Academy of Emergency Care

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 (QRF). 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 (QIP). 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	Academy of Emergency Care
Profile	A public service provided by the emergency medicine department of Cork University Hospital. The Academy is a recognised institution with PHECC since 2009.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Advanced Cardiac First Response – Instructor Emergency First Response Emergency First Response - Instructor Emergency Medical Technician
Higher Education Affiliation	University College Cork
Address	Brookfield Campus, University College Cork

1.2 Reports Details

Date of on-site visit	31-05-16
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Beecher	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Dave Hicks	Director of Training
Stephen Cusack	Medical Director
Danny O'Reagan	Facilitator
Date of Council Approval	15 December 2016

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 three representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	None
Learner Discussions	Panel members had the opportunity to meet with several students who were on an EMT course.
Exit Meeting	The QRP met with two 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 RIs main activities take place on the Brookfield campus of University College Cork (UCC). In this building the RI has an administrative office and access to a large number of well-equipped training rooms. This building also has a canteen. In addition the RI has an office in Cork University Hospital. Training also takes place off site.
Resources	The building has four well stocked storage areas within the building which serve courses held onsite. In addition the RI has a large trailer on the Brookfield Campus for the transportation of equipment for off-site courses. The building also houses a library which students have access to. For off-site courses tutors are expected to maintain a stock of necessary resources for each course they deliver on behalf of the RI.

2.3 Evidence Reviewed – Documents/IT

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

- Moodle – For faculty
- Blackboard – for students
- Website
- Course Outline PDFs
- Organisational Chart
- Memorandum of Understanding with Host Organisations
- Faculty Database
- Emergency Care Instructor Agreement
- Complaints and Appeals Policies
- Student Portfolio
- Student Contract
- Student Declaration
- Student Progression Sheet
- Statement on Course Delivery
- Student Handbook
- Insurance Documents
- Mission Statement
- Evaluation Form
- Course Information PDF
- RPL Policy
- Health and safety Statement
- Lesson Plans
- Student Log Book
- QA Policy
- Records Management Policy
- Course Development Policy
- Assessment and Awards Policy
- Equal Opportunities Policy
- Code of Professional Practice
- EFR-BTEC Instructor Course Outline

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	**QRP Findings**
<u>1.1 Governance</u> - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.	The organisational chart reflects the overall structure of the organisation and the reporting lines for operational activities within the RI. Responsibility for the quality assurance of PHECC approved courses was not reflected on the organisational chart viewed during review. During discussions RI representatives outlined a process for internal course approval. However this process is not documented at the time of review. Courses are submitted to PHECC as per guidelines. There are no documented procedures for results approval. Self-assessment plans are in place with the PHECC RISAR and quality improvement plan being utilised. The RI is affiliated with UCC and plans are in place to update the Memorandum of Understanding and document the responsibilities of both parties. RI representatives indicated that regular meetings take place but these are informal and there is no documented record of them taking place.
<u>1.2 Management Systems and Organisational Processes</u> - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	RI representatives indicated that they follow the data protection guidelines of UCC. It was discussed how information is managed. However there is no documented procedures to support these activities, with representatives stating that more work needs to be done in this area. There is a mix of computer and paper based information on students and faculty. The database for faculty was reviewed and was found to be effective in managing faculty records. Student portfolios were 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.
<u>1.3 Management Responsibility</u> - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	During discussions the RI representatives identified an individual who has overall responsibility for the quality assurance of PHECC approved courses. This is not evident from the organisational chart and is not documented. A process for making faculty aware of their responsibilities for quality assurance was discussed and outlined. However this process is not documented and there is no evidence to show that faculty are made aware of their quality assurance responsibilities.

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.	There are a limited number of policies and procedures in place to support the quality assurance of PHECC approved courses. The RI has identified this and indicated that plans are in place to update their quality management system. There is no documented policy and procedures for self-assessment, ongoing monitoring of programmes and services or improvement planning. The RI has submitted its quality improvement plan with additional information required to include specific timeframes for actions identified. There was no evidence to show that key stakeholders have been involved in the evaluation.
1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.	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. The RI website and promotional material provides relevant information to allow potential students to make an informed choice about course participation. During discussions RI representatives indicated that course reports are available for each course. During review no course reports were made available for review. This has been identified by the QRP as an area for improvement and the RI indicated that a course report will be completed for every course.
1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.	During discussions RI representatives stated that UCC student services are involved in the administration of courses. They also indicated that the director of training carries out all administrative duties for selected courses. There are no documented procedures for course administration tasks. It was not clear from the evidence provided what structures and administrative support is available.
1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.	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	QRP Findings
2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.	The RI demonstrates its commitment to quality training through its mission statement. The RI has identified the need to communicate its mission statement to all stakeholders through its website and on relevant documentation.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	The RI outlined and showed evidence of a range of methods utilised to communicate with students and associated stakeholders, including online feedback, evaluation forms, course confirmation and meetings etc. The discussion indicated that along with the formal engagement regular informal communication takes place. 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.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	There is no documented admissions policy and procedures. During discussions the RI outlined a system that is in place for potential students to gain access to courses. An example of information provided via PDF was viewed as evidence. The RI indicated that course information will be updated. It was also outlined how students are provided with information about entry criteria and progression routes. The RI has a policy document on RPL which relates to students and faculty. During discussions RI representatives indicated that recognition of prior learning is provided on some courses and that it is intended to further develop and update RPL procedures. They also indicated that information regarding RPL is to be included on promotional materials particularly in reference to student access to courses.
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.	The RI has an equality and diversity policy in place which was available to view. 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 no evidence provided that training and information regarding equality and diversity is provided to faculty. There is a professional code of practice

	documented which was available to view.
2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.	The RI has a documented policy on complaints and appeals. Stakeholders are directed to the website to access the relevant documents. During discussions the RI indicated that these policies are to be updated and appropriate procedures documented, including timelines.
2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.	The facilities available for students at the onsite facility provide a safe, clean, welcoming and comfortable learning environment. During discussions RI representatives indicated that training is carried out externally in rented and donated premises. At the time of review there is no documented evidence to show that these premises meet the requirements for the courses on offer. In addition there are no formal arrangements in place to ensure the ongoing availability of these facilities. There is a comprehensive range of resources and equipment available for all courses taking place in the main facility and resources are allocated as required. For external courses there are no documented procedures in place for resource allocation. Students have access to a library service and can access learning material through Moodle.
2.7 Health and Safety - A safe and healthy environment exists in the institution.	The RI operates under the health and safety standards of UCC and the HSE. Procedures are being developed to ensure compliance for courses being carried out externally. Risk assessments are carried out and plans are in place to carry these out in external locations.
2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.	Discussions indicated that faculty are encouraged to provide students with interesting and challenging learning opportunities. The lesson plans viewed showed that the courses were designed to be learner centred, providing an interesting and challenging learning environment. The RI indicated that additional work was needed in this area.

Section Three: Faculty Recruitment and Development	
Standards	**QRP Findings**
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.	During discussions RI representatives outlined the process they undertake to recruit faculty and support staff. However, there is no policy or associated procedures in place for 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.
3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.	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.
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.	There are no documented procedures in place the continuous professional development of faculty. During discussions RI representatives indicated that faculty members do receive an induction. There is no evidence to support this. RI representatives indicated that informal meetings take place to discuss upskilling and development opportunities and these will be formally documented in the future. Faculty also have access to resources through Moodle. There is a no child/vulnerable person protection policy and associated procedures in place. There was no evidence provided to show that faculty had been provided with the relevant information and training.
3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.	During discussions and in their RISAR RI representatives described a range of formal and informal methods of communication between faculty and management. However there are no documented records of these procedures. 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.
3.5 Work Placement and Internship - Host organisations (internship	The RI has arrangements in place with the emergency department of Cork University Hospital. There are also arrangements in place with the national ambulance service.

sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).	Memorandums of understanding are to be updated. 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 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 details of host organisations for approval. There are no formal procedures in place to obtain feedback from the host organisations.
3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.	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.
3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.	During discussions RI representatives indicated that arrangements are in place with affiliated instructors. There is an instructors agreement documented which was not available for review. There was no evidence available to verify that students are made aware of these arrangements or that the role and responsibility for the quality assurance of courses is outlined. At the time of review there were no contracts in place. These arrangements were highlighted by the QRP as an area of concern.

Section Four: Course Development, Delivery and Review	
Standards	**QRP Findings**
4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.	During discussions RI representatives outlined a process for how course design and development takes place. There is a course development policy in place. However this needs to be updated to reflect practices. Examples were provided of course design to meets the needs of specific clients. 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.
4.2 Course Approval - There are clear guidelines for course approval.	During discussions RI representatives outlined a process for internal course approval. However this process is not documented at the time of review. All the information required for PHECC course approval has been supplied. The approval process for host organisations is being further developed.
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.	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. Examples were provided of adaptations made to courses for specific clients. RI representatives stated that an induction takes place prior to each course but this is currently not 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. Student learning portfolios were available for review.
4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	There is no formal documented procedure in place for carrying out course reviews or evidence to show these activities have taken place. Student course evaluation forms were available for review. During discussions RI representatives indicated that regular formal and informal meetings take place to discuss training activities and student feedback. However there was no evidence to indicate these

	activities had taken place. There was no evidence available of tutor/instructor feedback or a course director's report. The RI has submitted a quality improvement plan based on their self-assessment findings and will be updating this based on the findings from the external review.
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.	During discussions RI representatives outlined how assessment activities are carried out. It was also stated in their RISAR that random checks were 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 prior to and during their course. 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.
4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.	RI representatives indicated in discussion that internal verification takes place by the director of training on all courses. However there is no documented procedures and there is no evidence of internal verification taking place.
4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.	External Authentication is a new process and is currently carried out by PHECC.
4.8 Results Approval - A results approval process operates in the institution.	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.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	There is an appeals policy in place. RI representatives have indicated during discussions that the appeals procedures will be updated to include timeframes. Students are provided with information on appeals prior to and during their course.

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). However the current systems do not provide oversight at all levels within the organisation, particularly in regards to affiliated instructors. The current systems need significant upgrading to include comprehensive internal monitoring and review activities. In particular the area of faculty recruitment and development is of concern and requires a more robust system to be in place. The RI has indicated that it is going through a transitional period and plans are in place to update its quality management system. When complete this will provide evidence of a commitment to CQI and full engagement with the process. 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 provided would support the conclusion that the RI's activities when supported by appropriately focused policies and procedures meet the requirements to carry out PHECC approved courses.

Appendix 1: Comments and Observations from Academy of Emergency Care

ACADEMY of EMERGENCY CARE
Department of Emergency Medicine
Cork University Hospital
Wilton Road. Cork
www.aecs.ie

Primum Non Nocere

19th October 2016

<u>**Re: Quality Review**</u>

The Academy of Emergency Care would like to thank the team who undertook the quality review on 31 May 2016 for the collaborative and positive approach to this inaugural process. We welcome the feedback and have included the points for action throughout.

We accept the areas detailed in the report for improvement and we are actively engaged in this process.. We embrace the process of a quality improvement cycle and see this as being a most positive step in the overall management of pre-hospital emergency care education. We have begun improvement in the outlined areas and have commissioned a complete re-design of our website and the associated database which underpins our workflow processes. This we are confident will resolve many of the underlying issues raised by the panel

We look forward to further engagement with the quality review panel members in the future as we see this as a further step toward better educational transparency and student and tutor satisfaction.

Sincerely

David Hick
Director of Training

Medical Director:
Prof. Stephen Cusack: MB, BCh, BAO;FRCSI, FFAEM (A&E)
Director of Training (Emergency Care):
Mr. David Hick: PGDip TLHE, FITOL Dip.EMT.