

St. John Ambulance Ireland

Recognised Institution

Quality Standards Review

On-Site Report



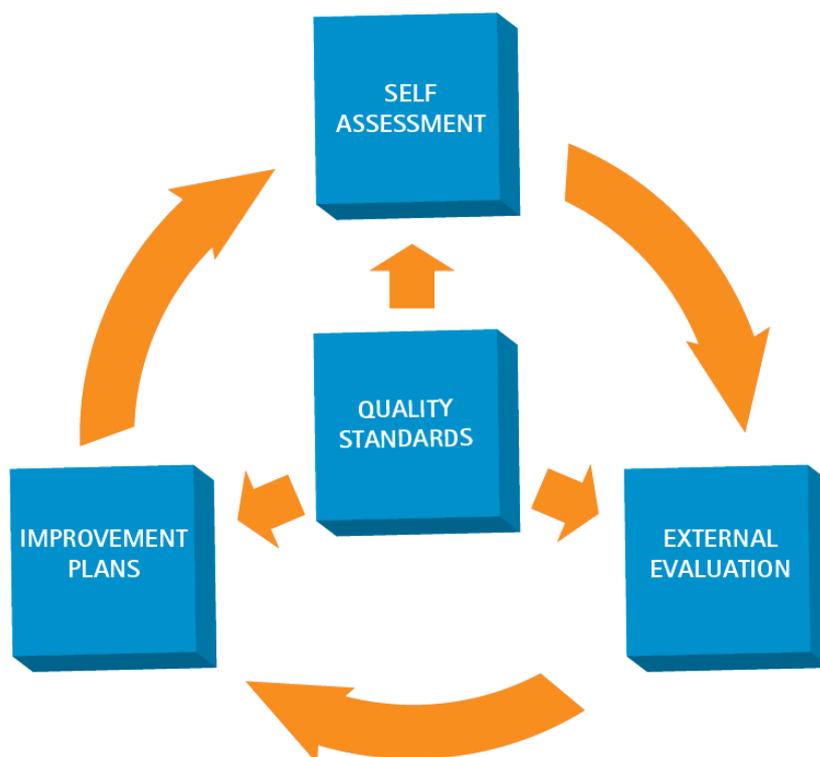
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1.0 Introduction

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	St. John Ambulance Ireland
Profile	St. John Ambulance Ireland is a voluntary organisation providing training nationally. The RI is a PHECC recognised institution since 2008.
PHECC courses being delivered	CFR Community CFR Advanced CFR Community Instructor CFR Advanced Instructor EFR EMT
Higher Education Affiliation	N/A
Address	Lumsden House, 29 Upper Leeson St. Dublin 4

1.2 Reports Details

Date of on-site visit	18/09/2015
Quality Review Panel (QRP)	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
RI Representatives	
Martin O'Sullivan	Director of Training and Development
Pam Skerritt	Deputy Head of Training and Development
Padraig Curry	General Secretary
Susan O'Sullivan	Instructor
Date of Council Approval	10 th 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.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with four representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	Several members joined the review discussions during the day and outlined their role and understanding of quality requirements. Members of staff also demonstrated the various IT systems and databases in use.
Learner Discussions	None
Exit Meeting	The QRP met with three representatives. The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

2.2 Observation of Facilities and Resources

Area	Comments
Facilities	The RI head office and training centre is situated at the address above and has a large training facility separate from the main building. The main building has several training rooms and a canteen.
Resources	Resources are stored regional and are made available for all courses on offer.

2.3 Evidence Reviewed – Documents/IT

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

- Moodle
- Terms of reference for the National Training Group
- Organisational Chart
- IT System - Administration Procedures
- Self-Assessment and Improvement Plans
- Data Protection Policy
- Data Retention Policy
- Record Management Policy
- Faculty Records
- Student Records
- EMT Nomination Forms
- Evaluation Forms
- Equality Policy
- Complaints Policy
- Equipment Checklist
- Safety Statement
- Course Specific Websites – EFR, EMT
- Mission Statement
- RPL Policy and Procedures
- Reasonable Accommodation
- English Language Policy
- Induction
- Role Descriptors
- Child Protection Policy
- Garda Vetting Policy
- Faculty Commitment Form
- Lesson plans
- EFR Assessment Policy
- Appeals Policy

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 organisational chart reflects the overall structure of the organisation and the reporting lines for operational activities within the RI. Overall responsibility for the quality assurance of PHECC approved courses is reflected on the organisational chart. The discussion revealed a process is in place for internal course approval ensuring a separation of those who design courses and those who approve them. However, there is no documented evidence of this process taking place. Courses are submitted to PHECC as per guidelines. Discussions took place about the results approval process and while there are no documented procedures for results approval a draft document was viewed and is intended for rollout. Self- assessment plans are in place with the PHECC RISAR and a quality improvement plan is being utilised.
- There is a data protection policy in place and was available for review. However the associated procedures need to be updated. There is a mix of computer and paper based information on students and faculty. The database was reviewed and was found to be robust and effective in managing faculty records. Student files were also reviewed and found to be satisfactory. RI representatives stated that information is centrally controlled and access is limited to authorised personnel. Quantitative measures are being introduced to capture relevant

information to inform practice. PHECC certification is carried out according to guidelines.

- During discussions the RI representatives indicated that a senior member of the organisation has overall responsibility for the quality assurance of PHECC approved courses. This is evident from the organisational chart but not documented. A process for making faculty aware of their responsibilities for quality assurance was discussed. This process is not yet documented.
- The RI has submitted its quality improvement plan and has commenced actions identified in the recent self-assessment process. A quality assurance policy and associated procedures are currently being developed as part of this process. There was evidence to show that key stakeholders have been involved in the evaluation.
- Potential students are given comprehensive information on PHECC approved courses through various channels at local and national level. The RI website provides relevant information to allow students to make an informed choice about their course of choice. During discussions RI representatives outlined a number of interactions when students are informed of their entitlements while attending their course. However there is no evidence to show that these activities have taken place. Course information is also available to students in their student pack at the beginning of their course. Course reports are not available for each course. 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 full time administrative staff to carry out all administrative activities in support of PHECC approved courses. A course administration pack is in use and 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 are documented and implemented for course administration tasks. Several course packs were available for review, a pre-course pack and a post course. All documentation is stored in national headquarters and backed up. The RI stated in its RISAR that administrative staff have been trained in PHECC criteria. This was verified through conversation with staff.
- 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

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

- The RI demonstrates its commitment to quality training through its mission statement which is visible in the RI building. The RI has identified the need to communicate its mission statement to all stakeholders through its website and on relevant documentation.
- The RI outlined and showed evidence of a range of methods utilised to communicate with students and associated stakeholders, including evaluation forms, course confirmation and meetings etc. The discussion indicated that along with the formal engagement regular informal communication takes place with all stakeholders. Students have the opportunity throughout their course to meet with their tutor/instructor one to one to discuss any issues they may have. These meetings are not recorded. The RI has indicated that they intend to formalise some of these informal contacts in the future. There was no evidence provided that showed feedback from host organisations.
- During discussions and in their RISAR the RI outlined a comprehensive system that is in place for potential students to gain access to courses. An example of access to an EFR course was provided as evidence of this process. It was also outlined how students are provided with information at local level about entry criteria and progression routes. RI representatives indicated that recognition of prior learning is provided on some 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 an equality and diversity policy in place which was available to view. The policy is displayed on the walls in RI headquarters. During discussions RI representatives outlined how they accommodate individuals with specific needs. These activities are not documented. RI representatives indicated that instructors are in compliance with relevant legislation and provided with information on equality and diversity. There was evidence provided that information regarding equality and diversity is provided to faculty throughout the organisation.
- At the time of review a complaints policy/procedure was not in place. RI representatives indicated the most complaints are dealt with informally at local level.
- The facilities available for students at the head office provide a safe, clean, welcoming and comfortable learning environment. During discussions RI representatives indicated that training is carried out nationally in premises owned by the organisation and in rented premises. There is currently no documented evidence to show that the premises used for training activities outside the head office meet the requirements for the courses on offer. There is a comprehensive range of resources and equipment available for all courses and a resource checklist is used to ensure the necessary resources are allocated as required. The resource checklist was available for review. During discussions RI representatives indicated that resources are stored locally which they maintain. Students have access to a library service and can access learning material through Moodle.
- 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. Risk assessments are carried out and plans are in place to carry these out in other locations.
- 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. 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. However, there is currently no policy or associated procedures in place for faculty recruitment and development. There are faculty lists in evidence for each PHECC approved course. However, there is no evidence that the role and responsibility of faculty members for the quality assurance of PHECC approved courses is documented. Documentation indicates that the RI meets the minimum faculty requirements for course approval.
- The RI indicated that they have selection criteria for faculty which is in line with PHECC guidelines and that senior members of the organisation are involved in the recruitment of faculty members. However there are no documented role descriptions in evidence.
- During discussions RI representatives indicated that faculty members have the opportunity to avail of activities that would support their continuing professional development. The RI facilitator runs the assistant tutor programme and monitors educational portfolios. Trainer committee briefings are held and documented. Evidence was provided to show that induction takes place. Informal meetings take place to discuss upskilling and development opportunities and these will be formally documented in the future. There is a Child protection policy and associated procedures in place and faculty are made aware of their responsibilities towards children and vulnerable persons. There are nine trainers

available nationally to carry out child protection training (safeguarding 1) for the organisation. 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, regionally and nationally but these are not all documented. Informal meetings take place with faculty to discuss specific training issues. Records of these meetings and communications will be maintained. During discussions RI representatives stated that course reports are to be made mandatory for all courses.
- The RI has a number of arrangements in place with national hospital emergency departments. There are also arrangements in place with the HSE national ambulance service (NAS) and Dublin Fire Brigade (DFB) ambulance service. Evidence provided indicates that an appropriate number of mentors and clinical supervisors are in place at each host organisation. There are no formal procedures in place for the RI to monitor the learning experience of the student while on placement. Learning outcomes, for the placement period, are in the student log book (Learning Portfolio), this provides a record of their activities, although it was not clear, of the procedure, should students not complete the learning outcomes of the practice placement. The learning portfolio was available for inspection. The RI provides PHECC with a list of host organisations for approval. There are no formal procedures in place to obtain feedback from the host organisations.
- Information on faculty is maintained on the RI's computer system and was available to view. Evidence provided indicates that faculty meet the minimum requirements set by PHECC to deliver courses. The IT system ensures that only faculty with valid certification deliver PHECC approved courses. The RI stated in its RISAR that monitoring of faculty is carried out. However there is no document evidence of these activities.

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

- During discussions and in their RISAR RI representatives outlined a comprehensive process for how course design and development takes place. There is no documented evidence to support these activities. Lesson plans were available to view which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Course content is mapped to learning outcomes and educational standards. Timetables for courses are available for students. Course information is clearly stated and outlined. Documentation also indicated that appropriate student/tutor ratios are maintained.
- During discussions RI representatives outlined the process on internal course approval prior to submission to PHECC for approval. The process outlined indicates that best practice is being observed. However there is no documented evidence of this process taking place. All the information required for PHECC course approval has been supplied. The approval process for host organisations has been adhered to.
- There is no documented policy or associated procedures for course delivery. The evidence indicated that all courses are delivered by appropriately qualified and certified personnel using a variety of teaching methods. RI representatives stated that a health and safety induction takes place prior to each course but this is

currently not documented. RI representatives indicate that an induction covering all aspects of courses will be documented. Attendance sheets were viewed and are maintained for each course. The lesson plans viewed indicate that course content encourages students to take responsibility for their own learning and meets PHECC education and training and clinical practice guidelines. Students have the opportunity to meet with their tutor for feedback (Tutorials) on their progress on a weekly basis. This is an informal process and is not documented. The RI has stated that these tutorials will be formalised and documented. Student learning portfolios were available for review.

- During discussions and in their RISAR the RI stated that a training management group has been set up which monitors all courses. However, there is no formal documented procedure in place for carrying out course reviews or evidence to show these activities have taken place. Evidence was provided in discussions that regular formal and informal meetings take place to discuss training activities and student feedback. Student course evaluations were in evidence and it was indicated in discussion that these were analysed after each course. Evidence to support this was available in the quality improvement plan submitted to PHECC.
- During discussions RI representatives outlined how assessment activities are carried out. However, there is no assessment policy and associated procedures in place. The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. Students are provided with assessment information and timely feedback. RI representatives indicated that students are provided with reasonable accommodation on request. These requests are not documented. Assessment related material is stored centrally and only issued upon request by administrative staff. 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.
- RI representatives indicated in discussion that internal verification will take place on 100% of all courses.
- External Authentication is a new process and is currently carried out by PHECC.
- There is no formal results approval process documented or in place. The internal verifier checks the results and they are recorded on the IT system. Once checked the results are made available to relevant faculty and the certificates are issued to students.
- There is no appeals policy and associated procedures in place at the time of the review.

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. There are policies and procedures in place that indicate a commitment to internal quality assurance and continuous quality improvement (CQI). The organisation submitted its first quality improvement plan with its RISAR. This provides strong evidence of a commitment to CQI and full engagement with the process. Systems in place provide an oversight at all levels in the organisation to ensure that CQI will be embedded in 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 St John Ambulance Ireland



**St John
Ambulance**

Ms Pauline Dempsey,
Pre Hospital Emergency Care Council
Abbey Moat House,
Abbey Street,
Naas,
Co. Kildare.

11 Nov 2015



Dear Ms Dempsey,

We have reviewed the Draft report and accept all the findings by yourself and the PHECC Team following the recent review at our HQ in Dublin. We are requesting no alterations to the report except for a typo of the name of our General Secretary as noted below.

Section 1.2 where the correct name for the General Secretary is Pádraig Curry

Please contact me if you require any further information.

Regards

Martin O' Sullivan

Director Training & Development