

Education and Standards Committee

Meeting Minutes

15th April 2019

PHECC Office, Naas @ 10:00am

Present

Shane Knox (Chair)
Paul Lambert (Vice Chair)
Ray Lacey
Ben Heron
Niamh O'Leary
Peter McDaid
Chris O'Connor
Gareth Elbell
Frank Keane

Apologies

Tom Brady
Róisín McGuire
Adrian Murphy
Tess O'Donovan

In Attendance

Richard Lodge, PHECC Director
Kathleen Walsh, PHECC PDO
Brian Power, PHECC PDO
Ricky Ellis, PHECC PDO
Hillery Collins, Vice Chair, Council
Margaret Bracken, PHECC Committee Officer
Aisling Ryan, PHECC Support Officer

1. Chair's Business

The Chair welcomed everyone to the meeting. Apologies were noted. This meeting was rescheduled from 27th March to 15th April and the Chair thanked the members for their understanding. Condolences were expressed to Jacqueline Egan, PHECC Programme Development Officer, on the death of her mother, and to Jimmy Jordan, PHECC Council member, on the death of his sister. Kathleen Walsh notified the members that Melissa Redmond has resigned from the Education and Standards Committee due to family circumstances. It is anticipated that a replacement patient representative will be sought with the assistance of the HSE National Patient Forum before the next Committee meeting.

2. Minutes from 23rd January 2019

The minutes of the meeting held on 23rd January 2019 were reviewed.

Resolution: That the Education and Standards Committee approve the minutes of the meeting held on 23rd January 2019.

Proposed: Chris O'Connor

Seconded: Paul Lambert

Carried without dissent

2.1 Matters arising

There were no matters arising from the minutes.

3. Paramedic Examination Standard

Brian Power provided an overview noting that the Paramedic Examinations Subcommittee met on several occasions and produced a draft Paramedic NQEMT Examination Standard setting out recommendations for conducting NQEMT paramedic examinations. Brian advised that the subcommittee focused on exam content and not on terminology and timeframes relating to education standards, which is a matter for the Education and Standards Committee and Council, as appropriate.

Brian highlighted the changes made to the draft Paramedic NQEMT Standard v 0.9 included in the meeting papers. The NQEMT examination for paramedics will continue to have three stages;

Stage One will consist of three components; an MCQ conducted by PHECC, RI sign off against the PHECC Medication and Skills Matrix, and CFR-A certification.

Stage Two will no longer include the short written answers exam. It will be replaced with assessment on clinical knowledge and skills completed during the undergraduate internship and signed off by the RI.

Stage Three will have four components; a competency based clinical scenario OSCE, panel exam conducted by PHECC, RI sign off on three faculty evaluations of clinical practice, and student portfolio.

The Chair requested further clarification on the Angoff and Borderline regression methods proposed for grading and pass (cut) score process. Both the PHECC paramedic OSCE and MCQ were discussed in detail. Brian informed the Committee that the Tavares global rating scale is recommended for adoption for the assessment of paramedic clinical competence in the OSCE examination. He explained that using this method examiners will grade candidates under seven domains using a seven-point scale, 1 = unsafe and 7 = exceptional. All scenario based OSCEs will utilise this marking framework enabling every candidate to know what is expected of them. A second examiner is recommended who will independently grade the candidate on his/her overall performance using the same seven-point scale. Both grades will then be utilised to calculate the cut score, which will be decided by the Borderline Regression Method. This process is used extensively in clinical examinations in universities and medical colleges.

Chris O'Connor questioned what the consequence would be if a candidate does something unsafe during an OSCE scenario. He cautioned against removing the critical fail element as it would be difficult to stand over passing a candidate in this situation. Brian expressed his concerns that if a candidate is awarded a score of 1 in any domain, which is regarded as 'unsafe', and is awarded the NQEMT, and that person goes on to cause harm to a patient, PHECC will be exposed. The Chair agreed that there should be a critical fail element. Brian suggested that should an examiner award a score of 1 he/she should record the rationale for this judgement. Following the OSCE both examiners and the member of the PHECC Quality Committee present should meet to discuss the issue and unanimously agree if the candidate should fail or not. To protect PHECC, if the candidate is deemed not to have failed he/she should have the mark changed from 1 to 2. The Chair stated that a video review could be carried out afterwards and provided as evidence. Frank Keane also agreed that the critical fail element should remain and suggested that PHECC should have a matrix for what is considered unsafe and all candidates judged the same way based on this matrix. Chris O'Connor noted that sometimes candidates may do something you would not expect and defining a matrix may be difficult. Kathleen Walsh stated that unsafe is defined in the Tavares global rating scale, and candidates should be aware of this scale.

Brian Power proposed removing the ratings of 1 = unsafe and 7 = exceptional from the Tavares global rating scale if a candidate cannot receive a critical fail, in order to protect PHECC. The members considered this proposal. Frank Keane cautioned against this at the present time and suggested we use the global rating scale

for a period of time to gather evidence and determine if it needs to be changed. Ben Heron advised that a candidate can appeal if they fail, and with this system it will be easier to defend, and PHECC will be protected.

Resolution 1: That the Education and Standards Committee recommend inclusion in the Paramedic NQEMT Examination Standard that should a student receive a rating of 1 (unsafe), under the Tavares Global Rating Scale 1-7 for the assessment of paramedic OSCEs, the candidate shall fail. The fail, however, must be confirmed by both examiners and the Quality Committee member unanimously, and if this cannot be achieved the rating shall be changed to a rating of 2 (unsatisfactory).

**Proposed: Frank Keane
Carried without dissent**

Seconded: Ray Lacey

Recording OSCEs and the use of video evidence was discussed. Brian Power cautioned that the paramedic standard must be fully agreed before an audio visual process can be implemented. The Chair advised that video evidence is the only way forward and protects the examiner by taking away any ambiguity should an appeal be lodged. He stated it is unfair to candidates if they are not provided with the reason why they have failed. It was noted that video evidence is another tool for deciding competency. The Director advised that video evidence will be strongly considered when the paramedic exam standard has been agreed. Hillery Collins advised that the introduction of an audio visual process will have GDPR, cost and storage implications, and any Committee recommendation in this regard requires Council approval. The Director stated that a separate standard will need be developed for an audio visual process. Ray Lacey stated that video recording of OSCEs supports the paramedic exam standard and both should be introduced together. Frank Keane stated that it should be actively encouraged that RIs record OSCEs in addition to PHECC. Paul Lambert queried the overall costings of the new exams including examiner training and if this is achievable. The Director advised the final cost is unknown until a costing exercise has been completed which will be presented to Council. It was suggested that the PHECC ICT Officer should be involved in the process.

Resolution 2: That the Education and Standards Committee recommend to Council that a review of an audio visual process for the paramedic OSCE examinations be carried out by PHECC.

**Proposed: Ray Lacey
Carried without dissent**

Seconded: Gareth Elbell

In discussion of the MCQ exam and the scoring process Brian Power noted each exam paper will have the same set of test items for every candidate on the same day. Currently questions are randomly selected with each candidate receiving a different set of questions. The Angoff method is proposed as the process to set the cut score for the MCQs. Brian reviewed the Angoff method referring to the meeting papers. The Chair agreed that this method is fairer and more objective. Ricky Ellis enquired as to what protection is in place for PHECC against a particularly weak class with the Angoff system. Frank Keane outlined that the class's ability has no bearing on the cut score. He advised that a large panel of up to fifteen experts should be utilised for the Angoff process which negates the subjectivity of only three or four individuals. Paul Lambert noted the importance of setting the right criteria for the expert panel.

Hillery Collins requested a status on examiner training and Brian Power clarified that a workshop will be organised for current examiners and recruitment of new examiners is envisaged. Hillery also questioned the

status of students on current programmes and if they can finish that stream before changing to the new standard. Brian advised that the current examination rules, as published in the NQEMT examination handbook, state that examination content will not change within sixty days of an examination. He noted examiner training is required before an implementation date is set

Kathleen Walsh proposed that the Paramedic NQEMT Examination Standard go forward for expert educationalist review via an expression of interest exercise. The educationalist's report will then be referred to the Committee. The Chair queried the criteria for an educationalist. Kathleen Walsh noted that the educationalist selected would be an external independent person, as distinct from a practitioner/educator, with no involvement in paramedicine. Brian Power supported this as PHECC is the awarding body and may be challenged regarding its exam standards. He stated that an independent external educationalist provides extra reassurance.

Resolution 3: That the Education and Standards Committee approve the PHECC Paramedic NQEMT Examination Standard Draft, with the inclusion of resolution 1 above, to go forward for expert independent educationalist review following an expression of interest.

**Proposed: Paul Lambert
Carried without dissent**

Seconded: Frank Keane

* Brian Power left the meeting.

4. Education and Training Standards Revision RFT – Status Update

Kathleen Walsh provided an overview. PHECC Executive has worked with the Office of Government Procurement to utilise the multi supplier framework for the provision of Business and Management Consultancy Advisory Services for the Health Sector, to identify a suitable supplier to undertake the review and revision of the EMT, P, and AP Education and Training Standards, and development of a competency framework. A Request for Tenders was submitted to the OGP circulating it to eighteen members of the framework. In advance of this an expression of interest with revised project specifications was directed to the multi supplier framework. A six week window for responses has been established with the deadline for 29th April. Evaluation of the tender responses is proposed for early May and the successful tenderer will be expected to commence the project in May.

Gareth Elbell referred January Committee meeting discussion and minutes referring to the suggestion of seconding an individual to undertake the project versus conducting another tender. Gareth expressed his frustration at the timeline in commencing the review and Chris O'Connor concurred. Kathleen Walsh stated that following January Committee meeting, it was recommended that the Executive carry out a scoping exercise for the feasibility of re-tendering or seconding an individual. She clarified that the specifications for the tender now focused solely on practitioner standards and an associated competency framework, as considered by the Committee. Following discussions with the Chair and the Director it was decided to circulate a tender to the multi supplier framework.

The Chair noted that an alternative plan is required to be in place if it is an unsuccessful tender. He stated that the current process should continue. The Director stated that if the current tender is not successful then an individual would be appointed to review the standards. The Director also stated that the Education and Training Standards review shall be completed by year's end.

5. Return to Practice Considerations

5.1 Registration Officer Back to Practice Discussion Document

Correspondence was included in the meeting papers from the PHECC Registrar noting implications for registrants and those with inactive registration not engaged in clinical practice seeking to renew or re-activate their registration. The correspondence identified potential matters for education and training of such individuals, which also may impact on safe and competent practice. The Registrar requested that the Education and Standards Committee consider standard and curriculum development, RI implications, certification, capacity and costs. The “Back to Practice/Boot Camp Refresher Course (EMT, P & AP) Potential Applications\Uses” discussion document prepared by the PHECC Registration Officer served as the starting point of the Committee discussion.

Kathleen Walsh provided an overview and informed the members that the Quality and Safety Committee also considered the issues associated with return to practice/registration. Chris O'Connor noted that currently there are no requirements for registrants to remain on the register. The Chair suggested PHECC accredit RIs to meet the needs of the individuals, with sign off from the RIs once the specified requirements are met, and if individuals are not affiliated with an RI they can go to a private organisation.

Gareth Elbell questioned if continuous professional competency (CPC) should be across all three practitioner levels before implementing a return to registration process. The Chair advised that due to financial restrictions imposed by the DoH, advanced paramedic and paramedic CPC is on hold at the moment. Paul Lambert advised that there would need to be a link between PHECC and the RI and the process must be developed towards registration as opposed to licensed CPG providers.

The Director stated that an individual is either registered or not, inactive registration is not a status. He noted the focus is on what criteria should be required for individuals to re-register if they are no longer registered. Gareth Elbell advised of the consequences for EMTs who go abroad and are suspended from the register, as they can still be selected for CPC. He noted that APs and paramedics do not have to suspend their registration, and as there is no CPC in place for these levels there are no consequences with regard to CPC.

Kathleen Walsh advised there are significant considerations for this issue and suggested that individuals seeking a return to registration could sit an examination similar to other regulators' requirements. She referred to the resource documents provided in the papers.

The Chair asked members if further discussion on return to registration should be postponed until CPC for AP and P levels is introduced? Alternatively, should a working group be formed with the registration officer, to set the criteria for return to registration and make recommendations to the Committee? He noted this should be looked at in its entirety for CPC. Ricky Ellis stated that a framework for a return to registration process is required and advised that CPC is a separate matter. CPC will form part of the requirements to be invited to re-register and is a separate matter to the current discussion for defining return to registration pathway. Chris O'Connor stated that we cannot move forward without CPC in place for all levels. The Director informed the group that the Quality and Safety Committee discussed categories for timeframes and requirements for returning to registration at their last Committee meeting. He noted that as a regulator PHECC must develop a process for returning to registration. Hillery Collins stated that this process should be developed by the Committee first and then quality assured, as CPC is about education and maintaining standards.

Paul Lambert proposed a minimum requirement of CPG upskilling/compliancy and current certification at CFR A level to be eligible to return to registration. The members agreed.

Resolution: That the Education and Standards Committee recommend a minimum requirement of CPG compliance and current certification at CFR A level to be eligible to return to registration.

**Proposed: Paul Lambert
Carried without dissent**

Seconded: Gareth Elbell

6. Quality Review Framework – update

Kathleen Walsh provided an overview. The Quality Review Framework (QRF) revision has been approved by Council as recommended by the Education and Standards Committee. The next steps are to proceed with the commencement and implementation of the QRF cycle. This will involve engaging with PHECC recognised institutions and approved training institutions about the QRF revisions. An engagement event is planned for 17th April 2019.

Ms Walsh noted that an expression of interest recently concluded with thirty nine applications received to form a Quality Review Panel. Notification will be sent to institutions for completion and submission of the Self-Assessment Report, and notification to selected institutions for onsite review for first cycle of 2019 is proposed for end of Q3.

‘Quality Assuring Assessment Guidelines for External Authenticators’ from Quality and Qualifications Ireland (QQI) and draft PHECC document ‘Continuous Quality Improvement (CQI) Toolkit’ were supplied to the members. Ms Walsh shared that the toolkit includes samples in relation to various policies and guidance to assist RIs/ATIs with their quality improvement activities as part of QRF. The members discussed internal verification and external authentication referred to in the toolkit document. Ms Walsh advised that PHECC should encourage RIs/ATIs to have a process of external authentication built into their processes. Chris O’Connor queried the criteria for the person carrying out the external authentication. Ms Walsh stated that the organisations could explore as to what would be appropriate for them. She referred to QQI document as a reference noting there should be an external institution quality assuring that their processes are met.

The Chair stated that it is the responsibility of the RI/ATI with this new proposal to decide who the external person is and to determine the criteria. Kathleen Walsh advised that this toolkit will be shared with the RIs/ATIs when they begin cycle 2 of the QRF.

7. Teaching Faculty Framework Working Group – update

Kathleen Walsh provided an overview. The Teaching Faculty Framework Working Group has met on three occasions. Work activities have revolved around clarifying the purpose and objectives for the review of the Teaching Faculty Framework (TFF) (2015) document; examining the criteria of the 3 categories of Educational Award Holders of Assistant Tutor, Tutor and Facilitator, particularly the education/teaching qualification identified for instructing on practitioner level courses; exploring consultation options with stakeholders. It was agreed to survey stakeholders as a scoping exercise and a draft survey was developed. However, this had not yet been progressed, as the Chair of the Working Group, Chris O’Connor, had recently resigned from the group.

He shared his reasons for resignation citing that agreement could not be reached within the group for the alignment of qualifications for educators with the national framework of qualifications nor the focus for the Group’s work. He sought the Committee’s view on the educational qualifications for PHECC courses. The

Chair stated that the survey was drafted for this purpose and that it is the purpose of the working group to decide the criteria and make recommendations to this Committee.

The Chair requested the Committee to nominate a replacement chair for the TFF working group. The Chair nominated Róisín McGuire as replacement subject to her consent, as she was absent from the meeting. Ms Walsh noted that the initial timeline for completion of the revisions for May was now extended.

8. EMT CPC – Simulation

Kathleen Walsh provided an overview noting the Committee last year recommended the Continuous Professional Competence (CPC) Report (March 2018) to Council. Council approved the CPC Report and Recommendations in principle, at their May 2018 meeting. The CPC subcommittee had recommended the development of a standard for conducting a competence assessment using simulation. 'An evaluation of high fidelity simulation training for paramedics in Ireland' research document was also circulated to members for information purposes.

The Chair sought an explanation as to why the Executive is exploring the practicalities for setting the standard for simulated patient assessment noting that this should sit with a Committee or expert group. The Director stated that EMT CPC simulation is needed and while no EMT registrant to date was unsuccessful in meeting CPC requirements, including the required amount of patient contacts, it has been identified as an issue for some EMTs. Chris O'Connor stated that patient contacts are unverifiable, while a simulated scenario is verifiable.

The Chair advised that the CPC subcommittee determined that simulation should be offered as an alternative to patient contacts and this should be actioned. Ricky Ellis stated that it was identified by the CPC subcommittee when developing the CPC standard that there is a body of work involved in developing a simulation standard to guide the institutions on conduction of simulation. Gareth Elbell stated that the uptake for EMT simulation will be minimal, but it should be an option.

Niamh O'Leary proposed entrusting EMT simulation to the RIs, which could be run like a Megacode OSCE, and signed off by the RIs. The Chair noted that this will incur no cost to PHECC. Hillery Collins proposed that the test item writing group develop a standard for EMT simulation, approved by the PHECC Exam Quality Panel, and this Panel develop the scenarios. The members agreed with both proposals. It was agreed that 1st November 2019 should be the implementation date, before the next CPC cycle starts.

Ricky Ellis cautioned that a PHECC standard should be developed before entrusting EMT simulation to the RIs.

Resolution: That the Education and Standards Committee agree that a standard for EMT Simulation be developed by the PHECC Test Item Writing group, approved by the PHECC Exam Quality Panel, and distributed to the recognised institutions to manage and implement by 1st November 2019 for the next EMT CPC cycle.

Proposed: Niamh O'Leary

Seconded: Peter McDaid

Carried without dissent

A related topic of CPC Programme Implementation was then discussed with reference to the report tabled by the Director. The document was discussed at the April Council meeting and Council agreed that the matter be referred to this Committee for consideration. Hillery Collins requested clarification about the launch of an

e-portfolio management system. The Director clarified that it is via a portal by which an individual can upload an e-portfolio.

With reference to the report, the Director stated that CPC is currently being managed by the Deputy Director and Registrar as part of the registration function, and progress reports are provided to the Education and Standards Committee and the Quality and Safety Committee. The Chair stated that there are three different Committees involved in CPC and only one Committee should be accountable for CPC. The members discussed the proposal in the report that the Registrar chair an implementation group comprising of EMT, P and AP together with input from the existing PHECC PDOs. The Director stated that a business case was previously submitted to the DoH for the recruitment of new staff members to manage CPC and was rejected. He restated it is currently managed by the Registrar and there are no plans to change this arrangement due to lack of funding. The Director stated that he proposed to progress the implementation of CPC for paramedics and advanced paramedics assigned to the Deputy Director of PHECC.

Gareth Elbell advised that some volunteers struggle with CPC. Committee members discussed their views of Ps and APs opinions for participating in and supporting CPC, and registrants' requirement to adhere to regulator's rules for CPC.

The Chair noted that CPC in its entirety should be reporting to one Committee as a governance mechanism. He asked if CPC in its entirety should be managed by the Executive or alternatively by the Education and Standards Committee. The members agreed that CPC is a standard and should be managed by this Committee.

Resolution: That the Education and Standards Committee recommends to Council that CPC in its entirety, design, standards, implementation and revision, should be managed by the Education and Standards Committee only and not shared between Committees. This will provide a clear line of accountability and governance.

Proposed: Frank Keane
Carried without dissent

Seconded: Gareth Elbell

9. AP programme Status

Kathleen Walsh provided an overview. Council at its meeting on 14th March extensively discussed aspects of the AP Education Programme delivered by UCD CEMS. It was highlighted by Council members that there was a requirement to ensure PHECC oversight of AP exams. Also, it was proposed that PHECC conduct a scoping exercise in relation to current status of instruction of AP skills and CPGs within the programme as required by the AP Education and Training Standards. The Executive was requested to seek a list of skills/medications not currently being offered on the AP programme and to pursue these matters with the RI. This matter was discussed further at the April Council meeting.

The Director stated he has engaged with UCD CEMS AP Programme Director in relation to these concerns expressed for ensuring quality oversight for the Advanced Paramedic Programme. Further information has been requested regarding CPG skills and the Executive will follow this up with the RI.

10. Online learning and exam proposal – EMTS (approved training institution)

Proposal EFR Standard for online Instructional Methodology Course from EMTS Training Solutions was included in the meeting papers. Kathleen Walsh stated that support of online learning is contained in the

Education and Training standards and the proposal looks to introduce this as a component for instructional methodology teaching. Chris O'Connor stated that we should be encouraging these courses and noted that sign off of online courses will be on the teaching practice. Kathleen Walsh stated that if EMTS meet the standard, submits supporting documentation and adheres to the QRF, there should be no requirement for these courses to be submitted. She advised that exam security for PHECC content will need to be examined by the PHECC Programme Development Officers.

The Committee acknowledge with thanks the proposal for EFR Standard for online IM Course from EMTS Training Solutions.

* Frank Keane left the meeting

11. Recognised Institution / Approved Training Institution Stats

A summary of current RI/ATI status and course approvals was provided by Kathleen Walsh.

11.1 Draft Report for Committee for RI applications

A proposed draft Report for Recognised Institution Status and Course Approval at practitioner level was included in the meeting papers for consideration. Kathleen Walsh noted that this was a previously delegated decision to the Director and is now a function of the Education and Standards Committee as requested by the Committee. The Committee reviewed the draft report and will review further at the next Committee meeting in May.

12. Recognition of Qualifications

12.1 Status Update

Recognition of overseas qualifications status update was included in the meeting papers.

12.2 Brexit Update

Kathleen Walsh noted that a Brexit decision has been postponed to 31st October and there should not be any change in PHECC processes for UK applicants.

13. Quality and Qualifications Ireland


13.1 Accreditation Report

Kathleen Walsh shared that she attended an information meeting on 19th February held by QQI for professional regulators. The 'QQI project Report on the accreditation/approval of HEI programmes by professional and regulatory bodies' enclosed in the meeting papers was the focus of the meeting. PHECC was a contributor to the Report. It is hoped that this initial meeting will facilitate future discussions with QQI representatives for exploring NFQ recognition for PHECC NQEMT Education and Training Standards and responder level programmes, and the Teaching Faculty Framework, in addition to other possible areas for education and quality assurance of educational standards.

14. AOB

- A request from a fifteen year old seeking an exemption for himself to reduce the age criteria for CFR Community Instructor from 18 to 15 was considered by the Committee. The members discussed and determined that an exemption should not be granted to change the age entry criteria, citing the potential vulnerability of under-age instructors and the need for supervision. The Committee stated the response letter should commend the applicant's enthusiasm and motivation in pre-hospital emergency care education.
- Kathleen Walsh informed the members that the terms of reference for all Committees were discussed at the April Council meeting. Council directed that it is timely for all Committees to carry out a review of terms of reference, and amendments are to be recommended to Council for approval.
- Chris O'Connor enquired about the previous Committee proposal submitted to Council regarding research functions particularly for a working group on research. The Chair advised that it is in Council Strategy that there should be a PHECC Research Committee. Ms Walsh advised that Council is working on its strategy document which has yet to be finalised.
- Chris O'Connor noted the clinical practice of the supply and administration of buccal Midazolam by special needs assistants. He noted the lack of legislation and governance regarding this practice and should it be addressed within the Cardiac First Response and Medications for Listed Organisations courses. Kathleen Walsh noted the legislative remit for approving medicines rests with the Department of Health, but that PHECC could inform the Medicines Unit of the DoH that it is an identified safety issue involving the medication, without adequate training and oversight. Hillery Collins noted that he will bring this matter to the attention of Council and the Chair of the Medical Advisory Committee.

The meeting concluded at 15:00pm approximately. The next scheduled meeting of the Education and Standards Committee is 29th May @ 10.00 am in the PHECC office.

Signed: 
Chair

Date: 30/5/2019