



Annual Report 2009

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Introduction

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency charged with responsibility for standards, education and training in 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 and brought under primary legislation with the Health (Miscellaneous Provisions) Act 2007.

PHECC replaced the National Ambulance Advisory Council (NAAC), which was established by the Minister for Health in May 1998.

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland.

Council Functions

PHECC's main functions are

- *To ensure training institutions and course content in First Response and Emergency Medical Technology reflect contemporary best practice.*
- *To ensure pre-hospital emergency care Responders and Practitioners achieve and maintain competency at the appropriate performance standard.*
- *To sponsor and promote the implementation of best practice guidelines in pre-hospital emergency care.*
- *To source, sponsor and promote relevant research to guide Council in the development of pre-hospital emergency care in Ireland.*
- *To recommend other pre-hospital emergency care standards as appropriate.*
- *To establish and maintain a register of pre-hospital emergency care practitioners.*
- *To recognise those pre-hospital emergency care providers which undertake to implement the clinical practice guidelines.*

Strategic Plan 2006–2009

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 and is available on our publications page, www.phecc.ie

Chair's Statement

In October 2008, as part of the 2009 Budget, the Government announced a programme of rationalisation of State Agencies. This includes plans for the Opticians Board, the National Social Work Qualifications Board and the Pre-Hospital Emergency Care Council (PHECC) to be subsumed into the Health and Social Care Professionals Council (HSCPC).

We fully recognise the challenge in realising this change, but are committed to ensuring that the pre-hospital emergency care sector is provided for in the appropriate manner which enables ongoing development and does not inhibit the significant progress made in recent years.



Mr Tom Mooney, Chair

PHECC's statutory functions include

Education and training

PHECC recognises institutions providing courses and approves the course content for pre-hospital emergency care education and training; and periodically assesses the suitability as well as the standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care.

Examinations and registration

PHECC conducts the State examinations leading to the national award at Emergency Medical Technician, Paramedic and Advanced Paramedic levels; assesses the equivalence of other professional education; and maintains a register of pre-hospital emergency care practitioners.

Fitness to practise

PHECC is responsible for conducting inquiries into allegations of professional misconduct or unfitness (or both) to engage in the practice of pre-hospital emergency care on the part of persons who are named on the register.

Research

PHECC engages in research into pre-hospital emergency care, including emerging technology, education and training, the formulation of experimental curricula and the evaluation of existing courses and assessment and examination procedures.

Clinical Practice Guidelines

PHECC prepares clinical practice guidelines across six defined levels of pre-hospital emergency care. PHECC reviews and updates the clinical practice guidelines periodically, ensuring that they are fit-for-purpose, evidence based and relevant to the needs of patients, practitioners and services.

Standards of operation

PHECC develops and disseminates standards of operation for service providers to support best practice by pre-hospital emergency care practitioners.

Approval of organisations

PHECC formally recognises those service providers which undertake to implement the clinical practice guidelines and standards of operation.

PHECC delivers on its range of functions with its own staff and by the engagement of a wide range of professionals and organisations through formal structured Committees (Accreditation Committee, Clinical Care Committee, Medical Advisory Groups) and working groups e.g. Control Working Group.

My appreciation goes out to the members of Council and the Committees whose commitment and enthusiasm continue to realise the PHECC vision. On behalf of Council, I thank Dr Geoff King, Director, Mr Barry O'Sullivan, Registrar, and all the PHECC team for their outstanding contribution, hard work and continued commitment to PHECC's work.

A handwritten signature in blue ink, appearing to read 'Tom Mooney', written over a horizontal line.

Mr Tom Mooney, Chair

Council Membership

There were no changes in membership during 2009.

Membership at 31st December, 2009



Chair

Mr Tom Mooney
Healthcare Management Consultant



Vice Chair

Ms Valerie Small
Registered Nurse



Chair

Clinical Care Committee
Mr Frank O'Malley
Paramedic, HSE



Chair

Medical Advisory Group
Mr Cathal O'Donnell
Medical Practitioner



Chair

Accreditation Committee
Mr Michael Garry
Healthcare Management Consultant



Mr Michael Brennan
Public Representative



Mr Michael Dineen
Chair, Association of Ambulance Personnel



Mr Conor Egleston
Medical Practitioner



Ms Patricia FitzPatrick
Dublin Fire Brigade/Royal College of Surgeons in Ireland



Dr Zelig Gaffney
Medical Practitioner



Ms Karen Healy
Emergency Planning, HSE



Mr Macartan Hughes
Director, National Ambulance Service College



Ms Mary Mc Clelland
Occupational Health Advisor



Mr Frank Mc Clintock
Assistant National Director, National Hospitals Office



Mr Barry O'Brien
Assistant National HR Director, National Hospitals Office



Mr Tom Tinnelly
Paramedic, HSE



Mr Gerry Tuohy
Paramedic, HSE

Council Committees

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

Clinical Care Committee

Terms of reference

To consider and advise on operational aspects of clinical care matters for/under consideration by the Medical Advisory Group (MAG), the Accreditation Committee and Council.

Summary of membership changes during 2009

Mr Terence Moran joined the Clinical Care Committee as a Consumer Representative (Patient Focus). Mr Shay Power replaced Mr Dave Sherwin as Dublin Fire Brigade representative.

Membership at 31st December, 2009

Mr Frank O'Malley	<i>Chair, Council Member</i>
Mr Tom Mooney	<i>Chair, Council</i>
Ms Valerie Small	<i>Vice Chair, Council</i>
Mr Cathal O'Donnell	<i>Chair, Medical Advisory Group</i>
Mr Michael Garry	<i>Chair, Accreditation Committee</i>
Mr Tom Tinnelly	<i>Paramedic</i>
Mr Michael Dineen	<i>Paramedic</i>
Mr Terence Moran	<i>Consumers Representative (Patient Focus)</i>
Ms Brigid Sinnott	<i>Irish Heart Foundation</i>
Ms Mary McClelland	<i>Council Member</i>
Mr Shay Power	<i>Dublin Fire Brigade</i>
Mr Pat Grant	<i>HSE National Ambulance Service</i>

Accreditation Committee

Terms of reference

- To make recommendations on the recognition of training institutions for the education and training of pre-hospital emergency care responders and practitioners
- To make recommendations on the approval of the content of education and training courses run by recognised training institutions
- To assess annually
 - The suitability of the educational and training in pre-hospital emergency care provided by an institution recognised by the Council for that purpose
- To make recommendations, not less than once in every three years, on
 - The standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care
- To make recommendations on the establishment and maintenance of the NQEMT examinations
- To establish and maintain the Terms of Reference and membership of its sub-committees
 - Examination Quality Committee
 - Appeals Sub Committee
- To make recommendations on the establishment and maintenance of the PHECC Register
- To make recommendations on the assessment of equivalence of professional qualifications in pre-hospital care obtained inside and outside the state
- To make recommendations on the approval of pre-hospital emergency care service providers for the implementation of CPGs.

Summary of membership changes during 2009

Mr Terence Kearney joined the Accreditation Committee in July 2009 as a representative of Dublin Fire Brigade/Royal College of Surgeons in Ireland. Dr Ted Fleming joined the Accreditation Committee in May 2009 as an Expert in adult education.

Membership at 31st December, 2009

Mr Michael Garry	<i>Chair</i>	Mr Terence Kearney	<i>Dublin Fire Brigade/Royal College of Surgeons in Ireland</i>
Mr Tom Mooney	<i>Chair, Council</i>	Prof Paul Finucane	<i>Education and Training, Medical</i>
Ms Valerie Small	<i>Vice Chair, Council</i>	Dr David McManus	<i>Northern Ireland Ambulance Service</i>
Mr Frank O'Malley	<i>Chair, Clinical Care Committee</i>	Mr Stephen McMahon	<i>Irish Patients Association</i>
Mr Cathal O'Donnell	<i>Chair, Medical Advisory Group</i>	Ms Sarah Cain	<i>Irish Heart Foundation</i>
Mr Gerry Tuohy	<i>Paramedic</i>	Ms Patricia FitzPatrick	<i>Council Member</i>
Mr Michael Dineen	<i>Paramedic</i>	Dr Ted Fleming	<i>Expert in adult education</i>
Mr Barry O'Brien	<i>Management Representative</i>		
Ms Ursula Byrne	<i>Education and Training, Nursing</i>		
Mr Macartan Hughes	<i>National Ambulance Service College</i>		

Examination Quality Committee

Terms of reference

To quality assure the NQEMT Examination and make recommendations to the appropriate Committee(s).

Summary of membership changes during 2009

There were no changes in membership during 2009.

Membership at 31st December, 2009

Mr Brian Power	<i>Chair, PHECC Programme Development Officer</i>
Dr Geoff King	<i>PHECC Director</i>
Ms Pauline Dempsey	<i>PHECC Programme Development Officer</i>
Mr Ricky Ellis	<i>PHECC Programme Development Officer</i>
Ms Jacqueline Egan	<i>PHECC Programme Development Officer</i>
Mr Sean Creamer	<i>PHECC Examiner</i>
Ms Julie Woods	<i>PHECC Examiner</i>
Prof Gerard Bury	<i>Professor of General Practice, University College Dublin</i>
Mr Ben Heron	<i>PHECC Examiner</i>
Mr Shane Knox	<i>National Ambulance Service College</i>
Mr David Sherwin	<i>Dublin Fire Brigade/Royal College of Surgeons in Ireland</i>
Mr Mark Wilson	<i>Dublin Fire Brigade</i>

Appeals Committee

Terms of reference

To consider appeals made to the Director.

Summary of membership changes during 2009

There were no changes in membership during 2009.

Membership at 31st December, 2009

Mr Barry O'Brien	<i>Chair</i>
Mr Tom Tinnelly	<i>Non-examiner Council Member</i>
Mr Gerry Tuohy	<i>Non-examiner Council Member</i>
Mr Michael Dineen	<i>Non-examiner Council Member</i>

Audit Committee

Terms of reference

- *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.*

Summary of membership changes during 2009

There were no changes in membership during 2009.

Membership at 31st December, 2009

Mr Con Foley	<i>Chair</i>
Mr Dermot Magan	<i>Finance Specialist</i>
Mr Barry O'Brien	<i>Council Member</i>
Mr Michael Garry	<i>Council Member</i>
Ms Jaqueline Egan	<i>PHECC staff member</i>

Medical Advisory Group

Terms of reference

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.

Summary of membership changes during 2009

Dr Niamh Collins joined the MAG as a Medical Advisor representing National Ambulance Service College/University College Dublin. Mr Paul Lambert joined the MAG as Training and Development Officer representing Dublin Fire Brigade. Dr Seán Walsh joined the MAG as a Consultant in Paediatric Emergency Medicine.

Membership at 31st December, 2009

1. Medical Advisor – Ambulance Service (generic)

Mr Cathal O'Donnell	<i>Chair</i>
Mr Mark Doyle	<i>HSE South Eastern Region</i>
Prof Stephen Cusack	<i>HSE Southern Region</i>
Mr Conor Egleston	<i>HSE North Eastern Region</i>
Mr John O'Donnell	<i>HSE Western Region</i>
Mr Richard Lynch	<i>HSE Midland Region</i>
Mr Fergal Hickey	<i>HSE North West Region</i>
Dr Peter O'Connor	<i>Dublin Fire Brigade</i>
Vacant	<i>HSE Eastern Region</i>
Dr Niamh Collins	<i>National Ambulance Service College/University College Dublin</i>
Mr Paul Lambert	<i>Dublin Fire Brigade</i>

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

Mr Brendan Whelan	<i>HSE Midland Region</i>
Mr Declan Lonergan	<i>HSE South Eastern Region</i>
Mr Lawrence Kenna	<i>HSE Eastern Region</i>
Vacant	<i>HSE West Region</i>
Mr Paul Lambert	<i>Dublin Fire Brigade</i>

3. Training Institutions accredited by PHECC (generic)

Mr Macartan Hughes	<i>Director, National Ambulance Service College</i>
Mr Martin O'Reilly	<i>District Officer, Dublin Fire Brigade/Royal College of Surgeons of Ireland</i>

4. Two representatives from Northern Ireland Ambulance Service analogous to (1) & (2)

Mr Paul Meehan	<i>Regional Training Officer, Northern Ireland Ambulance Service</i>
Dr David McManus	<i>Medical Director, Northern Ireland Ambulance Service</i>

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

Mr Frank O'Malley	<i>Clinical Care Committee</i>
Mr Michael Garry	<i>Accreditation Committee</i>

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

Mr Tom Mooney	<i>Chair</i>
Ms Valerie Small	<i>Vice Chair</i>

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).

Dr Zelig Gaffney	<i>General Practitioner</i>
Prof Gerard Bury	<i>General Practitioner</i>
Ms Valerie Small	<i>Registered Nurse</i>
Vacant	<i>Anaesthetist</i>
Dr Seán Walsh	<i>Consultant in Paediatric Emergency Medicine</i>

Control Working Group

Terms of reference

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.*

Summary of membership changes during 2009

The following members were replaced: Prof Gerard Bury, Professor of General Practice, UCD. Mr Shane Knox, Training and Development Officer, National Ambulance Service College. Mr James Walsh joined the Control Working Group as Controller, HSE Southern Division. Mr William Carolan joined the Control Working Group as Controller, HSE Eastern Division.

Membership at 31st December, 2009

Mr Gabriel Glynn	<i>Chair</i>
Mr Frank O'Malley	<i>Chair, Clinical Care Committee</i>
Mr Brendan Crowley	<i>Controller, HSE South East Region</i>
Mr James Walsh	<i>Controller, HSE Southern Region</i>
Mr William Carolan	<i>Controller, HSE Eastern Region</i>
Mr Pat McCreanor	<i>Chief Ambulance Officer, HSE Eastern Region</i>
Mr William Merriman	<i>Communication Officer, HSE Eastern Region</i>
Mr John Moody	<i>Station Officer/Controller, Dublin Fire Brigade</i>
Mr Hugh O'Neill	<i>Chief Fire Officer, Dublin Fire Brigade</i>
Mr Gabe McClean	<i>Northern Ireland Ambulance Service</i>

Director's Statement

It is now being widely acknowledged that a well-developed and integrated pre-hospital system with a highly-professional Ambulance Service is a critical success factor in transforming acute hospital services, so that the public has ready access to quality specialist services.

In the nine years that PHECC has been in existence, major developments have taken place in the pre-hospital emergency care sector. The reality of PHECC's multi-disciplinary focus, looking at the entire sphere of pre-hospital emergency care (as opposed to the Ambulance Service alone) is a major factor in the progress to date. It is useful to outline those individuals and groups who are the focus of PHECC's work. Broadly this can be grouped into two categories, **Practitioners and Responders**.

There are currently **almost 3000 registered practitioners**, including 179 Advanced Paramedics, 2260 Paramedics and 445 Emergency Medical Technicians. Of these 40% come from the HSE, with the remaining 60% coming from other service providers including fire services, private ambulance services, auxiliary and voluntary organisations.

There are **three levels of responder**: Cardiac First Responder (CFR), Occupational First Aid (OFA) and Emergency First Responder (EFR) for which PHECC sets the standards and approves courses, (in line with the Health and Safety Authority and FETAC standard in the case of OFA).

Key groups of responders, including auxiliary (e.g. Civil Defence, Coast Guard) voluntary (e.g. Order of Malta, St. John's Ambulance Brigade, Irish Red Cross) community organisations (e.g. Irish Heart Foundation) and uniformed personnel (e.g. Fire Services, Gardaí, Defence Forces), play a vital role in pre-hospital emergency care provision nationally.

The 2008 Report of the Commission on Patient Safety and Quality Assurance is a critical driver for the entire health system and has specific relevance for the ongoing work of PHECC. The report highlights key areas such as the need for evidence-based national standards, the importance of up-to-date information and the requirement for active participation in clinical audit. All of these are areas within which PHECC is already working and for which ongoing focus and emphasis must be effectively provided.

A truly integrated service underpinned by evidence-based practice and standardisation of processes can enable the health service to use all of the resources available to it in a connected and efficient manner. It is vitally important that the focus on the full range of pre-hospital emergency care service providers (from citizen through to highly qualified medical practitioner) is not lost in the restructuring of PHECC and its work.

In the context of the Government decision for PHECC to be subsumed into the Health and Social Care Professionals Council (HSCPC), we are fully committed to working with the Department of Health and Children (DoHC), the HSCPC and the Health Service Executive (HSE) to ensure the continued development of the pre-hospital emergency care sector, along with the efficient and effective realisation of Government policy.

I, along with the PHECC team, thank Council for their energy, expertise and commitment throughout the year. In conjunction with the PHECC team a lot has been achieved in 2009.

On behalf of Council, I would like to extend our gratitude to the Department of Health and Children for their support and funding, as well as to our individual and organisational partners in the statutory auxiliary, private, voluntary and community sectors who, through their continuing cooperation, support our efforts to protect the public through developing and enhancing pre-hospital emergency care.



*Dr Geoff King,
Director*

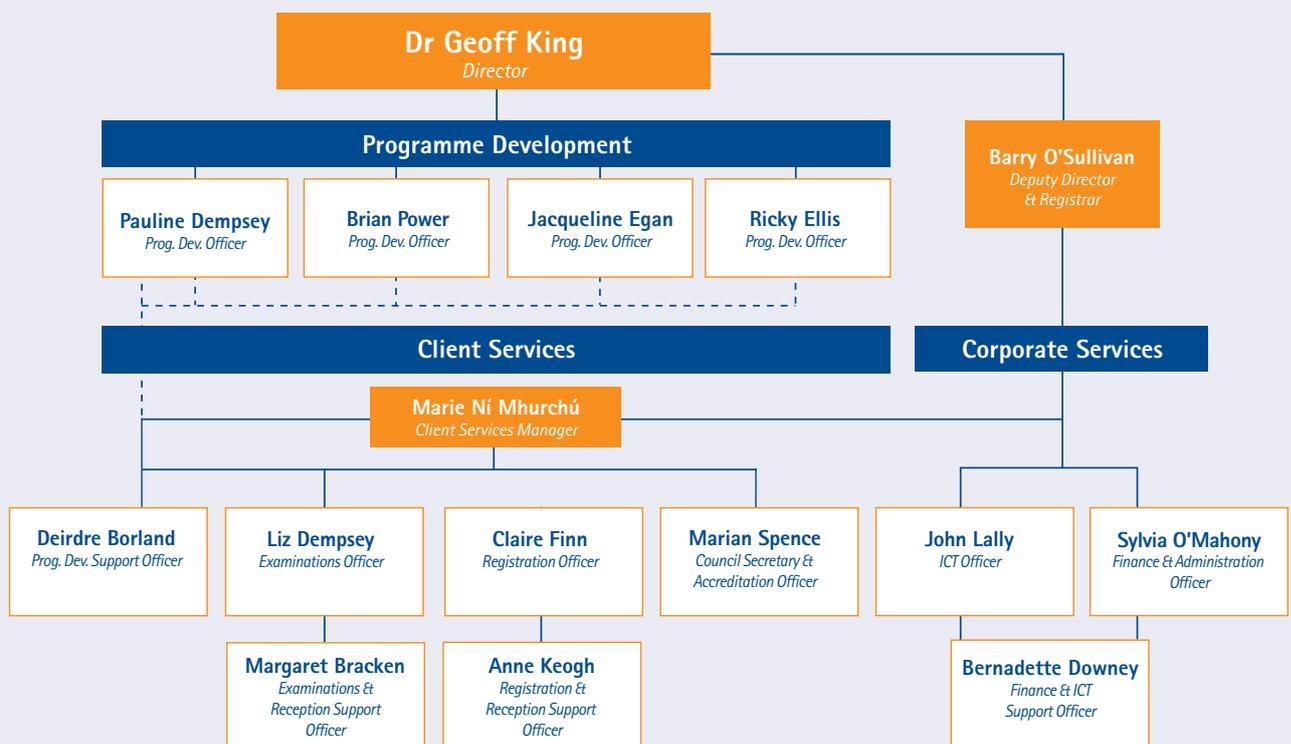
A handwritten signature in blue ink that reads 'G King'. The signature is stylized and written over a horizontal line.

Dr Geoff King, Director

PHECC Team

<i>Anne Keogh</i>	Registration & Reception Support Officer
<i>Barry O'Sullivan</i>	Deputy Director & Registrar
<i>Bernadette Downey</i>	Finance & ICT Support Officer
<i>Brian Power</i>	Programme Development Officer
<i>Claire Finn</i>	Registration Officer
<i>Deirdre Borland</i>	Programme Development Support Officer
<i>Dr Geoff King</i>	Director
<i>Jacqueline Egan</i>	Programme Development Officer
<i>John Lally</i>	ICT Officer
<i>Liz Dempsey</i>	Examinations Officer
<i>Margaret Bracken</i>	Examinations & Reception Support Officer
<i>Marian Spence</i>	Council Secretary & Accreditation Officer
<i>Marie Ni Mhurchú</i>	Client Services Manager
<i>Pauline Dempsey</i>	Programme Development Officer
<i>Ricky Ellis</i>	Programme Development Officer
<i>Sylvia O'Mahony</i>	Finance & Administration Support Officer

Organisation Chart – December 2009



Financial Statements for year ended,
31 December 2009



Financial Statements

Composition of the Council and Other Information

Council Members

<i>Chair</i>	Mr Tom Mooney	<i>Director</i>	Dr Geoff King
<i>Vice Chair</i>	Ms Valerie Small		
	Mr Frank O'Malley	<i>Bankers</i>	AIB
	Dr Cathal O'Donnell		Main St
	Mr Michael Garry		Naas
	Mr Michael Brennan		Co Kildare
	Mr Michael Dineen	<i>Business Address</i>	Abbey Moat House
	Dr Conor Egleston		Abbey Street
	Ms Patricia FitzPatrick		Naas
	Dr Zelig Gaffney		Co Kildare
	Ms Karen Healy		
	Mr Macartan Hughes	<i>Auditor</i>	Comptroller and Auditor
	Ms Mary Mc Clelland		General
	Mr Frank Mc Clintock		Dublin Castle
	Mr Barry O'Brien		Dublin 2
	Mr Tom Tinnelly		
	Mr Gerry Tuohy		

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



Chair



Council Member

24 June 2009

Statement on the System of Internal Financial Control

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 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 Systems 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. An Audit Committee is in place and met three times during the year. This committee reported to the Council for the year ended 31 December 2009 in February 2010.*
- VIII. The monitoring and review of the effectiveness of the system of internal control is informed by the report of the Audit Committee, 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, the recommendations made by the Comptroller and Auditor General in the course of audit or in his management letters and both the Risk Framework and the Risk Register.*
- IX. 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 2009 and was reviewed and approved by the Audit Committee and Council.

I confirm that the Council has carried out a formal review of the effectiveness of the system of internal financial controls for 2009.



Chair



Director

24 June 2010

Introduction

The Pre-Hospital Emergency Care Council was established by the Minister for Health and Children under Statutory Instrument No. 109 of 2000, the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and as amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and confirmed by the Health (Miscellaneous Provisions) Act 2007.

Going Concern Basis of Accounting

The Government in the October 2008 Budget, announced its intention to subsume the Council into the Health and Social Care Professionals Council. Such a change will require legislative modification, in the meantime there is no intention to amend the functions of the Council and it is safe to assume that its existing activities will continue to be carried out. Council does not believe that any adjustment is needed to the financial statements to reflect the proposed subsuming and has prepared the financial statements on a going concern basis.

Council Functions

PHECC's main functions are

- *To ensure that Training Institutions and course content in Emergency Medical Technology reflect contemporary best practice.*
- *To ensure that pre-hospital emergency care providers achieve and maintain competency at the appropriate performance standard.*
- *To prepare clinical practice guidelines for pre-hospital emergency care.*
- *To source and sponsor relevant research to guide Council directions and the development of pre-hospital care.*
- *To prepare standards of operation for pre-hospital emergency care providers to support best practice.*
- *To establish and maintain a register of pre-hospital emergency care practitioners.*
- *To recognise those pre-hospital emergency care providers which undertake to implement the clinical practice guidelines.*

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. Other income is accounted for on a receipts basis.

Where part of the non-capital allocation is used to fund projects, which also receive capital allocations, the non-capital funding part is taken to the Capital Income and Expenditure Account.

A Capital Income and Expenditure Account is not presented as there was no capital project expenditure nor related allocations from the Department of Health and Children in either this year nor in the preceding year.

(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

Capital allocations from the Department of Health and Children are dealt with in the Capital Income and Expenditure Account. The balance on this account represents the surplus/deficit on the funding of projects in respect of which capital funding is provided by the Department of Health and Children.

(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. The pension levy is paid to the Department of Health and Children.

These financial statements, which are part of the annual report, have been submitted to the Comptroller and Auditor General and are awaiting certification.

Income and Expenditure Account

Income	Notes	2009	2008
		€	€
Department of Health and Children Allocation		3,281,000	3,437,937
Other Income	4	519,491	428,888
		3,800,491	3,866,825
Transfer to Capital Fund Account to fund Fixed Assets	18	(18,330)	(53,052)
		3,782,161	3,813,773
Expenditure			
Employee Costs	3	954,782	963,792
Staff Related Expenses	5	95,515	118,296
Accommodation and Establishment Expenses	6	147,446	196,437
Recruitment and Media	7	8,305	28,198
Consultancy and Other Professional Fees	8	64,507	25,236
Examination and Other Related Expenses	9	170,847	153,008
Printing and General Administration	10	240,097	166,373
Information, Communication and Technology	11	113,207	44,722
Council/ Committee Expenses	12	69,083	100,503
EMS R and D, Special Projects, Grants	13	1,803,474	1,901,972
Register Expenses	14	92,570	113,485
		3,759,834	3,812,022
Statement of Movement in Accumulated Surplus (Deficit)			
Surplus (Deficit) for the year		22,328	1,751
Surplus (Deficit) at 1 January 2009		(2,844)	(4,595)
Surplus (Deficit) at 31 December 2009		19,484	(2,844)

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

On behalf of the Council



Chair



Council Member

24 June 2010

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

Balance Sheet

Fixed Assets	Notes	2009	2008
		€	€
Fixed Assets	17	34,795	49,585
Current Assets			
Cash in Bank		125,432	135,095
Debtors and Prepayments	16	75,186	77,340
		200,618	212,435
Current Liabilities			
Creditors and Accruals	15	181,134	215,279
Net Current Assets			
Net Current Assets		19,484	(2,844)
Total Assets less Current Liabilities		54,279	46,741
Financed By			
Capital Fund Account	18	34,795	49,585
Surplus (Deficit) on Income and Expenditure Account		19,484	(2,844)
		54,279	46,741

On behalf of the Council



Chair



Council Member

24 June 2010

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

Notes to the Financial Statements

1. Period of Account

These Financial Statements cover the year from 1 January 2009 to 31 December 2009.

2. Administration

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

3. Particulars of Employees and Remuneration

The total staff complement as approved by the Minister for Health and Children at 31 December 2009 was fourteen. The actual complement was 14 permanent, 2 Temporary Staff and 1 Secondment. Pension levies of €45,939 have been deducted and paid over to the Department of Health and Children. The aggregate employee costs were:

3 Particulars of Employees and Remuneration	2009	2008
	€	€
Staff Salaries (Gross)	798,797	860,225
Employers PRSI	56,426	66,667
Contract Staff / Temporary Staff	73,140	36,900
Supperannuation Benefits Payable	26,419	0
	954,782	963,792
4 Other Income	2009	2008
	€	€
Registration Fees	49,685	10,432
Interest Income	147	393
Accreditation and Examination Fees	69,774	56,579
Superannuation Contributions	113,465	44,854
Training Manuals and DVD sales	108,630	66,147
Health Services National Partnership	51,115	31,876
Certificate Income	90,365	36,000
Cardiac First Response Income	0	181,746
Post and packaging fees	2,963	861
Clinical Practice Guidelines Sales	18,333	0
Other Income	15,015	0
	519,491	428,888
5 Staff Related Expenses	2009	2008
	€	€
Staff Travel and Subsistence	74,777	92,909
Staff Training and Development	19,793	25,387
Staff Other Expenses	945	0
	95,515	118,296
6 Accommodation and Establishment Expenses	2009	2008
	€	€
Office Rent and Charges	121,244	121,570
Electricity (Light and Heat)	9,213	11,118
Office Refurbishment	0	38,125
General Maintenance	5,345	10,482
Cleaning	4,271	4,114
Catering / Kitchen Supplies	7,373	11,028
	147,446	196,437

7 Recruitment and Media Expenses	2009	2008
	€	€
Media and Recruitment	8,305	28,198
	8,305	28,198
8 Consultancy and Other Professional Fees	2009	2008
	€	€
Legal Fees	2,915	4,126
Consulting and Professional Fees - Miscellaneous	4,811	1,827
Consulting Fees - Finance	8,662	5,475
Internal Audit	5,399	5,808
Audit Fees	7,520	8,000
Consulting Accreditation Assessments	35,200	0
	64,507	25,236
9 Examinations and Other Related Expenses	2009	2008
	€	€
Examination Board Venues	4,000	9,165
Examination Equipment and Secondment	93,844	88,502
External Examiners	73,003	55,341
	170,847	153,008
10 Printing and General Administration	2009	2008
	€	€
Stationery	13,627	20,394
Telephone and Mobiles	23,292	38,694
Postage and Couriers	39,616	34,878
Office Equipment	4,890	7,670
Printing / Annual Reports / Certificates	124,997	34,610
Insurance	3,451	3,559
Copiers/ Service Contracts etc	9,801	8,204
Library and Information Services	9,055	4,737
Bank Interest and Charges	1,710	1,401
Sundries	1,495	3,540
Membership of Bodies	8,163	8,686
	240,097	166,373
11 Information, Communications and Technology	2009	2008
	€	€
Software and Peripherals	92,016	20,176
ICT Licences and Support	21,191	24,546
	113,207	44,722

12 Council/Committee Expenses	2009	2008
	€	€
Council Members	28,638	38,690
Council Matters	651	11,647
Accreditation Committee	3,949	3,315
Clinical Care Committee	2,674	1,367
Medical Advisory Group	12,355	3,758
Other Working/ Advisory Groups	20,817	41,726
	69,083	100,503
13 EMS R and D, Special Projects & Grants	2009	2008
	€	€
Irish Heart Foundation	102,000	113,000
Capacity Building - Scanning Project	33,180	15,499
E PCR Initiative	258,488	377,625
Conference Sponsorship	5,854	54,214
Spatial Analysis Research	120,673	47,383
Advanced Paramedic Development Funding	389,393	272,096
Immediate Care Integration	160,000	165,350
University of Limerick CPR Project	237,666	174,660
Cardiac First Response (CFR) Upskilling and DVD eLearning Project	4,640	160,543
	75,528	0
National College of Ireland Maynooth CISM Project	122,274	111,229
Training Standards Review	44,894	33,150
Out-of-Hospital Cardiac Arrest Register	126,349	125,000
Paramedic Up Skilling Programme	105,466	200,000
Cardiac First Response (CFR) le Chéile Conference	0	21,886
Examiner Training Digital Video Disks	0	30,337
Special Projects Miscellaneous	17,069	0
	1,803,474	1,901,972
14 Register	2009	2008
	€	€
Administration - ID Cards, Licences etc	91,476	84,529
Fitness to Practise Hearing	1,094	28,956
	92,570	113,485
15 Creditors	2009	2008
<i>Amounts falling due within one year</i>		
	€	€
Audit Fees	8,000	8,000
Trade Creditors	74,722	35,673
Accruals	98,412	171,606
	181,134	215,279
16 Debtors and Prepayments	2009	2008
	€	€
Prepayments	51,510	55,887
Debtors	23,676	21,453
	75,186	77,340

17 Fixed Assets <i>(for the year ending 31st December 2009)</i>	ICT Equipment	Other Equipment	Totals
Cost			
At 1 January 2009	831,072	189,064	1,020,136
Additions in year	18,330	0	18,330
At 31 December 2009	849,402	189,064	1,038,466
Accumulated Depreciation			
At 1 January 2009	799,811	170,740	970,551
Charges for the year	23,779	9,341	33,120
At 31 December 2009	823,590	180,081	1,003,671
Net Book Value			
At 31 December 2009	25,812	8,983	34,795
At 31 December 2008	31,261	18,324	49,585

18 Capital Fund Account <i>(for the year ending 31st December 2009)</i>	2009	2008
	€	€
Opening Balance 1st January	49,585	128,831
Transfer from Income and Expenditure Account	18,330	53,052
Less:		
Amortisation in line with depreciation - Note 17	(33,120)	(132,298)
Closing Balance at 31st December 2009	34,795	49,585

19 Council Members Fees and Expenses <i>(for the year ending 31st December 2009)</i>	2009
	€
Michael Brennan	1,568
Michael Dineen	3,858
Conor Egleston	240
Patricia FitzPatrick	561
Zelie Gaffney	1,465
Michael Garry	1,375
Karen Healy	505
Mary McClelland	753
Frank McClintock	4,477
Tom Mooney	1,295
Barry O'Brien	2,006
Cathal O'Donnell	861
Frank O'Malley	2,891
Valerie Small	860
Tom Tinnelly	3,043
Gerry Tuohy	2,880
Closing Balance at 31st December 2009	28,638

20 Directors Remuneration Package <i>(for the year ending 31st December 2009)</i>		2009
		€
Annual Basic Salary - PO Civil Service Rate		111,883
Medical Director's Allowance		18,009
Total Remuneration Package		129,892

The Director is not in receipt of any pension benefits other than the standard entitlements under the Local Government Superannuation Schemes.

21 Council Members – Disclosure of Transactions *(for the year ending 31st December 2009)*

Council adopted procedures in accordance with guidelines issued by the Department of Finance in relation to the disclosure of interests by Council members and these procedures have been adhered to in the year. There were no transactions in the year in relation to the Council's activities in which Council members had any beneficial interest.

22 Lease Obligations *(for the year ending 31st December 2009)*

Council's office premises are held under an operating lease which is due to expire on 30 Sept 2012, the annual rent is charged to the income and expenditure account.

23 Approval of Financial Statements *(for the year ending 31st December 2009)*

The Financial Statements were approved by the Council on 24 June 2010.

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 emergency care.