EMT

Professional Public Protection
Education Training Learning
Units **Points** Reflection **Portfolio**
Compulsory **Continuous**
On-going Requirement

CONTINUOUS PROFESSIONAL COMPETENCE

A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council

Requirement Reflective Practice
Case Studies **Mentor** Credit
Emergency Medical Technician
Activity Record **CPD** CEU
CME CPC **EMTs**

Pre-Hospital
Emergency Care
Council

November 2013

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ISO 9001:2008
Management System
SGS

Abbreviations

ACR	Ambulatory care report
CPC	Continuous professional competence
CPG	Clinical practice guidelines
DFB	Dublin Fire Brigade
EMT	Emergency medical technician
NAS	National Ambulance Service
NQEMT	National Qualification in Emergency Medical Technology
PCR	Patient care report
RI	Recognised institution (an organisation we have accredited to provide training)
PHECC	Pre-Hospital Emergency Care Council

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About this document

The Pre-Hospital Emergency Care Council (PHECC), has provided this document for registered Emergency Medical Technicians.

Throughout this document:

- 'we' refers to us, the Pre-Hospital Emergency Care Council

- 'you' refers to an emergency medical technician on our register

- 'registered practitioners' also refers to Emergency Medical Technicians registered with us

People who might find this document useful:

- a registrant who wants to find out about CPC

- a PHECC-recognised institution or CPG approved organisation

- an employer thinking about CPC and how they might help an EMT with CPC

- a person or organisation thinking about offering CPC activities to registrants

Introduction to Continuous Professional Competence (CPC)

"…to enhance and promote professional integrity"

Pre-hospital emergency care services in Ireland have developed in line with international best practice over the last few years. The introduction of clinical practice guidelines, associated medications that can now be administered by registered practitioners, and the establishment of a register of pre-hospital practitioners, are just some of the initiatives that have helped to advance the role of the practitioner and the profession, both nationally and internationally.

Regulated health professions, including the pharmaceutical, medical and nursing professions, have already developed systems of Continuous Professional Development (CPD). We need to maintain this impetus and further enhance pre-hospital practitioner development if the profession is to develop in line with other healthcare professions.

One explanation of the purpose of Continuous Professional Development, as described by the Health Professions Council of South Africa, is:

"... 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" (Africa, 2009). "

There are many (probably too many) definitions and related terms associated with CPD. Some of these terms, such as continuous medical education (CME), which relates to medicine, are specific to a profession. To prevent possible confusion and to focus specifically on continuous improvement, we have adopted the term **'continuous professional competence (CPC)'.** This term is also used in the PHECC Education and Training Standards.

Guided by the principle of 'beneficence', regulated healthcare professions recognise the need to update and develop the knowledge, skills and attitudes that support professional, competent practice through the implementation of a continuous professional competence scheme. This protects the public interest, meets the requirements of the Register and promotes the profession.

"..to provide net medical benefit to patients with minimal harm - that is, beneficence with non-maleficence. To achieve these moral objectives health care workers are committed to a wide range of prima facie obligations... Hence we need rigorous and effective education and training both before and during our professional lives" (Gillon 1994).

The Pre-Hospital Emergency Care Council and CPC

The initial objective is the implementation of a CPC model to address current requirements for PHECC registration

In November 2010, we began a new project to develop and put into place a system of continuous professional competence for all our registered pre-hospital practitioners.

Our initial aim will be to put into place a system of CPC to address current requirements for registration with us. This will make sure there is consistency between all registered practitioners, and will provide a platform that we can expand on across the country.

Anecdotal evidence from other countries suggests that although CPC has appeared in response to the need for regulation, it has paid less attention to the job-specific requirements for professionals in whatever their field of practice. Because of this, and as a first step, we have used an electronic survey to allow all registered EMT practitioners to influence the setting up of an Irish system for pre-hospital continuous professional competence.

We have consulted with EMT representative groups across the country for feedback on the CPC model. Focus groups, made up of registered practitioners, have been an important part of the process. We have encouraged registered practitioners at every level to take part in and influence the project through the consultation process.

Developing an appropriate CPC system specifically for pre-hospital professionals will benefit the public we protect, the patients you treat, and add significantly to the development of the profession itself.

Remember, this is the first model of CPC for EMTs and it will be up to you, and others involved, to develop and change this initial model so that we end up with a robust CPC system that meets everyone's needs.

CPC ensures that there is a minimum national standard of registered EMTs who can provide quality care to patients.

Do not view the process of CPC as a difficult one. It's not designed to be. It really is about:

- Documenting the things you do regularly
- Encouraging you to reflect
- Recording and responding to CPC as a healthcare professional
- Whether you are an employee or a volunteer you are a registered pre-hospital practitioner on a professional register and CPC is an important part of your registration.

Responsibility: Emergency Medical Technicians

"a registrant shall participate in ongoing CPD (CPC) requirements of relevant division of the Register"

Section 3.2 Code of Professional Conduct and Ethics (Pre-Hospital Emergency Care Council).

Pre-hospital practitioners, like other regulated professions, have a responsibility to commit to their own personal and professional development. Section 3.2 of our Code of Professional Conduct and Ethics says that a registrant will **'participate in ongoing CPD (CPC) requirements of the relevant division of the Register'.**

November 2013 data collection starts for December 2014, EMTs registered with PHECC will have to maintain an up to date learning portfolio of Continuous Professional Competence (CPC) that records CPC activities. This can simply be a folder in which to keep certificates or other evidence such as case reviews, important learning points, and so on. See page 13 for a description of CPC learning portfolios.

CPC points are based on the principle that one hour of CPC activities equal 1 CPC point.

We do not want to limit the activities you take part in as part of your CPC requirements. Allowing you access to all relevant programmes or activities should encourage you and help you to meet your CPC requirements.

You must build up **18 CPC points a year (54 CPC points over a three-year period)**. This gives you some flexibility in developing your CPC. Ideally you will gain 18 CPC points each year. However, if personal reasons mean you cannot gain 18 CPC points in one year, the three-year period means you can still meet your CPC requirements by making up for this in the other years.

Does CPC apply to all EMTs? Yes, all EMTs must meet the same PHECC CPC requirements. Please contact your own organisation for specific administrative and organisational requirements.

Remember: Even though you are registered as an EMT, you may only practise in Ireland (as a member or employee) of a CPG approved service provider/organisation. PHECC approve/licence organisations to implement our CPGs.

Reviews to make sure portfolios meet CPC requirements (compliance review): You don't have to send us your portfolio for inspection, but we will review a random selection of EMT portfolios to make sure they meet CPC requirements. Each year, as part of our registration process, you will sign a declaration stating that you meet the CPC requirements and we will then issue your EMT licence. We intend to align the current system so that every EMT will re-register on a single day in 2014.

EMTs, Service Providers and Organisations

> "CPD is a fundamental component that lies along the continuum of lifelong learning… and is invariably twinned with the strategic visions of health organisations and managers' immediate needs"
> (Ryan 2003).

Developing staff or members through CPC will no doubt benefit an organisation. The organisation may facilitate the EMT by providing some CPC activities or by allocating time to participate in such activities. For example, organisations may help you meet your CPC requirements by providing opportunities through courses, case reviews, mentoring and so on.

Some organisations may ask their members (or staff) to carry out extra activities – this is a matter for your organisation. However, it is important to note that the **requirement to maintain registration is your responsibility.** To keep up your registration – you must **register directly with us**.

Any relevant training organisation can provide related programmes of learning that will automatically count as CPC points.

Any accredited related programme provided by other healthcare professions for the purposes of CPD may be considered for CPC points. For example programmes from the Irish College of General Practitioners, An Bord Altranais, and so on.

At the moment, training organisations do not need to send programmes to us for accreditation. We consider all programmes, developed and conducted with reference to a specific body of knowledge and or clinical practice in an area of practitioner level care acceptable for CPC, with one hour counting as one point.

After you complete a programme provided by a training organisation they must issue you with a certificate for your own portfolio.

There are many training organisations who provide related training that would be relevant for CPC including PHECC Recognised Institutions (RIs). You can find a list of PHECC Recognised Institutions at: www.phecit.ie

You will always register directly with us. If you keep to our CPC requirements and meet any additional registration requirements then you will be entitled to re-register.

However, remember that there are many other ways of gaining CPC points other than completing programmes! (See page 11 for extra activities you can gain CPC points for).

Continuous professional competence requirements

18 CPC points a year

The 18 CPC points a year (54 over a three-year period) are ideally accumulated over a 12-month period but a three-year span allows for you to compensate, in exceptional circumstances, should you have reason to do so. However, to maintain registration you must show evidence of how you gained your 18 CPC points per year or state why you were unable to meet the requirements.

CPC works using a system of points and is divided into two sections:

- **Section 1:** Practice status
- **Section 2:** Compulsory requirements including self-selected options

Section 1:
Practice Status

Section 1 clarifies your practice status and the environment in which you practice. There are 3 parts to this section.

1) **A statement of context -** This is an introductory statement explaining the context in which you collect evidence and record experience as a practicing EMT. You must include this statement of context as the first part of your learning portfolio.

2) **Evidence of at least 12 patient contacts per year**

3) **Evidence of your current CPG status**

Section 2:
Compulsory requirements

All EMTs must complete and show evidence of compulsory CPC. This is broken down into the following parts.

REQUIREMENTS	CPC POINTS	EXTRA INFORMATION
Cardiac First Response (CFR)	2	**CFR Advanced** (certification is valid for two years) **CFR Refresher** (one year after initial certification)
Mentor - Mentee *and/or* Lecturer - tutor - instructor	4	Mentoring a student or being mentored on any experiential/operational ambulance, response vehicle placement
Reflective practice *and/or* Case studies	4	A document containing key learning points (2 CPC points per documented evidence) *and/or a* Case study on an incident, condition or injury you have encountered (2 CPC points per case study)
Self-selected options from: Courses – seminars - related activities *(See Page 11 for examples)*	8	Must demonstrate a direct relevance to the EMT standards and/or practice
Total Minimum CPC points	18	CPC points required per year (Minimum of 54 over a three-year period)

Examples of courses and related activities (additional options)

You can gain the self-selected **8 CPC points** for the 'Courses, seminars and related activities section' listed previously. A combination of some of the activities listed below will allow you to accumulate your required 8 CPC points. The choices listed are deliberately wide. This category allows you to take part in activities that are relevant to you personally and are specific to your own learning and development needs.

You must gain **8** CPC points from these self-selected options each year as part of the overall compulsory CPC requirements.

ACTIVITY	CPC POINTS	EVIDENCE
CPC related training programme provided by training organisations or programmes accredited by other professional organisations (for example, An Bord Altranais, Irish College of General Practitioners (ICGP) and so on)	1 point for each hour	Certificate
Case study	2 points	Case study on an incident, condition or injury you have encountered
Reflection on the incident	2 points	A document containing the main points you have learned
Seminars and conferences	1 point for each hour	Details of the seminar you have been to with a review of the key points you have learned
Programmes such as ACLS, PALS, PHTLS, PEPP, ATC, MIMMs, ITLS, Wilderness-EMT, ATLS, AMLS and so on	1 point for each hour	Certificate
Journal article review	2 points	Critical appraisal of a journal article
Electronic learning/on-line learning – related to practice	1 point for each hour	Printed certificate from site
Mentoring a student or being mentored on any experiential/operational ambulance, response vehicle placement.	1 point for each hour	Documented evidence of placement, signed by a paramedic or advanced paramedicar period)

The list shows examples of some CPC activities. It allows you to build evidence of your CPC activities in-line with your own needs and preferred learning style.

We encourage you to take part in any relevant CPC programmes or activities. It is important that you keep all certificates for CPC activities to help build your portfolio. You can then use this portfolio to support your own development plan and can use it as independent evidence of your CPC activities at a later stage.

What is a learning portfolio?

The learning portfolio is a tool to support practitioners to commit and engage in lifelong learning, long after the award of National Qualification in Emergency Medical Technology (NQEMT) and Registration has been achieved (Pre-Hospital Emergency Care Council 2011).

A professional development (learning) portfolio is a collection of material, made by a professional that records, and reflects on, key events and processes in that professional's career (Hall 1992). This means you should record, reflect on and keep evidence of any activities that relate to CPC. In doing this you will have evidence of your experience.

It is your responsibility to maintain your portfolio and it is your property. In order to maximise the learning potential of portfolio development, the learner has to take responsibility for its creation, maintenance and appropriateness for purpose (Challis 1999).

It is important to realise that there is no such thing as a standard portfolio. A portfolio can be either electronic or in hard copy. Portfolios are as diverse as their possible content and can be adapted for various purposes (Webb 2002). Your purpose in developing your portfolio is to record evidence of your learning experiences.

The portfolio allows you to use a range of learning styles depending on your preferences.

Here are some important things that are generally recorded in a portfolio.

- **The experience** – what has happened, what you have done, seen, written, and so on.

- **The learning** – the discovery that what you have recalled has significance for doing or changing things in the future.

- **The evidence** – where you show how you are applying what you have learned in an appropriate context.

- **Learning needs** – where you identify where it would be appropriate to go next.

- **Learning opportunities** – an educational action plan identifying ways in which you might meet your learning needs (Redman 1994).

A portfolio is somewhere for you to start. You can collect certificates and material related to your profession. This is then linked to your learning experience by demonstrating reflection and documenting what you have learned or how you might do something better the next time.

Reflection

> "Reflection appears to be the 'engine' that shifts surface learning to deep learning and transforms knowing in action into knowledge in action".
>
> (Schon 1983, Moon 1999).

Reflection allows us to transform current ideas and experiences into new knowledge and action (Lockyer et al. 2004)

The portfolio is not just about retaining copies of certificates. It is about showing evidence of learning and how you learned from various related activities. Learning that occurs in the context of the daily workplace (or while you are practicing as an EMT within your organisation) is far more likely to be relevant and reinforced, leading to better practice (Davis 1995).

Portfolios are not a panacea, but they are a useful tool which can be used to plan and record learning and incorporate personal development plans to form the basis of appraisal or peer review (Boulay 2000) and as such should include evidence of reflection on patient management.

The most frequent stimulus for learning is reading the medical literature, followed by management of a current patient or problem (Campbell 1999).

For example, you could have managed a patient with a condition that you have not heard about. After reflecting on the incident you decide, as part of this review, to search for information on the condition. Your research should reveal perhaps, what causes the condition, what type of patient it may present in, what are the signs and symptoms, medications used and management of the condition. Now that you understand what this condition is, at the very least, it will give you an idea on the typical presentation should you encounter the same condition again.

One suggested example of reflecting on your management of a patient is by asking yourself:

- What went well – so that you know what might work well again?

- How did the patient respond to your management or interventions, in accordance with the CPGs?

- What would I like to change in relation to the management of this patient, but within my scope of practice?

- What was the patient's chief complaint?

- Are there other conditions similar to this? If so, what are they?

- Can I review the 'chief complaint' by doing some research into it?

After answering these questions you should:

- List key learning points that demonstrate what you have learned from this patient encounter

- Finally, document this in your portfolio. This shows evidence of reflection.

Because you need to reflect on your practice, you should include examples that show how you have learned and improved your practice. A portfolio that seems to show that everything is perfect all the time might arouse suspicion: none of us can honestly say that everything we do works out perfectly. Instead, show how you have responded to problems that have presented themselves and evaluate how successful your response has been (Brigden 1999).

Professional competence is more than factual knowledge and the ability to solve problems with clear-cut solutions: it is defined by the ability to manage ambiguous problems, tolerate uncertainty, and make decisions with limited information (Schon 1983).

Remember, **CPC is more than attending courses or conferences** and there is as much benefit to be gained by reflecting on patient encounters. If you can be self-critical and honestly identify what you might change then you have learned. Simply document it and retain it in your Portfolio.
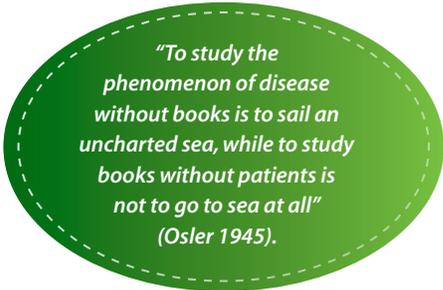
"To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all"
(Osler 1945).

Patient privacy and confidentiality

You must make sure that you keep to the requirements for patient privacy and confidentiality. You cannot help referring to patients when even briefly recording incidents. However, you must not include any information that could identify patients or carers by their name, address, job title or in any other way. This would be breaking the law relating to confidentiality under data protection legislation *(Data Protection Act 1988, Data Protection (Amendment) Act 2003)* and would also be contrary to point five of our Code of Professional Conduct and Ethics – 'Maintain Confidentiality'(Pre-Hospital Emergency Care Council). The best approach is to refer to a patient as either 'a male' or 'a female'.

Summary: Key points

You and Registration

- CPC for EMTs commences in **November 2013 when data collection starts.** It is **your** responsibility to ensure you comply with PHECC CPC requirements

- The responsibility for registration is yours and the relationship for registration is between you and PHECC

- Each year, as part of our registration process, you will sign a declaration stating that you meet the CPC requirements and we will then issue your EMT practitioner licence

- You must maintain a learning portfolio and accumulate 18 points a year (54 CPC points in a 3-year cycle)

- Your learning portfolio must include:

  - **A statement of context**

  - **Evidence of at least 12 patient contacts per year**

  - **Evidence of your current CPG status**

    AND

  - **Evidence of how you achieved your 18 Compulsory CPC points each year (see page 10)**

- Ensure patient privacy and confidentiality when recording information for CPC

Recognition of courses etc. for CPC

- Any training organisations can provide programmes of learning that will automatically count as CPC points

- Training organisations or course providers do not need to send programmes to us for accreditation

- Every programme provided for CPC by training organisations should provide a certificate for the EMT

- Any accredited related programme provided by other healthcare professions for the purposes of CPD may be considered as CPC points

"Professional competence is more than factual knowledge" (Schon 1983).

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