



Emergency Care Group

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 (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	Emergency Care Group
Profile	A private company and a PHECC recognised institution since 2007.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Advanced Emergency First Response
Higher Education Affiliation	None
Address	Unit 17, Westlink Industrial Estate, Kylemore Road, Ballyfermot, Dublin 10

1.2 Reports Details

Date of on-site visit	19-07-16
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Paul Downes	Managing Director
Karen Nesbitt	Training Coordinator
June Downes	Administrator
Date of Final Report	01-12-2016
Date of Council Approval	15-12-2016

1.3 Scope of the Review

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

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with three representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Two members of staff present for the full review.
Learner Discussions	None
Exit Meeting	The QRP met with three 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	All the RIs training activities take place in external venues.
Resources	Resources are stored at the RIs main office and allocated from here for each selected courses. External Instructors are responsible for providing and maintaining appropriate resources for each course they deliver.

2.3 Evidence Reviewed – Documents/IT

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

- Website
- Organisational Chart
- Evaluation Forms
- Student Records
- Faculty Records
- Pre Course Student Letter
- Booking Form
- Quality Policy
- Premises Checklist
- Mission Statement
- Equality and Access Policy
- RPL Policy
- Complaints and Appeals Policy
- Resource Checklist
- Instructor Letter – Re: Resources
- Resource Cleaning and Maintenance Schedule
- Health and Safety Statement
- Recruitment and Development Policy
- Instructor Service Level Agreement
- Course Development Policy
- Assessment Procedures

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	QRP Findings
<p>1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.</p>	<p>The organisational chart was available for review and reflects the overall structure of the organisation. It is updated annually to reflect current practice. During discussions the RI representative outlined processes for internal course and results approval. However these procedures were not documented at the time of review. RI representatives also outlined the self-assessment and quality improvement planning processes. Evidence was provided that self-assessment has been carried out, with the PHECC RISAR and quality improvement plan being utilised. A policy and associated procedures need to be developed to formalise these processes and integrate stakeholder feedback.</p>
<p>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.</p>	<p>There is a documented policy and procedures for information/records management. Records are maintained in a mixture of hard and soft copy and procedures are in place to ensure security. Computers are password protected and access is limited to authorised personnel. Hard copy records are stored in a secure location in the main office. These procedures are being updated to reflect current practices and relevant data protection legislation. Student and faculty records were reviewed and found to be satisfactory. Quantitative measures are being put in place to capture relevant information to inform practice. PHECC certification is carried out according to guidelines.</p>
<p>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.</p>	<p>The managing director has overall responsibility for the quality assurance of PHECC approved courses as evidenced on the organisational chart. During discussions the RI representative outlined how faculty members are made aware of their responsibilities for the quality of PHECC approved courses. However there was no documented evidence to support this. The internal verifier outlined comprehensive procedures that take place when course documentation is submitted. There was no documented evidence available to support this.</p>
<p>1.4 Self-Assessment, External Evaluation and Improvement Planning - The Institution carries out internal assessment and</p>	<p>There was a quality policy available for review. This is being updated to reflect current practice. Evidence was provided which showed that evaluation of PHECC approved courses by student's takes place there was no evidence to show that this was utilised during self-assessment. The PHECC RISAR and</p>

<p>engages in a quality improvement planning process (annually) which includes external evaluation.</p>	<p>quality improvement plan were utilised and 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>The RI website and promotional material provides sufficient information to allow potential students to make an informed choice about course participation. Evidence was provided to indicate that students are informed of the educational supports available during their course. At the time of review course reports are not completed by faculty.</p>
<p>1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.</p>	<p>During discussions the RI representative outlined comprehensive procedures for course administration pre, during and post course. Evidence was provided to show these activities had been carried out. Student and faculty documentation was reviewed to verify these activities. Plans are in place to update and document all relevant activities and current practice.</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
<p>2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.</p>	<p>The RI demonstrates its commitment to quality training through its mission statement. The RI communicates its mission statement to all stakeholders through its website, on relevant documentation.</p>
<p>2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.</p>	<p>During discussions RI representatives outlined a range of methods used to communicate with students and associated stakeholders, including evaluation forms and formal and informal meetings. Evidence was provided was of these activities. Students have the opportunity to meet with their instructor one to one to discuss any issues they may have. Documented evidence was provided for review to support these activities. RI representatives indicated that a communications policy and procedures will be developed to support all communications.</p>
<p>2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.</p>	<p>The RI has an equality and access policy which was available to view. This policy and associated procedures are to be updated to reflect current practice. The website and promotional material provides potential students with sufficient information to make an informed choice about participation in a course. There is an RPL policy in place for relevant courses. This policy is to be updated.</p>
<p>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.</p>	<p>The RI has an equality and access policy which was available to view. This policy and associated procedures are to be updated to reflect current practice. There was no evidence that information or 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 not documented. At the time of review there were no documented codes of practice. During discussions and in their RISAR RI representatives indicated that codes of practice were being developed.</p>
<p>2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.</p>	<p>The RI has documented policies on complaints and appeals which were available for review. However these need to be updated to reflect current practice and made available to stakeholders. During discussions the RI indicated that these policies are to be updated and made available to all stakeholders through its website and on relevant</p>

	documentation.
2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.	During discussions the RI representative indicated that all training is carried out externally. Evidence was provided that instructors are informed of the requirements for each course on offer in terms of resources and facilities. Instructors are responsible for ensuring appropriate equipment is available for each course they carry out. There is a documented system in place for the maintenance and cleaning of equipment. Plans are being developed to ensure all faculty are meeting the facility and resource requirements for each course on offer.
2.7 Health and Safety - A safe and healthy environment exists in the institution.	The health and safety statement was available for review and is available to all stakeholders. Health and safety procedures are in place and in line with relevant legislation.
2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.	Discussions indicated that faculty are encouraged to provide students with interesting and challenging learning opportunities. Evidence provided indicated that students have positive learning experiences. The RI is fully compliant with PHECC requirements on instructor/student ratios.

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. These need to be updated to reflect current practice. During discussions the RI representative indicated that role descriptions are being developed which will outline the quality responsibilities of staff and faculty. Documentation indicates that the RI meets the minimum faculty 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>During discussions the RI representative indicated that they have a selection criteria for faculty which is in line with PHECC guidelines and that senior management are involved in recruitment. Job descriptions for all roles are being updated with reference to the PHECC teaching faculty framework. 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 no documented procedures in place for the continuous professional development of faculty. During discussions the RI representative indicated that faculty members do receive an induction and any updates are communicated via email. There is no evidence to indicate that induction had taken place. Faculty records are maintained and they are encouraged to maintain their CPD to remain on the RIs list of instructors. Instructors are provided with opportunities to highlight upskilling requirements through formal and informal meetings. There are no records of these meetings.</p>
<p>3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.</p>	<p>During discussions the RI representative described a range of informal methods of communication between faculty and management. There is an annual meeting with faculty. However not all external faculty members attend this meeting. It was also indicated that regular communication takes place between management and faculty before, during and after each course. However there are no procedures in place to ensure these activities take place. RI representatives stated that procedures for faculty communications will be included in a communications policy to be developed.</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 only).</p>	<p>Not Applicable</p>
<p>3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.</p>	<p>The evidence provided indicates that faculty meet the minimum requirements set by PHECC to deliver courses. The system in place ensures that only instructors will valid certification all allocated to carry out courses. During discussions the RI representative stated that observation of all new instructors takes place. However there was no evidence to support this. There was no evidence available that regular monitoring of all faculty activities takes place. The RI representative indicated that procedures would be put in place to ensure all faculty are monitored in a systematic manner to include observation. Course documentation was reviewed and contained the information of the relevant instructor.</p>
<p>3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.</p>	<p>During discussions the RI representatives stated that sub-contracting does take place and that service level agreements are in place. This was available for review. However there was no evidence of agreed quality assurance standards and procedures. The quality review team highlighted this as an area of concern and the RI representative indicated that this area would be strengthened. There was no evidence that students are made aware of the role of each party.</p>

Section Four: Course Development, Delivery and Review

Standards	QRP Findings
<p>4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.</p>	<p>There is a course development policy in place which needs to be updated to reflect current practice. Lesson plans were not available to view. Timetables for courses are available for students. Course information is clearly stated and outlined on the website and promotional material. Documentation also indicated that appropriate student/tutor ratios are maintained.</p>
<p>4.2 Course Approval - There are clear guidelines for course approval.</p>	<p>During discussions RI representatives outlined a process for internal course approval. However this process is not documented at the time of review. All the information required for PHECC course approval has been supplied.</p>
<p>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.</p>	<p>There is no documented policy or associated procedures for course delivery. During discussions the RI representative indicated the student induction takes place. However there was no evidence to support this. Attendance records are maintained for each course and were available for review. The evidence indicated that all courses are delivered by appropriately qualified and certified instructors. Students have the opportunity to meet with their instructor for feedback and remedial work. There was documented records of these activities which were available for review.</p>
<p>4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.</p>	<p>There are no documented procedures in place for carrying out course reviews. Student course evaluation forms were available for review. During discussions RI representatives outlined a range of informal activities that take place between management and instructors around course review. At the time of review faculty do not complete course reports. Evidence was available of an annual meeting with subcontracted faculty. 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.</p>
<p>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</p>	<p>During discussions RI representatives outlined a comprehensive system for ensuring assessment activities are carried out in an appropriate manner. However there are no documented procedures in place for to ensure these activities consistently take place. The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. Students are provided with assessment information prior to</p>

assessment criteria.	and during their course. RI representatives indicated that students are provided with reasonable accommodation on request. These requests are not documented. Assessment related material is stored centrally and only issued upon request by the instructor, with relevant document being signed out and in to maintain records. 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 representative indicated in discussion that internal verification takes place on all courses and there was evidence to support this. There are no documented procedures in place.
4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.	External Authentication is a new process and is currently carried out by PHECC.
4.8 Results Approval - A results approval process operates in the institution.	There is no formal results approval process documented. During discussions the RI representative indicated that the instructor checks the results and they are checked again by the training coordinator. However, failed MCQs papers need to be identified for adequate verification. There was no evidence to support this. Once checked the results are made available and the certificates are issued to students.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	There is an appeals policy in place, however this needs to be updated to reflect current practice and made available to students.

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. There are policies and procedures in place that indicate a commitment to internal quality assurance and continuous quality improvement (CQI) of PHECC approved courses. However the policies and associated procedures need to be updated to reflect current practices. The evidence also indicated that the controls around external instructors need to be strengthened to ensure the quality of PHECC approved courses is consistent across all courses and associated activities. This was highlighted by the QRT during the review as an area of concern. 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. The evidence provided would support the conclusion that the RI's activities when supported by appropriately focused and updated policies and procedures meet the requirements to carry out PHECC approved courses.

Appendix 1: Comments and observations from Emergency Care Group

Pre-Hospital Emergency Care Council,
Abbey Moat House,
Abbey Street,
Naas,
Co. Kildare.

19th of September 2016.

Dear Kathleen,

Further to the QRF on-site visit of July 2016, please find below our comments regarding this report.

1.1 Emergency Care is listed as a training institute since 2009. We have been actually been a listed training institute since 2007.

1.2 Karen's surname is incorrectly spelled. It should be Nesbitt.

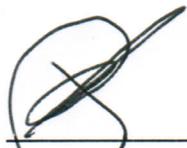
2.1 There were three members of Emergency Care present for the entire meeting.

3.3 The internal annual faculty meeting is minuted, and this was available on the day.

4.4 It is agreed that no course report currently exists for EFR, but in our view there is an instructor evaluation form for CFR which would be an appropriate report for a course at this level.

Should you have queries, or if I can be of assistance in any other way, please do not hesitate to contact me.

Yours sincerely,



Paul G. Downes
Managing Director