

DFB RCSI

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	Dublin Fire Brigade Royal College of Surgeons in Ireland (DFB/RCSI)
Profile	DFB RCSI Training Institute is a training establishment within Dublin Fire Brigade. The Institute was established under a Memorandum of Agreement in November 2002, in partnership with the Royal College of Surgeons in Ireland (RCSI) for the provision of emergency medical education and training. Dublin Fire Brigade is an integral part of Dublin City Council, a Statutory Local Authority. DFB RCSI is a recognised institution since July 2007.
PHECC courses being delivered	Cardiac First Response Community Cardiac First Response Community Instructor Cardiac First Response Advanced Cardiac First Responder Advanced Instructor Emergency First Responder Emergency Medical Technician Paramedic
Higher Education Affiliation	Royal College of Surgeons in Ireland (RCSI)
Address	Dublin Fire Brigade Training Centre Malahide Road Marino Dublin 3

1.2 Report Details

Date of on-site visit	25/05/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Beecher	QRP Member
P Dempsey	QRP Member
DFB RCSI Representatives	
Paul Lambert	Station officer, EMS Training Coordinator and Facilitator
Martin O'Reilly	District Officer, EMS Support and Facilitator
John Keogh	Third Officer, EMS
Michael O'Reilly	ACFO, EMS
Gerry Stanley	Third Officer, Brigade Training Officer
Date of Council approval	10 th September 2015
Date of publication	

1.3 Scope of the Review

The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework. The paramedic 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 five Dublin Fire Brigade (DFB) 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	A member of the panel had a discussion with a tutor and panel members had a discussion with centre administration.
Learner Discussions	Panel members had a discussion with three students on-site.
Exit Meeting	The QRP met with five DFB 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 building infrastructure comprises two lecture rooms, four breakout rooms to facilitate small group teaching. Multimedia projectors, speaker systems and web access are now standard in each of the main rooms. External learning environments are available to replicate real life practical scenarios. Paramedic students have access to RCSI simulation, anatomy laboratories and library facilities both physical and on line. On site canteen facilities are available also.
Resources	A central equipment store is onsite with sufficient equipment and resources for each course.

2.3 Evidence Reviewed – Documents/IT

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

- IT Systems – Moodle etc.
- Course Directors Report
- Assessment Material
- Student Evaluation Reports
- Faculty Records
- Student Files
- Course Approval Group – Terms of Reference
- Corrective Action Forms
- Colour Coded Assessment Forms
- ISO QMS Folder
- Lesson Plans

2.4 Quality Standards – Review

Section One: Organisational Structure and Management

Quality Standards

1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.

1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.

1.3 Management Responsibility - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.

1.4 Self-Assessment, External Evaluation and Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.

1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.

1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.

1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.

QRP Findings

- The organisational chart provides a visible representation of the reporting lines within the RI. The planned updates will provide a clearer representation of the responsibility for the quality assurance of PHECC approved courses. The RI representatives indicated during discussions a comprehensive process for internal course approval which is carried out informally. Terms of reference for a course approval group are available. However the process is not documented at this time. Courses are submitted to PHECC as per guidelines.
- The RI has several software packages to manage information and control documents. Student and faculty records are stored and maintained within these systems, resulting in fragmented information. The RI also maintains hard copies of all relevant documents which are scanned into relevant systems. Further development is planned to enhance these systems, including an integrated system of document control. The RI has a quality management system in place (ISO 9001: 2008) with plans to further integrate PHECC course processes, some of which are already in evidence.
- During discussions the RI representatives indicated that their facilitator has overall responsibility for the quality control of PHECC approved courses and faculty are aware of their collective and individual responsibilities. There was no documented evidence available to support this. It was also indicated that faculty are made aware of their QA

responsibilities during induction, however there is no documented evidence of this taking place.

- The self-assessment process is a work in progress with relevant policies and procedures to be developed, which will include information about the inclusion of all key stakeholders. During discussions RI representatives displayed a clear understanding and commitment to self-assessment and evaluation. There was documented evidence in the form of student evaluation forms, a course director's report and a traceable corrective action process. RI representatives indicated further development and that a formalised system is being developed.
- At the time of the review the RI website contains comprehensive information on PHECC approved courses. Students are directed to contact the RI for further information. RI representatives indicated that students are informed of their entitlements and what they can expect from their course during induction, this is currently not documented. Course information is available throughout the centre and additional documentation is available on request. Records of meetings are available for review on request.
- The administration of all courses takes place in the RI's head office at the location stated above. An administrator is employed to carry out necessary duties. These duties are supported by documentation which are being updated and redeveloped. A comprehensive IT system is utilised with plans to integrate several processes.
- The RI is fully compliant with all relevant financial requirements and PHECC has verification this pre on-site review.

Section Two: The Learning Environment

Quality Standards

2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.

2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.

2.3 Course Access, Transfer and Progression - Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate.

2.4 Equality and Diversity - There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.

2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.

2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.

2.7 Health and Safety - A safe and healthy environment exists in the institution.

2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.

QRP Findings

- It is evident from discussions, observation and the RI's activities that training is its core activity. However the mission statement is not clearly visible on the RI website or on any documentation reviewed.
- During discussions RI representatives indicated that they utilise a range of methods to communicate with stakeholders, including moodle, email, feedback forms and reports. The discussion indicated that regular informal communication takes place with all stakeholders. It was also indicated that facilitators are in regular contact with students and encourage communication, this is an informal process not documented. It was also stated that course director's carry out a review of evaluation forms and that other stakeholders are asked to evaluate courses. Relevant documentation was not available for review.
- Course information is available to students on the RI website. They are encouraged on the website to contact the RI for further information. There is a policy available regarding recognition of prior learning. The evidence indicates that students are provided with sufficient and appropriate information to make informed choices about course enrolment and progression.
- During discussions and on pre review documents the RI stated that it is subject to the Dublin City Council; Equality and Diversity Management Policy and systems are in place to support any associated activities. There was evidence viewed to support

these statements, in the form modified (colour coded) assessment material. This is evidence of reasonable accommodation which will be documented for future reference.

- During discussions RI representatives outlined a process for stakeholders to make a complaint, however there is currently no written procedure for this process. It was also stated that the RI follows the PHECC procedure for appeals and students are provided with a copy of the examination handbook which outlines this process.
- The facilities available for students provide a safe, clean, welcoming and comfortable learning environment. The evidence viewed shows a comprehensive range of resources and equipment available for all courses. Equipment is up to date well maintained and stored on site. RI representatives indicated that paramedic students have access to RCSI simulation, anatomy laboratories and library facilities both physical and on line. On site canteen facilities are available also. Students have access to additional resources through moodle outside normal classroom and structured training time.
- The health and safety statement is 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 students indicated that the courses provided are interesting and provide challenging learning opportunities. Attendance records would indicate that appropriate student/tutor ratios are maintained.

Section Three: Faculty Recruitment and Development

Quality Standards

3.1 Organisational Staffing - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.

3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.

3.3 Faculty Development and Training - Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the institution.

3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.

3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).

3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.

3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.

QRP Findings

- During discussions RI representatives outlined the process they undertake to recruit faculty. However, there is no formal recruitment policy and procedures in place. There is no evidence that the role and responsibility of faculty members for the quality assurance of PHECC approved courses is documented. Documents viewed indicate that appropriately qualified personnel are in place to meet PHECC's course approval criteria. Support staff is available within the organisation.
- The RI indicated that they have open application process for faculty which is in line with PHECC guidelines and that senior management are involved in a competency based interview process. However there is not a documented job description or selection criteria in evidence for the relevant roles. A review of associated documents provides evidence that current faculty meet the minimum standards required by PHECC.
- RI representatives indicated that faculty are required to manage their own portfolio and that the facilitator is responsible for portfolio review. It was also stated that assistant tutors are encouraged to teach on accredited courses under a qualified tutor. Funding is made available to faculty who undertake appropriate educational programmes, seminars, workshops and conferences. There is no documented procedure in place to support these activities. RI representatives indicated in discussions that faculty induction takes place but these are not currently documented. Garda vetting is in place and faculty are made aware of their

responsibilities when dealing with children and vulnerable persons. There was no child/vulnerable person protection policy available to review.

- During discussions RI representatives described a range of informal methods of obtaining feedback and communication between faculty and management. It was indicated that the main point of contact for faculty was the facilitator. A more formal means for faculty to provide feedback and communicate is being developed which will include regularly scheduled meetings. Records of these meetings and communications will be maintained.
- The RI representatives stated that they have arrangements in place with a number of host organisations to provide placement/internship opportunities for students. These organisations have been made known to PHECC and have been approved. There is no documented procedure in place for monitoring the quality of the students learning experience. Students are provided with a log book for the duration of their placement which is available for review. It was also stated that the RCSI clinical supervisor visits each site and that appropriate learning outcomes are identified. These are informal and there is no documented evidence that these host organisations are monitored or feedback is requested or provided.
- The records viewed provided evidence that the minimum standards for faculty are being met and that a system is in place to ensure suitable qualified personnel are delivering courses. Information on faculty is maintained on the RI's computer system and was available to view. RI representatives indicated that observation is carried out but not documented.
- RI representatives indicated that external instructors are only used for ITLS courses and that no contractual arrangements are in place or required.

Section Four: Course Development, Delivery and Review

Quality Standards

4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.

4.2 Course Approval - There are clear guidelines for course approval.

4.3 Course Delivery, methods of theoretical and clinical Instruction - Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.

4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.

4.5 Assessment and Awards - Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors in line with PHECC assessment criteria.

4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.

4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.

4.8 Results Approval - A results approval process operates in the institution.

4.9 Student Appeals - A process is in place for students to appeal their approved result.

QRP Findings

- The RI representatives indicated during discussions that a comprehensive process for course design and internal course approval is carried out informally. There is a separation between those who design courses and those who approve them. The process is not documented at this time. Courses are submitted to PHECC as per guidelines. Detailed lesson plans and timetables are produced and made available to students. The lesson plans reflect the PHECC guidelines for theoretical and practical activities and strike an appropriate balance. Lesson plans are being reviewed and updated.
- The discussion revealed a comprehensive process for internal course approval is carried out informally between management, the facilitator, course director and tutors. Courses are piloted and evaluated before submission to PHECC for approval and delivery. This process is currently not documented and there is no evidence of this process taking place. Courses are submitted to PHECC for approval as per guidelines.
- The evidence reviewed indicated that all courses are delivered by appropriately qualified and certified personnel using a variety of teaching methods. 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. RI representatives indicated during discussions that students have the

opportunity to meet with their tutor – one to one - for feedback on their progress on a weekly basis (Tutorials). However there is no documented evidence available to support this activity. The student portfolio is available for review

- There is no formal documented procedure in place for carrying out course reviews. However evidence was provided in discussions that regular formal and informal meetings take place to discuss training activities and student feedback. Student and tutor course evaluations were in evidence and it was indicated in discussion that these were analysed after each course by the course director. The facilitator introduces any changes for course delivery. These processes are currently not documented and recorded. Updates to the current system are scheduled to add version control to course material.
- There is an assessment schedule available and approved by PHECC for practitioner courses and students are made aware of this schedule. There was no documented assessment policy and procedures available to view at the time of the review. Appropriate and verifiable methods are used to carry out assessment activities. RI representatives stated that tutors are trained to carry out formative assessment activities. There was no documented evidence available for this activity. Responsibility for the PHECC certification system is allocated to a named member of staff.
- There is no documented process in place for internal verification. RI representatives indicated in discussion that informal and random internal verification takes place. However, there was no evidence to support this.
- External Authentication is a new process and is currently carried out by PHECC.
- RI representatives stated that internal formative results are collated by the course director. Informal processes are used when reporting results to students and the RCSI. The facilitator views results before any progression can take place. There is no formal results approval process documented or in place.
- RI representatives have stated that the RI has adopted the PHECC appeals process for all courses and students are supplied with this information.

3.0 Conclusions and Outcomes

The findings from this review indicate that the recognised institution met or part met 97% of the quality standards set out in the PHECC quality review framework. The evidence presented during discussions indicated that processes were in place to support the work; however there was a limited amount of verifiable documented processes to support these affirmations. It should be noted that on the day of the review due to elements of the institutions IT system being inaccessible the QRP had the opportunity to view a limited amount of documented evidence. The observations and discussions indicate that the infrastructure, in terms of systems and personnel are in place, once they are supported by documented processes, to ensure that the RI will fully meet all the PHECC quality standards and best practice for a centre of education and training.

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

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

Appendix 1: Comments and observations from DFB RCSI



RCSI Paramedic Programme
Royal College of Surgeons in Ireland
Coláiste Ríoga na Máinleá in Éirinn
123 St Stephen's Green, Dublin 2, Ireland

Tel +353 1 402 2124
Email pfitzpatrick2@rcsi.ie
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Attn. Ms Pauline Dempsey
Programme Development Officer,
Pre-Hospital Emergency care Council,
Abbey Moat House,
Abbey St,
Naas,
Co. Kildare

Dublin Fire Brigade
Fire Brigade Headquarters
165-169 Townsend Street
Dublin 2

21st July 2015

Re: DFB-RCSI Training Institution RISAR 2015- on site report

Dear Ms Dempsey,

Thank you for the opportunity to comment on the draft on-site review report for the DFB-RCSI Training Institute. Please find enclosed our comments on behalf of the Institute. Should you require any further clarification, do not hesitate to contact me or Martin O'Reilly.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael O'Reilly'.

Michael O'Reilly

ACFO EMS



Recognised Institution Quality Standards Review- on Site report

DFB/ RCSI Institute -Reply

Responsible person: ACFO Michael O'Reilly

Date: 22.07.2015

Quality Standards-QRP Findings

Section One: Organisational Structure and management.

Paragraph one uses the term "Course Approval group".
It states that the process is not documented at this time.

In response:

The DFB/RCSI documents are labelled "Course Development group" for the terms of reference
The Course change/ new course development document outlines the process involved.

Section Two: The Learning Environment

Overall this is considered to be a fair evaluation relating to this section. In QRP findings paragraph 2, it mentions that contact with students is not documented.

In response:

We communicate with students by email to both their RCSI student email and personal accounts and through forum notices. Although there is no documentation there was electronic evidence to support this.

Section Three: Faculty recruitment and development

Overall this is considered to be a fair evaluation relating to this section. Paragraph three states that there are no documented procedures in place to support educational programmes.

In response:

Dublin City Council operates a Corporate Educational Scheme and we process access to external educational programmes. This is a documented process which can be accessed by all staff members through Human resources in DCC. We do not yet have a documented policy for accessing conferences and seminars and this is currently on a per case basis.



Paragraph three also states that there is no Child/vulnerable person protection policy available for review.

In response:

Each DFB Fire-fighter has completed education in and has received a handbook on “Safeguarding Children in the workplace” November 2011. This programme has been delivered on station by our Clinical psychotherapist. This document does not specifically include dealing with the “vulnerable person”. The handbook is also available for download at any time on our intranet system.

Paragraph five states that that appropriate learning outcomes for clinical placements identified are informal and not documented.

In response:

Learning outcomes for each clinical placement are detailed in both student clinical diaries and hospital clinical folders which are available for clinical staff in each placement site. These learning outcomes were included as part of the formal NUI accreditation process for the Level 7 Diploma in Emergency Medical Technology.

Paragraph Six states that ‘ RI representatives indicate that observation is carried out but not documented.’

In response:

Observation and documentation is carried out for those going through the PHECC tutor framework process and this is stored in the individual portfolio folders. This process needs to be continued and formally carried out for full tutors.

Section Four: Course Development, Delivery and Review
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Paragraph three- the institute is unclear as to what the following statement refers to and seeks clarification

“There is no documented policy or associated procedures for course delivery”



We accept the areas for improvement detailed in the report and we are actively working to improve our quality processes. We see this as a continual improvement process for future practitioner courses. We consider the report generally to be fair and accurate.

We remain available to respond to any questions regarding our suggestions.

Kind regards,

A handwritten signature in black ink, which appears to read "Michael O'Reilly". The signature is written in a cursive style and is positioned above the printed name.

ACFO Michael O'Reilly