

Voluntary Ambulance Sector and Skills Maintenance

1st April 2011 – RESUS

Introduction

- Secondment to Pre-Hospital Emergency Care Council
- Develop a Model of Continuous Professional Development
- Through Research – surveys, focus groups, semi-structured interviews
- University of Limerick - GEMS

Discussion Forum

- Recorded for research purposes
- Unidentifiable
- If you participate implied consent is assumed
- Names will not be attributed to responses
- Your input would be appreciated

Continuous Professional Development v's Continuous Professional Competency

- So many Acronyms associated with CPD: CME, CVE, CPU, CPE
- Leads to confusion
- Our CPD will be known as Continuous Professional Competency – CPC
- Initial focus will be on ‘Competence’

What is CPD/C?

- *‘... to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The beneficiary will ultimately be the patient/client’. (HPCSA, 2009)*

Research and Concurrent Model of CPC

- Implement a temporary model of CPC for PHECC Registered
 - Advanced paramedics
 - Paramedics
 - Emergency Medical Technicians

First Group to Engage with....AP??

- No, the first group was EMTs:
 - Order of Malta
 - Civil Defence
 - St. John
 - Irish Red Cross...and now you!

		Day 1	Day 2	Day 3		
		Minimum Competency Requirement – 22 points			Additional 18 points = Total of 40 CPC points for year 1	
		6 points	8 points	8 points	18 points through additional activities	
EMT Voluntary/Auxiliary St. John, IRC, OMAC, Civil Defence	Following Consultation. Currently in development	Cardiac Revalidation/ CFR Re- certification	Evidence of Operational Duties	Evidence of Operational Duties		
EMT - Private Ambulance Services	Not yet consulted					
EMT - Other	Not yet consulted					

Discussion

- Why CPC for EMTs?
- 6 points CFR recert, 16 points duties, 18 points other = 40 points
- Is this enough/too much in one year?
- Should patient contacts be a Requirement, PCR completion?
- Should you be solely responsible for the completion of CPC or should that be shared?

- What type of activities should be included in the 'Additional Activities' category?
- What if you want to do additional recognised courses, should you be offered financial assistance – if so by whom?
- Which would you prefer, PHECC to develop on-line learning for EMTs or provide some financial support for you to develop your own portfolio?

- What Organisation do you see as being the main provider of CPC for you?
- What if an EMT does not complete their CPC, what should happen them?
- Should they be given another opportunity within a limited timeframe?
- What if they are not allowed to re-register by PHECC, how could they get back onto the Register?

- If an opportunity was available for you to do an operational placement within the NAS/DFB, would you be interested?
- Should more CPC points be given to someone who instructs?
- Should CPC for EMTs include:
 - examinations
 - skills assessments.....?

Private and Independent EMTs

- This group should meet the same CPC requirements as Voluntary Groups – Agree?
- Who should provide their training/CFR re-cert etc?
- How would independents get operational duties?

Finally

- Is there anything else you believe should be included in EMT CPC?
- Finally, finally... I will be contacting everyone asking them to complete a survey
 - Please ensure you have updated any contact information with PHECC
 - Please consider completing the survey

Conclusion

- Thank you for your participation
- The information is extremely useful
- Remember it is your CPC, so your involvement in the design of the Model is essential
- Thanks!