



SMT Consultants Ltd.

Quality Standards Review

On-Site Report

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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	SMT Consultants Ltd.
Profile	A private limited company and a PHECC recognised institution since 2012.
PHECC courses being delivered	Cardiac First Response - CFR
Higher Education Affiliation	None
Address	Cooraclare, Kilrush, Co. Clare

1.2 Reports Details

Date of on-site visit	24-04-17
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Gerard Keane	Managing Director
Geraldine Keane	Finance
Clare O’Gorman	Administration
Mark Keane	IT Administrator
Date of Council Approval	08-11-2017

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) course was selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with four representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Three staff members were present throughout the review. In addition two more staff members joined discussions throughout the review.
Learner Discussions	None
Exit Meeting	The QRP met with four 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	The RIs main administrative offices are located in Cooraclare. They also maintain an office in the National University Ireland Galway (NUIG). All training takes places in rented premises or clients' premises.
Resources	Resources are stored onsite and allocated as required.

2.3 Evidence Reviewed – Documents/IT

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

- Website
- Organisational Chart
- Programme Development Policy
- Document Control Policy and Procedures
- Booking Form
- Training Attendance Record
- Registration Form
- Skills Demonstration Assessment Sheet
- Participant Training Record
- Course Approval Form
- Communication with Stakeholders Procedure
- Communication with Learners Procedure
- Employee Handbook
- Quality Policy
- Client Feedback Form
- Information Provision Procedures
- Mission Statement
- Student Evaluation Form
- Access, Transfer and Progression Policy
- Equality and Diversity Policy
- Codes of Practice
- Complaints Policy
- Appeals Policy
- Results Approval Form
- Premises Selection Criteria Checklist
- Health and Safety Statement
- Contractor Service Agreement
- Staff Recruitment and Development Policy
- Results Approval Panel Report

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	QRP Findings
1.1 Governance - 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 show how that structure accommodates the delivery of PHECC approved courses and to clearly indicate those responsible for the quality assurance of those courses. Course and results approval are 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. Self-assessment to be scheduled annually.
1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	There are policies and procedures for data protection and records management which need to be updated to reflect current practice and relevant legislation. Student and faculty records were reviewed and found to be satisfactory. During discussions RI representatives stated that computers are password protected and hard copy records are stored in a secure location in an administrative office with access restricted to authorised personnel only. Documentation needs to be updated to reflect this practice. A limited number of performance measures are in place to capture relevant information to inform practice. PHECC certification is carried out according to guidelines and information is submitted to PHECC as required.
1.3 Management Responsibility - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	During discussions RI representatives indicated that changes in the organisational structure would result in a change in management responsibility for the quality assurance of PHECC approved courses which will be reflected on the updated organisational chart. During discussions and in their RISAR RI representatives outlined how faculty members are made aware of their responsibilities for the quality of PHECC approved courses i.e. induction. The induction checklist was available for review which needs to be updated to include evidence that staff and faculty have been made aware of their responsibilities for the quality assurance of PHECC approved courses. Evidence was provided of internal verification and the internal verifier was present during the review.
1.4 Self-Assessment, External Evaluation and	The RI has a quality policy which needs to be updated to reflect the organisation's practices. Evidence was provided

<p>Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.</p>	<p>which showed that procedures are in place to monitor the implementation and effectiveness of PHECC approved courses and associated services. However the documentation needs to be updated to a format that is consistently applied and version controlled and reflects the organisation's practices. During discussions RI representatives stated the while student feedback is obtained it is not systematically analysed to inform practice or for self-assessment. The PHECC RISAR and QIP are being utilised for the self-assessment and the QIP will be updated with agreed actions following the review process.</p>
<p>1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.</p>	<p>During discussions RI representatives indicated that potential students are provided with course information on request which is provided verbally or via email that enables them to make an informed choice about course participation. They also indicated that faculty provides information to students verbally about the supports that are available to them. Procedures for providing information need to be documented and evidence provided that this information is readily available for potential students. At the time of review faculty course reports are not completed.</p>
<p>1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.</p>	<p>During discussions RI representatives outlined the procedures for administration pre, during and post course. Administrative tasks are delegated as appropriate. An administration manual was available for review which needs to be updated to reflect the administration of PHECC approved courses. Student and faculty documentation was reviewed to verify administrative activities had taken place. The RI IT system was reviewed and when complete will be effective in managing and maintaining student and faculty records.</p>
<p>1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.</p>	<p>The RI is fully compliant with all relevant financial requirements and PHECC has verified this prior to the on-site review.</p>

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.	The RI mission statement was available for review and indicates training as a core activity. During discussions RI representatives indicated that they communicate its mission statement to all stakeholders through documentation and course material. There was no evidence provided to support this.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	The evidence provided indicated that students are encouraged to provide feedback on their course. The feedback was reviewed and found to be comprehensive, covering all aspects related to course delivery. Course documentation also indicated that students have regular and appropriate access to faculty if required. The evidence also indicated a range of methods are used to communicate with students and associated stakeholders including: email, informal conversations and client feedback forms which were reviewed.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	The evidence indicated that students are provided with sufficient information to make an informed choice about course participation. Pre course information which is made available on request outlines entry criteria which needs to be updated to reflect current practice. During discussions RI representatives indicated that upgrades to their website and IT system would provide potential students with increased access to course information.
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 a facilitating diversity policy and statement available for review which need to be updated to reflect current practice. There was no evidence that information and training on equality and diversity is provided to faculty. During discussions RI representative outlined and gave examples of how they accommodate individuals with additional support needs. These activities are recorded on the student record. Codes of practice are documented and made available to faculty and staff members.
2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.	The RI has documented procedures for complaints and appeals available for review which need to be updated to reflect current practice. During discussions the RI representatives stated that the complaints and appeals policy and procedures are made available on request and that website and IT system updates would ensure increased access.

<p>2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.</p>	<p>During discussions RI representatives indicated that all training takes place in rented or client premises. There is a premises selection criteria which was available for review. This checklist is to be used to sign off on premises that are approved for course delivery. There is a resource checklist for each course which is completed by faculty. All equipment is stored centrally and allocated as required. RI representatives outlined the procedures for the maintenance of equipment. At the time of review this was not documented. Additional resources will be made available to students and faculty following IT system upgrades.</p>
<p>2.7 Health and Safety - A safe and healthy environment exists in the institution.</p>	<p>The RI has a health and safety statement which is made available to all stakeholders. Health and safety procedures are in place and in line with relevant legislation. During discussions RI representatives stated that faculty carryout checks prior to course activities at each venue. There was no evidence to support this.</p>
<p>2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.</p>	<p>Evidence provided through the student feedback forms indicated that students have positive learning experiences. Course documentation reviewed indicated that the RI is fully compliant with PHECC requirements on faculty, student ratios.</p>

Section Three: Faculty Recruitment and Development

Standards	QRP Findings
<p>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.</p>	<p>There is a recruitment and development policy and associated procedures in place which need to be updated to reflect current practice. During discussions and in their RISAR RI representatives indicated that faculty are made aware of their quality responsibilities through induction. However there was no evidence provided to indicate that this had taken place. Documentation indicates that the composition of the RI's faculty meets operational needs and the requirements for course approval.</p>
<p>3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.</p>	<p>At the time of review there was no role description and selection criteria documented for faculty. During discussions the RI representatives stated that senior management are involved in all faculty recruitment. Evidence was available to support this. Documentation indicates that the RI meets the minimum faculty requirements for course approval.</p>
<p>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.</p>	<p>There are documented procedures in place for the continuous professional development of faculty which need to be updated to reflect current practice. During discussions the RI representatives indicated that faculty members do receive an induction and any updates are communicated through regularly scheduled staff meetings. There was no evidence provided to indicate that induction and meetings had taken place. Evidence was available to show that faculty are provided with opportunities to highlight and take part in upskilling as required i.e. training needs analysis and annual appraisal.</p>
<p>3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.</p>	<p>During discussions the RI representatives described a range of formal and informal methods of communication between faculty and management i.e. regularly scheduled faculty meetings, informal meetings, phone, email etc. before, during and after each course. At the time of review there was no evidence of regularly scheduled faculty meetings taking place.</p>
<p>3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses)</p>	<p>Not Applicable</p>

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 faculty meet the minimum requirements set by PHECC to deliver courses. A data base is maintained of all faculty which includes information on when they need to be recertified. The system in place ensures that only faculty with valid certification are allocated to carry out course activities. During discussions and in their RISAR RI representatives stated that faculty are observed annually during delivery and that course documentation is monitored. At the time of review there was no evidence provided of these activities taking place. 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.	There is a document contract in place for affiliated faculty. This needs to be updated to reflect current practice and the agreed quality assurance procedures.

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.	Course material was reviewed which showed that appropriate activities were being carried out to allow students to meet the learning objectives. During discussions RI representatives outlined the procedures for implementing updates and changes to courses. There was no evidence indicating that these activities have taken place or that faculty had undertaken updating activities. Course information is clearly stated and outlined for students on course material. Timetables for courses are available for students. 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 was documented policy and procedures for course delivery. During discussions RI representatives indicated the student induction takes place. There was evidence provided 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 faculty. Courses are delivered in keeping with PHECC education and training guidelines. Students have the opportunity to meet with their instructor for feedback and remedial work if required.
4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	At the time of review there were no documented procedures in place for carrying out course reviews. Student feedback is obtained and feedback forms were available for review. During discussions RI representatives indicated that instructors provide feedback after each course and evaluation takes place. There was no documented evidence to support this. 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	The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. During discussions RI representatives indicated that students are provided with assessment information at the beginning of their course during induction. There was evidence to support this. RI representatives also indicated that students are provided

assessment criteria.	additional support on request. Representatives described examples of these activities. However at the time of review these activities are 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.	The RI representatives indicated in discussion that internal verification of PHECC approved courses takes place. There was evidence provided to support this. There are documented procedures in place for internal verification.
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.	There are documented procedures in place for the results approval of PHECC approved courses, which were available for review and found to be satisfactory.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	A student appeals procedure is documented. Students are made aware of their opportunity to appeal before, during and after their course. Evidence was provided to support this.

3.0 Conclusions and Outcomes

The findings from the review indicate that the recognised institution met or part met 100% of the applicable quality standards set out in the PHECC quality review framework. During discussions – and review of existing quality management documentation – the evidence indicated that the RI representatives have a commitment to internal quality assurance and continuous quality improvement and have a good understanding of what is required to bring their existing systems up to date. However the documents in place need to be presented in a consistent format and updated to reflect activities associated with PHECC approved courses. The updates highlighted during discussions and the review of existing documents, when implemented, will ensure that the quality assurance of PHECC approved courses is carried out in a systematic, effective evidence based manner and in line with PHECC education and training standards that will enhance the student experience. The evidence supports the conclusion that the RI's activities meet the requirements to carry out PHECC approved courses.

Kathleen Walsh
Programme Development Officer,
Pre-Hospital Emergency Care Council,
Abbey Moat House, Abbey Street
Naas, Co. Kildare

Re: Quality Standards Review On-Site Report

Dear Kathleen,

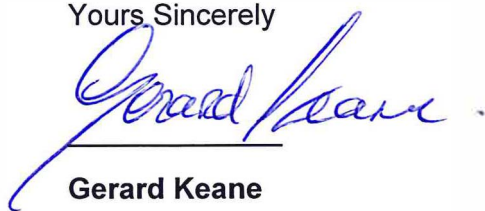
I wish to acknowledge receipt of quality standards review on-site report following onsite review of SMT Consultants Ltd institution which was completed on the 24th April 2017. We found the review to be positive and hugely beneficial to our existing quality system.

SMT strives at all times for the highest professional standards in all areas of our services and therefore felt that this review contributed greatly to continual development within our organisation.

We accept the findings of the review and we have now begun the process of developing and implementing the quality improvement plan.

On a final note I would like to thank you, Paul & John for all your help and assistance on the day.

Yours Sincerely

A handwritten signature in blue ink that reads 'Gerard Keane'. The signature is written in a cursive style and is positioned above a horizontal line.

Gerard Keane

Director

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