



Flashpoint Medical Services
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	Flashpoint Medical Services Limited
Profile	A private company and a PHECC recognised institution since 2012.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Advanced
Higher Education Affiliation	None
Address	Unit SM1 Wicklow Enterprise Centre, The Murrough, Wicklow Town, Co. Wicklow

1.2 Reports Details

Date of on-site visit	16-02-17
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
D Brown	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Ken O'Dwyer	Managing Director
Date of Final Report	
Date of Council Approval	

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 Cardiac First Response (CFR) course was selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with one representative 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	None
Exit Meeting	The QRP met with one representative. 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	All training activities are carried out externally.
Resources	Resources are stored in a secure area in the main facility and allocated as required. In addition it was stated that clients may have their own resources.

2.3 Evidence Reviewed – Documents/IT

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

- Website
- Course Sign In Sheet
- Student Registration Form
- CFR Assessment Sheet
- Instructor Evaluation Form
- Course Evaluation Form
- Faculty Records
- Quality Assurance Policy
- Course Reports
- Record Management Policy
- Mission Statement
- Health and Safety Statement

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	QRP Findings
<p>1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.</p>	<p>The organisational chart was not available for review, it is to be updated to reflect current structures and training activities. However during discussions and a review of supporting documentation it was clearly indicated those responsible for the quality assurance of PHECC approved courses. Course and results approval are followed based on PHECC guidelines. Evidence was provided that self-assessment has been carried out, with the PHECC Recognised Institutions Self-Assessment Report (RISAR) and Quality Improvement Plan (QIP) being utilised.</p>
<p>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.</p>	<p>There is a policy and procedures for data protection which needs to be updated to reflect training activities and current practice. Student and faculty records were reviewed and were found to be satisfactory. Computers are password protected, hard copy records are stored in a secure location in the main office with access restricted to authorised personnel only. Quantitative measures are in place to capture relevant information to inform practice. PHECC certification is carried out according to guidelines.</p>
<p>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.</p>	<p>During discussions the RI representative indicated that the managing director has overall responsibility for the quality assurance of PHECC approved courses. This needs to be reflected in the organisational chart. The RI representative demonstrated a clear understanding of the responsibilities for the quality assurance of PHECC approved courses. However there was no evidence that faculty have been made aware of their responsibilities.</p>
<p>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.</p>	<p>The RI has a documented quality assurance policy which needs to be updated to include procedures for monitoring the implementation and effectiveness of training activities associated with PHECC approved courses. Evidence was provided which showed that student feedback was used during self-assessment. The PHECC RISAR and QIP are being utilised for the self-assessment and the QIP will be updated with agreed actions following the review process.</p>

<p>1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.</p>	<p>During discussions the RI representative outlined how information about courses is provided to potential students. The evidence indicated that potential students are provided with relevant information to make an informed choice about course participation. Course reports are completed by faculty and were available for review.</p>
<p>1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.</p>	<p>Administrative support is available and carries out key functions for training activities. There are documented procedures in relation to administrative tasks which need to be updated to reflect current practice.</p>
<p>1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.</p>	<p>The RI is fully compliant with all relevant financial requirements and PHECC has verified this prior to the on-site review.</p>

Section Two: The Learning Environment

Standards	QRP Findings
<p>2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.</p>	<p>The mission statement is included on relevant documentation and is relevant to pre-hospital emergency care. The RI needs to update methods of communicating its mission statement to all stakeholders.</p>
<p>2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.</p>	<p>During discussions and in their RISAR the RI outlined methods used to communicate with students and associated stakeholders and receive feedback. These include: evaluation forms, regularly scheduled meetings etc. Student evaluation forms were available for review. The RI also indicated during discussions that regular meetings take place with faculty. There was no evidence provided to show that these activities take place. Students have the opportunity throughout their course to meet with their instructor one to one to discuss any issues they may have.</p>
<p>2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.</p>	<p>The RI has clear criteria documented for entry to PHECC approved courses which is to be included of relevant registration documents. The evidence indicated that students are provided with sufficient information to make an informed choice about course participation. There are procedures for Recognition of Prior Learning (RPL) which need to be updated to reflect current practice.</p>
<p>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.</p>	<p>The RI has a documented equality and diversity policy that needs to be updated to reflect current practice and training activities. At the time of review there was no evidence that information and training on equality and diversity had been provided. During discussions RI representative outlined and gave examples of how they accommodate individuals with additional support needs. At the time of review these activities were not recorded. Codes of practice are not documented.</p>
<p>2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.</p>	<p>At the time of review there was no documented complaints or appeals policies or procedures in place for training activities.</p>

<p>2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.</p>	<p>During discussions and in their RISAR RI representatives indicated that all training takes place in external venues and that general information is provided verbally about facility and resource requirements. At the time of review there was no documented premises selection criteria or evidence that faculty document the resources required for each course. During discussions the RI representative also outlined the procedures for the regular maintenance and updating of equipment used for training activities. However at the time of review there was no documented evidence to support this.</p>
<p>2.7 Health and Safety - A safe and healthy environment exists in the institution.</p>	<p>The RI has a health and safety statement which is available to all stakeholders. Health and safety procedures are in place and in line with relevant legislation. Procedures are being updated to reflect training activities in external locations.</p>
<p>2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.</p>	<p>Evidence provided through the student evaluation forms indicated that students have positive learning experiences and that the RI promotes a culture of mutual respect. The RI is fully compliant with PHECC requirements on instructor/student ratios.</p>

Section Three: Faculty Recruitment and Development

Standards	QRP Findings
<p>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.</p>	<p>At the time of review there was no documented recruitment and development policy and procedures. RI representatives indicated during discussions and in their RISAR that faculty are made aware of their quality responsibilities through induction and that responsibility for quality assurance is delegated as appropriate. There was no evidence provided to support this. Documentation indicates that the RI meets the minimum faculty requirements for course approval.</p>
<p>3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.</p>	<p>During discussions the RI representative outlined the recruitment process and selection criteria. However the recruitment process, role description and selection criteria for each position is not documented. Documentation indicates that the RI meets the minimum faculty requirements for course approval.</p>
<p>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.</p>	<p>There are no documented procedures in place for the continuous professional development of faculty. During discussions and in their RISAR RI representatives indicated that faculty receive an induction and any updates are communicated through regularly scheduled meetings. However there was no evidence to indicate that induction had taken place and there were no records of meetings available for review. They also indicated that faculty are encouraged and supported to gain additional training and qualifications relevant to their role with the RI. There was no evidence provided to support this.</p>
<p>3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.</p>	<p>During discussions and in their RISAR RI representatives described methods of communication between faculty and management i.e. formal and informal meetings, course reports, phone, email etc. The evidence indicated that regular and appropriate communication takes place between management and faculty before, during and after each course. However procedures are not in place to ensure that these activities systematically take place. At the time of review records of meetings were not maintained.</p>
<p>3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to</p>	<p>Not Applicable</p>

<p>the course content and learning outcomes to be achieved (NQEMT courses only).</p>	
<p>3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.</p>	<p>The evidence provided indicates that a minimum standard is in place for faculty and a system is in place to ensure that only instructors with a valid certification are allocated to deliver courses. During discussions the RI representative stated that co-instruction takes place. However it was also stated that this was not a formal means of faculty management or observation of delivery. Faculty records are maintained and were available for review and were found to be accurate and up to date. Faculty details were evident on course documentation.</p>
<p>3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.</p>	<p>During discussions the RI representative stated that they do engage external faculty to deliver courses on their behalf. At the time of review there was no evidence of agreed quality assurance standards or a contract in place.</p>

Section Four: Course Development, Delivery and Review

Standards	QRP Findings
<p>4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.</p>	<p>Course material was reviewed which showed that appropriate activities were being carried out to allow students to meet the learning objectives. During discussions the RI representative outlined the procedures for implementing updates and changes to courses. There was evidence indicating that faculty had undertaken updating activities. Course information is clearly stated for students on course material including timetables. Documentation also indicated that appropriate student/tutor ratios are maintained.</p>
<p>4.2 Course Approval - There are clear guidelines for course approval.</p>	<p>Course approval has been adhered to as per PHECC guidelines and all information required for PHECC course approval has been supplied.</p>
<p>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.</p>	<p>At the time of review there was no documented policy or procedures for course delivery. During discussions the RI representative indicated the student induction takes place. There was no evidence to support this. Attendance records are maintained for each course and were available for review. The evidence indicated that all courses are delivered by appropriately qualified and certified instructors. Courses are delivered in keeping with PHECC education and training guidelines. Students have the opportunity to meet with their instructor for feedback and remedial work if required.</p>
<p>4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.</p>	<p>During discussions and in their RISAR RI representatives outlined activities that take place to review courses i.e. an analysis of student feedback. They also indicated that faculty have the opportunity to review their courses after delivery at regular meetings. At the time of review there were no documented procedures for course review. However there was evidence that course review had taken place. Student course evaluation forms and course reports were available for review. 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.</p>
<p>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</p>	<p>The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. During discussions the RI representative indicated that students are provided with assessment information at the beginning of their course and that students are provided with additional support on request. Representatives described examples of these activities.</p>

assessment criteria.	However at the time of review these activities were not documented. 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.	At the time of review there were no documented procedures for internal verification or evidence indicating that internal verification takes 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 currently carried out by PHECC.
4.8 Results Approval - A results approval process operates in the institution.	During discussions the RI representative indicated that once results are checked they are made available to students and the certificates are issued. At the time of review there were no documented procedures in place for results approval.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	At the time of review there was no appeals policy and procedures in place.

3.0 Conclusions and Outcomes

The findings from the review indicate that the Recognised Institution met or part met 87% of the applicable 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 discussions indicated that the RI representative has an understanding of quality assurance policies and procedures and their application to their training activities. The evidence also indicates that quality assurance activities are being carried out and inform practice. The systems in place provide oversight in the organisation to ensure quality improvement is embedded in the organisation. The updates and revisions highlighted during discussions, when implemented, will ensure that the RI meets all the PHECC quality standards. The evidence would support the conclusion that the RI's current activities meet the requirements to carry out PHECC approved courses.

4.0 The Assessment Matrix

The Assessment Matrix is a summary of the findings of the on-site review and represents the organisation's overall performance against the standards. The QRP has rated your organisations performance against each standard, by applying the following ratings:

- **Met:** written and verbal evidence clearly demonstrates that the RI meets all the requirements of the quality standard
- **Part Met:** written and verbal evidence clearly demonstrates that the RI only meets part of the requirements of the quality standard
- **Not Met:** written and verbal evidence clearly demonstrates that the RI does not meet the requirements of the quality standard
- **Not Applicable:** a not applicable rating may apply; where an RI does not provide recognition of prior learning (refer to quality standard 2.3)

Once each quality standard has been rated, the overall review result can be determined.

The review result has been determined by applying the following:

- **Met:** all the requirements of each quality standards have been met
- **Part Met:** the requirements of one or more quality standards have not been fully met
- **Not Met:** the requirements of no quality standards have been met.