Pre-Hospital Emergency Care Council

Sligo Fire Services
Recognised Institution
Quality Standards Review
On-Site Report

Table of Contents

1.0 Introduction

This report has been produced following the first review of the Recognised Institutions (RI) processes that support the design, deliver and review of the Pre-Hospital Emergency Care Council's (PHECC) approved courses. This is the first step in the quality improvement cycle as outlined in PHECC's Quality Review Framework (QRF). The result of this review provides both PHECC and the RI with baseline information which will inform continuous quality improvement to be outlined in the institutions Quality Improvement Plan (QIP). The review was carried out with the underlying principle of the RI "Saying what they do, doing what they say and proving it with verifiable documented evidence".

Figure 1: The QRF Building Blocks:

1.1 Institution Details

Name	Sligo Fire Services
Profile	Sligo fire Service works under the auspices of Sligo Co. Council and is a PHECC recognised institute since 2009.
PHECC courses being delivered	Cardiac First Response – Community (CFR-C) Cardiac First Response – Advanced (CFR-A) Emergency First Response (EFR)
Higher Education Affiliation	None
Address	Sligo Fire Station, St. Anne's Place, Sligo

1.2 Reports Details

Date of on-site visit	15-02-17
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Tom O'Boyle	AFCO Training and CPS
Denis Kelly	Course Director - EFR
Seamus Egan	Instructor
Justin Mc Loughlin	Instructor
Brian O'Hara	Instructor
Date of Final Report	
Date of Council Approval	

1.3 Scope of the Review

The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework. The Cardiac First Response (CFR) and Emergency First Response (EFR) courses were selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with five representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Staff members were present throughout the review and were actively engaged in discussions, made presentations and provided details of their role and responsibilities.
Learner Discussions	Two learners (now faculty) were present during the review and actively participated in their experience as learners and faculty.
Exit Meeting	The QRP met with five representatives. The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

2.2 Observation of Facilities and Resources

Area	Comments
Facilities	There are extensive facilities available in the main training centre, including large training rooms, outside areas (if required), canteen etc. Training is also carried out in outside centres i.e. regional stations, where appropriate facilities are available for training purposes.
Resources	Resources are stored in a secure area at each site and allocated as required. Library facility for students.

2.3 Evidence Reviewed – Documents/IT

The records and systems listed below were reviewed and discussed throughout the on-site visit

- Website
- Organisational Chart
- Resource Checklist
- Health and Safety Folder
- Student sign in sheets, checked and signed by instructors
- Course Timetable
- Lesson Plans
- Student Records
- Faculty Records
- Equipment Check Sheet
- Assessment Material
- Risk Analysis Form
- Exercise Planning Sheet
- National Fire Risk Assessment form
- Student Evaluation Forms

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	**QRP Findings**
<u>1.1 Governance</u> - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.	The organisational chart was available for review and reflects the overall structure of the organisation. However it needs to be updated to reflect the delivery of PHECC approved courses. It does not indicate those responsible for the quality assurance of PHECC approved courses. Course and results approval is carried out as per PHECC guidelines. Evidence was provided that self-assessment has been carried out, with the PHECC Recognised Institutions Self-Assessment Report (RISAR) and Quality Improvement Plan (QIP) being utilised.
<u>1.2 Management Systems and Organisational Processes</u> - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	There is a policy and procedures for data protection which needs to be updated to reflect current practice and training activities. Student and faculty records were reviewed and were found to be satisfactory. Computers are password protected and access is limited to authorised personnel. Hard copy records are stored in a secure location in an administrative office, with access restricted to authorised personnel only. Quantitative measures are not in place to capture relevant information to inform practice. PHECC certification is carried out according to guidelines.
<u>1.3 Management Responsibility</u> - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	During discussions and in their RISAR RI representatives indicated that a senior staff member has responsibility for the quality assurance of PHECC approved courses. However at the time of review this was not documented or evidenced on the organisational chart. It was evident from the discussions with faculty that they clearly understand their responsibilities for the quality assurance of PHECC approved courses. There was no evidence provided that internal verification takes place.
<u>1.4 Self-Assessment, External Evaluation and Improvement Planning</u> - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.	The RI has no documented quality assurance policy and associated procedures. There was no evidence provided which showed that procedures are in place to monitor the implementation and effectiveness of PHECC approved courses and associated services. During discussions and in their RISAR RI representatives outlined a range of activities that staff, faculty and students are involved in that inform self-assessment e.g. meetings, email, student evaluation forms etc. However the only evidence provided of these activities were student evaluation forms. The PHECC RISAR and QIP are being utilised for self-assessment and the QIP will be updated

	with agreed actions following the review process.
1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.	The evidence showed that potential students are provided with information to make an informed choice about course participation. It also indicated that supports are available for students. However it did not indicate that students were made aware of the support available. At the time of review course reports are not completed.
1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.	During discussions and in their RISAR RI representatives indicated that the administration of PHECC approved courses is carried out by the course coordinator and relevant office personnel. They also outlined pre, during and post course procedures. At the time of review these procedures were not documented. However course documentation was reviewed and indicated that these activities are being carried out.
1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.	The RI is fully compliant with all relevant financial requirements and PHECC has verified this prior to the on-site review.

Section Two: The Learning Environment	
Standards	**QRP Findings**
2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.	At the time of review the RI mission statement does not reflect their training activities or have any relevance to pre-hospital emergency care.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	During discussions and in their RISAR the RI outlined a range of methods used to communicate with students and associated stakeholders and receive feedback. These include: evaluation forms, meetings, attendance at stakeholder meetings and workshops etc. However there was limited documented evidence (student evaluation forms) provided to show that these activities take place. There was evidence to show that students have the opportunity throughout their course to meet with faculty one to one to discuss any issues they may have.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	The RI has clear entry criteria documented for PHECC approved courses. The evidence indicated that students are provided with sufficient information to make an informed choice about course participation. There is a documented policy and procedures for Recognition of Prior Learning (RPL) which needs to be updated to reflect current practice.
2.4 Equality and Diversity - There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.	The RI has an equality and diversity policy which needs to be updated to reflect current practice and training activities. At the time of review there was no evidence that information and training on equality and diversity is provided. During discussions RI representatives outlined and gave examples of how they accommodate individuals with additional support needs. At the time of review these activities were not recorded. Codes of practice are documented and made available through the local authority handbook.
2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.	The RI has a documented policy and procedures for complaints which need to be updated to reflect current practice and training activities. At the time of review there was no documented student appeals procedures.

2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.	The main training facility was found to be well equipped and provide a well-functioning learning environment. During discussions the RI representative indicated that training is carried out in local stations. There was no documented evidence to show that these premises meet the requirements for the courses on offer. There is a resource checklist for each course, equipment is stored locally and allocated as required. During discussions RI representatives outlined comprehensive procedures for the regular maintenance and updating of training equipment. At the time of review these were not documented. There is a library available for students.
2.7 Health and Safety - A safe and healthy environment exists in the institution.	The RI has comprehensive health and safety procedures which are available to all stakeholders. Health and safety procedures are in place and in line with relevant legislation. Risk assessment is carried out on each venue used for course activities and records maintained as per each locations safety management system.
2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.	During discussions with students and a review of documentation evidence was provided to show that the RI promotes a culture of mutual respect and that courses were interesting and challenging. The evidence also indicated that students had positive learning experiences and that the RI is fully compliant with PHECC requirements on instructor/student ratios.

Section Three: Faculty Recruitment and Development	
Standards	**QRP Findings**
3.1 Organisational Staffing - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.	There is a recruitment and development policy and associated procedures in place which need to be updated to reflect training requirements. At the time of review the role and responsibility of faculty for the quality assurance of PHECC approved courses was not documented. However during discussions with faculty it was evident that they are aware of their quality responsibilities and that responsibility is delegated as appropriate. Documentation indicates that the RI meets the minimum faculty requirements for course approval.
3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.	During discussions and in their RISAR RI representatives stated that all faculty are recruited from within the service. They outlined the recruitment process and selection criteria. However the recruitment process, role description and selection criteria for each position is not documented. Documentation indicates that the RI meets the minimum faculty requirements for course approval.
3.3 Faculty Development and Training - Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the institution.	There are no documented procedures in place for the continuous professional development of faculty. During discussions the RI representatives indicated that faculty do receive an induction and any updates are communicated through regularly scheduled meetings. There was no evidence to indicate that induction had taken place or records of meetings. During discussions with faculty they indicated that they are encouraged and supported to gain additional training and qualifications relevant to their role with the RI. Evidence was provided to support this.
3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.	During discussions the RI representatives described a range of formal and informal methods of communication between faculty and management i.e. meetings, email, phone etc. The discussions indicated that regular and appropriate communication takes place between management and faculty before, during and after each course. Procedures are in place to ensure that formal meetings take place. These procedures need to be updated to reflect training practice
3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and	Not Applicable

learning outcomes to be achieved (NQEMT courses only).	
3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.	The evidence provided indicates that a minimum standard is in place for faculty and a system is in place to ensure that only instructors with valid certification will be allocated to deliver courses. During discussions the RI representatives stated that co-instruction and observation of delivery takes place. There was no documented evidence to support this. Faculty records are maintained and were available for review and were found to be accurate and up to date. Faculty details were evident on course documentation.
3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.	Not Applicable.

Section Four: Course Development, Delivery and Review	
Standards	**QRP Findings**
4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.	During discussions RI representatives outlined activities that take place on course development, which also included changes to reflect any updates or changes in PHECC education and training standards or clinical practice guidelines. However at the time of review there was no documented course development policy or procedures in place. There was no documented evidence indicating these activities have taken place. Course material was reviewed which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Course information is clearly stated and outlined for students on course material, including timetables. Documentation also indicated that appropriate student/tutor ratios are maintained.
4.2 Course Approval - There are clear guidelines for course approval.	Course approval has been adhered to as per PHECC guidelines and all information required for PHECC course approval has been supplied.
4.3 Course Delivery, methods of theoretical and clinical Instruction - Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	At the time of review there are no documented procedures for course delivery. During discussions the RI representative indicated the student induction takes place. There was no documented evidence to support this. Attendance records are maintained for each course and were available for review. The evidence indicated that all courses are delivered by appropriately qualified and certified instructors. Course content encourages students to take responsibility for their own learning and meets PHECC education and training guidelines. Students have the opportunity to meet with their instructor for feedback and remedial work if required. During discussions students indicated that these activities take place. However there are no documented records.
4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	During discussions and in their RISAR RI representatives outlined a range of activities that take place to review courses i.e. a review and analysis of course documentation, meetings and emails from students. They also indicated that faculty have the opportunity to review their courses during and after delivery. At the time of review there were no documented procedures for course review and limited evidence that course review had taken place. Student course evaluation forms were available for review. Course reports are not completed after each PHECC approved course. It was also stated that areas for improvement are noted and actioned as

	required. The RI has submitted a quality improvement plan based on their self-assessment findings and will be updating this based on the findings from the external review.
4.5 Assessment and Awards - Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors in line with PHECC assessment criteria.	At the time of review there was no documented policy or procedures in place for course assessment activities. The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. Students are provided with assessment information prior to and during their course. During discussions RI representatives indicated that students are provided with reasonable accommodation on request. Representatives described examples of these activities. However at the time of review these activities are not documented. During discussions RI representatives also outlined the procedure for the security of assessment related material. Assessment related material is stored centrally and only issued upon request by the instructor. Relevant papers are counted to ensure all those circulated are returned, including those not used. This procedure is not documented. Responsibility for the PHECC certification system is allocated to a named member of staff.
4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.	During discussions RI representatives indicated the internal verification does take place. At the time of review there were no documented procedures for internal verification or evidence to suggest these activities were carried out.
4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.	External Authentication is currently carried out by PHECC.
4.8 Results Approval - A results approval process operates in the institution.	During discussions RI representatives indicated the results approval does take place. At the time of review there were no documented procedures for results approval or evidence to suggest these activities were carried out.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	At the time of review there was no appeals policy and procedures in place.

3.0 Conclusions and Outcomes

The quantitative findings from the review indicate that the Recognised Institution met or part met 86% of the applicable standards set out in the PHECC quality review framework. However, the accompanying qualitative analysis indicates that there is a significant amount of work required to bring policies and procedures and current practices up to date to reflect training activities and to be in line with the PHECC quality standards for providing training. The discussions indicated that the RI representatives have an understanding of the quality assurance policies and procedures and their application to their training activities. The evidence also indicates that quality assurance activities are being carried out, many informally. The updates and revisions highlighted during discussions, when implemented will ensure that the RI meets all the PHECC quality standards. The evidence would support the conclusion that the RI's activities meet the requirements to carry out PHECC approved courses.

4.0 The Assessment Matrix

The Assessment Matrix is a summary of the findings of the on-site review and represents the organisation's overall performance against the standards. The QRP has rated your organisations performance against each standard, by applying the following ratings:

- **Met:** written and verbal evidence clearly demonstrates that the RI meets all the requirements of the quality standard
- **Part Met:** written and verbal evidence clearly demonstrates that the RI only meets part of the requirements of the quality standard
- **Not Met:** written and verbal evidence clearly demonstrates that the RI does not meet the requirements of the quality standard
- **Not Applicable:** a not applicable rating may apply; where an RI does not provide recognition of prior learning (refer to quality standard 2.3)

Once each quality standard has been rated, the overall review result can be determined. The review result has been determined by applying the following:

- **Met:** all the requirements of each quality standards have been met
- **Part Met:** the requirements of one or more quality standards have not been fully met
- **Not Met:** the requirements of no quality standards have been met.