

Emergency Services Training Institute

Recognised Institution 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. 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. 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	Emergency Services Training Institute (ESTI)
Profile	The ESTI is a privately owned company based in Dublin. ESTI is a recognised institution since 2010.
PHECC courses being delivered	Cardiac First Response (CFR) Community CFR Community Instructor CFR Advanced CFR Advanced Instructor Emergency First Response (EFR) EFR- BTEC Emergency Medical Technician (EMT)
Higher Education Affiliation	N/A
Address	C21 The Exchange, Calmount Park, Ballymount, Dublin 12

1.2 Reports Details

Date of on-site visit	15/09/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
RI Representatives	
Ciaran Curran	Company Director
Laura Curran	Company Manager
Derek Fox	Tutor
Ray Murphy	Tutor
Date of Council Approval	10 th December 2015
Date of publication	

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 Emergency Medical Technician (EMT) 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 two representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Two tutors joined the review discussions during the day and outlined their role and understanding of quality requirements.
Learner Discussions	None
Exit Meeting	The QRP met with two 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 RI is situated at the address stated above and occupies two floor of an industrial unit. The building has two large training rooms and three smaller breakout rooms and immobile training ambulance. The facility also includes separate offices, toilet facilities, canteen and a storage area.
Resources	Appropriate amounts equipment and resources are stored onsite.

2.3 Evidence Reviewed – Documents/IT

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

- Organisational Chart
- Record Management Policy
- Student Files
- Faculty Files
- Moodle
- Course Action Flowchart
- Mission Statement
- Course Evaluation Forms
- RPL Policy
- Resource Checklist
- Safety Statement
- Recruitment Procedure
- Learning Portfolio
- Lesson Plans
- Assessment Policy

2.4 Quality Standards – Review

Section One: Organisational Structure and Management

Standards

1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.

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.

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.

1.4 Self-Assessment, External Evaluation and Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.

1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.

1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.

1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.

QRP Findings

- The organisational chart provides an insight into the reporting lines for operational activities within the RI. However it does not show any reference to who is responsible for the quality assurance of PHECC approved courses. During discussions RI representatives gave an outline of their course approval process which highlighted a lack of separation between those who design courses and those who approve them. There is no documented policy or associated procedures in place for course approval. RI representatives stated that self-assessment is carried out informally and there are no records of self-assessment activities. Results approval for responder courses are carried out as per guidelines. The RI indicated in their RISAR that they carry out training activities with another RI but that no formal agreements are in place.
- The RI has a records management policy but no associated procedures in place and no evidence was available to show how the policy is enacted. There is a mix of computer and paper based information on students and faculty. However, there were significant gaps in the relevant documentation and inconsistencies in the documents reviewed. The gaps and inconsistencies in student and faculty records were of concern to the panel which was communicated to the RI representatives. This information is centrally controlled and access is limited to authorised personnel. PHECC certification is carried out according to guidelines.

The RI indicated in their RISAR that they only gather information on numbers per course and student profiles. There is no information collated or gathered other than this.

- During discussions the RI representatives indicated that there is no person with overall responsibility for the quality assurance of PHECC approved courses. There was no evidence to suggest that information regarding the quality assurance of PHECC approved courses was communicated to faculty or during discussions with faculty that they were aware of their responsibilities.
- There is no self-assessment policy or associated procedures in place. The RI stated in its RISAR that while feedback is collected it is not consistently collected by faculty for a variety of reasons. There is no analysis or evaluation taking place to inform the self-assessment process. The RI representatives stated during discussions that apart from the current review, self-assessment does not take place.
- The RI website contains comprehensive information on courses for potential students. However on review this information was found to be misleading regarding PHECC approved courses. During discussions this was highlighted to RI representatives who acknowledged the issue and accepted their responsibility to rectify the problem. RI representatives stated that they would have the issue rectified within three days. This has not been rectified (30 days later) and is a major concern for the QRP in regard to the RI commitment to providing potential students with accurate course information. Course information is evident in the premises. RI representatives indicated the course reports were completed for each course. There was no evidence to support this.
- Procedures are documented and implemented for course administration tasks. There was an administration flowchart available to view. During discussions RI representatives indicated that senior management carry out the majority of administrative tasks.
- 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

- 2.1 Education and Training Mission Statement** - The Mission of the Institution is appropriately focused with education and training as a core activity.
- 2.2 Communication with Students and Other Stakeholders** - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.
- 2.3 Course Access, Transfer and Progression** - Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate.
- 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.
- 2.5 Complaints and Appeals** - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.
- 2.6 Training Infrastructure** - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.
- 2.7 Health and Safety** - A safe and healthy environment exists in the institution.
- 2.8 Social Environment** - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.

QRP Findings

- The RI demonstrates its commitment to quality training through its mission statement which is visible in the RI building and on relevant documentation. All stakeholders are made aware of the mission statement and its implications for training activities.
- During discussions RI representatives outlined a range of communication methods utilised to communicate with students and associated stakeholders. The methods utilised to communicate with students and associated stakeholders, include Moodle, social media and feedback forms to collect data. However they also indicated that the data is not analysed. The discussion indicated that along with the formal engagement regular informal communication takes place with all stakeholders. Evaluation forms were available to view. There was no evidence provided of feedback from host organisations.
- There is no admissions policy or associated procedures but entry criteria are clearer outlined for each course. While potential students are provided with comprehensive information on courses, on review this information is misleading and does not provide individuals with accurate information to make informed choices. The RI stated that they would rectify these issues but at the time of

completing this report they have not addressed these serious issues. The RI has a policy on RPL but no documented procedures.

- The RI has an Equality and Diversity policy in place which was available to view. During discussions RI representatives outlined how they accommodate individuals with specific needs. This is currently managed in an informal manner. There was no evidence that staff have received equality and diversity training. The RI indicated in their RISAR that they have codes of practice in place for dealing with sexual harassment, bullying and harassment. These were not available for review.
- There is a complaints policy and procedure in place. This is being updated to include timelines for each stage of the process.
- The facilities available for students at the centre provide a safe, clean, welcoming and comfortable learning environment. During a tour of the facility a comprehensive range of resources and equipment available for all courses was evident. During discussions RI representatives indicated that a number of additional venues are used for course delivery. These venues have been visited and deemed suitable for course delivery. However, there is currently no documented evidence that these visits have taken place. A resource checklist is available for each course. A range of learning material is available for students in hard copy and via Moodle.
- The health and safety statement is available to view. Procedures are in place to ensure the RI is compliant with all relevant health and safety legislation. Signage is in place onsite and stakeholders are made aware of procedures while onsite.
- Discussions indicated that faculty are encouraged to provide students with interesting and challenging learning opportunities. The evidence to support this was available through feedback forms and social media. The facility provides an opportunity for students to mix and share experience. Faculty are encouraged to create an environment that promotes mutual respect. The RI has a documented respect and dignity charter.

Section Three: Faculty Recruitment and Development

Standards

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.

3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.

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.

3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.

3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and 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.

3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.

QRP Findings

- There is a policy and associated procedures in place for faculty recruitment and development. Documentation indicated that the RI meets the minimum faculty requirements for course approval. RI representatives acknowledged the need to formalise and document the role and responsibility for quality assurance with faculty.
- The RI indicated that they have selection criteria for faculty which is in line with PHECC guidelines and that senior management are involved in the recruitment of all faculty members. There was documented evidence available to support this. A list of faculty was made available for review and a faculty folder was available.
- There are documented procedures in place to support faculty in their continuous professional development. During discussions RI representatives indicated that faculty induction briefings and meetings take place. There was documented evidence to support these activities. There is a Child protection policy and associated procedures in place and faculty are made aware of their responsibilities towards children and vulnerable persons. There was evidence provided to show that faculty had been provided with the relevant information.
- During discussions RI representatives described a range of formal and informal methods of communication between faculty and management. The RI stated in its RISAR that course reports are not completed by all tutors/instructors. They

also stated that informal meetings take place before and after courses where issues are discussed. It was agreed by RI representative during discussions that these informal meetings need to be formalised into a schedule and documented.

- During discussions the RI representatives stated that monitoring visits took place while students were on placement. These visits are currently not recorded. Learning portfolios were made available for review. Students maintain a log book of their activities which is available for inspection. During review inconsistencies were observed in the learning portfolio which RI representatives noted and will undertake to clarify in the future. While reviewing a learning portfolio it was noted that learning outcomes need to be clearly stated for each placement period. Host organisations have been listed with PHECC as per guidelines.
- There are minimum standards for faculty and associated stakeholders documented and are in line with PHECC guidelines. The RI stated in its RISAR that they maintained folders on faculty. These folders were made available during review. However those reviewed were found to be incomplete with some information out of date. During discussions RI representatives indicated that a system was in place to ensure only those with valid certification were allocated to courses. This is not documented. It was also stated that observation of tutor/instructors takes place but this is currently not recorded. During a review of course documents it was noted that the name of the relevant tutor/instructor was missing from some documents making it unclear who had delivered the course.

Section Four: Course Development, Delivery and Review

Standards

4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.

4.2 Course Approval - There are clear guidelines for course approval.

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.

4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.

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.

4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.

4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.

4.8 Results Approval - A results approval process operates in the institution.

4.9 Student Appeals - A process is in place for students to appeal their approved result.

QRP Findings

- During discussions RI representatives outlined a process for how course design and development takes place. There is no documented evidence to support these activities. Lesson plans were available to view which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Timetables for courses are available for students. Course information is clearly stated and outlined. Documentation also indicated that appropriate student/tutor ratios are maintained.
- The discussion revealed a process takes place informally for internal course approval which involves the facilitator, course director and tutors. There is no documented evidence of this process taking place. However, all the information required for PHECC course approval has been supplied. The approval process for host organisations has been adhered to.
- There is a documented policy or associated procedures for course delivery which was made available for review. The evidence indicated that all courses are delivered by appropriately qualified and certified personnel using a variety of teaching methods. RI representatives stated that student induction takes place for each course and evidence was provided to support this activity. Attendance sheets were viewed and are maintained but the RI stated in its RISAR that some

of these sheets are incomplete for some courses. Students have the opportunity to meet with their tutor for feedback (Tutorials) on their progress on a weekly basis but this is not documented. RI representatives indicated that a student action plan would be implemented on future courses. It was stated that a more comprehensive course director's report would be provided after each course. Student learning portfolios were available for review.

- There is no formal documented procedure in place for carrying out course reviews. However evidence was provided in discussions that informal meetings take place to discuss training activities and student feedback. Student course evaluation forms were in evidence and it was indicated in discussion that these are not analysed after each course. There was evidence to suggest that students and faculty have the opportunity to provide feedback on course activities i.e. social media. However this feedback is not analysed. This was highlighted to RI representatives during discussions as an area of concern and they agreed that much work needed to be done to improve this area. Students have to opportunity to make contact with management throughout their course.
- There is an assessment policy and associated procedures in place. There was evidence provided showing that faculty and associated stakeholders are made aware of the assessment process. There is no documented procedure in place for the security or assessment related material. During discussions and in their RISAR RI representatives outlined how they accommodate individuals with special requirements. While it was evident from conversation that these activities take place there is no documented evidence to support this. An assessment schedule is in place and students are made aware of this. Responsibility for the PHECC certification system is allocated to a named member of staff.
- There is no process in place for internal verification.
- External Authentication is a new process and is currently carried out by PHECC.
- There is no formal results approval process documented or in place.
- There is an appeals policy and associated procedures in place. The procedures do not indicate the timeframe in which the appeal will be dealt with. There is no evidence to show that students are informed of their rights and opportunity to formally appeal.

3.0 Conclusions and Outcomes

The findings from this review indicate that the recognised institution met or part met 77% of the quality standards set out in the PHECC quality review framework. It also indicates that a significant amount of work is required to fill gaps identified during the review process. Two areas of particular concern highlighted during the review process were, information to potential students, which was found to be misleading and the lack of a comprehensive course review and evaluation process. This indicated a lack of understanding of the requirements for continuous quality improvement to take place. The updates and revisions highlighted during discussions, when implemented as part of the quality improvement plan, will ensure that the RI meets all the PHECC quality standards and best practice for a centre of education and training.

Appendix 1: Comments and observations from ESTI



*Emergency Services Training Institute
RI
Quality Standards Review on Site Report
Reply*

ESTI has replied to **2.4 Quality Standards – Review** in relation to the draft Quality Standards Review.

Section One: Organisational Structure and Management

ESTI has a reply on the following point in Section one:

1.5 Transparency and Accountability

Within this point, ESTI would like to highlight that during the Meetings and Discussions with the QRP it was brought to our attention that the sections within our website that were of concern were the levels that were attached to our PHECC courses (the use of numbers as levels), BTEC courses and information pertaining to FETAC OFA courses, these issues were rectified within 24 hours of the meeting of the QRP, showing commitment with providing potential students with accurate course information. These were the only area's within our website that were brought to our attention, should there be additional areas of concern we will amend these sections once brought to our attention.

Section Two: The Learning Environment

ESTI has a reply on the following point in Section two:

2.3 Course Access, Transfer and progression

Within this point, ESTI would like further clarification on

“While potential students are provided with comprehensive information on courses, on review this information is misleading and does not provide individuals with accurate information to make informed choices. The RI stated they would rectify these issues but at the time of completing this report they have not addressed these serious issues”

ESTI are unaware of what these issues are, on review of our notes on the day of the QRP meetings and discussions there were no serious issues requiring immediate attention within this point. If the above statement is in relation to the website, please revert to reply to point 1.5.

Also in relation to 2.3 ESTI does have a comprehensive RPL policy which includes the RPL procedure which was shown to the QRP on the day of the meetings and discussions. This RPL document and procedure has been submitted to PHECC previously as part of our RI application process.

Section Three: Facility Recruitment and development

ESTI are in agreement with the findings within this section. ESTI we will be implementing them as part its Quality improvement plans.

Section Four: Course Development, Delivery and Review

ESTI has a reply on the following point in Section Four:

4.9 Student Appeals

At the end of this point there is a statement “there is no evidence to show that students are informed of their rights and opportunity to formally appeal”

During the QRP meetings and discussions, the ESTI induction lecture was shown to a member of the QRP team and it was noted that all students were advised of the appeals process and their right and opportunity to appeal.

This concludes the reply to the draft Quality Standards Review.

We are happy to have had the Meetings and Discussion day with the QRP team, we feel this was hugely beneficial to ESTI formalising the informal. We note that we achieved a 77% Met or Part Met in the current Quality Standards by PHECC in the Quality Review Framework. ESTI feel's that this is a good percentage starting point to progress on from. We are looking forward to attending the workshop in December to assist with ensuring that we can continue to improve our quality standards in the future.

