

# **HSE National Ambulance Service College (NASC)**

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



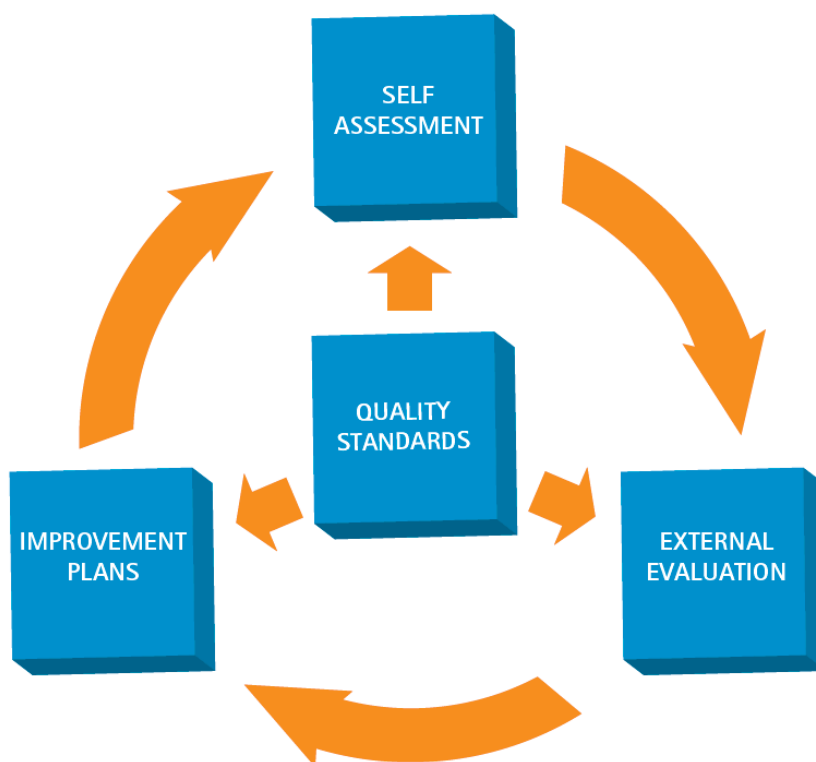
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## 1.0 Introduction

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

<b>Name</b>	<b>HSE- National Ambulance Service College (NASC)</b>
<b>Profile</b>	The HSE-NASC is an organisation within the HSE which provides training to ambulance personnel and other agencies of the state. They have a staff of 18 in the HSE-NASC team and are a PHECC recognised institution since 2007.
<b>PHECC courses being delivered</b>	Community First Response – Community (CFR-C) Community First Response Community - Instructor Community First Response – Advanced (CRF-A) Community First Response Advanced – Instructor Emergency First Response (EFR) Emergency First Response – Instructor Emergency Medical Technician (EMT) EMS Call-Taker EMS Dispatcher  Driving (Note PHECC driving standards were revoked 3 <sup>rd</sup> July 2015)
<b>Higher Education Affiliation</b>	N/A
<b>Address</b>	HSE National Ambulance Service College, Rivers Building, Tallaght Cross, Tallaght, Dublin 24.

## 1.2 Report Details

<b>Date of on-site visit</b>	17/06/2015
<b>Quality Review Panel (QRP)</b>	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
<b>RI Representatives</b>	
Macartan Hughes	Chief Ambulance Officer, Head of Education and Competency Assurance
Shane Knox	Assistant Chief Ambulance Officer, Education Manager
Declan Lonergan	Assistant Chief Ambulance Officer, Competency Assurance Manager
<b>Date of Council Approval</b>	10 <sup>th</sup> September 2015
<b>Date of Publication</b>	

## 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 EMS Call Taker courses were selected to provide context.

## 2.0 Review Findings

### 2.1 Meetings and Discussions

Type	Comments
<b>Entry Meeting</b>	The Quality Review Panel (QRP) met with three NASC representatives on arrival (as above). Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
<b>Staff Discussions</b>	A panel member had a separate meeting with a staff member to view faculty records and review relevant lesson plans.
<b>Learner Discussions</b>	None
<b>Exit Meeting</b>	The QRP met with three NASC 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
<b>Facilities</b>	The HSE NASC is situated on the outskirts of Dublin City in a state of the art, purpose built facility at the above address. The centre occupies several floors of a secure unit. There are several administration offices, several large training rooms, a large number of well-equipped smaller rooms and a several storage areas for resources and equipment. There is a purpose built simulated ambulance situated onsite. In addition the RI has access to outdoor training facilities situated at the base of the building. Students have access to a canteen, locker room and recreation facilities with computer access.
<b>Resources</b>	Several storage areas contain a well-stocked supply of resources and equipment for courses.

### 2.3 Evidence Reviewed – Documents/IT

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

- IT System – New Training Database
- Organisational Chart
- Organisational Documents
- Course Log
- Mission Statement
- Course Information Pack
- Staff Handbook
- Dignity at Work Policy
- Records Management Policy
- Student Files
- Job Description – Faculty
- Child welfare & Protection Policy
- Faculty Records
- Student Course Evaluation Forms
- Resource Checklist
- Insurance Details
- Weekly Tutorial Reports
- List of approved host organisations
- Complaints Policy
- Health and Safety Statement
- Faculty Information Sheet
- Lesson Plans
- Student Appeals Policy and Procedure

## 2.4 Quality Standards – Review

### Section One: Organisational Structure and Management

#### Standards

- **Governance** - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.
- **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.
- **Management Responsibility** - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.
- **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.
- **Transparency and Accountability** - The institution conducts its activities in an open and transparent manner.
- **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 was viewed and is being updated to clearly reflect the reporting lines for PHECC approved courses and additional sub groups. During discussions the RI representatives indicated a robust system for internal course design and approval. There was no documented evidence of the process available. Courses are submitted to PHECC as per guidelines. The RI representatives described the procedures for reporting course activities and the responsibility for each individual in the process. These processes are currently not documented.
- The RI has a mix of computer and hard copy files and information is managed using both systems. Information is managed using a specifically designed software package for electronic storage. Student and faculty records are stored and maintained within this system. Hard copy files were available to be viewed. The systems are being further developed. The computer system viewed provided a record of all student activities from entry to exit.



- The overall responsibility for the quality assurance of PHECC approved courses is delegated to the education manager. This responsibility is not yet clearly documented. The RI representatives indicated in discussion that all faculty are made aware of their responsibility for quality assurance; however there is no documented evidence of this taking place. Evidence viewed in a course log reflected course activities.
- While there is no documented policy or procedures for self-assessment and improvement planning, there was clear evidence from the student and faculty reports that self-assessment is an ongoing process. The RI representatives outlined a process in which faculty members meet on a regular basis to discuss course activities. These were described as a combination of formal and informal meetings. There is currently no documented evidence to support these activities. During discussions the RI representatives displayed an understanding and commitment to continuous self-assessment and evaluation and acknowledged the need to formalise and document processes.
- Courses are not made available to the public and take place for internal staff members and other agencies of the state. Students are provided with a handbook and workforce policy. Signs within the facility highlight relevant course content and information. The NASC is guided by HSE policies and service level agreements. Course director reports are currently not available to review.
- During discussions RI representatives indicated that administrative procedures are in place and documented for course administration tasks, pre, during and post. At the time of review these were not available to view. The RI representatives indicated that faculty involved in course activities have a responsibility for administrative tasks and that there is limited support available. A resource checklist was viewed in support of administrative activities.
- The RI is fully compliant with all relevant financial requirements and PHECC has verified this during the off-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 out 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 students.

### QRP Findings

- The mission statement is displayed internally in the training facility and is visible on relevant documentation. At time of review it was not visible on the RI website. All stakeholders are made aware of the mission statement and its implications for training activities.
- There is clear evidence available of a range of avenues for feedback from all stakeholders. Weekly one-to-one tutorial forms were available to view along with feedback forms from students on all courses. Feedback from host organisations is recorded in the student logbook. RI representatives are members of various committees, internal and external, where they receive feedback on course activities. An example was provided of communication which resulted in a change to paramedic training activities. Documented evidence was viewed to support this activity. Further procedures are being developed to receive additional feedback from host organisations.
- While there is no specific admissions policy there are clear entry requirements outlined for course access in line with PHECC guidelines. Students are also supplied with a course specific information pack and are encouraged to speak to staff members

for additional information. The evidence indicates that students are provided with sufficient and appropriate information to make informed choices about course enrolment and progression.

- The NASC is bound by the HSE equality and diversity and dignity at work policies. Procedures to comply with both policies are being developed. All EMT students attend dignity at work training; however more up to date equality and diversity training needs to take place for all, faculty. During discussions RI representatives gave examples of and indicated that reasonable accommodation does take place. There is currently no documented evidence that these activities take place.
- There are complaints and appeals policies and procedures in place and were viewed in the student handbook. During discussions and in the RISAR an outline of the complaints procedure was described. A review of these procedures is being undertaken.
- The facilities viewed on site at Tallaght 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. It was noted that it's an administration function to check and document the resources needed for courses and ensure they are in place. There was a resource checklist viewed as evidence of this process. Students are also given the responsibility to account for any resources used during course activities. Equipment is up to date well maintained and stored on site. Students have access to learning resources through the software system. It was outlined that the IT system is being further developed to include a moodle platform.
- 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. The NASC operates in line with all HSE policies. Site specific health and safety measures are in place and documented.
- Observations of the facilities in Tallaght would indicate that students are provided with interesting and challenging learning opportunities. Evaluation reports from students also reflect an encouraging and supportive environment. The course material viewed provided an opportunity to verify this and would support this view. Discussions with RI representatives and documentation support the fact that appropriate student/tutor ratios are in place.

## 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

- There is a policy in place for recruitment and development in line with PHECC and HSE guidelines. There is also faculty information available outlining the details of faculty members and their relevant professional experience. There were job descriptions in place and available to view. There is evidence that faculty composition meets PHECC requirements. There is further information regarding individual responsibility for quality assurance to be added to all relevant role descriptions.
- The RI representatives indicated that they have selection criteria for faculty which is in line with PHECC guidelines. There was an example of one job description and selection criteria provided to the panel. During discussions RI representatives stated that recruitment takes place through an independent process used for public bodies.
- During discussions RI representatives outlined the processes for staff development which was supported by documented evidence. Examples were provided of quarterly performance reviews, staff studies and peer study groups. There was one faculty portfolio available to review. The IT system provided evidence of course delivered by faculty members. The RI representatives indicated in discussions that faculty induction takes place. This is not currently documented. A child protection policy is in place and faculty receive appropriate, training which is documented.

- The RI representatives outlined a range of methods of communication between faculty and management which are in operation. These included; regional meetings and monthly in-house staff meetings. However these meetings are currently not recorded and there is no documented evidence as to content. The RI representatives also outlined how faculty are encouraged to provide feedback at meetings, along with informal discussions on course activities. There is currently no documented evidence to verify that these activities have taken place. Plans to document meetings and provide faculty course reports are to be implemented.
- All host organisations are approved and meet the criteria set by PHECC for placement. Arrangements are in place with each host organisation with responsibility for maintaining a working relationship delegated to the appropriate staff member. Students maintain a log book of their activities while on placement which is available for inspection and review. Their progress is monitored and learning outcomes are in place for the placement period. There is no formal schedule or communication process in place to record site visits.
- Information on faculty is maintained on the RI's computer system and was available to view. There is a documented plan in place to monitor staff development. Areas requiring further development were identified and discussed with a senior faculty member. These actions are recorded on the individual evaluation sheets and progress is monitored against agreed timeframes. There was documented evidence provided to show these activities had taken place.
- During discussions RI representatives indicated that external instructors/tutors are rarely used. However, it was stated that if they are required they would be sourced through a HSE tendering process and subject to binding agreements.

## 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 currently no documented policy or associated procedures in place for course design/development. During discussions RI representatives outlined a robust course design process that takes place. This is a formal process which takes place for each course but is not documented. Lesson plans were viewed and indicated an appropriate balance between theory and practice and that a range of teaching methods are utilised. Course updates are reviewed and emailed to relevant faculty and implemented immediately once received. There was evidence to support this. Daily sign in sheets are signed by the tutor(s) and act as proof of student/tutor ratios being appropriate. Timetables for courses are available for all stakeholders. The procedure for course design is to be developed.
- The RI representatives discussed how course approval takes place prior to submission to PHECC for formal approval. The discussion indicated evidence of a robust system of internal approval process prior to submission to PHECC. The process outlined indicates that there is a separation between those who design a course and those who approve it. However, there is currently no documented evidence to support these processes. Evidence was presented that host organisations (internship sites) being utilised have been selected and approved as per the PHECC guidelines.

- There is no documented course delivery policy and procedures in place. RI representatives stated that student induction takes place for each course but this is currently not documented. Attendance sheets were viewed and are maintained. Facility activity records also provide evidence of student attendance as well as IT log in records. The evidence viewed indicated that all courses are delivered by appropriately qualified and certified personnel. Students have the opportunity to meet with their tutor/instructor for individual feedback on their progress on a weekly basis and these tutorials are documented. For external activities the student log book is maintained and available for review. The student portfolio is also available for review.
- There is no documented procedure in place for course review. During discussions RI representatives outlined a comprehensive process by which courses are reviewed and evaluated. Regional and in-house meetings are scheduled and take place but are not documented. Student course evaluations are collected, were in evidence and viewed but are not routinely analysed. During discussions the RI representatives indicated that the course director is not required to complete a report after each course. There are no formal processes in place for faculty to provide course feedback or evaluation, this is to be reviewed. Faculty course reports are to be provided for future reference and to inform the quality improvement process.
- There are no documented policies and procedures in place for assessment activities. During discussions and stated in the RISAR, the RI representatives indicated that assessment activities are carried out by appropriate faculty. Assessment documents were viewed to verify these statements. However, documented procedures for carrying out assessment activities are to be developed and implemented. There are procedures in place to ensure the security of assessment related material. Material is located in a secure facility with limited access. These procedures are currently not documented.
- RI representatives indicated in discussion that internal verification takes place for all courses. There is no documented procedure for internal verification. Exam results are cross checked against marking schemes and assessment requirements. A policy and associated procedures for internal verification is to be developed.
- External Authentication is a new process and is currently carried out by PHECC.
- There is no formal results approval process documented or in place. Results are recorded as part of the verification process and the marking sheets are signed off. A formal process is to be developed.
- There is a formal procedure in place to deal with student appeals, which includes assessment activities. There is evidence that students have an opportunity to appeal their results and that they are informed of the right to appeal at any stage in the process. This was viewed in the student handbook.

### **3.0 Conclusions and Outcomes**

The findings from this review indicate that the recognised institution 'Met' 16 and 'Part met' 15 of the quality standards set out in the PHECC quality review framework. Staff members have a strong understanding of what is required to fully meet the PHECC quality standards in each area. Current practices supported by evidence show that the institution is engaged in some examples of best practice activities at present. Work will need to be undertaken to draft management procedures to support policy implementation. The ongoing developments of the IT system will provide an evidence based record of all student and faculty activities. The evidence indicates that the infrastructure is in place to support an environment of continuous quality improvement.

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 (QRP) 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 HSE NASC

17<sup>th</sup> July 2015.

Pauline Dempsey,  
Programme Development Officer,  
Pre-Hospital Emergency Care Council,  
Abbey Moat House,  
Abbey Street,  
Naas,  
Co. Kildare.

**Re: RISAR On-Site Report.**

Dear Pauline,


The National Ambulance Service College would like to thank the Quality Review Team for their positive and collaborative approach to our recent review.

While we are pleased to have 'Met' or 'Part-Met' the requirements on our first review we will strive to improve upon this inaugural report and have already begun this process.

Please note (on page 2) some comments for your consideration. I am happy to discuss these with you, if required.

We extend our sincerest thanks to Mr Paul Collins, Mr. John Donaghy and you for the professional and forthright manner in which this review was conducted and we welcome further Quality Reviews to ensure compliance with best practice.

Yours sincerely,



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**Shane Knox,  
Assistant Chief Ambulance Officer, Education Manager.**

## **NASC comments on the RISAR On-Site Report:**

### ***Page 11, paragraph 1:***

This paragraph states ‘... These included; regional meetings and monthly in-house staff meetings. However these meetings are currently not recorded and there is no documented evidence as to content’.

This is incorrect. All monthly staff meetings and monthly Education and Competency Assurance Team (ECAT) (regional) meetings are documented and minutes are recorded. In addition, an action matrix is developed from each meeting and reviewed at the next meeting.

### ***Page 13, paragraph 1:***

‘...stated that student induction takes place for each course but this is currently not documented’.

This is incorrect. If an induction course is necessary, and it may not be if the course participants are currently staff, then it is delivered as per the Intermediate Care Operatives induction programme or the Paramedic programme which now includes a two-week induction course as recently approved by the PHECC Education and Standards Committee.

It is an integral part of the course timetable, when required.