



# **Philip and Son Training Consultants Ltd**

## **Quality Standards Review On-Site Report**

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## 1.0 Introduction

This report has been produced following the first review of the recognised institutions(RI) processes that support the design, deliver and review of the Pre-Hospital Emergency Care Council's (PHECC) approved courses. This is the first step in the quality improvement cycle as outlined in PHECC's Quality Review Framework (QRF). The result of this review provides both PHECC and the RI with baseline information which will inform continuous quality improvement to be outlined in the institutions Quality Improvement Plan (QIP). The review was carried out with the underlying principle of the RI "Saying what they do, doing what they say and proving it with verifiable documented evidence".

**Figure 1: The QRF Building Blocks:**



## 1.1 Institution Details

Name	Philip and Son training Consultants Ltd.
Profile	A private company and a PHECC recognised institution since 2012.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Advanced
Higher Education Affiliation	None
Address	Unit 3D, Southern Link Business Park, Newbridge Road, Naas, Co. Kildare

## 1.2 Reports Details

Date of on-site visit	22-07-16
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Greg Baxter	Director of Training
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) course was selected to provide context.

## 2.0 Review Findings

### 2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with one representative on arrival. 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 one representative. The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

### 2.2 Observation of Facilities and Resources

Area	Comments
Facilities	The RIs main training facility is at the above address and has several training rooms and office space. Training activities also take place in-house with companies and occasionally in externally rented premises.
Resources	Resources are stored at the RIs main office and allocated from here for each selected courses.

### **2.3 Evidence Reviewed – Documents/IT**

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

- Website
- Organisational Chart
- Student Feedback Form
- Data protection Policy
- Complaints Policy
- Appeals Policy
- Student Records
- Faculty Records

## 2.4 Quality Standards – Review

<b>Section One: Organisational Structure and Management</b>	
<b>Standard</b>	<b>QRP Findings</b>
1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.	The organisational chart was available for review. However it provided limited information and did not indicate those responsible for PHECC approved courses. It needs to be updated to reflect current practice. During discussions the RI representative outlined a process for internal course approval and results approval. However these procedures were not documented at the time of review and there was no evidence provided to show these activities take place. There was no evidence to show that key stakeholders were involved in the self-assessment process. Evidence was provided that self-assessment has been carried out, with the PHECC RISAR and quality improvement plan being utilised.
1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	There is a documented policy and procedures for data protection which need to be updated to reflect current practices. Computers are password protected and access is limited to authorised personnel. Student records are kept in hard copy and are stored in the main office. Student records were reviewed and were found to be unsatisfactory. Faculty records are maintained in hard copy. Quantitative measures are not in place to capture relevant information to inform practice. PHECC certification is not carried out according to guidelines.
1.3 Management Responsibility - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	During discussions the RI representative indicated that the training director has overall responsibility for the quality assurance of PHECC approved courses. However the discussions also indicated that there is a lack of understanding about the quality assurance process. There was no indication that faculty members are made aware of their responsibilities for the quality of PHECC approved courses. There was no evidence provided that internal verification of quality assurance processes has taken place.
1.4 Self-Assessment, External Evaluation and Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning	There is no quality policy and procedures documented. There is no evidence of a procedure for monitoring the implementation and effectiveness of courses and services. While there was evidence of student feedback there was no evidence to show that this was utilised during self-assessment. There was no evidence of key stakeholder feedback utilised during self-assessment. The PHECC RISAR and quality



process (annually) which includes external evaluation.	improvement plan were utilised for the self-assessment and will be updated with agreed actions following the review process.
1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.	While the RI website and promotional material contains information about PHECC approved courses, at the time of review this information was found to be insufficient. Course reports are not completed by faculty.
1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.	During discussions the RI representative outlined the procedures for course administration pre, during and post course. However at the time of review there were no documented procedures in place for course administration. Documentation reviewed indicates that administrative duties are carried out by relevant personnel.
1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.	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	QRP Findings
2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.	At the time of review the RI did not have a mission statement.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	During discussions and in their RISAR the RI representative outlined a range of methods used to communicate with students and associated stakeholders, including online feedback, evaluation forms and social media. There was evidence provided to support this. It was also indicated that students have the opportunity throughout their course to meet with their instructor one to one to discuss any issues they may have. There was no documented evidence provided to support these activities.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	The RI has no documented admissions policy. During discussions the RI representative indicated that PHECC approved courses were part of larger courses which the RI runs. The website and promotional material provides potential students with information to make a choice about participation in a course. However this information was found to be insufficient. There are no documented procedures for Recognition of Prior Learning (RPL) for PHECC approved courses.
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.	At the time of review there was no documented policy and procedures on equality and diversity, There was no evidence that information or training on equality and diversity is provided to faculty. During discussions RI representative gave examples of how they accommodate individuals with additional support needs. These activities are not documented. It was also indicated that codes of practice were in place. However at time of review there was no evidence to support this.
2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.	The RI has documented policies on complaints and appeals which need to be updated to reflect current practice. During discussions the RI representative indicated that these policies are to be made available to all stakeholders through its website and documentation.

<p>2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.</p>	<p>The main training facility provides a comfortable training environment. During discussions the RI representative indicated that training is carried out occasionally in externally rented premises. There is no documented premises selection criteria in place. Sufficient resources are available for each course. During discussions and in their RISAR the RI stated that equipment is checked prior to each course and issues documented. However there are no documented procedures for the maintenance and cleaning of equipment and no evidence was provided to indicate these activities take place.</p>
<p>2.7 Health and Safety - A safe and healthy environment exists in the institution.</p>	<p>The RI has a health and safety statement which is available to all stakeholders. However this needs to be updated to reflect current practice.</p>
<p>2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.</p>	<p>Evidence provided indicated that students have positive learning experiences. The evidence also indicated that the RI is not compliant with PHECC requirements on instructor/student ratios.</p>

### Section Three: Faculty Recruitment and Development

Standards	QRP Findings
<p>3.1 Organisational Staffing - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.</p>	<p>There is no documented recruitment and development policy. The RI representative indicated during discussions that faculty are aware of their quality assurance responsibilities. However there was no documented evidence to support this. The evidence indicates that the RI does not meet 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>At the time of review there was no documented role descriptions or selection criteria for faculty. The RI representative indicated that senior management are involved in recruitment. Course documentation indicates that the RI does not meet 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 (CPD) of faculty. During discussions the RI representative outlined a process for faculty development. There was evidence to support these activities. There was evidence during discussions that faculty are aware of their responsibilities to continue their CPD. There was no evidence that induction was carried out.</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 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 will take place.</p>
<p>3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).</p>	<p>Not Applicable</p>
<p>3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and</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 with valid certification are allocated to deliver courses. Faculty records</p>

experienced individuals are engaged by the institution.	are maintained and were available for review and were found to be adequate. Course documentation was not available for review.
3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.	Not Applicable

## Section Four: Course Development, Delivery and Review

Standards	QRP Findings
4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.	At the time of review there was no course development policy in place. The evidence indicated that PHECC approved courses are not being delivered as per PHECC guidelines. There were no lesson plans or timetables available for review. During discussions the RI representative displayed a lack of understanding about the need for detailed timetables for PHECC approved courses. Course information is not clearly stated. The evidence also indicated that appropriate student/tutor ratios are not being maintained.
4.2 Course Approval - There are clear guidelines for course approval.	During discussions RI representatives outlined a process for internal course approval. However this process is not documented at the time of review. The information required for PHECC course approval has been supplied. However the evidence indicates that these requirements are not being adhered to for course duration and student/instructor ratios.
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.	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 the courses are not delivered in accordance with PHECC education and training standards. The evidence indicated that all courses are delivered by appropriately qualified and certified instructors.
4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	At the time of review there was no documented procedure in place for carrying out course reviews. Student course evaluation forms were available for review. During discussions RI representatives indicated that informal meetings take place to discuss training activities and student feedback. However there was no evidence to indicate these activities had taken place. There are no course director's reports being completed. The RI has submitted a quality improvement plan based on their self-assessment findings and will be updating this based on the findings from the external review.
4.5 Assessment and Awards - Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors	There are no documented procedures in place for PHECC approved courses. 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 and during their course. RI representatives indicated that

<p>in line with PHECC assessment criteria.</p>	<p>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. There is no documented procedure for the security of assessment related material. Responsibility for the PHECC certification system is allocated to a named member of staff.</p>
<p>4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.</p>	<p>The RI representative indicated in discussion that internal verification takes place on all courses. There was no evidence to support this. There are no documented procedures in place.</p>
<p>4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.</p>	<p>External Authentication is a new process and is currently carried out by PHECC.</p>
<p>4.8 Results Approval - A results approval process operates in the institution.</p>	<p>There is no formal results approval process documented. During discussions the RI representative indicated that the instructor checks the results. There was evidence to support this. Once checked the results are made available and the certificates are issued to students.</p>
<p>4.9 Student Appeals - A process is in place for students to appeal their approved result.</p>	<p>There is an appeals policy in place, however this needs to be updated to reflect current practice.</p>

### **3.0 Conclusions and Outcomes**

The quantitative findings from the review indicate that the Recognised Institution (RI) met or part met 69% of the required standards set out in the PHECC quality review framework. However, the accompanying qualitative comments indicate that there is a substantial lack of quality assurance policies and procedures and a lack of understanding of quality assurance requirements. The evidence also shows the RI does not meet the PHECC education and training standards and is not meeting the requirements for course approval. The evidence also indicates that the RI is providing insufficient information about PHECC approved courses, which the Quality Review Panel (QRP) highlighted as an area of major concern during the review process. There is a significant amount of work required to address the shortfalls in the RI processes to bring it in line with the PHECC quality standards and best practice for a centre providing education and training. There is no evidence of oversight or governance throughout the RI activities. The evidence would support the conclusion that the RI's current activities do not meet the requirements necessary to carry out the delivery of PHECC approved courses.



## **Appendix: 1 Feedback and Comments from Philip and Son Training Consultants**



24<sup>th</sup> August 2016

Philip & Son Training Consultants  
Unit D3, Southern Link Bus. Park  
Newbridge Road, Naas, Co. Kildare

Re. Quality Review Framework

To the Review committee,

We acknowledge receipt of the letter from Pre-Hospital Emergency Care council dated 19<sup>th</sup> August 2016. We want to thank the review team for their visit with ourselves, and acknowledge the comments that were made by the committee. I found this meeting constructive and very informative.

To that end we have taken on board all the comments that were made are currently reviewing all our policies. As was stated by yourselves we lack the documentary evidence of what we are doing, and currently developing all documentation on the full scope of our training programs that we provide. This is set to be finished within the next month or so.

As was requested by the committee that we stop providing CFR community & advanced, once we received your letter we have stopped providing this training.

We do however take issue with your comments that we were advertising that our courses were ran by Paramedics, as was discussed on the review we were advertising EMT, Paramedic & Advanced paramedic, and we request that the review documentation be changed to reflect this. We have since changed that and state that all our trainers are from EFR up to AP.



25 AUG 2016

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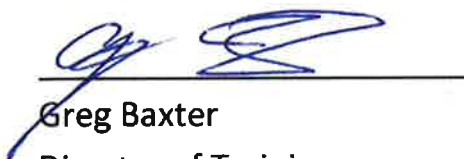
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We have removed the CFR Training from all our paediatric/Sports/Emergency first training and had done so from the time of our meeting. We also had changed the CFR community program to starting at 5:30pm & running till 9:30pm on Tuesday evenings as per the meeting.

Just to note I would advise that you check PHECC's FAQ on relation to CFR training on your website which states that training can be provided to a group of 6 in 3.5/4 hours with a 20 minute break, as per what I have attached to this document.

On a final note we the directors of PSTC want to acknowledge the importance of the CFR Training program and understand the implications of providing this training and we always endeavoured to provide this training to the highest standards possible.

Kind Regards



Greg Baxter  
Director of Training  
Philip & Son Training Consultants Ltd.

Enc.

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Philip & Son Training Consultants Ltd.

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