



ANNUAL REPORT 2020

Pre-Hospital Emergency Care Council

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WELCOME

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 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.

Under S.I. 109 Council members, excluding the Chairperson, can hold office for three years or four years with lots drawn at the very first Council meeting as to which members should serve for three years and which for four years. Membership of Council is appointed by the Minister for Health.

The Council is now serving since December 2016 with a membership of 17 appointees, some of which are new members and some reappointed members. There are 6 Committees of Council, 2 Panels and 2 Working Groups.

Mission Statement

To protect the public by independently co-ordinating, developing, reviewing, regulating and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

Our Vision

People in Ireland receive excellent pre-hospital emergency care.

Our Values

1.

Protection of the public

Protecting the public through promotion of excellence is our principal commitment and responsibility

2.

Professionalism

We encourage and enable professionalism, setting high standards for our practitioners and ourselves

3.

Leadership

We advocate for and seek to advance the emergency care agenda in Ireland

4.

Integrity

We aim to be fair, transparent and consistent in all that we do as an organisation

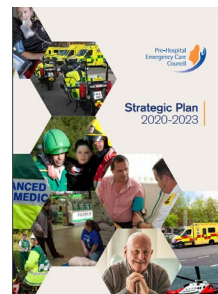
5.

Best practice

We promote best clinical practice in pre-hospital emergency care operations, education and research

Strategic Plan 2020-2023

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 website <http://www.phecit.ie/>.



FOREWORD FROM CHAIRPERSON

On behalf of Council, the Director and I are pleased to present the 21st Annual Report for the year ended 31st December 2020. The Pre-Hospital Emergency Care Council (PHECC) continues to strive to protect the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

The Council would like to acknowledge and thank all the individuals who agreed to serve on Council's six standing committees and four working groups/panels and share their time and expertise with Council. The Reports of the various standing committees follow in this Annual Report.

The year 2020 commenced with reports of a new respiratory virus affecting people generally and by the end of March, everyday life in Ireland began to be seriously discommoded by the virus with widespread restrictions on movement.

COVID-19, as it was named, impacted PHECC in a number of ways, in particular, our Council meetings pivoted to being held on-line and PHECC staff members began to work remotely.

Council considered the impact of the pandemic on ambulance crewing and also adopted a special Emergency Division of our Register of Members for the duration, on the instructions from the Minister for Health.

Council also created a special Emergency Decision-Making Group anticipating possible difficulties in convening Council meetings during the pandemic. As the anti-COVID vaccines began to become available later in the year, special Clinical Practice Guidelines were developed for their administration by our Medical Advisory Committee.

Nonetheless work continued in reviewing our suite of Clinical Practice Guidelines during the year.

Additionally work continued in the development of the new roles of Critical Care Paramedic, for which Council approved Standards of Care during the year and the Community Care Paramedic, having adopted the report "Introduction of Community Paramedicine in to Ireland", also in the course of the year. Another development affecting the practice of paramedicine was that the Coroners Society agreed that PHECC-registered Advanced Paramedics and Paramedics would henceforth be authorised to certify death using the current process of verification of death.

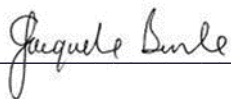
Council also asked the Director to progress a review into the current Fitness to Practice policy and procedures.

Corporate governance initiatives also continued with the acceptance by Council in principle of the recommendations made by the Institute of Public Administration in its review of governance in PHECC. This, in turn, led to a review and updating of several Council policies including those for managing Conflicts of Interest. The Terms of Reference for all of the Standing Council Committees were also reviewed and realigned in the course of the year.

In thanking all of the PHECC staff for their outstanding efforts in 2020, particularly in the face of the pandemic, I would like to especially thank Dr. Brian Power and Jacqueline Egan who retired from the organisation during 2020, both of whom made very significant impacts on PHECC's development.

Some of our Council members terms of office terminated in 2020 and special thanks are due to Shane Knox, Patrick Plunkett, Martin Dunne and Stephen Brady who retired in June 2020 and Shane Mooney, whose term of office ended in December. I was happy to welcome new Council members, Niamh Collins, William Merriman, Aidan O'Brien, Dennis Keeley and Don Brennan who joined Council during 2020. David Menzies, Pat Fleming, Fiona McDaid and Hillery Collins were also re-appointed to Council for a second term. I wish to thank sincerely all of our Council members for their contributions during the year, bearing in mind that Council membership is not rewarded monetarily.

Once again, I would like to express our appreciation of the supportive and collaborative relationship with our colleagues in the Trauma and Pre-Hospital Care Policy Unit in the Department of Health. On behalf of Council I would also like to acknowledge our indebtedness to all our stakeholders. We look forward to your continued support in 2021 in helping us to continue our work in fulfilling our mission.



Dr Jacqueline Burke
Chairperson



Mr. Richard Lodge
Director

COUNCIL

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency with responsibility for standards, education and training in the field of pre-hospital emergency care. Its core mission is to protect the public through the promotion of excellence in pre-hospital emergency care.

The Council was established under Statutory Instrument S.I. No. 109/2000, with amendments in 2004 (S.I. No. 575/2004) which granted the agency some regulatory powers including elements of fitness to practise and limited powers of sanction. The Council provides voluntary regulation of practitioners and service providers.

Over the years, PHECC's functions have been expanded by additional legislation, Statutory Instruments and EU Directives and now include: education and training, examinations and registration, fitness to practise, clinical practice, research and provision of advice to the Minister of Health.

Council Functions

The functions of the Council against Statutory Instrument 109/2000 and Amendment Order 575/2004 (Composite)

- (a) recognise, in accordance with the rules made by the Council, institutions providing education and training to persons pursuing the award of the N.Q.E.M.T. at the level of competence of emergency medical technician, paramedic or advanced paramedic, as the case may be.
- (b) conduct examinations leading to the award of the N.Q.E.M.T. at the level of competence of emergency medical technician, paramedic or advanced paramedic, as the case may be.
- (c) award the N.Q.E.M.T to such persons as have completed a recognised course under sub-article (h)(i) in a recognised institution and have passed the relevant examination conducted by the Council pursuant to sub-article (b) of this Article.
- (d) upon request, assess the equivalence of professional qualifications in pre-hospital emergency care obtained from institutions other than recognised institutions, both within and outside the State, and award the N.Q.E.M.T. as appropriate at the level of competence determined by the Council. In this regard, the Council shall comply with its obligations as competent authority for emergency medical technicians, paramedics and advanced

paramedics under the general system of recognition of professional qualifications provided in Part 2 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008).

(e) upon request, advise the Minister, health boards, other Government Departments, public sector employers and other employers of recognised courses.

(f) advise the Minister, recognised institutions and such other persons as it may consider appropriate of the standards which should inform education and training in relation to pre-hospital emergency care.

(g) advise the Minister of the specific content of recognised courses.

(h)

(i) in consultation with recognised institutions providing education and training to persons pursuing the award of N.Q.E.M.T., approve of the content of courses for such education and training.

(ii) in consultation with institutions providing, or proposing to provide at any time in the future, education and training in pre-hospital emergency care, approve of the content of courses for such education and training.

(i) assess from time to time, as occasion may require, but in any event not less than once in every three years-

(i) the suitability of the education and training in pre-hospital emergency care provided by an institution recognised by the Council for such purpose.

(ii) the standards of theoretical and practical knowledge required for qualifications in pre-hospital emergency care.

(j) maintain, in accordance with the rules made by the Council, a record of holders of the N.Q.E.M.T.

(k) issue letters of accreditation to the holders of non-national qualifications;

(l) maintain, in accordance with the rules made by the Council, a record of holders of non-national qualifications.

(m) engage 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.

(n) subject to any data protection legislation in force, maintain statistical records and make such records available for research and planning, including manpower planning purposes.

(o) 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.

(p) undertake such other appropriate tasks and functions as may, from time to time, be assigned to the Council by the Minister.

(q) prepare standards of operation for pre-hospital emergency care service providers to support best practice by pre-hospital emergency care practitioners.

(r) recognise, in accordance with rules made by Council, those prehospital emergency care service providers which undertake to implement the clinical practice guidelines prepared pursuant to subarticle (o) of this Article.

(s) establish and maintain, in accordance with rules made by the Council, a register of pre-hospital emergency care practitioners (in this instrument referred to as the register) which shall be divided into six divisions as follows:

- (i) The emergency medical technician division - for holders of the N.Q.E.M.T. at the level of competence of emergency medical technician,
- (ii) The paramedic division - for holders of the N.Q.E.M.T. at the level of paramedic,
- (iii) The advanced paramedic division - for holders of the N.Q.E.M.T. at the level of advanced paramedic,
- (iv) The visiting European emergency medical technician division - for those providing the service of emergency medical technician in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),
- (v) The visiting European paramedic division - for those providing the service of paramedic in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(vi) The visiting European advanced paramedic division - for those providing the service of advanced paramedic in the State on a temporary and occasional basis pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(t) register, in the appropriate division of the register, any person who wishes to provide the services of an emergency medical technician, paramedic or advanced paramedic in the State on a temporary or occasional basis and is entitled to provide such services pursuant to Part 4 of the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008),

(u) comply with its obligations as competent authority in relation to emergency medical technicians, paramedics and advanced paramedics under the Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations 2008 (S.I. No. 139 of 2008)

The Council publishes clinical practice guidelines (CPGs) for practitioners and responders. It licenses pre-hospital emergency care service providers to implement CPGs. PHECC also recognises institutions to provide pre-hospital emergency care training and education, delivers professional registration examinations and maintains a statutory register of practitioners in pre-hospital emergency care.

Council Membership

Members of the Council are appointed by the Minister for Health and serve on the basis of their involvement and expertise in pre-hospital emergency care.

Council membership as of 31 December 2020

Name	Membership Rationale
Dr. Jacqueline Burke	Chairperson; Representative of the interests of the general public - Re-Appointed 16/12/20.
Mr. Hillery Patrick Collins	Vice Chairperson; Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians - Re-appointed 16/12/20.
Dr. David Menzies	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Re-appointed 16/12/20.

Dr Niamh Collins	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Appointed 30/06/20.
Mr. Dennis Keeley	Appointed from recognised institutions (DFB/RCSI) - Appointed 24/08/20.
Dr. Mick Molloy	Registered medical practitioner with an interest and expertise in pre-hospital emergency care - Appointed 15/02/17.
Mr. William Merriman	Representative of the management of health boards - Appointed 30/06/20.
Dr. Conor Deasy	Representative of the management of health boards - Re-appointed 30/06/20.
Ms. Tess O'Donovan	Representative of the management of health boards - Re-appointed 30/06/20.
Ms. Fiona McDaid	Registered nurse with an interest and expertise in pre-hospital emergency care - Reappointed 16/12/20.
Mr. Patrick Fleming	Person with a special interest or expertise in pre-hospital emergency care - Re-appointed 16/12/20.
Dr. Jason van der Velde	Person with a special interest or expertise in pre-hospital emergency care - Appointed 15/02/17.
Mr. Jimmy Jordan	Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians - Appointed 29/06/17.
Vacant Position	Appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians - Awaiting Appointment
Mr. Thomas Joseph Keane	Person with a special interest and expertise in pre-hospital emergency care - Appointed 15/02/17.
Mr. Aidan O'Brien	Appointed from recognised institutions - Appointed 24/08/20
Mr. Don Brennan	Appointed on the nomination of a trade union to represent the majority of emergency medical technicians - Appointed 16/12/20.

Changes to membership in 2020 were as follows:

Appointments:

Mr Don Brennan replaced Mr Shane Mooney; Mr Aidan O'Brien replaced Dr Shane Knox;

Mr Dennis Keeley replaced Mr Stephen Brady; Mr William Merriman replaced Mr Martin Dunne;

Dr Niamh Collins replaced Prof. Patrick Plunkett;

Reappointments:

Tess O'Donovan, Conor Deasy were reappointed for a second term effective from 30 June 2020.

Patrick Fleming, Fiona McDaid, Hillery Collins, David Menzies and Jacqueline Burke were reappointed for a second term effective from 16 December 2020.

Vacant:

Mr Pat Hanafin's position remains vacant since 15 December 2020.

Council Meetings

Council met 12 times in 2020. Schedule of attendance is as follows.

Name	Jan	Feb 13th	Mar 12th	Apr 2nd	May 7th	Jun 11th	Jul 9th	Aug 17th	Sept 10th	Oct 8th	Nov 12th	Dec 10th	Dec 24th	Total	Attended	%
Jacqueline Burke	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	12	100%
Hillery Collins	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	12	100%
David Menzies	N/A	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	11	92%
Patrick Plunkett	N/A	x	✓	✓	x	x								5	2	40%
Stephen Brady	N/A	✓	✓	✓	✓	✓								5	5	100%
Mick Molloy	N/A	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	11	92%
Martin Dunne	N/A	x	x	✓	✓	✓								5	3	60%
Conor Deasy	N/A	x	x	x	✓	✓	✓	✓	x	x	x	x	✓	12	5	42%
Tess O'Donovan	N/A	✓	x	x	✓	✓	✓	x	✓	✓	✓	x	x	12	7	58%
Fiona McDaid	N/A	✓	✓	x	✓	✓	✓	✓	✓	✓	x	x	x	12	8	67%
Patrick Fleming	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	12	100%
Jason Van Der Velde	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	12	100%
Jimmy Jordan	N/A	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	12	11	92%
Patrick Hanafin	N/A	✓	✓	x	x	x	x	x	✓	✓	x			10	4	40%
Thomas Keane	N/A	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓	x	12	8	67%
Shane Knox	N/A	✓	x	x	x	x								5	1	20%
Shane Mooney	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			10	10	100%
William Merriman	N/A	N/A	N/A	N/A	N/A	N/A	x	✓	✓	✓	✓	x	x	7	4	57%
Niamh Collins	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	x	7	6	86%
Aidan O'Brien	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	5	5	100%
Dennis Keeley	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	5	5	100%
Don Brennan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	1	0	0%

Note: The Council meeting of 24 December 2020 was an Emergency Council meeting called at short notice to approve the Clinical Practice Guideline [CPG] for the administration of the COVID-19 Comirnaty vaccine.

COMMITTEES OF COUNCIL

The Council is advised and assisted by a number of committees and panels made up of Council members and health industry and community partners and is supported on a daily basis by the PHECC executive.

In 2020, Council had 6 standing committees: Quality and Safety; Education and Standards; Medical Advisory; Priority Dispatch; Fitness to Practise; Compliance & Audit

Quality & Safety Committee

Overview

A Standing Committee of Council. The terms of reference specify that the Committee consider and make recommendations to Council on development, maintenance and monitoring of policies, policy matters relating to approval to implement CPGs by licensed CPG providers, CPG implementation procedures to include upskilling status, a pre-hospital emergency care practitioner practice framework which incorporates credentialing, licensing and privileging and a framework for validation of licensed CPG providers. In addition, maintenance of practitioner CPC, criteria for registration including code of conduct, development of information standards, patient care reports and clinical audit framework and tools which exploit the information standards.

Quality & Safety Committee Membership (as of 31 December 2020)

Name	Membership Rationale
Mr Shane Mooney	Chairperson, member of Council & advanced paramedic
Ms Fiona McDaid	Representative from Council
Ms Tess O'Donovan	Representative from Council
Mr David O'Connor	Representative from Defence Forces Medical Services
Mr Michael O'Reilly	Representative from Dublin Fire Brigade
Mr William Wade	Representative from a licensed CPG provider
Ms Brigid Sinnott	Representative from a non-government organisation (NGO) with a community focus
Mr David Bradley	Representative from a licensed CPG provider who operates a private ambulance service

Ms Pamela Skerritt	Representative from the Joint Voluntary and Auxiliary Organisations Committee
Dr Paul O'Connor	Representative from a third level institution with expertise in healthcare quality and safety
Ms Cathriona Molloy	An independent patient advocate
Mr Ciarán McCullagh	Representative from the HSE National Ambulance Service (NAS)

Changes to membership in 2020

- Shane Mooney's term of service on PHECC Council concluded on 5th Dec 2020 and his position as Chair of the Quality and Safety Committee terminated accordingly.
- Brigid Sinnott resigned from the Committee January 2020.

Key Activities in 2020

- Reviewed and recommended LIS020_Licensed CPG Provider Notification Process to Council for approval
- Reviewed and recommended the 'Guidelines for hand hygiene in Irish healthcare settings', which include the use of alcohol-based hand gel, to Council for approval, and thereafter, a directive to be issued to all PHECC recognised institutions/approved training institutions and Licensed CPG providers to switch to alcohol-based hand gel with immediate effect
- Requested that the Medical Advisory Committee change DNR to DNAR on the PHECC DNR Clinical Practice Guidelines and all necessary documentation
- Endorsed the implementation of treat and referral into Irish practice
- Reviewed and recommended the Draft Council Policy on PHECC Patient Reports Usage to Council for approval, with the addition of retention periods for data relating to human blood.
- Aligned the ACR with the 2016 ACR Information Standard
- 'Aid to decision making capacity' narrative on PCR, PCR Information Standard and PCR Guidebook strengthened and amended
- Testing progressed on the next edition of the eACR, with changes that include the replacement of DNR with DNAR, and the Declined Treatment and/or Transport section.
- Formed a joint subgroup with Education and Standards Committee to draft a Return to Practice framework

- Reviewed CPC simulation Guidance Document and the implementation of CPC simulation at all levels in collaboration with Education and Standards Committee
- Requested the Palliative Care Competence Framework Steering Group to include PHECC practitioners in the next edition of the Palliative Care Competence Framework
- The Clinical Governance section processed 26 Service Provider licence renewals in 2020.
- All scheduled GVF assessments ceased in March 2020 on foot of government guidance in response to the pandemic. There was a requirement to develop and implement a temporary adjustment to the GVF process to facilitate continuance of the programme while remaining flexible with the approach and returning to the existing model as soon as practicable.
- Recommended to Council the approval of the revised and flexible plan to recommence the Governance Validation Framework assessment process using a flexible model to assess Providers against the framework (Assessments were suspended for a period of 2020) the following
 - The following guides were developed to support the GVF process: Assessor Video Conferencing Protocol (GUI033), Participant Video Conferencing Protocol (GUI035) - Accessing PHECC Folder on SharePoint (GUI036)
 - The criteria for CPG Service Provider licence renewals going forward adjusted to simplify the renewal process and includes the maintenance of self-assessment and quality improvement plans, the signing of a non-statutory declaration, and the co-production of an Annual Medical Director's Report (AMDR).
 - A guidance document (GUI037) was developed to define standards and outline the requirements for CPG Service Provider licence renewal.
 - The application process was enhanced by the development of new supporting documents for application submissions to PHECC for recognition as a Licensed CPG Service Provider. These include Application Form Licensed CPG Provider (FOR054 V8) - Licensed CPG Provider - Application Process (QMP4332 V5) - New Application Assessment Guide (GUI038)
 - A policy to delist a Licensed CPG Provider and withdraw approval for that Provider to implement CPG was developed: Delist Licensed CPG Provider (POL045)
 - A review and redevelopment of the Clinical Governance section on the PHECC website has been conducted. This was aimed at improving the user experience in seeking information and making applications was conducted with a target which involved the

user making no more than three mouse clicks to find any required piece of information. It has resulted in 6 new pages have being developed.

- The PHECC CPG Categorisation and Implementation Guidance (GUI026) provides a standard of operations for Licensed CPG Providers related to the CPG and conversely, informs the GVF process with relation to the verification of Licensed CPG Providers' operations. This document categorised clinical practice guidelines (CPG) into three categories for operational purposes and was distributed to all Licensed CPG Providers in March 2020.
- The sharing of information, received from Licenced CPG Providers, between PHECC and the Assessment Team was strengthened through the provision of iPads, which secure the end-to-end communication and protect the sharing of files through Microsoft Office and MS Teams, and the use of SharePoint directly from the Assessors' device. The iPad may also be used in the report writing process.

Schedule of Meeting Attendance

A total of three meetings of the Quality & Safety Committee were held in 2020.

Name	21st Jan	3rd June	6th Oct	Total #
Shane Mooney	✓	✓	✓	3
Fiona McDaid	✓	✓	✓	3
Tess O'Donovan	✓	X	X	1
David O'Connor	✓	✓	X	2
Michael O'Reilly	✓	✓	✓	3
William Wade	X	X	X	0
Pamela Skerritt	✓	X	✓	2
David Bradley	X	X	X	0
Paul O'Connor	X	✓	✓	2
Cathriona Molloy	X	X	X	0
Ciarán McCullagh	X	X	✓	1

Education & Standards Committee

Overview

A Standing Committee of Council. The terms of reference are to consider and make recommendations to Council on policy, maintenance and monitoring development relating to the following areas: Education and Training Standards leading to NQEMT and Responder level awards; faculty standards for practitioner level assistant tutors, tutors and facilitators and responder level instructor; research in education and training including emerging technology and the formulation of experimental curricula; recognition of institutions providing NQEMT and Responder level training and recognised courses; monitoring of compliance of the Quality Review Framework and Education and Training Standards by Recognised Institutions; NQEMT level and Responder level examinations; Council competent authority status as per the European Union (Recognition of Professional Qualifications) Regulations 2017; and recognition of equivalence of professional qualifications.

Education & Training Committee Membership (as of 31 December 2020)

Name	Membership Rationale
Dr Shane Knox	Chair, member of Council, PHECC Registrant <i>*Membership term concluded June 2020</i>
Mr Paul Lambert	Vice Chair, PHECC Registrant, Representative at facilitator level of recognised institution which provides paramedic training
Ms Tess O'Donovan	Member of Council, registered nurse <i>*Committee Chair from June 2020 onwards</i>
Ms Róisín McGuire	PHECC Registrant at advanced paramedic or paramedic tutor level <i>*Membership term concluded before meeting of November 2020</i>
Mr Raymond Lacey	PHECC Registrant, Representative at tutor level from the Irish College of Paramedics
Mr Peter McDaid	PHECC Registrant, Representative from a non-government organisation with a community focus
Mr Gareth Elbell	PHECC Registrant, Representative at facilitator or tutor level from the private recognised institutions providing emergency medical technician training

Mr Ben Heron	PHECC Registrant, Representative at facilitator or tutor level from the recognised institution providing advanced paramedic training
Dr Chris O'Connor	PHECC Registrant at advanced paramedic or paramedic tutor level <i>*Membership term concluded before meeting of November 2020</i>
Mr Tom Brady	PHECC Registrant, Representative at facilitator level from a recognised institution providing paramedic training
Mr Frank Keane	PHECC Registrant, Representative at facilitator level from a recognised institution providing paramedic training
Dr Adrian Murphy	Medical practitioner, from a higher education institution involved in paramedic education <i>*Membership term concluded before meeting of November 2020</i>
Ms Niamh O'Leary	PHECC Registrant, Representative at facilitator or tutor level from the Joint Voluntary and Auxiliary Ambulance Service Committee
Daniel Davern	PHECC Registrant at advanced paramedic or paramedic tutor levels <i>*New Committee Member - November 2020</i>
Ray Carney	PHECC Registrant at facilitator or tutor level from the Irish College of Paramedics <i>*New Committee Member - November 2020</i>
Owen Keane	Representative from the Higher Education Institutions who is a medical practitioner involved in paramedic education (or expression of interest) or a registered medical practitioner from Council <i>*New Committee Member - November 2020</i>

Key Activities in 2020

- Engagement with Association of First Aid Trainers in Ireland (AFATI) to discuss the First Aid Response course.
- Participation on subgroup with Quality and Safety Committee to review EMT CPC simulation and the Draft Return to Practice Framework together with Return to Practice Framework (February 2020).

- Engagement with representative from QQI to discuss alignment of Instructor, Assistant Tutor, Tutor and Facilitator levels with the National Framework of Qualifications (April 2020).
- Formation and training of a panel of Facilitators (established through EOI) to progress and review current applications at Assistant Tutor and Tutor levels (June 2020).
- Development of a blended online learning applications process and for RIs/ATIs to apply to deliver FAR courses. In parallel, the live online theory delivery for responder courses was initiated during the early months of Covid 19 restrictions.
- Implementation of desktop reviews incorporating focused interview style meetings to facilitate Quality Reviews during the COVID-19 restriction.
- Recruitment training and induction of panel of assessors for the review of Recognition of Qualifications obtained outside the State.

Schedule of Meeting Attendance

A total of four meetings of the Education and Standards Committee were held in 2020.

Name	04 March	06 May	17 June	25 Nov	Total #
Shane Knox	✓	✓	✓	-	3
Paul Lambert	✓	✓	✓	✓	4
Tess O'Donovan	X	X	✓	✓	2
Raymond Lacey	X	✓	✓	✓	3
Tom Brady	X	✓	✓	✓	3
Ben Heron	X	X	✓	✓	2
Gareth Elbell	✓	X	✓	✓	3
Chris O'Connor	✓	✓	✓	-	3
Frank Keane	✓	✓	X	✓	3
Niamh O'Leary	✓	X	✓	✓	3
Róisín McGuire	✓	✓	X	-	2
Peter McDaid	✓	✓	X	✓	3
Adrian Murphy	X	X	X	-	0
Daniel Davern	-	-	-	✓	1
Ray Carney	-	-	-	✓	1
Owen Keane	-	-	-	✓	1

Medical Advisory Committee

Overview

A Standing Committee of Council. MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee.

Medical Advisory Committee Membership (as of 31 December 2020)

Name	Membership Rationale
Dr David Menzies	Chair, member of Council and registered medical practitioner
Mr David Irwin	Vice Chair nominated by Chair
Dr Niamh Collins	Consultant in Emergency Medicine nominated by Irish Committee for Emergency Medicine Training

Dr Mick Molloy	Member of Council registered medical practitioner
Dr Jason van der Velde	Member of Council registered medical practitioner
Dr Stanley Koe	Consultant in Paediatric Emergency Medicine nominated by the Irish Association for Emergency Medicine
Dr Lisa Cunningham Guthrie	Nominated by Chair of the Medical Advisory Committee
Mr Mark Dixon	Representative, at PHECC registered practitioner or registered medical practitioner level, of a recognised institution that provides training at Paramedic level (UL)
Mr David Hennelly	Nominated by Chair of the Medical Advisory Committee
Mr Eoghan Connolly	PHECC registered practitioner nominated by the Irish College of Paramedics
Mr Macartan Hughes	Representative, at PHECC registered practitioner or registered medical practitioner level, of a recognised institution that provides training at Paramedic level (NASC)
Dr Shane Knox	Chair of the Education and Standards Committee
Mr Ian Brennan	Representative, at PHECC registered practitioner or registered medical practitioner level, from the Joint Voluntary and Auxiliary Organisations Committee
Mr Hillery Collins	Member of Council, PHECC registered practitioner
Mr Shane Mooney	Chair of the Quality and Safety Committee

Key Activities in 2020

- Recommendations for treat and referral framework to develop non-conveyance CPGs
- Production of a Pre-Hospital Defibrillation Position Paper
- Updated POL036 Pre-Hospital Defibrillation Position Paper
- Adopted Report 'The introduction of Community Paramedicine into Ireland' as a MAC document

- ‘PHECC Standard for Critical Care Paramedic adopted as the updated PHECC Standard, and progressed discussions with stakeholders and the Education and Standards Committee
- Drafted new Standard - Declining Assessment, Treatment and/or Transport
- Revision of Medication in Pregnancy document.
- MAC presented fourteen CPGs to Council for approval.

Schedule of Meeting Attendance

A total of seven meetings of the Medical Advisory Committee were held in 2020.

Name	30th Jan	28 th May	25 th June	27 th Aug	24 th Sept	29 th Oct	26 th Nov	Total #
David Menzies	✓	✓	✓	✓	✓	✓	✓	7
David Irwin	✓	✓	X	✓	X	X	X	3
Niamh Collins	✓	✓	✓	✓	✓	✓	✓	7
Shane Knox	X	X	X	X	X	X	X	0
Shane Mooney	✓	✓	✓	✓	X	✓	✓	6
Cathal O’Donnell	✓	✓	✓	✓	✓	X	✓	6
Peter O’Connor	✓	X	X	X	✓	✓	✓	4
Macartan Hughes	X	✓	✓	X	✓	X	✓	4
Martin O’Reilly	✓	✓	✓	✓	X	✓	✓	6
Mark Dixon	X	X	X	X	X	X	X	0
Gerard Bury	X	✓	✓	X	X	✓	✓	4
Eoghan Connolly	✓	✓	✓	X	✓	X	X	4
Stanley Koe	✓	✓	✓	✓	✓	X	✓	6
Jason van-der Velde	X	✓	X	✓	✓	X	✓	4
Mick Molloy	X	✓	✓	✓	✓	X	✓	5
Hillery Collins	✓	✓	✓	✓	✓	✓	✓	7
Ian Brennan	✓	✓	✓	✓	✓	✓	✓	7
David Hennelly	✓	✓	✓	✓	✓	✓	✓	7
Lisa Cunningham Guthrie	X	X	X	✓	X	X	X	1
Philip Darcy	✓	✓	X	X	X	X	X	2

Priority Dispatch Committee

Overview

A Standing Committee of Council. Membership of the Priority Dispatch Committee is approved to reflect its role as an expert group to consider and advise Council on priority dispatch matters.

Priority Dispatch Committee Membership (as of 31 December 2020)

Name	Membership Rationale
Mr Stephen Brady	Chair and member of Council
Mr John Brady	HSE National Ambulance Service Control Manager (with a special interest in AMPDS)
Mr Brian Byrne	Call-taker/dispatcher, from a statutory ambulance service (NAS)
Mr Robert Howell	Call-taker/dispatcher, from a statutory ambulance service (DFB)
Mrs Anne McCabe	Programme Manager, National Transport Medicine Programme
Mr Andrew McCrae	Operational PHECC registered practitioner
Dr David Menzies	Chair of the Medical Advisory Committee
Mr John Moody	Dublin Fire Brigade Officer (with a special interest in AMPDS)
Dr Peter O'Connor	Medical Director of Dublin Fire Brigade (DFB)
Dr Cathal O'Donnell	Medical Director of the National Ambulance Service (NAS)
Mr Martin O'Reilly	Dublin Fire Brigade Officer (with a special interest in AMPDS)
Mr Derek Scott	National Ambulance Service Training & Competency Assurance Officer (with a special interest in AMPDS)
Dr Illona Duffy	Out-of-hours GP Co-op nominee
Vacant	PHECC registered practitioner from Council

Key Activities in 2020

- The National Ambulance Service withdrew from the committee from 18th May 2018 citing concerns regarding the Priority Dispatch Committee's role in the governance structure and standards mandated by the International Academy of Emergency Dispatch. No resolution was reached by end of 2020.
- Production of STN001 EMS Priority Dispatch Standard V5.

Schedule of Meeting Attendance

A total of two meetings of the Priority Dispatch Committee were held in 2020.

Name	13 th Jan	26 th May	Total #
Stephen Brady (Chair)	✓	✓	2
John Brady	X	X	1
Brian Byrne	X	X	1
Robert Howell	✓	✓	2
Anne McCabe	✓	✓	1
Andrew McCrae	X	✓	1
David Menzies	X	✓	0
John Moody	✓	✓	1
Peter O'Connor	X	X	0
Cathal O'Donnell	X	X	0
Martin O'Reilly	✓	✓	2
Derek Scott	✓	X	1
Illona Duffy	X	X	0

Fitness to Practise Committee

Overview

The Fitness to Practise (FTP) Committee is a committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. The Chair of the Committee is a Council Member the remainder are external. The Fitness to Practice Committee is supported by the Preliminary Proceedings Committee, which is also Chaired by a Council member.

Fitness to Practise Committee Membership (as of 31 December 2020)

The Chair of the Committee is a Council Member the remainder are external.

Key Activities in 2020

Schedule of Meeting Attendance

There were two Preliminary Proceeding Committee meetings and one Fitness to Practise meeting in 2020.

Compliance & Audit Committee

Overview

The Compliance and Audit Committee is a Committee of Council and reports to it on such matters as, but not confined to, adequacy of the nature, extent and effectiveness of the accounting and internal control systems, the review of corporate governance, oversight of risk management, and whistle-blower provisions. Two meetings were held during 2020, the COVID pandemic being a factor.

The Internal Audit activity for 2020 was brought to a conclusion early in 2021, with a number of recommendations made to PHECC Council and the production of accounts for 2019 was also completed. The pandemic impeded with interactions between the Committee and the Office of the Comptroller in their external audit activity however.

The Committee expressed their collective gratitude to Prof. Plunkett and Mr. Brady on their retirement from the Committee on June 30th 2020.

Compliance & Audit Committee Membership (as of 31 December 2020)

Name	Membership Rationale
Mr Con Foley, FCCA	Chair and external member who is a qualified accountant
Mr Patrick Clifford	Finance specialist with public health sector experience
Mr Hillery Collins	Member of Council (appointed Aug 2020, replaced Stephen Brady)
Mr Patrick Fleming	Member of Council (appointed Aug 2020, replaced Prof Patrick Plunkett)
Mr Ricky Ellis	Member of PHECC staff

Key Activities in 2020

- Draft Accounts for 2019 reviewed and brought to Council for approval
- Internal Audit activity focused into the area of contractors' payment systems
- Superannuation Policy reviewed and amended
- Fixed Asset policy reviewed
- Funding of the Advanced Paramedic Programme reviewed
- The C&AC also contributed to the ongoing Governance Review by the IPA
- Reviews and updates of the Risk Register and Health & Safety Policy and practice.

Schedule of Meeting Attendance

A total of two meetings of the Compliance & Audit Committee were held in 2020.

Name	3 rd Mar	3 rd Jun	Total
Con Foley (Chair)	✓	✓	2
Stephen Brady	✓	✓	2
Patrick Clifford	✓	✓	2
Patrick Plunkett	✓	✓	2
Ricky Ellis	✓	✓	2
Hillery Collins*	-	-	-
Patrick Fleming* (Vice Chair)	-	-	-

*no meetings took place since their appointment

SUB-COMMITTEES, PANELS, WORKING GROUPS

In addition to committees, Council has the following working groups and panels:

Examination Quality Panel

Criteria for membership of the Examination Quality Panel - members must be on the PHECC Examiner Panel. The terms of reference of the group dictates that it reviews examination relative components and timing, content, pass mark and criteria for resits in addition to examiner criteria, training and performance.

Membership of the Examination Quality Panel

Name	Member Rationale
Mr David Sherwin	PHECC Examiner- Chairperson
Mr Brian Power	PHECC Examiner
Mr Ray Carney	PHECC Examiner
Mr Ricky Ellis	PHECC Examiner
Mr Ben Heron	PHECC Examiner
Mr Lawrence Kenna	PHECC Examiner
Dr Shane Knox	PHECC Examiner
Mr Paul Lambert	PHECC Examiner
Mr David Sherwin	PHECC Examiner
Mr Mark Wilson	PHECC Examiner
Tom Brady	PHECC Examiner
Eithne Scully	PHECC Examiner
Omar Fitzell	PHECC Examiner
Colm McCarthy	PHECC Examiner
Fergus Byrne	PHECC Examiner

Additional training took place to qualify newly appointed quality committee members

Key Activities in 2020

Key activities of the panel in 2020 included:

- 19 exams conducted at Paramedic Level (16 during Covid restrictions)
- 9 EMT Exams conducted (7 during COVID)
- New exam system developed (by exam officer and Grip Communications) implementation / testing
- Prometric - New Contract to include remote testing for candidates and access to TIW to edit/amend/ review questions remotely.
- Covid guidelines and protocol implemented for examiners/candidates/and other stakeholders.
- Management of examiner panel fully controlled Exam team in order to manage and control the use of examiners.
- Opening of exam centres during restrictions, continuation of exams throughout lockdowns

Examiner Panel

The Panel consists of 95 active members. Panel was reviewed in 2018 and 53 new members approved by Education and Standards Committee. Training took place prior to COVID in 2020 and continued where possible after level 5 restrictions were lifted.

Key Activities in 2020

- 300 NQEMT EMT candidates examined across MCQ and OSCE components. (reduction in numbers due to COVID)
- 150 NQEMT Paramedic candidates examined across MCQ and OSCE components.
- 187 exams and corrections carried out on Short Written Answer (SWA) papers.

Test Item Writing Panel

The Test Item Writing Panel develop examination test item content to meet the PHECC requirement for NQEMT and Responder level examinations.

No new content was created in 2020 and therefore no test item writer workshops took place.

Appeal Panel

The Appeal Panel is appointed by Council. The terms of reference specify that the Appeal Panel consider appeals of decisions of the Director and to adjudicate on those appeals. POL019 Council Policy and Procedures for Appeals was revised in 2018 to clarify membership and denote revisions to Appendix 1 NQEMT Examination appeals process.

There were no hearings held in 2020.

Membership of the Appeal Panel (as of 31 December 2021)

Name	Member Rationale
Mr Patrick Hanafin	Council Member
Dr Shane Knox	Council Member
Mr David Bradley	Quality and Safety Committee nomination
Mr Frank Keane	Education and Standards Committee nomination
Mr Seamus Butler	Patient Representative

There were 2 outstanding non-Council member vacancies for the Appeal Panel membership as of December 2020.

THE EXECUTIVE

Richard Lodge	Director
Barry O’Sullivan	Deputy Director & Registrar
Vacant*	Clinical Practice Programme Development Officer
Vacant**	Clinical Info, Clinical Quality & Examinations Programme Development Officer
Brendan Cawley	Education Programme Development Officer
Ricky Ellis	Clinical Governance Programme Development Officer
John Lally	ICT Manager
Beth Breslin	Finance & Corporate Services Officer
Claire Finn	Registration Officer
Karen O’Neill	PA to Director
Marion O’Malley	Clinical Quality Assurance Officer
Vacant***	Recognition of Qualifications Officer
Liz Dempsey	Examinations Officer
Bláthnaid O’Donnell	Registration Support Officer
Aisling Ryan	Clinical Support Officer
Andrea Finlay	Examinations Support Officer
Brendan Roche	ICT Support Officer
Dympna Higgins	Clinical Quality Support Officer
Jennifer Shortt	Accreditation Support Officer
Aisling Whelan	Reception & Corporate Support Officer
Margaret Bracken	Committee Support Officer

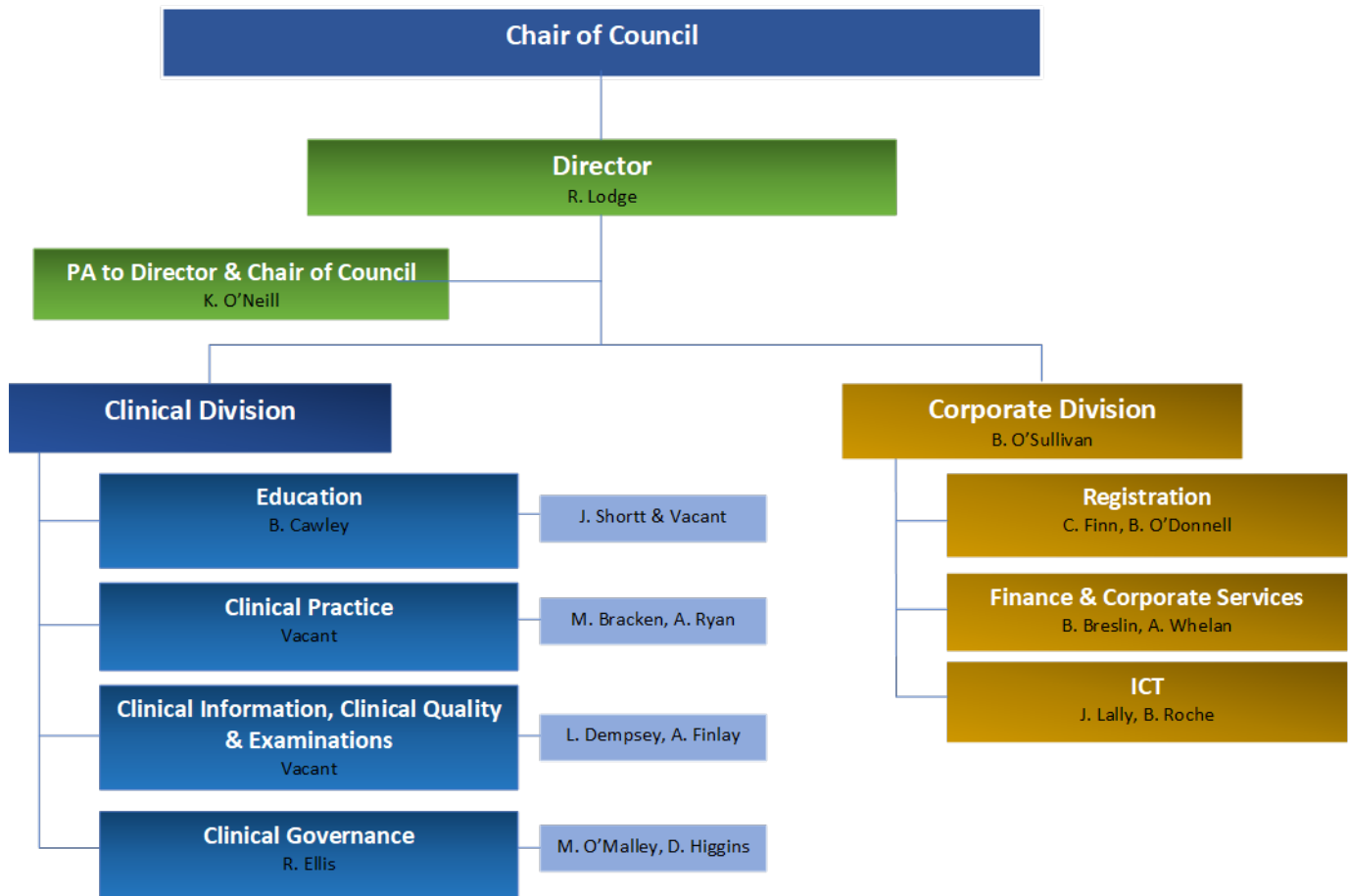
Changes to PHECC Team

Anne Keogh is seconded to HSE

Ricky Ellis is seconded to PHECC from DFB

Programme Managers Brian Power* & Jacqueline Egan**, and staff member Marian Spence*** retired from PHECC.

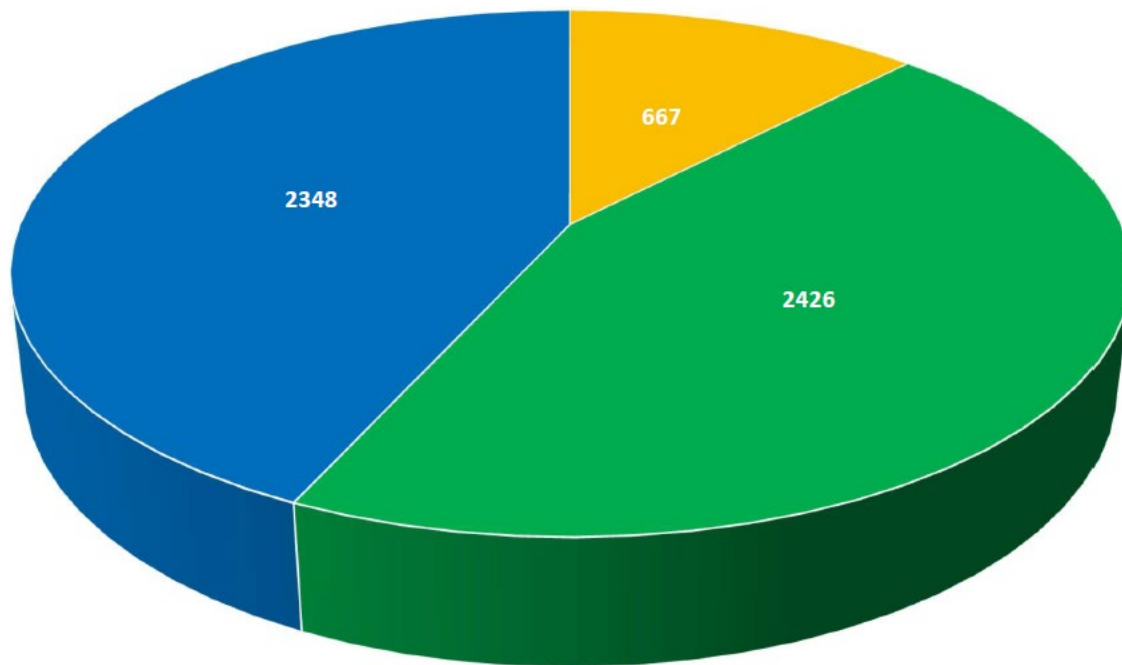
PHECC Organisation Chart



THE REGISTER

The Council Establishment Order directs that Council establish and maintain, in accordance with rules made by the Council, a register of pre-hospital emergency care practitioners. This is a statutory register of EMS practitioners similar to other healthcare regulators.

The composition of the register membership at the end of 2020 is presented in the following table;



PHECC Register

■ Advanced Paramedic (AP)
 ■ Emergency Medical Technician (EMT)
 ■ Paramedic (P)

Covid-19 Temporary Register as of 31 December 2020

	RESTORATION to the register				First Time Registrations completed since Mar 16th
	COVID-19 Restoration		Permanent Restorations since March 16th		
	Restored	In process	Restored	In process	
PHECC	23	0	2	0	145

FINANCIAL STATEMENTS 2020

Pre-Hospital Emergency Care Council Financial Statements for year ending 31 December 2020.



PRE-HOSPITAL EMERGENCY CARE COUNCIL

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2020

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GOVERNANCE STATEMENT AND COUNCIL MEMBERS' REPORT

Governance

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 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.

The functions of Council are set out in the Establishment Orders. PHECC is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of PHECC are the responsibility of the Director and the senior management team. The Director and the senior management team must follow the broad strategic direction set by Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Director acts as a direct liaison between the Council and management of PHECC.

Council Member's Responsibilities

The work and responsibilities of the Council are set out in the Council Member's Handbook, which also contain the matters specifically reserved for decision by Council and the executive.

The Council is required by Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI 109/2000) to prepare financial statements for each financial year which give a true and fair view of the assets, liabilities and financial position of the Council and of its income and expenditure for that period.

In preparing these financial statements, the Pre-Hospital Emergency Care Council is required to:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- Keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in financial statement

The Council is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position which enables it to ensure that the financial statements comply with Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI 109/2000). The Council is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Council is responsible for approving the annual business plan and budget. Council conducts an evaluation of performance at the end of the financial year. The Council considers that the financial statements of the Pre-Hospital Emergency Care Council give a true and fair view of the financial performance and the financial position of Pre-Hospital Emergency Care Council at 31 December 2020, except for non-compliance with FRS 102 in relation to retirement benefit obligations, as directed by the Minister for Health.

Council Structure

The Council consists of a Chairperson, Vice-Chairperson and 15 ordinary members, all of whom are appointed by the Minister for Health. Council members are appointed for a period of 4 years. No person shall hold office as a member of the Council for more than two consecutive terms of four years. The Council is directed by the Establishment Order to hold at least six meetings in every year and may hold such other meetings as may be necessary for the performance of its duties. In 2020 Council held 12 meetings.

The membership of Council consists of not more than seventeen members who are appointed by the Minister for Health:

Membership as of 31 December 2020

Name	Date of Appointment
Dr Jacqueline Burke	06/12/2020
Mr Hillery Collins	06/12/2020
Mr Jimmy Jordan	29/07/2017
Mr Don Brennan	16/12/2020
Mr Dennis Keeley	24/08/2020
Mr Aidan O'Brien	24/08/2020
Ms Tess O' Donovan	30/06/2020
Mr William Merriman	30/06/2020
Dr Conor Deasy	30/06/2020
Dr Niamh Collins	30/06/2020
Mr Thomas Keane	15/02/2017
Dr Mick Molloy	15/02/2017
Dr David Menzies	06/12/2020
Ms Fiona McDaid	06/12/2020
Mr Patrick Fleming	06/12/2020
Dr Jason van der Velde	15/02/2017

The following positions remains vacant as of 31 December 2020

5(1)(a) "one shall be a person appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians"

PHECC's main functions include:

- To ensure training institutions, course content and examinations 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 prepare and promote the implementation of clinical 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 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.

A complete list of Council's functions as per SI 109/2000 and SI 575/2004 are contained in the annual report.

The Council has established 6 standing Committees:

1. **Quality and Safety** - The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, criteria for registration including code of conduct, practitioner's maintenance of competency at the appropriate performance standard (CPC), practice framework that incorporates credentialing, licensing and privileging of pre-hospital emergency care practitioners. Information standards, clinical audit framework and licensed provider approval to implement clinical practice guidelines (CPGs) are also included. The Chair of the Committee is a Council Member. Three members of the committee are Council members and nine are external members. The committee held 3 meetings in 2020.

2. **Education and Standards** – The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, education and standards, recognition of institutions, recognition of equivalence of professional qualifications obtained from institutions both within and outside the state and maintenance and monitoring of institutions. The Chair of the Committee is a Council Member. Two members of the committee are Council members and 13 are external members. The committee held 4 meetings in 2020.
3. **Medical Advisory** - The MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee. The Chair of the Committee is a Council Member. Six members of the committee are Council members and 14 are external members. The committee held 7 meetings in 2020.
4. **Priority Dispatch** - The Priority Dispatch Committee is a standing committee of Council. Membership of the Priority Dispatch Committee is approved to reflect its role as an expert group to consider and advise Council on priority dispatch matters. The Chair of the Committee is a Council Member. Two members of the committee are Council members and 11 are external members. The committee held 2 meetings in 2020.
5. **Fitness to Practise** -This is a committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. The Chair of the Committee is a Council Member the remainder are external. There were 2 two Preliminary Proceeding Committee meetings and 1 Fitness to Practise meeting in 2020.
6. **Compliance and Audit** - The Compliance and Audit Committee is a committee of Council and reports to it on such matters as, but not confined to, adequacy of the nature, extent and effectiveness of the accounting and internal control systems, review of corporate governance, risk management, financial oversight and whistle blowers provisions. The Chair of the Committee is an external member. Two members of the committee are Council members and two are external members. The committee held 2 meetings in 2020.

In addition, Council has the following Working Groups and Panels:

- Examination Quality Group
- Test Item Writing Group
- Appeal Panel
- Examiner Panel

Key Personnel Changes:

Clinical Programme Manager Brian Power, Clinical Information & Examinations Programme Manager Jacqueline Egan, and staff member Marian Spence retired from PHECC in 2020.

Schedule of Attendance and Expenses

Committee	Council	Education and Standards	Quality and Safety	Medical Advisory	Compliance and Audit	Fitness to Practise	Priority Dispatch	Approved Expenses
Number of meetings	12	4	3	7	2	1	2	
Member								€
Jacqueline Burke	12/12							
Hillery Collins	12/12			7/7				
David Menzies	11/12			7/7			1/2	
Patrick Plunkett*	2/5				2/2			
Stephen Brady*	5/5				2/2		2/2	
Mick Molloy	11/12			5/7				
Martin Dunne*	3/5							
Conor Deasy	5/12					1		
Tess O'Donovan	7/12	2/4	1/3					
Fiona McDaid	8/12		3/3					
Patrick Fleming	12/12							
Jason van der Velde	12/12			4/7				
Jimmy Jordan	11/12							
Patrick Hanafin*	4/10							1578
Thomas Keane	8/12							
Shane Knox*	1/5	3/3		0/3				
Shane Mooney*	10/10		3/3	6/7				
William Merriman**	4/7							
Niamh Collins**	6/7			7/7				
Aidan O'Brien**	5/5							
Dennis Keeley**	5/5							
Don Brennan**	0							
Total								1578

* members whose term on Council concluded during 2020

** members whose term commenced during 2020

No members of Council are paid fees.

The Council is responsible for ensuring that PHECC has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code.

Year Ended 31 December 2020

Consultancy & Professional Fees	2020	2019
	€	€
Legal Fees	39,354	13,180
Audit & Accountancy	-	15,767
HR Consultancy	11,741	28,336
Consultancy - Other	35,225	49,659
Consulting fees - Finance	3,177	7,603
Governance & Quality Assurance Consultancy	24,803	30,251
Strategic Development Consultancy	-	11,084
Education and Standards Consultancy	70,449	123,466
	<u>184,750</u>	<u>279,347</u>

Consultant Travel Expenses	2020	2019
	€	€
Consultant Travel Expenses	2,584	11,193
	<u>2,584</u>	<u>11,193</u>

Travel and Subsistence	2020	2019
	€	€
Staff National Travel	20,765	39,889
Staff International Travel	1,541	8,062
Council Members National Travel	1,578	5,999
Council Members International Travel	-	-
	<u>23,884</u>	<u>53,950</u>


Hospitality Expenditure	2020	2019
	€	€
Staff Hospitality	2,453	1,094
	<u>2,453</u>	<u>1,094</u>

Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. PHECC was in full compliance with the Code of Practice for the Governance of State Bodies for 2020.



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date: 16 December 2021

STATEMENT ON INTERNAL CONTROL

1. Scope of Responsibility

On behalf of The Pre-Hospital Emergency Care Council (PHECC), we acknowledge the Council's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016). PHECC, through the Director, is responsible for monitoring the system of internal control and providing assurances to the Council.

2. Purpose of the System of Internal Control

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.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform [DPER] has been in place in PHECC for the year ended 31 December 2020 and up to the date of approval of the financial statements.

3. Capacity and Capability to Handle Risk

The Council has established a Finance, Risk, Audit and Compliance Committee [FRACC] having reviewed the Terms of Reference for all of its Committees of Council during 2020/2021.

The purpose of FRACC, as a Committee of Council, is to support Council in their responsibilities for issues of risk, control, governance and compliance by reviewing the comprehensiveness of assurances in meeting the Council's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.

The FRACC aspires to:

- Maintain oversight of the internal control system
- Minimise corporate risk through the risk management matrix reporting system
- Minimise the risk to PHECC personnel through its Health and Safety policies
- Optimise the level of organisational response to compliance requests
- Ensure that PHECC is economically sustainable over time

While always keeping in mind that PHECC's key mission is to drive change in the health-care system, which inherently involves risk. The FRACCs role is to mitigate this risk as far as possible.

FRACC is comprised of:

- Three Council members
- Three independent external members, one of whom will act as Chair and be suitably qualified in accounting and auditing matters

The FRACC are provided with a secretariat function by PHECC executive. The committee formally report in writing to the Council; and provide the Council with an annual report, timed to support finalisation of the annual report and financial statements, summarising its conclusions from the work it has done during the year.

The FRACC advises Council on:

- The strategic processes for risk, internal control, governance and compliance.
- The accounting policies, the financial statements, and the annual report of the organisation, including the process for review of the financial statements prior to submission for audit, levels of error identified, and Council's letter of representation to the external auditors.
- The planned activity and results of both internal and external audit.

- The adequacy of management response to issues identified by audit activity, including the Office of the Comptroller and Auditor General's [OCAG] management letter.
- Assurances relating to the management of risk, corporate governance and compliance requirements for PHECC.
- Proposals for tendering for internal audit services or for purchase of non-audit services from contractors who provide audit services.
- Anti-fraud policies, protected disclosure processes, and arrangements for special investigations.
- Achievement of financial sustainability in the medium term.

The Committee will also periodically review its own effectiveness and report the results of that review to the Council. The new FRACC was officially formed in July 2021. Up to that point they remained as the Compliance & Audit Committee [C&AC]. The Chair of Council requested that the Chair of C&AC remain in the role of Chair of FRACC until the new Chair is appointed, by the end of 2021.

4. Risk and Control Framework

PHECC implement a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks. A risk register is in place which identifies the key risks facing PHECC and these have been identified, evaluated and graded according to their significance. The register is maintained and updated by the Director and reviewed by FRACC at their meetings, prior to being presented at least twice a year to Council by the Chair of FRACC. The outcome of these assessments are used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff.

We confirm that a control environment containing the following elements is in place:

- Procedures for all key business processes have been documented
- Financial responsibilities have been assigned at management level with corresponding accountability
- There is an appropriate budgeting system with an annual budget which is kept under review by senior management
- There are systems aimed at ensuring the security of the information and communication technology systems
- There are systems in place to safeguard the assets
- Control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

5. Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Council, where relevant, in a timely way.

I confirm that the following ongoing monitoring systems are in place:

- The system of internal financial control in PHECC is documented in Quality Management System (QMS) process maps
- PHECC has established procedures around segregation of duties and the authorisation of expenditure
- Monthly expenditure and activity are monitored against the business plan
- Financial reports are presented to the Director for consideration and appropriate action
- Income and Expenditure variances are considered by the Council at each meeting
- A monthly financial position report for the Department of Health is prepared and submitted to the Department

- The SAGE financial system is operated by PHECC to facilitate financial accounting practice and provide detailed audit trails on all transactions.

6. Procurement

We confirm that PHECC have an established procurement policy in place to ensure that the Pre-Hospital Emergency Care Council (PHECC) adheres to effective, strategic and professional procurement methods incorporating all relevant EU directives and Government legislation and recommendations, and in doing so will provide the best available value for money while at the same time ensuring that we will meet our obligations in terms of:

- Openness
- Transparency
- Accountability

One of the most basic and fundamental aspects of procurement within any organisation is that it must be carried out within agreed policies and procedures. Procurement within PHECC is carried out at departmental level within the executive.

Public Procurement operates under legislation which is driven by EU directives and in particular directive 2014/24/EU. The directive sets out rules on the use of public contracts for the provision of works, supplies or services by companies or individuals and the exemptions which can be applied. The legislation specifies that when national authorities use public procurement to invite tenders to provide works, supplies or services, they must treat all applicants equally and not discriminate between them. They must also be transparent in their dealings. The directive is based on four fundamental principles which are enshrined in the Treaty of Rome. These four principles are the drivers to ensuring that procurement is carried out in a manner that enhances the ethos of openness, fairness and accountability. Public Procurement throughout the EU is also subject to the Remedies Directive 2007/66, the aims of which are to clarify and improve the effectiveness of the review procedures and the safeguarding of the awarding of contracts. This directive was implemented in Ireland on the 25th of March 2010. Public procurement must also enshrine the principles of the Disability Act, 2005 in particular Section 27 which relates to accessibility. Public Procurement Guidelines for Goods and Services – Version 2 issued by OGP and DPER are the current guidelines in use.

We confirm that PHECC has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2020 PHECC complied with those procedures.

7. Review of Effectiveness

We confirm that PHECC has procedures to monitor the effectiveness of its risk management and control procedures. PHECC's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors and the senior management within PHECC responsible for the development and maintenance of the internal control framework. Though a review of the systems of internal controls has always taken place, it may not always have been given the prominence it deserves. It is now a specific item on the Council agenda and the 2020 review, reported to Council in March 2021 was accompanied by a comprehensive presentation to Council.

In 2019 the Council commissioned a review of its governance arrangements, which was carried out by the Institute of Public Administration [IPA]. A number of recommendations were agreed to be actioned. In June 2020 Council accepted in principle the findings and directed the executive to prepare an implementation plan for action in 2020, to be completed during 2021. At the time of writing, 19/26 recommendations have been implemented in full (74%). A further 5/26 (19%) are between 80%-90% complete.

In accordance with the recommendations of the governance review, PHECC have completed a review, involving external experts, of the Conflicts of Interests Policy. The new policy was approved by Council in March 2021.

8. Impact of Covid

The arrival of Covid-19 in early 2020 resulted in significant challenges for PHECC. Working From Home was introduced for all staff and all Council and Committee meetings were moved online. The office remained open by a skeleton staff, on rotation. All on-site assessments and reviews were initially suspended and then moved online. Following negotiations with the Department of Health [DoH], examinations were held for EMTs and Paramedics during the lock down periods. A special Covid-19 section of the register was installed to enable returning overseas and retired practitioners to temporarily re-join the PHECC Register to assist with swabbing, and subsequently vaccinations. A specific Covid related risk was added to the risk register. During 2020 there were no Covid related incidents with any staff, examiners or assessors.

A summary of the additional costs associated with the Covid-19 pandemic are detailed below. As a result of scaled back operations due to the Covid pandemic, approximately €180,000 of PHECCs determination was not drawn down and returned to the DoH.

COVID-19 Related Costs

Office Sanitising	3,600
Return To Work -Office Prep	7,150
Exams- Covid Safety/PPE	1,600
CPC - Covid Safety/PPE	2,060
ICT working from Home equipment.	12,300
Total Covid Related Expenditure 2020	€ 26,710.00

9. Internal Control Issues

Changes to Council membership in 2020, including the appointment of Dr Jacqueline Burke as Chair Designate, provided the opportunity to review the structure and composition of all Committees of Council, including the position of Chair and Vice-Chair, Terms of Reference, and committee membership. A review of the C&AC resulted in an agreement to commence the recruitment process for a Chair of said committee, newly titled as the Finance, Risk, Audit & Compliance Committee [FRACC], and to formally appoint a Secretary to Council. This will address any potential for conflicts of interest from the historic practice that the Chair of the C&AC (now FRACC), is also separately contracted in the role as Council Secretary.

Council is now involved in the recruitment process for both a Chair of the new FRACC and a separate process for the Secretary to Council. The appointment of the Chair of FRACC is expected to conclude by the end of 2021. The appointment of the Secretary to the Council is expected to conclude by the end of January 2022. This will result in two separate individuals being appointed to take up their new roles, as Secretary to Council and Chair of FRACC, in January 2022.

In 2020 the Secretary to Council was paid a total fee of €40,995, plus expenses of €1,876.20. In 2020 the same individual, under a separate agreement, was paid a total fee of €2,662 in respect of their role as Chair of the C&AC, plus €648 in expenses.

The Director has written to DPER requesting the appropriate fee to be paid to the new Chair of FRACC and will conform to DPERs recommendation.

As part of the internal audit process for 2020, the auditors were asked to critically examine the engagement with a private company for the provision of services for 2018 & 2019. This company provide agency staff to PHECC and also engage assessor staff for a number of tasks including: PHECC examiners, Governance Validation Review assessors, Quality Review Framework auditors, Continuing Professional Competency assessors, Recognition of Qualifications assessors, Quality Panel members and other assessor or auditor functions as required by PHECC in the normal course of its duties as a Regulator. This area had previously been highlighted for further examination during the HR Review in 2019.

As a result of Covid and operational delays, the results of the 2020 internal audit were not available until January 2021 and were discussed at the FRACC meeting on 03 February 2021. The audit report found that all relevant procedures and associated sign off were in order and that in the vast majority of cases contractor professional services withholding tax was deducted.

However, due to the 'remote' nature of the audit and other Covid restrictions, a great deal of documentation could not be examined. It is possible that there may be risk of exposure to PHECC for a tax liability due on payments to Governance Validation Framework contractors, as a result of Revenue rulings on classification and distinction of Employees and Contractors in relation to Professional Services Withholding Tax [PSWT].

It is the recommendation of the auditor that all payments to contractors and their classification of same are reviewed to ensure compliance with Revenue and for any potential tax exposure.

PHECC are in the process of tendering for a new deep dive review of all such transactions for 2018, 2019 & 2020 and a recommendation of how best to procure such services going forward. This will be awarded in February 2022 and, depending on the findings, may result in a voluntary declaration to Revenue.

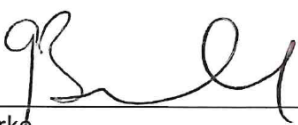
In addition, from May 2021 it has been confirmed that all such service provision is procured via the private company who provide 'agency' staff to PHECC and are responsible for all relevant deductions.

In the SI which establishes PHECC there is a clause, (Article 29) relating to PHECC having authority to procure 'Consultancy Services' up to a limit of €20,000. PHECC are currently in discussions with DoH in relation to an agreed definition of 'Consultancy Services' and an appropriate mechanism by which to seek advance approval for specific consultancy services above this amount.

10. Conclusion

With the exception of items above, (Section 9), no material weaknesses in internal control were identified in relation to 2020 that currently require disclosure in the financial statements.

On behalf of the Pre-Hospital Emergency Care Council:



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date 16/12/2021

Pre-Hospital Emergency Care Council

Statement of Income and Expenditure and Retained Revenue Reserves


Year Ended 31 December 2020

Income	Note	2020	2019
Department of Health	2	3,097,404	2,996,700
Own Resources	3	60,992	47,082
Other Income	4	367,847	483,973
Total Income		3,526,243	3,527,755
Expenditure			
Programme and Grant Expenditure	5	867,812	1,171,850
Administration, Operations & Promotion	6	2,628,057	2,362,598
Total Expenditure		3,495,869	3,534,448
Surplus/(Deficit) for the Year before Appropriations		30,375	(6,694)
Transfer from/(to) Capital Account	9	19,050	21,538
		49,425	14,844
Balance brought forward at 01 January 2020		(73,544)	(88,388)
Balance carried forward at 31 December 2020		(24,119)	(73,544)

The statement of Income and Expenditure and Retained Reserves includes all gains and losses recognised in the year

The Statement of Cash Flows and notes from part of these financial statements

On behalf of the Council of the Prehospital Emergency Care Council



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date 16/12/2021

Pre-Hospital Emergency Care Council

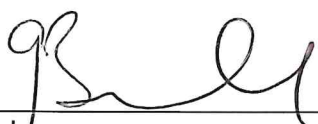
Statement of Financial Position

Year Ended 31 December 2020

	Note	2020 €	2019 €
Fixed Assets			
Property, plant & equipment	8	48,038	67,088
Total Fixed Assets		48,038	67,088
Current Assets			
Debtors & Prepayments	11	159,644	32,069
Cash at Bank and In Hand		70,977	41,513
		230,621	73,582
Current Liabilities (amounts falling due within one year)			
Creditors: Short Term	10	227,106	118,521
Net Current Assets		3,514	(44,939)
Non-Current Liabilities (amounts due after one year)			
Payables	10	27,633	28,606
Total Net Assets		23,919	(6,457)
Representing			
Capital account	9	48,038	67,088
Retained revenue reserves		(24,119)	(73,545)
		23,919	(6,457)

The Statement of Cash Flows and notes from part of these financial statements

On behalf of the Council of the Prehospital Emergency Care Council


Dr. J. Burke
Chairperson


Mr. Richard Lodge
Director

Date 16/12/2021

Pre-Hospital Emergency Care Council

Statement of Cashflows

Year Ended 31 December 2020

	2020	2019
Net Cash Flows from Operating Activities	€	€
Excess Income over Expenditure	30,374	(6,694)
(Increase)/Decrease in Receivables	(127,574)	70,448
Increase/(Decrease) in Payables	107,613	(49,642)
Depreciation	39,152	40,794
Net Cash Inflow from Operating Activities	49,564	54,906
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(20,101)	(19,255)
Net Cash Flows from Investing Activities	(20,101)	(19,255)
Cash Flows from Financing Activities		
Bank Interest		
Net Cash Flows from Financing Activities	-	-
Net Increase/(Decrease) in Cash and Cash Equivalents	29,463	35,651
Cash and Cash Equivalents at 1 Jan 2020	41,512	5,861
Cash and Cash Equivalents at 31 Dec 2020	70,975	41,512

Pre-Hospital Emergency Care Council

Notes

Year Ended 31 December 2020

Accounting Policies

The basis of accounting and significant accounting policies adopted by the Pre-Hospital Emergency Care Council are set out below. They have all been applied consistently throughout the year and for the preceding year.

General Information

The Pre-Hospital Emergency Care Council was established by the Minister for Health under Statutory Instrument No. 109 of 2000, the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and are 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.

The functions of the Council are set out in the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and as amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. The Pre-Hospital Emergency Care Council is a Public Benefit Entity (PBE).

Statement of Compliance

The financial statements of The Pre-Hospital Emergency Care Council for the year ended 31 December 2020 have been prepared in compliance with the applicable legislation, and with FRS102 The Financial Reporting Standard applicable in the UK and the Republic of Ireland issued by the Financial Reporting Council in the UK as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, the Council accounts for the costs of superannuation entitlements only as they become payable. The basis of accounting does not comply with FRS 102, which requires such costs to be recognised in the year in which entitlement is earned.

Basis of Preparation

The financial statements have been prepared on the accruals basis under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Pre-Hospital Emergency Care Council's financial statements.

Going Concern

The financial statements are prepared on a going concern basis.

Revenue

Revenue is generally recognised on an accruals basis except in the case of the Department of Health

allocation which is recognised on a cash receipts basis. The non-capital allocation from the Department of Health 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 Revenue

Other revenue is recognised on an accruals basis.

Cash and Cash Equivalents

Cash and cash equivalents is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours.

Receivables

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence that Pre-Hospital Emergency Care Council will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

Property, Plant and Equipment

Property, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. A full year's depreciation is charged in the year of purchase. Depreciation which is matched by an equivalent amortisation of the Capital Account is charged against the Statement of Income and Expenditure. Depreciation is provided on all property, plant and equipment, at rates estimated to write off the cost less the estimated residual value of each asset on a straight-line basis over their estimated useful lives, as follows:

ICT Equipment: 33.3% straight line.

Other Equipment: 20.0% straight line.

If there is objective evidence of impairment of the value of an asset, the impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

Depreciation and Residual Values

The Compliance and Audit Committee review from time to time the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings and have concluded that asset lives and residual values are appropriate.

Employee Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

Retirement Benefits

The Pre-Hospital Emergency Care Council has a defined benefit pension scheme as per Article 28 (4) of the SI 109/2000 in accordance with schemes and regulations made under the Local Government (Superannuation) Act, 1980 (No. 8 of 1980). This scheme is funded annually on a pay-as-you-go basis from monies provided by the Department of Health and from contributions deducted from staff and members' salaries. The Pre-Hospital Emergency Care Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER).

Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates.

In this regard, Management believe that the critical accounting policies where judgments or estimates are necessarily applied are summarised below.

- ***Going concern***

The Council is an independent statutory body funded by the State through the Department of Health. Management are not aware of any intention to amend the functions of the Council, its activities or its levels of funding. Accordingly, the accounts have been prepared on a going concern basis.

- ***Useful lives of tangible fixed assets***

The Council estimates the useful lives of tangible fixed assets based on the period over which the assets are expected to be available for use. The estimated useful lives are reviewed periodically and are updated if expectations differ from previous estimates due to physical wear and tear, technical or commercial obsolescence and legal or other limits on the useful lives.

Payables

Payables measured at the transaction price. The payment of invoices by the Council is governed by the Prompt Payment of Accounts Act, 1997.

Other financial liabilities are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight- line basis over the lease period, except where there are rental increases linked to the expected rate of inflation, in which case these increases are recognised when incurred. Any lease incentives received are recognised over the life of the lease.

2. Department of Health Allocation

The Department of Health Vote 38 (E1) allocation to the Pre-Hospital Emergency Care Council as shown in the financial statements consist of:

	2020	2019
	€	€
Grants for current expenditure	3,097,404	2,996,700
	3,097,404	2,996,700

3. Own Resources

	2020	2019
	€	€
Professional Registration Fee Income	60,992	47,082
	60,992	47,082

4. Other Revenue

	2020	2019
	€	€
Transport Medicine/Retrieval Programme (Temple St Children's Hospital) *	54,805	77,445
Accreditation and Examination Fees	103,789	111,022
Certificate Income	134,900	169,684
Superannuation Contributions	36,212	41,137
Clinical Publications	38,141	84,686
	367,847	483,973

*Funding received from the HSE for the Transport Medicine/Retrieval Programme is allocated to the Temple St Children's Hospital

5. Programme Expenditure and Grants

	2020	2019
	€	€
Grants		
Conference Sponsorship	-	32,000
Total Grants		<u>32,000</u>

	2020	2019
	€	€
Programme Expenditure (Invoices)		
Advanced Paramedic Development Funding	491,151	650,710
Transport Medicine/Retrieval Programme	31,750	84,964
Education & Standards	66,214	72,067
Digital Portal Support Initiative	23,320	17,220
Electronic Patient Care Report Initiative	23,729	-
Clinical Programme	47,275	58,500
Clinical Support Publications Project	61,616	-
Field Guide App Project	-	102,405
Quality & Standards	139	33,781
Continuing Professional Competency Development	122,618	95,203
Research	-	25,000
Total Invoices	867,812	1,139,850
Total Programme Expenditure and Grants	867,812	1,171,850

The Council funds third parties on foot of invoices for the provision of specific services. The amounts paid in 2020 are set out above. The following is a brief description of some of the main schemes included under programme expenditure:

- Advanced Paramedic Development Funding – supports the national advanced paramedic training programme
- Transport Medicine/Retrieval - supports the development of the Neonatal, Paediatric and Critical Care Services nationally.

6. Administration, Operations and Promotion

		2020	2019
	Note	€	€
Remuneration and other pay costs	6(a)	1,537,698	1,310,348
Rent, rates, service charges and insurance		187,893	148,950
Depreciation		39,153	40,794
Repairs, maintenance and leasing charges		47,775	30,719
Electricity and utilities		6,034	8,859
Communications and IT		239,394	146,936
Office expenses		97,251	200,656
Consultancy and other professional fees		268,504	272,389
Audit Fee		18,150	18,150
Examinations and related expenses		128,268	134,957
Recruitment and media		18,277	10,504
Register Expenses		33,812	20,805

Council and Committees	5,850	18,532
	2,628,057	2,362,598

6. (a) Remuneration and Other Pay Costs

	2020	2019
	€	€
Staff Gross Wages	1,117,948	1,083,848
Staff Secondment Costs	120,147	95,894
Staff Secondment (Recharge)	(127,826)	(126,737)
Pension Costs	36,030	40,164
Superannuation Benefit	263,240	38,700
Employer's contribution to social welfare	95,068	91,691
Staff training and development	4,711	12,357
Other Staff Costs Incl medical	2,043	3,599
Staff Hospitality	2,453	1,094
Staff travel and subsistence costs	22,306	47,951
Council members' travel and subsistence costs	1,578	5,999
Temporary Staff	-	15,789
	1,537,698	1,310,348

Secondment income of €127,826 (2019: €126,737) for staff on secondment has been offset against salary costs.

7. Remuneration

7. (a) Directors Remuneration

	2020	2019
Director	93,415	87,893
	93,415	87,893
Retired Directors Post-Employment Benefits	2020	2019
Pension Payments	9,558	14,236
Standard Capital Superannuation Benefit (SCSB)	-	38,700
	9,558	52,936

The Director has not received pension benefits other than the standard entitlements under the Local Government Superannuation Schemes and/or Single Service Pension Scheme. No bonus is ever paid to the Director or any other staff member.

**7. (b) Key Management Personnel
Salary & Benefits**

Salaries and Short Term Benefits as follows;

Salary

Allowances

2020

2019

429,672

454,089

3,445

3,445

433,117

457,534

Pension Contributions

19,645

23,768

Employers Contribution to Social Welfare (PRSI)

28,632

29,556

481,394

510,858

Key Management Personnel include the Director, his Deputy and Programme Officers.

7. (c) Aggregate Employees Salary and Benefits

Salaries and Short-Term Benefits

Post-Employment Benefits (Pension)

Post-Employment Benefits (SCSB)

Pension Contributions

Employers Contribution to Social Welfare (PRSI)

Termination benefits

2020

2019

1,117,947

1,019,458

36,030

64,389

263,240

38,700

36,212

40,165

95,068

91,691

-

-

1,548,497

1,254,403

Aggregate Employees is comprised of all staff including the Director, Key Management Personnel and all other employees. WTE number of employees is 21.

**7. (d) Employee Short-Term Benefits
Breakdown**

Number of employees and salary range;

€ 60,000 - 69,999

€ 70,000 - 79,999

€ 80,000 - 90,000

€ 90,000 - 100,000

2020

2019

3

1

0

1

0

4

2

0

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime, allowances and other payments made on behalf of the employee but exclude employer's PRSI.

8. Property, Plant and Equipment

	ICT Equipment	Other Equipment	Totals
Cost			
At 1 January	137,542	216,863	354,405
Additions	20,102	-	20,102
Disposals	<u>(30,082)</u>	<u>(77,460)</u>	<u>(107,542)</u>
At 31 December	<u>127,562</u>	<u>139,403</u>	<u>266,965</u>
Depreciation			
At 1 January	127,452	159,866	287,318
Charge for the year	11,270	27,881	39,152
Disposals	<u>(30,082)</u>	<u>(77,460)</u>	<u>(107,542)</u>
At 31 December	<u>108,640</u>	<u>110,287</u>	<u>218,928</u>
Net Book Value			
At 1 January	10,090	56,997	67,088
Net movement for the year	<u>8,832</u>	<u>(27,881)</u>	<u>(19,050)</u>
At 31 December	<u>18,922</u>	<u>29,116</u>	<u>48,038</u>

9. Capital Account

	2020 €	2019 €
Opening Balance 1st January	67,088	88,626
Transfer from Income and Expenditure Account	-	-
Funding of Asset Additions	20,102	19,256
Amortised in line with depreciation	<u>(39,152)</u>	<u>(40,794)</u>
Closing Balance at 31st December	<u>48,038</u>	<u>67,088</u>

10. Payables

Amounts falling due within one year

2020 €	2019 €
-----------	-----------

Creditors Control Account	(404)	(26)
Accruals	174,048	61,750
Visa	6,835	1,863
Withholding Tax	5,532	14,686
SPPS	6,610	6,610
PAYE/PRSI	29,217	28,369
Deferred lease incentive	5,269	5,269
	227,106	118,521

Amounts falling due after one year

	2020	2019
	€	€
Deferred lease incentive	27,633	28,606
	27,633	28,606

11. Receivables

Receivables	2020	2019
	€	€
Debtors Control Account	84,485	4,810
Tax Saver Staff Transport	(122)	1,450
Bike to Work (BTW)	1,250	
Prepayments	74,031	22,714
Purchase Credit Notes Accrued	-	3,096
	159,644	32,069

12. Retirement Benefit Costs

By direction of the Minister for Health, 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. 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.

The Council also operate the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Clarification is awaited on the liability associated with the single service Pension Scheme and payments to DPER

13. Lease Commitments

At the 31st of December 2020, the Pre-Hospital Emergency Care Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2020	2019
	€	€
Payable within one year	126,456	126,456
Payable within 2 to 5 years *	505,825	505,825
Payable over 5 year *	176,216	302,673
	808,498	934,954

Note *: There is a rent review following completion of 5 years of the lease and therefore may alter the amount payable in accordance with agreement made during review.

14. Reconciliation of cash and cash equivalents and net debt

	Opening balance	Cash flows	Closing balance
Cash at bank and in hand	41,511	36,301	77,812
Overdrafts (Visa)	(1,863)	(4,972)	(6,835)
Net funds	39,648	31,329	70,977

15. Events After the Reporting Date

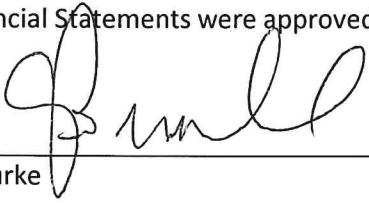
There were no events after the reporting date that would require adjustment to or disclosure in the financial statements.

16. Related Party Transactions

The Pre-Hospital Emergency Care Council complies with the Code of Practice for the Governance of State Bodies 2016 issued by the Department of Public Expenditure and Reform in relation to the disclosure of interests by the Council and members/staff of PHECC. Formal procedures exist to ensure adherence with the requirements of the Code.

17. Approval of Financial Statements

The Financial Statements were approved by the Council on 16/12/2021



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date 16/12/2021