



# National Ambulance Service Representative Association<sup>©</sup>

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Dear Editor,

Since November 15<sup>th</sup> 2010 and for the first time since 1894 and the forming of the Irish trade union congress we now have a union dedicated to Emergency and frontline personnel. Together with the psychiatric nurses and the fire-fighters of Ireland we have formed a strategic alliance, a brotherhood of associations dedicated not only to protecting our members and their interests but committed to improving them. Within this alliance are:

- National Ambulance Service Representative Association
- Irish-Firefighters & Emergency Services Association
- Psychiatric Nurses Association

We felt the need to form our new union in light of the government and the HSE's sustained attack on our members pay and conditions in months gone by, also in direct response to SIPTU's lack of leadership during the austerity measures forced upon us by the bureaucrats in Dail Eireann.

Our members have paid with their lives to ensure that those who need us in their darkest hour are not left to chance, and in response we are repaid by a government who imposes levies and pay cuts in response to the whimsical ranting of economists and capitalists who have portrayed us as bloodsucking parasites.

We acknowledge the dire fiscal state of the economy, but in doing so commend our member's contribution to date by incurring a 1% income levy and pay freeze including the 5% benchmarking award still outstanding and withheld by the HSE, we've also incurred cuts in subsistence rates and an average 15% cut in pay imposed by way of a pension levy and reduction in salary and we will seek to redress both by any means necessary.

## **Education**

Ambulance personnel in Ireland are amongst the most educated and skilled set of pre-hospital care providers in the world reflected by way of the educational entry requirements in to the service.

## **Training**

On successfully entering the ambulance service our trainees embark on a two year training programme leading to a NQEMTA from the Pre-Hospital Emergency Care Council, the Higher Diploma in Emergency Medical Technology (hDipEMT) from UCD's faculty of medicine and a Certificate of Completion from the National Ambulance Service College (NASC) at paramedic level with the option some two years later to

advance their skill set further leading to a Graduate Diploma in EMT (GradDipEMT) and the advanced paramedic level.

## **Professional register**

Ambulance personnel are one of but a few professions registered with a statutory agency. The Pre-Hospital Emergency Care Council (PHECC) is an independent body with responsibility for standards, education and training in the field of pre-hospital emergency care in Ireland. They hold a professional register of practitioners and membership indicates the academic qualifications, competency level and commitment of registered practitioners to professional standards. The aim of the register is primarily to protect the public and all members of the statutory ambulance service are registered practitioners at EMT, paramedic, advanced paramedic or Emergency medical controller level.

## **Reform**

Since the 1998 Ambulance productivity agreement, our ambulance service and its personnel have been at the forefront of public service reform long before any Croke Park deal or suggestions of public service reform. From the commonly known ambulance driver and attendant to the more recently recognised paramedic and advanced paramedic titles, here are just some of the reforms accepted by our members through the years.

- The acceptance of fortnightly paypath.
- Upskilling and Clinical Practice Development.
- The Advanced Paramedic programme.
- Dual purpose role for paramedic crews, doing away with the nurse on the ambulance scenario.
- All calls designated emergency to be responded to up to shift finishing time.
- Full participation and co-operation with all reporting systems incorporating appropriate documentation designed for quality and delivery of care.
- Co-operation with assimilation of new entrants into the Ambulance Service to include participation in the mentoring process on a more formalized basis and agreement to complete relevant documentation.
- Acceptance of In-Service Instructor traveling on ambulance vehicles during calls to provide feedback to staff participating in training programmes.
- Co-operation with the introduction of staffing structures appropriate to the efficient and effective operation of central command and control centre's.
- Acceptance of the National framework for LEMT deployment.
- Acceptance of structured annual leave.
- Acceptance of management attendance policies.
- Professional registration
- Fitness to practice committees.

These are but a few of the reforms we have undertaken, a fact that did not go unnoticed by the 2002 public service benchmarking body who under it's terms of reference merely sought to drag our pay in to line with the private sector.

## **Clinical practice guidelines**

Within that aforementioned modernisation process was an undertaking to partake in further training and development. At the beginning of 2000 we were a non regulated profession with no skill matrix or clinical practice guidelines (cpg's) to adhere to. Since the inception of the PHECC in 2000 we now have signed up to a regulatory body with published cpg's which are now on there 3<sup>rd</sup> edition. We have a Medicinary formulary consisting of 16 drugs for paramedics and 40 drugs for advanced paramedics. We have a skill matrix consisting of almost 90 potentially lifesaving interventions for paramedics and 108 lifesaving interventions for advanced practitioners including invasive procedures such as needle cricothyrotomy and needle thoracocentesis. We have completed additional courses such as:

- Non violent crisis intervention (NVCII)
- Pre-hospital trauma life support (PHTLS)
- Paediatric education for pre hospital providers (PEPP)
- Major incident medical management and support (MIMMS)
- Advanced driver training courses

## **Aspirations**

The aspirations of the National Ambulance Service Representative Association are based on the idea of industrial and social justice. It is our intention to achieve conditions denied to our members which have been historically enjoyed by our colleagues operating in the same arena for many years. Conditions such as pay and pension parity, the appropriate remuneration of on call payments in keeping with that of other professionals within the union, or the eradication of the social and family debilitating on call system, and the introduction of a fair and equitable compensation scheme for members assaulted and injured during the course of their duty, these are but a few objectives that we set out to achieve, full details can be found on our website [www.nasra.ie](http://www.nasra.ie) where you can also download an application form.

We are also aware of the expectations of the public we serve and their right to a competent and equitable service which meets their needs. In order to achieve this we see the forming of NASRA as the correct forum to launch and achieve these goals.

Autonomy within an Association is always expected by its members, but in order for us to be successful we acknowledge the advice and support of the other Associations within the Alliance as being essential to our cause. As frontline professionals we have many common interests, for example the global attempt at privatisation of public services. As trade union activists our concerns are not just that of ourselves, but they also encompass the idea of the delivery of a professional frontline public service free from the threat of corporate profiteering.

In order to aspire to these goals we would envisage the borders between Associations to be permeable but at no cost to the autonomy of other Associations so as to facilitate the need for education, advice and support on these and the many other issues which we need to address. Indeed there are organisations that have embraced and taken advantage of permeable borders both geographic and industrial to forge alliances with other professional services throughout Europe. For example it is worth noting the support from members of the Northern Ireland Ambulance Service during the twenty four seven alliance demonstration through Dublin city in late 2009.

This presents us with the opportunity to open a dialogue based on common interests and concerns with our colleagues from within other jurisdictions. We would see this as a spring board to further develop contact with other services throughout Europe. These aspirations can be achieved but only with the active involvement of the members at the coalface.

We intend to promote and support the role of shop stewards at local level a role which has been eroded over the years denying workers of their voice. We believe that the role of the shop steward is integral to the success of the new Association.

## **Conclusion**

Our members are now at the forefront of the Department of health and children's hospital reform programme. We are leading the way in pre-hospital care within the community. Recognised as one of the most reformed ambulance services in the world, our members have given more than that required of them and in return our government and the HSE has turned its back on them forcing some in to the financial wilderness.

This is a situation that we cannot and will not allow to continue, it is with our members interests to the fore that we have formed the National Ambulance Service Representative Association, with our brothers and sisters in The Psychiatric Nurses Association and the newly formed Irish fire-fighters & Emergency Services Association we have found a home more befitting our needs as frontline professionals. We ask you to embrace this initiative and hope that you will allow us the time to mobilise and organise ourselves so that we can best serve the interests of you, our colleagues. NASRA was established by Ambulance personnel for Ambulance personnel and can only succeed with your support.

Derek O'Rourke  
Trustee

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Tony Gregg