



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Business Support Procedure for

Application and Removal of Advanced Paramedic Allowance

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1.0 POLICY

- 1.1 The National Ambulance Service (NAS) is committed to ensuring procedures are in place that provide for HSE HR Circulars.

2.0 PURPOSE

- 2.1 To ensure that NAS personnel who meet the eligibility criteria for the allowance are in receipt of same, and to ensure that staff who do not meet the eligibility criteria for the allowance have it removed.
- 2.2 To ensure that all staff are fully aware of the validation systems and processes required for the application or removal of the Advanced Paramedic Allowance.
- 2.3 To provide support for those staff who seek to maintain eligibility.

3.0 SCOPE

- 3.1 To authorise commencement of authorised practice as an Advanced Paramedic on behalf of the HSE and payment of the associated allowance.
- 3.2 To ensure that the acquisition and maintenance of Advanced Paramedic Registration complies with PHECC rules and regulations.
- 3.3 To ensure the NAS reviews the eligibility of NAS personnel with an Advanced Paramedic Practitioner's Licence for the allowance on an annual basis.
- 3.4 Maintain, as part of an individual Practitioner's CPC portfolio, a personal audit profile of all advanced interventions for the purpose of monitoring levels of activity and identifying potential areas of skill atrophy.
- 3.5 To monitor the status of Advanced Paramedic Registration with PHECC on an ongoing basis.
- 3.6 That all NAS personnel with an Advanced Paramedic Practitioner's Licence must comply fully with any Continuous Professional Competence requirements as determined by the PHECC and/or the National Ambulance Service.
- 3.7 To authorise removal of authorised practice as an Advanced Paramedic on behalf of the HSE and termination of the associated allowance.

4.1 LEGISLATION/OTHER RELATED POLICIES

- A. Data Protection Acts 1988 and 2003
- B. Code of Professional Conduct and Ethics – PHECC (June 2008)
- C. Protected Disclosures of Information – Health Act 2004 (as amended by the Health Act 2007)
- D. Policy – NASBS010 – Records Management
- E. HSE National Financial Regulations

5.1 GLOSSARY OF TERMS AND DEFINITIONS

5.2 TERMS

- A. **PHECC** – Pre Hospital Emergency Care Council
- B. **NAS** – National Ambulance Service
- C. **CPC** – Continuous Professional Competence
- D. **AP** - Advanced Paramedic
- E. **APPLICANT** - Staff member applying for the Allowance
- F. **FTP** - Fitness to Practice

5.3 DEFINITIONS

Personal Audit Profile – Is an Excel Spreadsheet completed for each call by each Advanced Paramedic where an advanced intervention is performed (see Appendix V). The purpose of the spreadsheet is to provide evidence of both individual and organisation exposure to advanced interventions, inform future training needs and influence best practice in pre hospital emergency care.

6.1 ROLES AND RESPONSIBILITIES

6.2 APPLICANT

- 6.2.1 To adhere to the formal application process
- 6.2.2 To submit a current true colour copy of the Advanced Paramedic Practitioner's Licence and a copy of their Letter of Authorisation to Practice
- 6.2.3 To comply with the processes set out by PHECC
- 6.2.4 To co-operate fully with the HSE's Authorisation to Practice requirements
- 6.2.5 To co-operate with clinical audit, clinical incident/near miss reviews and investigations
- 6.2.6 To co-operate with and meet where required, Quality and Patient Safety, Clinical Audit, Clinical Indemnity and Insurance Management personnel where required
- 6.2.7 To submit their Personal Audit Profile monthly to the relevant Education and Competency Assurance Officer
- 6.2.8 To co-operate with the Monitoring and Evaluation processes set out in Section 7.6
- 6.2.9 Working in conjunction with the Quality and Patient Safety Directorate and/or State Claims Agency, support and participate in any defence of any related claim initiated against the HSE.

6.2.10 The employer holds vicarious liability for the actions of the Advanced Paramedic, however, this does not prevent any Plaintiff from naming the Practitioner in any civil action arising from their acts or omissions. Where such a claim arises, the Practitioner will be indemnified (subject to no wilful or deliberate negligence), represented legally by the State Claims Agency and will be required to co-operate fully with any such defence.

6.2 NAS MANAGEMENT

6.2.1 The Education and Competency Team is responsible for monitoring the status of Advanced Paramedic Registration with PHECC and providing support for those staff who seek to maintain eligibility.

6.2.2 The Education and Competency Team is responsible for receiving and recording Personal Audit Profiles submitted and for ensuring the results are used to influence the identification of training needs in forthcoming Education and Competency Assurance Plans

6.2.3 The Area Operations Manager is responsible for authorising the application/removal of the Advanced Paramedic allowance based on a recommendation from the Medical Director.

6.2.4 The Area Operations Manager is responsible for ensuring that the business support arrangements required to apply/remove the allowance are applied.

7.1 PROCEDURE

7.2 ADVANCED PARAMEDIC ALLOWANCE

7.2.1 The AP allowance is a specific value allowance, the value of which will be determined in accordance with industrial relations agreements and Government pay policy.

7.2.2 The allowance is payable to any grade of NAS staff who meets the eligibility criteria as set out in **Section 7.2**.

7.2.3 The allowance will be included in any consolidation arrangements where applicable, however, any ongoing payment is subject to ongoing review and eligibility.

7.3 ELIGIBILITY

7.3.1 Any member or grade of NAS staff who meets all of the following criteria is eligible to receive the AP Allowance:

- A. Co-operate with the Application Procedure
- B. Ongoing compliance and co-operation with the requirements of PHECC regarding ongoing registration as an AP
- C. Be currently registered on the AP (Post Graduate or above) Division of the Register as held by PHECC

- D. Be currently compliant with any CPC, FTP and Code of Ethics requirements as determined periodically by PHECC
- E. Be currently in the employment of the HSE and be prepared to carry out Advanced Paramedic practice where required to do so
- F. Be currently Authorised to Practice by the Medical Director
- G. Respond to emergencies as directed by the HSE
- H. Ongoing Garda Clearance

7.4 REGISTRATION WITH PHECC

- 7.4.1 The Applicant will be responsible for registration with PHECC, and maintaining that registration thereafter.
- 7.4.2 Following acquisition of Advanced Paramedic registration with PHECC, the Applicant will forward a completed Application Form (see Appendix II) and a **colour copy** of the Advanced Paramedic Practitioner's Licence, issued by PHECC to the Education and Competency Assurance Team.
- 7.4.3 Upon receipt of the Advanced Paramedic Practitioner's Licence, the Education and Competency Assurance Team will make a record of the Licence number and expiry date on a database and place a copy of the Licence in the individual's CPC file.
- 7.4.4 The database will be searched periodically to identify those registrations which are due to expire and the individuals concerned will be advised of the pending registration renewal and that a copy of the renewal will be required within one week of the expiry date.
- 7.4.5 Where a copy of the renewed Licence is not received within the timeframe, the Removal of AP Allowance procedure will be initiated.

7.5 ACTIVITY AND AUDIT PROFILE

- 7.5.1 Where refused, the applicant will be notified accordingly
- 7.5.2 The Education and Competency Assurance Team will maintain a personal profile of individual staff members registered with PHECC on the Advanced Paramedic level of the Register.
- 7.5.3 The audit profile shall be compiled on a monthly basis and will then be compiled into an annual audit to inform future training needs and best practice.
- 7.5.4 Individuals will also maintain their own portfolio of evidence for Continuing Professional Competency purposes. Where necessary, it may be used to validate ongoing eligibility for the AP Allowance (see Section 7.2.1 E).

7.6 APPLICATION FOR ADVANCED PARAMEDIC ALLOWANCE

- 7.6.1 The Applicant must complete the Application Form (see Appendix II) and attach a **colour copy** of the AP Practitioner's Licence.
- 7.6.2 The Application Form must be submitted to the Education and Competency Assurance Team for review, entry of details onto the database, cross checking with PHECC and recommendation to the Medical Director.
- 7.6.3 Authorisation to Practice by the Medical Director must be considered prior to any approval
- 7.6.4 On approval, the Application Form will be forwarded to the senior Business Support Officer at the relevant Area Headquarters for processing of the application.
- 7.6.5 Setting up of the payment for any individual may require up to 6 weeks notice, depending on current business support systems in operation.
- 7.6.6 All documentation supporting the Application of the AP Allowance will be placed on the Individual's Personal file.
- 7.6.7 A decision to apply the AP Allowance and authorised Advanced Paramedic practice, will be conveyed in writing to the Applicant outlining the first date of payment and the ongoing process of evaluation of eligibility.
- 7.6.8 If the application is not processed in a timely manner, the date that any payment is first due will continue to be the date of Authorisation to practice by the Medical Director.

7.7 MONITORING AND EVALUATION

- 7.7.1 The Education and Competency Assurance Team will monitor eligibility on an ongoing basis through ongoing evaluation of the Individual's compliance against the criteria as set out in **Section 7.2**.
- 7.7.2 Regular formal communication will be maintained with PHECC to ensure early identification of issues affecting the status of the Individual's registration or fitness to practice.
- 7.7.3 Any incident or event which impacts on the Individual's suitability to interact with patients/clients will be documented and considered by the Medical Directorate.
- 7.7.4 Where the Medical Director is concerned about suitability/fitness to practice, based on compliance with eligibility criteria, fitness to practice, personal request or capability, then the Removal of AP Allowance procedure will be initiated.

7.8 REMOVAL OF ADVANCED PARAMEDIC ALLOWANCE

- 7.8.1 The Advanced Paramedic Allowance will be removed from any Individual who no longer meets one or more of the requirements outlined in **Section 7.2** or subject to the provisions provided for in Section 7.9.3.
- 7.8.2 The Education and Competency Assurance Team will complete the appropriate Application Form (see Appendix III) in conjunction with the relevant Individual outlining the reason for the recommendation and submit to the Area Operations Manager for approval.
- 7.8.3 On approval, the Application Form will be forwarded to the senior Business Support Officer at the relevant Area Headquarters for processing of the application.
- 7.8.4 A decision to remove the AP Allowance and remove authorisation for Advanced Paramedic practice, will be conveyed in writing to the Applicant outlining the reason(s) and action date and held on the Personal file.

7.9 APPEALS

- 7.9.1 In the interests of natural justice, any Individual who is not recommended for Application of the Advanced Paramedic Allowance or is recommended for Removal of the Advanced Paramedic Allowance may appeal that decision to the Area Operations Manager or another authorised Manager as may be designated in the future.
- 7.9.2 Where the Area Operations Manager or another authorised Manager as may be designated in the future does not uphold the appeal, the Individual may pursue a grievance through the Grievance procedure.

7.10 SPECIAL CIRCUMSTANCES

- 7.10.1 In certain circumstances, an Individual may request special assistance where a decision to Remove the AP Allowance is likely.
- 7.10.2 Special consideration/support will be considered on an individual case by case basis in the following circumstances:
 - A. Additional training/support will be provided where the exigencies of the NAS have prevented regular access to AP practice.
 - B. Consideration will be given where a personal or family crisis has impacted on the Individual's capability to practice.

7.10.3 In addition to the above, the Advanced Paramedic Allowance may be removed without notice in the following circumstances:

- A. Incident of gross negligence (may be subject to Stage 4 Disciplinary Hearing)
- B. Decision of Medical Director to withdraw authorisation to practice (Authorisation to Practice at any level may be withdrawn pending the outcome of an Incident Review)
- C. Decision by PHECC that fitness to practice is in doubt (Authorisation to Practice at any level may be withdrawn pending appropriate remediation, post proficiency training or appropriate management procedure)
- D. Investigation into suspected Drug Abuse/Mishandling of any medications in the charge of the Advanced Paramedic (may be subject to Stage 4 Disciplinary Hearing)
- E. Criminal Investigation (may be subject to Stage 4 Disciplinary Hearing)

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Procedure will be available in electronic format in each Ambulance Station for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

- 9.1 This Procedure will be formally reviewed whenever necessary following changes in procedures and/or legislation or a relevant event.
- 9.2 The Head of Business Support has the responsibility for ensuring the regular review and updating of this Procedure.

Revision History:

(This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	2	03/1/17	No Amendments	Business Manager

10.0 REFERENCES

- HSE HR Circular 11/2009 – Allowance for Advanced Paramedics

11.0 Appendices

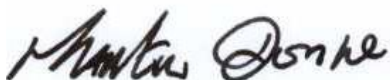
Appendix I – Form – Application for Advanced Paramedic Allowance

Appendix II – Form – Removal of Advanced Paramedic Allowance

Appendix III – Template - Removal of Advanced Paramedic Allowance

Appendix IV – Document Control Forms 1-3

12.0 Signature of Approval



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date 3rd January 2017



Health Service Executive
National Ambulance Service

Application for Advanced Paramedic Allowance

Name (Print): _____ Date: _____

Received by Education and CA Team Date: _____

Applicant meets Eligibility Criteria	Y/N
Currently registered on the Advanced Paramedic (qualified) Division of the Register as held by PHECC	
Ongoing compliance and co-operation with the requirements of PHECC or the HSE	
Currently compliant with any CPC, Fitness to Practice and Code of Ethics requirements as determined periodically by PHECC or the HSE	
Currently in the employ of the HSE and be prepared to carry out Advanced Paramedic practice where required to do so	
Ongoing Garda Clearance	
Candidate confirms responsibility to advise any change of status in relation to any of the above	
Candidate confirms and agrees to participate in various deployment models	
Applicant meets all eligibility criteria	

Action by ECAT and Medical Director	Y/N
Recommend application of Advanced Paramedic Allowance	
Authorisation to practice on behalf of HSE	
Candidate advised of recommendation	

Signed: _____ Date: _____
Education and CA Officer

Approved: _____ Date: _____
Area Operations Manager

Action by Business Support Unit	Tick
Application processed for payment	
Date of first payment (Date: _____)	
Letter issued to applicant (Date: _____)	
Record placed on Personal file	

Version 4.0

27th February 2012



Health Service Executive
National Ambulance Service

Removal of Advanced Paramedic Allowance

Initiated by Education and CA Team Date: _____

Staff Name (Print): _____ Date: _____

Failure to meet Eligibility Criteria	Tick
Not currently registered on the Advanced Paramedic (qualified) Division of the Register as held by PHECC	
Has not compiled and/or co-operated with the requirements of PHECC or the HSE	
Not currently compliant with any CPC, Fitness to Practice and Code of Ethics requirements as determined periodically by PHECC or the HSE	
Currently in the employ of the HSE but not prepared to carry out Advanced Paramedic practice where required to do so	
Garda Clearance not in order	
Other reason (outline below)	

Recommendation/Action of ECAT and Medical Director	Tick
Removal of Advanced Paramedic Allowance	
Removal of authorisation to practice on behalf of HSE (MD)	
Candidate advised of recommendation and reason (use template)	

Signed: _____ Date: _____
Education and CA Officer

Approved: _____ Date: _____
Area Operations Manager

Action by Business Support Unit	Tick
Date of cessation of payment (Date: _____)	
Letter issued to applicant (Date: _____)	
Record placed on Personal file	

APPENDIX

NOTIFICATION OF DECISION TO REMOVE ADVANCED PARAMEDIC ALLOWANCE

Name Grade:

Address:

Date:

Re: Payment of Advanced Paramedic Allowance

Dear

Further to our recent meeting, the undersigned, on behalf of the HSE, is to confirm that the Medical Director has decided to withdraw your Authorisation to Practice as an Advanced Paramedic. Consequently, on behalf of the HSE, I am to advise that the HSE will discontinue the payment of the Advanced Paramedic Allowance to you for the following reasons:

- List reasons in bullet points

Should you wish to appeal this decision, you may do so in writing to the undersigned in the first instance, within 14 days of the date of this letter. Any appeal must specify the following:

- Mitigating circumstances
- Procedural deficiencies
- Specific evidence submitted

Yours Sincerely

Name

Area Operations Manager

Email Address

Document Control No. 1 (to be attached to Master Copy)

NASBS005 Application and Removal of Advanced Paramedic Allowance

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASBS005 Application and Removal of Advanced Paramedic Allowance

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASBS005 Application and Removal of Advanced Paramedic Allowance

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

