

Order of Malta Ireland

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	Order of Malta Ireland
Profile	A national voluntary organisation and recognised institution with PHECC since 2007.
PHECC courses being delivered	Cardiac First Response – Community (CFR- C) Cardiac First Response – Advanced (CFR-A) Cardiac First Response Community Instructor Cardiac First Response Advanced Instructor First Aid Response Emergency First Response (EFR) Emergency First Response Instructor Emergency Medical Technician (EMT)
Higher Education Affiliation	None
Address	St. John’s House 32 Clyde Road, Ballsbridge, Dublin 4

1.2 Report Details

Date of on-site visit	16/06/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
RI Representatives	
Ray Carney	Assistant Director for Standards
Gaye Mowlds	Office Manager/Administrator
Martin Gallagher	Staff Officer for EMT Training
Aidan O’Brien	National Director
Brian Coote	Assistant Director for Training
Date of Final Report	10 th September 2015
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 Emergency Medical Technician (EMT) course was selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The Quality Review Panel (QRP) met with three Order of Malta 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	The office manager/administrator was present throughout the review and contributed information on specific issues
Learner Discussions	None
Exit Meeting	The QRP met with four Order of Malta representatives (as above). 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 training centre is situated in the Order of Malta head office near Dublin city centre at the address above. There are several administration offices, large training rooms and several storage areas for resources and equipment. In addition the RI uses off-site facilities for delivering training. There is sufficient parking located at the back of the centre.
Resources	Several storage areas contain a well-stocked supply of appropriate resources and equipment for various courses.

2.3 Evidence Reviewed – Documents/IT

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

- IT System
- Organisational Chart
- Company Documents
- Records Management Policy
- Student Files
- Faculty Records
- Role Descriptions
- Student Course Evaluation Forms
- Resource Checklist
- Insurance Details
- Mission Statement
- Host Organisation Report
- Weekly Tutorial Reports
- Complaints Policy
- Appeals Policy and Procedures
- Health and Safety Statement
- Course Director Report
- Course Delivery Policy
- Lesson Plans
- Results Approval Procedure
- Student Appeals Policy and Procedure

2.4 Quality Standards – Review

Section One: Organisational Structure and Management

Standards

- **Governance** - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.
- **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.
- **Management Responsibility** - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.
- **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.
- **Transparency and Accountability** - The institution conducts its activities in an open and transparent manner.
- **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 was viewed and shows the lines of responsibility for training. It is being reviewed to clearly reflect the reporting lines for PHECC approved courses and the role of the new quality team and officer. There are plans in place to establish a quality team within the organisation. A quality officer is already in situ. During discussions the RI representatives indicated that internal course design and approval was carried out informally with a separation between those who design and those who approve courses, this includes piloting of new courses. There was no documented evidence of the process available. Courses are submitted to PHECC as per guidelines.
- The RI has a mix of computer and hard copy files and information is managed using both systems. There is an Information management policy in place which is available to all staff members. There is a comprehensive IT system being developed whereby student and faculty records are uploaded to this system. In addition, hard copy files were available to be viewed. Procedures are being developed to further analyse information obtained during courses.
- The overall responsibility for the quality assurance of PHECC approved courses is clearly allocated and staff roles are documented. There is a role description for the

quality officer with the terms of reference for the quality team being developed. The RI representatives indicated in discussion that faculty are made aware of their QA responsibilities informally. However there is no documented evidence that staff have been made aware of their responsibilities for quality assurance.

- There is a documented policy and procedures for self-assessment and improvement planning, there is clear evidence from the student and tutor reports that self-assessment is an ongoing process. During discussions the RI representatives indicated a range of activities and meetings that take place throughout the year to discuss course activities. They also displayed an understanding and commitment to self-assessment and evaluation requirements set down in council's quality review framework. Individual course reviews take place, however there is currently no documentation to support these statements. Quality improvement planning takes place informally on an ongoing basis. Further work to document these procedures is required.
- At time of review the RI's Moodle online learning portal contained comprehensive information on PHECC approved courses, which is available to all students. Further information is available in the student pack and is to be included for all courses. Course reports are completed by course directors and maintained for review.
- During discussions RI representatives indicated that administrative procedures are in place and documented for course administration tasks. Several databases were available to view, which showed a comprehensive system in place for course administration which supported the processes outlined during discussions. There are plans in place to further integrate these systems. There were hard copy records available to view which showed a clear process in place for course administration. All documents reviewed had version control.
- The RI is fully compliant with all relevant financial requirements and PHECC has verification this during the off-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 out 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 students.

QRP Findings

- The mission statement is visible on relevant documentation within student information packs. It is also displayed on the moodle e-learning portal which was available to view. All students and faculty are made aware of the mission statement and its implications for training activities.
- During discussions RI representatives indicated that a range of communication activities take place between students, host organisations and facilitators. There were student evaluation forms available to view. Online forums and email are also utilised to communicate with students. The communication with host organisations takes place informally through conversation. Documented procedures are to be developed along with records of formal communication. The RI representatives also indicated that students have the opportunity to meet with faculty on a one to one basis. There was no evidence to support these activities.
- The RI's Moodle online learning portal provides a comprehensive range of information to students. Students are also supplied with an information pack and are encouraged to speak to staff members for additional information. The evidence indicates that students are provided with sufficient and appropriate information to make informed choices about course enrolment and progression.

- There is an equality and diversity policy in place which is to be made more visible to students. During discussions RI representatives indicated that reasonable accommodation does take place. There was no documented evidence available to support this.
- There are complaints and appeals policies and procedures in place and were viewed. Students are made aware of these procedures, however, more detailed information is to be provided and included in the student pack. A review of these procedures is being undertaken.
- The facilities available for students at Ballsbridge provide a safe, clean, welcoming and comfortable learning environment. The evidence viewed shows a comprehensive range of resources and equipment available for all courses. It was stated that an administration task is to check and document the resources needed for courses and ensure they are in place. There was a resource checklist viewed as evidence of this process. Equipment is up to date well maintained and stored on site. Students have access to resources through the moodle platform. An administrator is assigned to attend all weekend courses. A selection criterion is being developed for external venues.
- The health and safety policy is available to view and is available to all stakeholders. There is also risk management and comprehensive health and safety policies 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 with RI representatives and observation indicated that the RI provides interesting and challenging learning opportunities. The course material viewed provided an opportunity to verify this and would support this view with some updating being required. Discussions with RI representatives and documents reviewed support the fact that appropriate student/tutor ratios are in place. RI representatives indicated that there is ongoing work related to a dignity at work policy.

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 in place for recruitment which was viewed. There was an instructor policy document made available and the role and responsibilities for EMT faculty was viewed. Roles and responsibilities for each role are being further developed to reflect individual responsibility for quality assurance. There is evidence that faculty composition meets PHECC requirements.
- The RI representatives indicated that they have selection criteria for faculty which is in line with PHECC guidelines. There was a job description available to view for some roles. However there is not a documented job description or selection criteria in evidence for all roles.
- The RI representatives indicated in discussions that faculty induction takes place. This is not currently documented. Staff development is monitored through faculty records maintained electronically. Faculty are informed of their responsibility to keep current and up to date. There is no record of this information being passed on to faculty members. All staff members attend child welfare and protection training which is documented and available to view. Further work on instructor development is planned which will include the importance of teaching portfolios.
- During discussions RI representatives stated that a range of formal methods of communication between faculty and management are in operation. Discussions

indicated that while regular meetings were formally arranged, they were informal in nature. These meetings are not recorded and no evidence was available of what was discussed. The facilitator completes a course evaluation which is reviewed at team meetings. Faculty have the opportunity to highlight any areas in which they need development, however this is also done informally through conversation.

- Students maintain a log book of their activities while on placement which is signed by the host site as proof of attendance and this log book is available for inspection. Their progress is monitored and learning outcomes are in place for the placement period. All host organisations are approved and meet the criteria set by PHECC for placement. During conversations RI representatives outlined examples of tutor oversight of placement activities. Documentation viewed supported the examples given. While there is evidence of interaction with host organisations there is no formal schedule or communication process in place to record site visits.
- Information on faculty is maintained on the RI's computer system and was available to view. The RI representatives indicated during discussions that observation of instructors takes place but this is not documented. Course documentation provides a record of faculty involvement. Faculty performance is currently not documented apart from student feedback forms.

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 course design process. However, there is no documented course design/development policy or procedures. Timetables for courses are available for all stakeholders. Lesson plans were viewed and indicated an appropriate balance between theory and practice. Any course updates are reviewed by the standards committee and implemented immediately once received by instructors. There was evidence to support this. Daily sign in sheets are signed by the tutor(s) and act as proof of student/tutor ratios being appropriate. There was evidence presented of a range of teaching strategies utilised during course design.
- The RI representatives discussed how course approval takes place prior to submission to PHECC for formal approval. The discussion indicated evidence of an informal internal approval process – including a pilot course – prior to submission to PHECC for approval. The process outlined indicates that there is a separation between those who design a course and those who approve it for submission to PHECC. There is no documented evidence to support these processes.
- There is no documented policy or associated procedures for course delivery. RI representatives stated that student induction takes place for each course but this is currently not documented. Attendance sheets were viewed and are maintained. It

was stated that students have the opportunity to meet with their tutor/instructor on a one-to-one basis for feedback on their progress, on a weekly basis. There was no documented evidence to support this activity. The student portfolio is available for review. The evidence viewed indicated that all courses are delivered by appropriately qualified and certified personnel.

- There is no documented process in place for course review. Meetings are scheduled but not documented, student feedback is collected but not analysed. Student course evaluations were in evidence and viewed. During discussions the RI representatives indicated that the course director completes a report after each course. There was no report available to review at the time of the review. Discussions indicated that there are informal processes taking place where courses are reviewed. There are no formal processes in place for faculty to provide course feedback or evaluation.
- There are documented policies and procedures in place for assessment activities and they were available to view. The results pack from an EFR course was made available for review. Procedures show a separation between instructor and examiner roles. There are procedures in place to ensure the security of assessment related material. Appropriate and verifiable methods are used to carry out assessment activities. Responsibility for the PHECC certification system is allocated to a named member of staff.
- RI representatives indicated in discussion that internal verification takes place for all courses. This is carried out by the office manager/administrator but is not documented. The discussions indicated that management have a clear understanding of the process of internal verification and that this will be part of the ongoing developments with the quality team. It was also indicated that the chief QA officer will have overall responsibility for internal verification. There is currently no documented policy or procedures in place.
- External Authentication is a new process and is currently carried out by PHECC.
- There is a formal results approval procedure documented and implemented. Results are checked once submitted and agreed prior to certification. Evidence of this process was available to view
- There is a formal procedure in place to deal with student appeals, which includes assessment activities. There is evidence that students have an opportunity to appeal their results and that they are informed of the right to appeal.

3.0 Conclusions and Outcomes

The findings from this review indicate that the recognised institution 'Part met' 17 and 'Met' 13 of the 30 applicable quality standards set out in the PHECC quality review framework. Staff members have a strong understanding of what is required to fully meet the PHECC quality standards in each area. There are appropriate policies and procedures in place that indicate a commitment to internal quality assurance and continuous quality improvement. Current practices supported by documented evidence show that the institution is engaged in best practice activities at present. The development of an integrated IT system shows a further commitment to enhance the student and faculty experience. The RI demonstrated in their RISAR a clear understanding and commitment to the self-assessment and evaluation process in Council's quality review framework.

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 (QRP) 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 Order of Malta Ireland

St. John's House
32 Clyde Road
Ballsbridge
Dublin 4

RI Quality Standards Review On-site Report Feedback

14th August 2015

Feedback on Draft report dated July 2015

I wish to acknowledge receipt of the PHECC RI Quality Standards Review On-site Draft Report. This has been a beneficial and worthwhile process for Order of Malta Ireland and has, through the self-assessment process, aided us in identifying areas requiring strengthening while also helping to quantify what we are doing well.

The report in general is accurate and balanced and Order of Malta Ireland is committed to the Quality Improvement Process which commenced on the announcement by PHECC of the Quality Standards process and is continuing following the RISAR and on-site visit and report.

The Order of Malta Ireland management team welcome the report and look forward to developing and implementing the Quality Improvement Plan.

Feedback report compiled by:

Asst Comdr Ray Carney
Assistant Director for Standards