

Medicore Medical Services Ltd

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	Medicore Medical Services Ltd.
Profile	Medicore Medical Services Ltd. is a privately owned company based in Co. Dublin. Medicore is a recognised institution since May 2013 and offers a range of PHECC approved courses nationally.
PHECC courses being delivered	Cardiac First Response (CFR) Community Cardiac First Response (CFR) Advanced Emergency First Response (EFR) Emergency Medical Technician (EMT) – Conditional Approval withdrawn June 2015.
Higher Education Affiliation	Not applicable
Address	J2 Centrepont Rosemount Business Park Blanchardstown Dublin 15

1.2 Reports Details

Date of on-site visit	26/05/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Beecher	QRP Member
P Dempsey	QRP Member
Medicore Medical Services Ltd. Representatives	
D Bradley	Managing Director
M Garry	Facilitator
C O’Gorman	Course Director/Tutor
Date of Council approval	10 th September 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) course was selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with three Medicare representatives on arrival (as above). Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	None
Learner Discussions	None
Exit Meeting	The QRP met with two Medicare representatives (The managing director and facilitator). 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 centre is on the second floor of an industrial unit at the address stated above. There are two training rooms that provide challenges as a productive learning environment due to poor lighting and ventilation. There is a storage room, kitchen and administration office.
Resources	The storage area contained equipment and resources to be allocated for course delivery.

2.3 Evidence Reviewed – Documents/IT

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

- Computer data base developed internally in Microsoft access
- Moodle site
- Website
- Safety Statement
- Assessment Material
- EFR Skills Sheets
- CFR Skill Sheets
- Student Handbook
- Course Directors Report
- Lesson Plans
- Course Timetable

2.4 Quality Standards – Review

Section One: Organisational Structure and Management

Quality 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

- Accountability within the RI was discussed with particular focus on roles and responsibilities, course approval, results approval and internal quality assurance. In discussion, RI representatives displayed an understanding of the processes involved but no evidence was produced to support this understanding.
- Information regarding students and faculty are maintained on an internally developed IT system. Hard copies of documents are scanned and stored in named folders. As this is a work in progress hard copies are kept. Further development around document retention schedules and verification is required. The computer system is password protected and there are log in details available
- Discussions about responsibility for quality assurance showed a lack of understanding about the role of all members of staff in the process. There was no evidence produced to show that overall responsibility for the quality assurance of PHECC approved courses has been allocated.
- The self-assessment process is a work in progress with relevant policies and procedures to be developed, which will include information about the inclusion of all

key stakeholders. Supporting activities will include the completion and submission (to PHECC) of a quality improvement plan.

- At time of review the RI website contains comprehensive information on some PHECC courses, EFR and EMT. There is no information regarding CFR-A and CFR-C. Internal signage is also visible with information about course content. A course director's report was viewed and is to be revised and updated. Course information is also available to students in their student handbook.
- The administration of all courses takes place in the RI's head office at the location stated above. An administrator is employed to carry out necessary duties. These duties are supported by documentation which are being updated and redeveloped.

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 mission of the RI is not visible and as such there is no understanding among stakeholders about its commitment to pre-hospital emergency care education and training as a core activity.
- The RI has no evidence of communication taking place with any stakeholders. There is no evidence that students have an opportunity to provide feedback on their experiences. There is no mechanism for host organisations and/or employers to provide feedback. These are areas of concern and are to be addressed.
- Information regarding access, transfer and progression (ATP) is available on the RI website – for some courses – with additional information available on request.
- The RI's has no documented policy and procedures on equality and diversity. There is also no evidence of faculty undertaking any training opportunities on E&D. In discussion, RI representatives displayed an understanding of their role in facilitating individuals with specific supports and from different cultural backgrounds. However there are no documents that support this understanding.
- Students are made aware of a complaints opportunity through the student handbook. While there is mention of the policy there is no associated procedure. There is no evidence of a student appeals process.

- The training facility is located on the second floor of an industrial unit. At the time of review there was no visible sign on the outside of the building to indicate where it was located. The internal facilities provided several training rooms and a storage area. These rooms were to the back of the centre and had no windows or visible ventilation system. There was a supply of equipment in the centre to meet course requirements. However, there is no documented evidence that appropriate resources/equipment are made available for each course. For courses taking place off site there is no selection criteria available. Students have access to resources through the RI's online facility.
- The RI health and safety statement was available to view. Necessary procedures and processes to meet health and safety legislation are ongoing.
- The RI representatives stated that the RI provides a social environment that is interesting and challenging for students. A review of the documentation did not support this view and there was no evidence available on CFR or EFR courses.

Section Three: Faculty Recruitment and Development

Quality 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

- Organisational staffing and recruitment is done on an as needed on an informal basis with documented process in place. Recruitment takes place through word of mouth and recommendation. There are no job descriptions available and the role and responsibility of faculty members for quality assurance of PHECC approved course is not in evidence.
- While it is accepted that faculty have responsibility for their own development there is no evidence that the RI supports faculty in identifying relevant and appropriate opportunities. There is no induction process evident and there is no policy or procedure in place regarding child/vulnerable person protection. Garda vetting is in place for all faculty.
- During discussions RI representatives indicated that informal communication with faculty was ongoing. Emails were sent regarding course updates. However no formal process is in place for regular communication to take place.
- The RI has arrangements in place with a number of host organisations to provide placement/internship opportunities for students. These organisations have been made known to PHECC and have been approved. Students are provided with a log book for the duration of their placement. There is no evidence that these host organisations are monitored or feedback is requested or provided. RI representatives

spoke of unannounced visits taking place but these are not recorded and there is no evidence that they have taken place. There is no evidence of a procedure for obtaining feedback from students on their experience while on placement.

- Information on faculty is maintained in the RI's computer system and was available to view. The system is structured to show if faculty meet the minimum requirements set by PHECC. A course director's report was available to view, the template and structure of these reports is being revised and updated.
- In discussions the RI representatives stated that collaborative provision did not apply to their circumstances. However tutors and instructors are sub-contracted to deliver on their behalf. There is no evidence of contracts being in place or that sub-contractors have been made aware of the quality standards in place.

Section Four: Course Development, Delivery and Review

Quality 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

- There is no documented evidence of a course design or development policy or procedure. The RI representative discussed how this process takes place prior to submission to PHECC for approval. The discussion indicated no evidence of a formal internal course approval process prior to submission to PHECC. Lesson plans were available to view which require a complete review and need to be updated to reflect best practice in course design. The lesson plans viewed showed deficiencies in the provision of student activities. There was a timetable available for an EFR course. The documentation did not provide evidence of tutor/student ratios. Documentation is being updated and version controlled for future reference.
- There was no evidence of internal course approval process prior to submission to PHECC.
- During discussions RI representatives indicated that a student induction takes place for each course. However, there was no documented evidence to support this. There was no evidence of a course delivery policy or associated procedures. The lesson plans viewed did not reflect that appropriate methods were being utilised. There was evidence of student attendance at scheduled training and that previous courses had been delivered by appropriately qualified tutors/instructors. The RI representatives

indicated that students were given weekly tutorials but there was no evidence to support this.

- There was no evidence to suggest that any form of course review took place. Procedures for this were not in place. There was no evidence of course evaluation by any stakeholders i.e. students, tutor/instructor. Arising from this there was no opportunity to identify areas for improvement, devise an action plan or implement actions.
- Assessment activities are carried out by PHECC on some courses and they have responsibility for these activities. Responsibility for responder exams is with the RI. There was no evidence that a policy or associated procedures were in place for carrying out these exams or for the security or assessment related material. RI representatives did indicate in discussion the process. There was no evidence available to show that students are made aware of assessment schedules, activities and opportunities to receive feedback.
- RI representatives indicated in discussion that internal verification took place, however there was no evidence to support this. There was no policy, procedure or sampling strategy in place.
- External Authentication is a new process and is currently carried out by PHECC.
- There is no results approval process documented or in place.
- There is no evidence that students have an opportunity to appeal their results or that they are informed of the right to appeal at any stage.

3.0 Conclusions and Outcomes

The findings from this review indicate that the recognised institution; part met or met 55% of the required standards set out in the PHECC quality review framework. It also indicates that there is a lack of internal quality assurance policies and procedures in evidence and a lack of understanding as to the quality assurance responsibilities of those involved in the design, delivery, review and administration of PHECC approved courses. There is no evidence of oversight or governance to monitor or support activities with the exception of a course director's report. There is a significant amount of work required to fill the gaps in processes to bring them in line with the PHECC quality standards and best practice for a centre providing education and training.

The RI is advised to review the content of this report and identify areas for improvement; including optional actions to support continuous quality improvement. These actions will form the basis of the quality improvement plan, the next step in PHECC's quality review process.

PHECC and the Quality Review Panel would like to thank the institution for their cooperation and courtesy during the visit and look forward to their continuing support throughout the process.

Appendix 1: Comments and observations from Medicare Medical Services Ltd.

Mr Paul Collins,
Chair,
Quality Review Panel,
Pre-Hospital Emergency Care Council,
Abbey Moat House,
Abbey Street,
Naas,
Co Kildare.

Tuesday, 21 July 2015

Re: Recognised Institution Quality Standards Review

Dear Mr Collins,

We have reviewed the details of the draft Recognised Institution Quality Standards Review On-Site Report. Based on the feedback provided during the on-site review and the subsequent report we immediately set about addressing the issues you and your team identified.

As an institution we place a huge emphasis on the quality of the courses we deliver and their associated supports and structures. We have already begun the process of documenting the existing policies and procedures which we currently implement, as evidence of these were not readily available during the on-site review. We have also begun drafting new policies and procedures which were identified during the review, which were not required at the time of our courses being sent for PHECC approval.

As mentioned during the on-site review, we have engaged the services of an external organisation for the purpose of implementing and certifying the ISO9001:2008 quality standard within our organisation. This, along with the newly published Quality Review Framework will serve as the benchmark for our new and existing standards, policies and procedures.

We look forward to your engagement throughout the quality review process.

Yours sincerely

