Irish Red Cross

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	Irish Red Cross
Profile	The Irish Red Cross is a volunteer led Irish charity. The IRC is a recognised institution with PHECC since 2008.
PHECC courses being delivered	CFR Community CFR Community Instructor CFR Advanced CFR Advanced Instructor EFR EFR Instructor EMT
Higher Education Affiliation	n/a
Address	16 Merrion Square, Dublin 2

1.2 Reports Details

Date of on-site visit	17/09/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
RI Representatives	
Pat Carey	IRC Chairman
John Roche	Head of National and International Services
Anthony Lawlor	Chair – National Training Working Group
Greg Lyons	EMT – Programme Manager
Tom Horwell	Vice Chairman and PHECC Facilitator
Bernie Stevenson	National Training Support Manager and Deputy Head of National Support Services
Lisa Harrington	Training Quality Assurance and Senior Administrator
Date of Council Approval	10th December 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 Emergency Medical Technician (EMT) and Emergency First Response (EFR) courses were selected to provide context.

Note that Pat Netthercott joined the panel for a period of the on-site review. This was pre-arranged by Ms Dempsey with full co-operation with representatives of the IRC. Mr Netthercott has been tasked by Council's audit committee to evaluate and report on the QRF. He did not take part in the on-site review other than to observe the panel and the QFR processes.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with all RI representatives, mentioned above, on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	RI staff were present throughout the review meeting.
Learner Discussions	None
Exit Meeting	The QRP met with 5 of the 7 IRC 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	The head office is located at the location above. Training takes place in facilities nationally.
Resources	Each area is responsible for their resources which are located on a regional basis.

2.3 Evidence Reviewed – Documents/IT

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

- CARE – IT System
- CARE List Manager
- Course Booker
- Information Web Portal
- IRC Moodle
- Two Dedicated Websites for EMT& EFR
- Print Provider – External
- CFR Course Material
- EFR Course Material
- EMT Course Material
- Irish Red Cross Organisation Chart
- Training Working Group Terms of Reference
- Data Retention Policy
- National Course Management Process Diagram
- Branch Course Management Process Diagram
- EFR Examination Course Management Process Diagram
- EMT Examination Course Management Process Diagram
- Emergency First Responder Exam Policy
- Emergency First Responder Exam Process
- Emergency Medical Technician Exam Process
- Record Management Policy
- Standard First Aid Trainer's Guidance
- Trainer Assessor Award
- Trainer Assessor Award Tutor Pack
- Course Director Report (draft)
- Faculty Resume
- Pre Hospital Resume
- Meeting Record & Action Planning Sheet
- The Learning Environment – Quality Standards
- Course Returns/Results Submission Form
- Faculty Pack 2015
- Branch Course Registration Form
- National Course Registration Form
- Staff Job Descriptions
- Standard First Aid Candidate pack

- Code of Conduct Handbook
- IRC Course evaluations
- EMT Pre course Learning materials
- CFRC Pre course learning materials
- Unit Induction materials
- Training and Development Mission Statement
- Learning Reflections documents
- Continuing Professional Competence Guidance Document
- Recognition of Prior Learning policy
- English Language Competency policy
- English Language Competency assessment form
- Respect and Dignity policy
- Complaints Procedure
- IRC Training Locations
- Basic Principles of Safer Handling of Loads Safety Notice
- National Health & Safety Committee TOR
- National Health & Safety Officer job description
- National Volunteer Health and Safety Co-ordinator job description
- Safer Handling Declaration Form
- Safety Policy & Safety Arrangements
- Faculty Code of Conduct
- CFR Monitoring form
- CFRC Instructor Nomination form
- Faculty Competency Assessment
- Failte Course (member induction)
- Failte Presentations
- Ambulance Observer Standard Operating Procedure
- IRC Garda Vetting policy and procedure
- EMT Sign off Student log book
- Course Development Policy
- Appeals and Awards Policy
- Equality and Diversity Policy
- Course Development, Delivery and review overview
- Irish Red Cross List of Courses

2.4 Quality Standards – Review

Section One: Organisational Structure and Management

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 RI provided multiple organisational charts for review. However it was unclear from these who had overall responsibility for the quality assurance of PHECC approved courses. It was also unclear how this responsibility was allocated nationally. During discussions RI representatives outlined how the internal course approval process takes place. While there are terms of reference for various training working groups the process outlined is currently not documented. The results approval process is not documented. The self-assessment process, including improvement plans, is documented and evidence was provided for review. There was a comprehensive range of documents available for review which would support documented processes for internal course approval and results approval.

- There are clear policies and associated procedures in place for Record Management, Data Retention and Data Protection which were available for review. There is a mix of computer and paper based information on students and faculty. This information is centrally controlled, electronic files are password controlled and only authorised personnel have access to hard copy or electronic files. Course records were available to view on the database. However it was not immediately apparent who the appointed course director was for a specific course as they were not named on the paperwork as course director.

Quantitative measures are being introduced to capture relevant information to inform practice. PHECC certification is carried out according to guidelines.

- During discussions RI representatives outlined how the national training support manager and training working group have responsibility for quality assurance. RI representatives also indicated that faculty are made aware of their quality assurance responsibilities. There was no documented evidence to support this. On their RISAR the RI also indicated that no one person has overall responsibility for the quality assurance of PHECC approved courses.

- RI representatives outlined some of the tools they use to gather feedback from stakeholders. During discussions they indicated that the national training support manager compiles an annual report. RI representatives displayed a clear understanding and commitment to self-assessment and evaluation. Representatives indicated that the informal process outlined will be documented and become a formal process which will include all stakeholders. They also stated that the PHECC RISAR and quality improvement plan would form part of their ongoing self-assessment activities.

- Potential students are given comprehensive information on PHECC approved courses through various channels at local and national level. Once an individual is a member of the IRC there is information available on the website, through a student log-in or specific websites for their course. Students are directed to contact the RI locally for further information. Course reports are currently not produced for all courses. This has been identified by the RI as an area for improvement and will be developed to include a course report for every course carried out nationally.

- The RI has a full time training support manager and three additional administrative staff carries out all administrative activities in support of PHECC approved courses. A comprehensive IT system is utilised to ensure records are accurate and up to date for students and faculty. Hard copies of relevant information are also maintained and securely stored. Procedures and processes are documented and implemented for course administration tasks. Support for administrative tasks is carried out locally. Local area programme managers, sub groups and area training officers liaise with head office staff on administrative tasks.

- The RI is fully compliant with all relevant financial requirements which PHECC has verified prior to the on-site review.

Section Two: The Learning Environment

Standards

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

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

2.3 Course Access, Transfer and Progression - Course information in 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

- The RI demonstrates its commitment to quality training through its mission statement which is visible in the RI building and on relevant documentation. All stakeholders are made aware of the mission statement and its implications for training activities.

- There is a communications policy in place. The RI outlined and showed evidence of a range of methods utilised to communicate with students and associated stakeholders, including a student log in to the relevant website, Moodle, one to one student/tutor meetings, evaluation forms etc. During discussions RI representatives indicated that not all evaluation forms are returned to head office and those that are, are not currently analysed. The discussion indicated that along with the formal engagement regular informal communication takes place with all stakeholders. There was also evidence provided that showed feedback from host organisations (where applicable) by way of a student log book. Students are also encouraged to keep a learning diary.

- A limited amount of information regarding PHECC approved courses is available to the public on the RI website. However, once an individual becomes a member of the IRC they are provided with comprehensive information to make an informed choice about their course through a dedicated website. Information regarding course pre-requisites and entry criteria is documented. Course

timetables are also available. Once a student is registered for a course they are provided with a student pack which was available for review. There is a policy and associated procedures available regarding recognition of prior learning (RPL) for relevant courses. The evidence indicates that students are provided with sufficient and appropriate information to make informed choices about course enrolment and progression.

- The RI has policies on equality and diversity, dignity at work, English language and codes of conduct are in place for instructors. These policies were available to view. The associated procedures are being formalised. During discussions RI representatives outlined how they accommodate individuals with specific needs. This is currently managed in an informal manner at local level. RI representatives indicated that faculty attend equality and diversity, dealing with special needs and the role of the instructor training as part of the instructor training course. Course content was available for review. Regional faculty meetings and induction will have a more formalised structure and include updates and information on equality and diversity.

- There is a complaints policy and procedures in place which faculty are made aware of. However they are currently not openly available to students.

- During discussions RI representatives indicated that they currently run courses in 36 IRC venues and 100+ additional venues as required. EMT courses are carried out in 5 specific venues nationally. There is currently no documented evidence to show that the premises used for training activities meet the requirements for the courses on offer. The RI representatives indicated during discussions that plans were being put in place to undertake more external monitoring of training facilities. Resources are available regionally and locally for courses being run. There is a resource checklist but it is not consistently used for each course. There are library and IT resources available to students. Courses have specific websites where students can access learning material.

- 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. Due to the organisational structure of the IRC there is a national health and safety policy, national health and safety group and national and local health and safety officers in place throughout the regions. Faculty also attend relevant health and safety courses e.g. patient handling. Health and Safety audits scheduled for IRC premises. RI representatives indicated that these audits would be rolled out to include all premises where training takes place nationally.

- Discussions indicated that faculty are encouraged to provide students with interesting and challenging learning opportunities and evidence was provided to show how this takes place i.e. evaluation forms. The lesson plans viewed showed

that the courses were designed to be learner centred, providing an interesting and challenging learning environment.

Section Three: Faculty Recruitment and Development

Standards

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

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

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

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

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

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

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

QRP Findings

- During discussions RI representatives outlined the process they undertake to recruit faculty. There are pathways in place for instructors and tutors to progress from local level to regional level. Unit officers nominate potential faculty at weekly meetings and they can progress to further education at regional level. There are role descriptors for each role available for review. There was also evidence of significant national oversight for instructors at CFR, EFR and EMT levels. There is a comprehensive structure in place for faculty recruitment and development and relevant documentation in place to support the process.

- The RI indicated that they have selection criteria for faculty which is in line with PHECC guidelines and that senior personnel are involved in the recruitment of all faculty members. The documents reviewed indicate that recruitment of faculty at all levels is in line with PHECC guidelines for course approval.

- There are robust procedures in place for the continuous professional development of faculty. A progression pathway is in place with support training available for faculty. Course content was available for review. Evidence was provided to show that induction takes place but it is not recorded on faculty

records. During discussions RI representatives stated that they are fully committed to achieving the PHECC recommendation of monitoring 10% of EMT Tutors. CPC by EMTs is returned annually and reviewed by the medical advisor. Informal meetings currently take place to discuss upskilling and development opportunities and these will be formally documented in the future. There is child protection and Garda vetting policies and associated procedures in place and faculty are made aware of their responsibilities towards children and vulnerable persons. There was evidence provided to show that faculty had been provided with the relevant information and training.

- During discussions RI representatives described a range of formal and informal methods of communication between faculty and management. There is evidence of meetings taking place locally and regionally but these are not all documented. Informal meetings take place with faculty to discuss specific training issues. The RI representatives stated that a more frequent schedule of meetings would be introduced e.g. faculty meetings 4 times per year. Records of these meetings and communications will be maintained. Course reports are to be completed for all courses. RI representatives stated that evaluation forms need to be kept centrally, analysed and feedback communicated to the relevant instructors/tutors.

- The RI has a formal arrangement in place with the national ambulance service (NAS). NAS have a workforce support policy in place and provide experiential learning and observation opportunities. Evidence of this agreement was available for review. There are no formal arrangements in place for hospital placements or for the RI to monitor the learning experience of the student. Students maintain a log book of their activities which are kept locally and are available for inspection. Standard Operating procedures are in place for ambulance and hospital observers. The RI has stated that full records of student placements need to be returned to head office.

- Information on faculty is maintained on the RI's computer system (CARE) and was available to view. The system allows for immediate confirmation of an instructors certification status and if faculty meet the minimum requirements set by PHECC to deliver courses. During discussions RI representatives outlined the processes involved for approving faculty to deliver courses. Documentation was available to verify this process. RI representatives indicated that observation and monitoring of instructors, tutors and visiting subject matter experts does take place. However there was no documented record available of these observations. The RI maintains comprehensive records of faculty certificates, experience and continuous professional development on it CARE system, which was reviewed.

- Contracts are in place for commercial instructors of CFR and EFR courses and examples were made available for review. The RI has introduced a faculty commitment form which is an example of good practice.

Section Four: Course Development, Delivery and Review

Standards

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

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

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

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

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

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

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

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

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

QRP Findings

- There is a course development policy in place for PHECC courses. Evidence was provided to show how the system worked when the 2014 CPGs were incorporated into lesson plans. However there is no internal course approval process documented. Faculty lists are available for each course on offer. Lesson plans were available to view which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Course information is clearly stated and outlined. Documentation also indicated that appropriate student/tutor ratios are maintained. There is oversight of course development through the national training working group, facilitator and national training support manager.

- The discussion revealed a comprehensive process for internal course approval is carried out but this process is not documented. However, all the information

required for PHECC course approval has been supplied. The approval process for host organisations has been adhered too.

- There is a documented policy and associated procedures for course delivery. RI representatives stated that the policy needs to be communicated to faculty nationally. The evidence indicated that all courses are delivered by appropriately qualified and certified personnel using a variety of teaching methods. RI representatives stated that student induction takes place for each course but this is currently not documented. The RI stated in its RISAR that the majority of attendance records were maintained but they need to ensure that all are accounted for centrally. EMT students have the opportunity to meet with their tutor for feedback on their progress on a weekly basis (Tutorials). RI representatives stated that this is informal and needs to be documented and formalised. Student learning portfolios were available for review.

- There is no formal documented procedure in place for carrying out course reviews. RI representatives outlined a range of meetings, formal and informal, that take place locally, regionally and nationally to discuss issues around training activities. However not all of these meetings are recorded or documented. While there is evidence that feedback forms are being collected there is no evidence that analysis is taking place to inform quality improvement. The RI has identified the need to collect a higher percentage of faculty and student feedback forms. Summary and recap sessions are built into course timetables.

- There is a robust assessment policy and associated procedures in place which was available for review. There was evidence provided showing that faculty and associated stakeholders are made aware of the assessment process. There is a procedure in place for the security of assessment related material. An assessment schedule is in place and students are made aware of this. Responsibility for the PHECC certification system is allocated to a named member of staff.

- There is no policy or associated procedures in place for internal verification. RI representatives outlined a process where individual instructors check paperwork.

- External Authentication is a new process and is currently carried out by PHECC.

- RI representatives outlined the process for requesting certification. Results are verified by the programme lead, sent to head office verified for registration and certificates requested and printed. There is no documentation in support of this process.

- There is an appeals policy and associated procedures in place. However this information is not currently communicated to all students.

3.0 Conclusions and Outcomes

The findings from this review indicate that the recognised institution met or part met 93% 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. The systems in place provide an oversight at all levels in the organisation to ensure continuous quality improvement is embedded across the organisation. 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 and best practice for a centre of education and training. The evidence would support the conclusion that the RI's current activities meet the requirements to carry out PHECC approved courses.

Appendix 1: Comments and observations from Irish Red Cross

Pre-Hospital
Emergency Care
Council

1 1 NOV 2015

RECEIVED

11th November 2015

Ms Pauline Dempsey
Programme Development Officer
PHECC
Abbey Moat House
Abbey Street
Naas
Co Kildare

Dear Pauline,

Thank you for the draft on-site review report received on 21st October 2015.

We have considered the report and welcome the findings that the Irish Red Cross meets or part meets 93% of the applicable quality standards set out in the PHECC Quality Review framework.

The introduction of the external review process by PHECC will guide us in implementing a more robust internal review process. This is something we feel will enhance the consistency and accuracy of the IRC assessment procedures.

The quality assurance responsibilities within the Irish Red Cross are shared among volunteers and staff. This allows for an inclusive approach. Following on from this review process, the IRC will establish an (NQC) National Quality Committee. This Committee will guide, oversee and support the implementation of the required Quality Improvement Plan and related tasks. The formulation of more clearly defined roles with specific assigned responsibilities will form part of the remit of the NQC.

We would like to add that contrary to what is stated on Page 7 of the report, we **do** analyse all evaluation forms received from students even though we are aware that we do not receive feedback from all students at this time. Increasing the level of feedback received from students will form part of our QIP.

With kind regards

Bernie Stevenson
Deputy Head of National Services/
National Training Support Manager

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