First Response Standard on a trial basis, in the Statutory Ambulance Services. This standard is a core unit on each of the PHECC standards and the Health and Safety Authority's new Occupational First Aid Standard.

Examination

Examination Quality Committee

Ongoing review of the NQEMT examination will be informed by candidate, examiner and other stakeholder input such as Committees, and the PHECC office. There are three formal sources of feedback; the candidate is requested to fill out a questionnaire following the Multiple Choice Questions (MCQs), Short Written Answer (SWA) exam and the Objective Structure Clinical Examination (OSCE). The examiners are required to provide feedback following their participation in the OSCE and short written answer exam. In addition, the Examination Quality Committee completes Examiner Performance Reviews at the OSCE. All the material is collated by the examination Quality Committee and a report is prepared for the Chair of the Accreditation Committee. Collated quality feedback from the 8th, 9th and 10th NQEMT examination was distributed to both Training Institutions for information.

NQEMT EMT (Paramedic) Examination

The 9th, 10th and 11th NQEMT- EMT (Paramedic) examinations were held in March, May and September 2005 under the auspice of the PHECC. A total of 148 candidates (141 and 7 repeat candidates from 2004) sat the NQEMT examination of which 126 (85%) were successful. The NQEMT examination was sat 164 times, which reflects the repeat sittings also. This represents an increase of 7.9% of candidates.

Eight candidates remain unsuccessful going forward to 2006 examination sittings. Thus 94.3% of the candidates that commenced the examination process during 2005 were successful.

Results:

	Total	1st Attempt	2nd Attempt	3rd Attempt	4th Attempt
Candidates	148	141	21	1	1
Successful	126 (85%)	120 (85%)	19 (90%)	1 (100%)	1 (100%)

Section	*MCQ*	*Short written answers*	*Primary Skills*	*Secondary Skills*
2005 Successful	95.3%	83.6%	96.1%	99.4%
2004 Successful	94.5%	82.6%	93.8%	99.2%

Of the four examination sections, section 2 (short written answers) presented the most difficulty for candidates. Over the three examinations 83.6% of candidates were successful in section two whereas the other three sections had success rates of over 95%.

- Section One - Multiple Choice Questions (MCQ)

Candidates are required to answer 120 MCQs within 1.5 hours. This assessment is conducted on a computer. The mean mark for MCQ was 87% (84.3% in 2004) with a range of 62% to 98% (66% to 95% in 2004).

- Section Two - Short Written Answer (SWA)

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 SWA was 74% (71.6% in 2004) with a range of 40% to 90% (47% to 91% in 2004).

- Sections three and four - Skills Stations

The skills stations are conducted in the Objective Structure Clinical Examination (OSCE) format. Six skills stations are designated primary due to the critical nature of the skills. From 154 attempts at primary skills, 148 (96.1%) were successful. Twenty nine candidates failed one primary skill and all were successful following resits. Two or more primary skills were failed by six candidates and these were not offered resits. Candidates continue to perform less well with the compulsory primary skills than the randomly selected secondary skills. There are 8 secondary skills stations at each exam sitting. From 155 attempts at secondary skills, 154 (99.4%) were successful. Thirty three candidates failed three or less secondary skills and all were successful following resits. One candidate failed four secondary skills and was not offered a resit.

NQEMT EMT-A (Advanced Paramedic) Examination

The assessment process for Advanced Paramedic is a joint process between NATS/ UCD and the PHECC. Two formative assessments are conducted by PHECC following the Distance Learning and Clinical Practice blocks, which consists of 100 MCQs completed on a PC and a written test comprising of 6 short written answers.

Candidates are awarded an aggregated mark based on 60% for MCQ and 40% for short written answer. A Compensation Pass is awarded to candidates whose aggregated mark is within 5% of the pass mark. PHECC held two Distance Learning examinations and three Clinical Practice examinations during 2005. The Distance Learning exam had 16 candidates and the Clinical Practice had 30 candidates over two cohorts.

Results:

Distance Leaning	Successful	Compensation Pass	Unsuccessful
First attempt	12 (75%)	1 (6%)	3 (19%)
Second attempt	3 (100%)		

Distance Learning	Mean	Median	Mode	Std. dev	Min	Max
MCQ	74%	75%	60%	0.08413	60%	88%
SA	76%	73%	70%	0.13303	41%	94%

Clinical Practice	Successful	Compensation Pass	Unsuccessful
First attempt	25 (83%)	3 (10%)	2 (7%)
Second attempt		2 (100%)	

Clinical practice	Mean	Median	Mode	Std. dev	Min	Max
MCQ	78%	80%	75%	0.0988	57%	94%
SA	79%	77%	73%	0.09535	63%	95%

Assessment of Qualifications Obtained Outside and Inside the State

The process for assessment of equivalence of professional qualifications in pre-hospital emergency care obtained outside Ireland was extended to facilitate applications from within the State following the Amendment Order (SI 575 of 2004). A total of sixteen new applications were received during the year of which, fifteen Applicants were trained outside Ireland. One application was received from an Applicant whose first language was not English. The applicant has completed the International English Language Test System exam and was successful.

During 2005, six Applicants were successful with one unsuccessful application. Twenty two applications remain open going into 2006; however, it is acknowledged that a number of these are inactive by virtue of the fact that there has been no contact from the Applicants for a long period. Countries from where applications were processed in 2005 include: Australia, South Africa, Slovakia, Canada, Poland, UK and the USA.

Professionalisation of Pre-Hospital Emergency Care Practitioners

The Pre-Hospital Emergency Care Council initiated the professionalisation agenda through a national consultation exercise. Between May and August 2005 PHECC visited 35 separate ambulance bases/ stations to promote the professionalisation agenda and ascertain views of the profession with respect to formal professionalisation. This consultation culminated with a presentation to SIPTU in September. As a result of the feedback changes were made to the memberships of the committees and a revised Code of Professional Conduct and Ethics was formulated. PHECC emphasised at all stages of the consultation exercise that there is a place for every existing pre-hospital emergency care practitioner in Ireland on the PHECC Register.

Activation of PHECC Register

On the 5th of September 2005 the Advanced Paramedic Division of the PHECC Register was activated. It is expected that the Paramedic and EMT Divisions will be fully operational early in 2006.

Joining the Register

The draft proposals for joining the Register consist of five stages:-

- Administrative process / details
- Academically qualified
- Registration Fee
- Declaration
- Formal professional commitment/ undertaking

Administrative Process/ Details – All potential applicants must complete the administrative documentation in full in order for their application to be processed.

Academically qualified – Before individuals can apply for registration, they must be academically qualified to apply to join the Register. Individuals must be holders of an NQEMT Qualification.

Registration Fee – All applicants must pay the appropriate registration fee of €10 per annum as approved by Council for their application to be processed.

Formal Declaration – All applicants must make a formal declaration confirming that:-

- They are currently practising, or have recently practiced / worked as an EMS practitioner (within the last three years?)
- They have no relevant criminal conviction
- They have no health condition or addiction that could affect their fitness to practice

Formal professional commitment / undertaking – All applicants must sign up to / formally commit to a Code of Professional Conduct and Ethics as approved by the profession. This commitment/ undertaking will have specific emphasis, and clearly outline explicit undertakings to:-

- Complete Patient Care Reports
- Practice only in accordance with their status on the PHECC Register
- Meet the continuing professional development requirements
- Comply with Fitness to Practice rules and procedures
- Mentor trainees

Code of Professional Conduct and Ethics

A Code of Professional Conduct and Ethics (see appendix 1), is the code which will guide practitioners in their conduct and work in the pre-hospital emergency care environment. The code is based on five core principles which summarise the ethos supporting the provision of pre-hospital emergency care by practitioners on the PHECC Register.

The five principles are:

- Duty of care to patients and public
- Consent
- Professional Accountability
- Co-operation / Teamwork
- Confidentiality

On joining the PHECC Register, individuals will be required to commit and subscribe to the agreed Code of Professional Conduct and Ethics. This code will become the property and be owned by the profession. It is envisaged that once the Register has been in place for a period of time and the profession has been established, that the Code will be reviewed and evaluated, and revised if necessary.

Fitness to Practice

The PHECC Amendment Order (S.I. 575 of 2004) charges PHECC with "Establish (*sic*) a Fitness to Practice Committee to enquire into allegations of professional misconduct and unfitness to engage in the practice of pre-hospital emergency care on the part of the PHECC Register"

Fitness to Practice is an essential part of any professional Register in order to protect the public, protect practitioners and ensure the good name of the profession. The difference between the PHECC Register and other professional Registers is that PHECC will not have the power to strike off or de-register professionals. The principles for best practice in fitness to practice systems are as follows:

- It is vital to have a system for dealing with issues that is fair, consistent and transparent
- All procedures must adhere to the principles of fairness and natural justice
- Confidentiality is paramount
- Timeliness is also an essential component

Operation of Fitness to Practice

The operation of the Fitness to Practice Committee (FPC) is supported by two Sub-Committees and these are:

- Preliminary Proceedings Sub-Committee (PPSC)
- Health Sub-Committee (HSC)

It is envisaged that the FPC would deal with ethical issues and that the HSC would deal with lifestyle issues, including the case of practitioners whose practice may have been compromised by ill-health or addiction, and the PPSC would screen or filter allegations.

Clinical Handbook – Clinical Practice Guidelines (CPG's)

In 2005 over 2000 Clinical Handbooks were distributed to pre-hospital care responders and practitioners from the Statutory Ambulance Services as well as Voluntary, Auxiliary and Rescue Services. There has been an unprecedented interest nationally and copies have been sent to General Practitioners, Resuscitation Training Officers and healthcare professionals in Emergency Departments and elsewhere.

Council has approved a private ambulance service to implement the Clinical Practice Guidelines to the level on the PHECC Register of their employees. The Amendment Order (SI 575 of 2004) has enabled organisations other than the HSE and DFB to apply for approval to implement CPGs.

Medication Formulary

The Medication Formulary (Edition 1) was approved by Council in September 2005. The formulary details twenty five medications which can be administered by a pre-hospital emergency care practitioner as per level of training and division on the Register.

CPG-As

Clinical Practice Guidelines – Advanced (CPG-A) (Edition 1) were approved by Council in September for use by the Advanced Paramedic during the internship. The CPG-As have increased the scope of practice to include endotrachael intubation, cannulation and medication administration, for example Morphine for pain relief, Adrenaline for cardiac arrest and anaphylaxis and Lorazepam for seizures. The new CPG-As will empower practitioners to be more effective in the management of medical and trauma emergencies in pre-hospital emergency care.

Research and Development

Data Set

In May, Council approved the data set and definitions which are the backbone to the Patient Care Report (PCR) and the electronic Patient Care Report (ePCR). The data items have been selected to support the information requirements of patients, receiving Emergency Departments, clinical audit and research as well as operational needs going forward.

Patient Care Report

Council approved the implementation of the PCR in five HSE Areas: HSE Southern, HSE Mid Western, HSE Western, HSE North Western, HSE Midland and Dublin Fire Brigade (DFB) in February. Training and implementation of the national PCR, Edition 1 was ongoing and three HSE areas and 40% of the DFB service were using the national PCR by year end.

Electronic Patient Care Report (e-PCR)

The alignment of the hardcopy PCR with the ePCR was supported in 2005 by PHECC awarding a tender for the provision of a working ePCR model. The ePCR will deliver highly reliable and valuable real time patient care information for the ultimate benefit of the patient. PHECC have just completed an ePCR pilot trial on ruggedised tablet PCs in two HSE Areas to test the suitability of hardware and ease of data entry and included using printers in Emergency Departments. The next stage of the development of the ePCR project is to implement the bulk communications pilot trial in HSE Midlands Area in 2006. Also in development are pre-hospital patient information triage screens for Emergency Departments with connectivity modules to link with ambulance communication centres and there are plans to integrate with hospital information systems in the future.

Spatial Analysis Study

PHECC continued to expand and develop spatial analysis research during the year. The main emphasis concentrated on the HSE North West Region. This study focussed on combining actual ambulance service data for both Emergency and Patient Transport Services with the previously developed PHECC spatial analysis model. This should result in findings based on actual live data rather than projections. This research project is due to be completed in the first quarter of 2006.

Engaging with the Broader Health Sector

Medical Emergency Responders Integration & Training (MERIT) Project

The Medical Emergency Responders Integration & Training (MERIT) project was established in UCD in December 2004. Funding sources include the PHECC and the Department of Health and Children. Capital grant aid has purchased Automated External Defibrillators, basic life support kits and training. The objectives of the project are framed around training and equipping GPs and GP Co-Operatives to participate as appropriate in pre-hospital emergency care, and to develop the interface between GPs and other components of the Emergency Medical System especially the Ambulance Service.

The project's aims include:-

1. Establishment of structures to train, equip, monitor and integrate general practitioners into delivery of agreed aspects of pre-hospital emergency care
2. Exploration of the establishment of liaison structures between general practitioners, Ambulance Services and GP co-operatives in these regions
3. To facilitate the provision of 150 additional defibrillators for use by general practitioners within their current practice settings
4. To explore the development of functional links between the PHECC, the healthcare professions and pre-hospital emergency care delivery
5. To explore the potential for establishment of a PHECC NQEMT (healthcare professional) register
6. To develop a model for a national roll-out of integrated pre-hospital emergency care structures, based on experience in the three pilot regions
7. To establish systems in the three areas aimed at the provision of specific forms of advanced care by small groups of trained and well supported doctors, working in close co-operation with the Ambulance Services.

Council is delighted with the progress made in 2005, including the appointment of three project officers to the HSE pilot areas; East Coast, North- West and Mid- West and the completion of the GP/ EMT attitude survey which will in time inform HSE policy.

Irish Society of Immediate Care (ISIC)

In July, Council gave support in principle to the proposal from ISIC to develop Clinical Practice Guidelines (CPGs). ISIC is particularly interested in developing CPGs to facilitate their Medical Practitioners members working with EMTs in the first instance. The CPGs are expected in 2006 and will be approved by PHECC's Medical Advisory Group prior to Council's consideration.

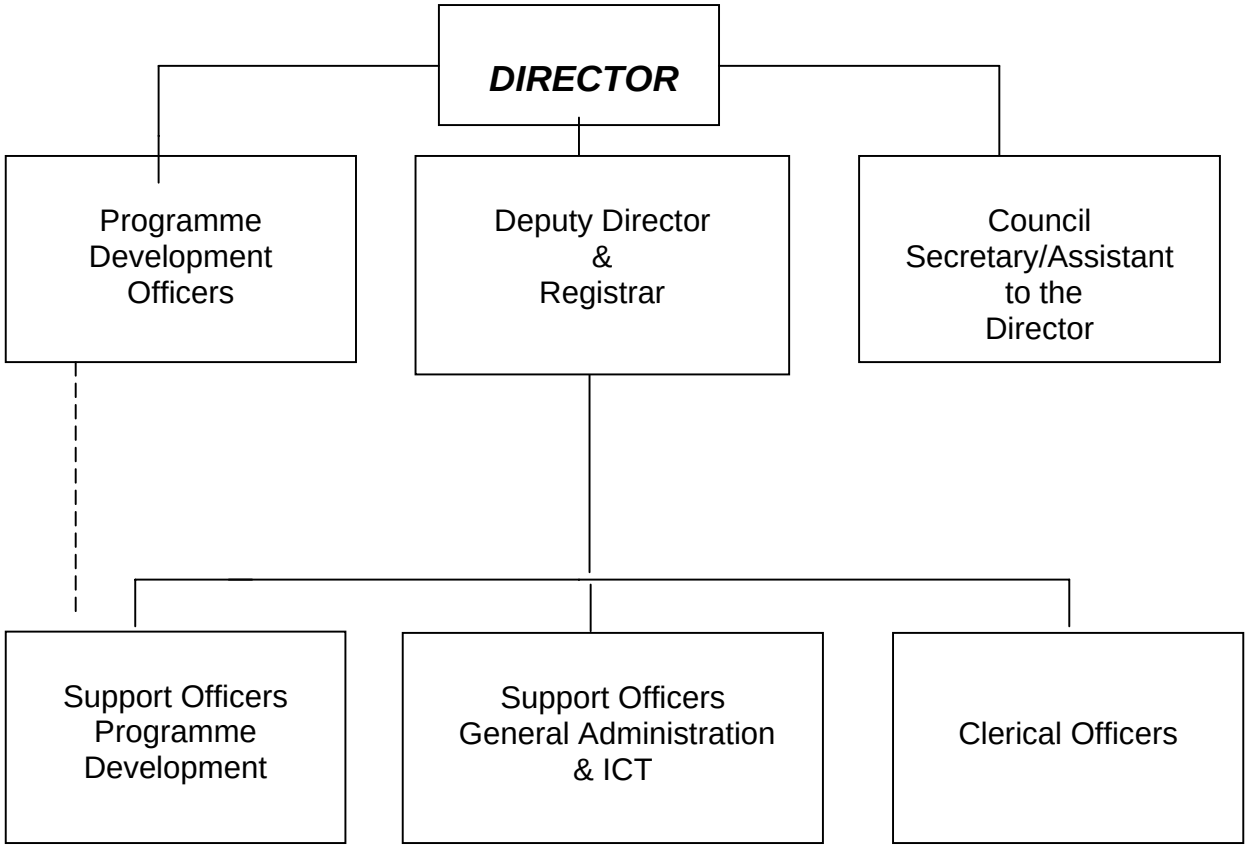
Newsletter and the PHECC Website

In November, the tender was awarded for the PHECC Services Gateway, a portal that will deliver a valuable on line solution for PHECC and its stakeholders. The portal will primarily expand the value and efficiency of the electronic Patient Care Report (e-PCR) system within Ambulance Services and secondly, assist in unlocking efficiencies and increased service provisioning by PHECC, including administration of the Register, training, examinations and

Continuing Professional Development (CPD). This project will be largely carried out in 2006.

The PHECC newsletter the “Voice” was published three times and distributed to a growing list of 3,000 nationally. Communication with stakeholders in pre-hospital emergency care was an on going priority in 2005.

PHECC Team



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