



Murray Ambulance 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	Murray Ambulance Service
Profile	A private company and a PHECC recognised institution since March 2014
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Advanced
Higher Education Affiliation	None
Address	Coarsepark, Castlebar, Co. Mayo

1.2 Reports Details

Date of on-site visit	14-02-17
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Luke Murray	IT Manager/EMT
Paula McHale	Office Manager/Despatcher
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 two representatives on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	No additional staff members were met during the site visit.
Learner Discussions	None
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	Onsite training facilities include: a training room that can accommodate eight people, a canteen and toilet facilities. Training also takes place externally in rented or clients' premises.
Resources	Resources are stored in a secure storage area at the RI facilities with access limited to authorised personnel. Resources are allocated from here as required.

2.3 Evidence Reviewed – Documents/IT

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

- Website
- Organisational Chart
- Data Protection Policy
- Faculty Records
- Student Sign In Sheet
- Student Course Evaluation Form
- Assessment Sheets
- Quality Management Policy
- Mission Statement
- Engaging Stakeholders Policy
- Equality and Diversity Policy
- Complaints Policy
- Health and Safety Statement
- Staff Recruitment and Development Policy
- Induction Checklist

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 available for review and needs to be updated to reflect the delivery of PHECC approved courses and those responsible for quality assurance. 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 an administrative office. However at the time of review access was not restricted to authorised personnel only. Quantitative measures are not 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 RI representatives indicated that the training coordinator has overall responsibility for the quality assurance of PHECC approved courses. However there was no evidence to support this. RI representatives did demonstrate an understanding of their responsibilities for the quality assurance of PHECC approved courses. Documentation needs to be updated to reflect this and to provide evidence of faculty responsibilities for quality assurance.</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 quality management policy documented which needs to be updated to reflect training activities and current practice. Evidence was provided which showed that procedures are in place to monitor the implementation and effectiveness of PHECC approved courses. Student feedback forms were reviewed but were not used in the self-assessment process. 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>The evidence showed that potential students are provided with relevant information to make an informed choice about course participation. Course information was available for review. At the time of review course reports are not completed by faculty.</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. However there are no documented procedures in relation to all administrative tasks.</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>

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 RI mission statement was available for review and was visible within the RI. The mission statement incorporates training as part of their service delivery. However there was no evidence that stakeholders are made aware of it and its implications.</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 a range of methods used to communicate with students and associated stakeholders including gathering student feedback. These include: website social media, feedback forms, meetings, student course handbook, attendance at stakeholder meetings and workshops etc. Evidence was provided to show that these activities take place and that 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 is 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. The evidence indicated that students are provided with sufficient information to make an informed choice about course participation. Recognition of Prior Learning (RPL) is not applicable.</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. The RI mission statement reflects its commitment to equality and diversity. At the time of review there was no evidence that information and training on equality and diversity is 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 documented in the staff handbook.</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</p>	<p>The onsite training facilities provide a safe, clean and welcoming learning environment for students. During discussions and in their RISAR RI representatives indicated</p>

<p>environment, sufficiently resourced in order to deliver training to the highest standards.</p>	<p>that training takes place in external venues and that these venues are inspected prior to courses to ensure they are fit for purpose. There was no documented evidence to support this. There was evidence that sufficient and appropriate equipment was available for all courses on offer. During discussions RI representatives outlined the procedures for resource allocation for courses and 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 was available for review. Health and safety procedures are in place and in line with relevant legislation. During discussions RI representatives stated that risk assessment is carried out on each venue used for course activities. There was no documented evidence to support this.</p>
<p>2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.</p>	<p>Evidence was provided – in documentation, during discussion – to show that the RI promotes a culture of mutual respect between faculty and students. Evidence provided through the feedback forms indicated that students have positive learning experiences. The RI is fully compliant with PHECC requirements on instructor/student ratios.</p>

Section Three: Faculty Recruitment and Development

Standards	QRP Findings
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<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>There is a recruitment and development policy and associated procedures in place which needs to be updated to reflect current practice. RI representatives indicated during discussions that faculty are made aware of their quality responsibilities. 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>At the time of review there was no documented role description and selection criteria for faculty. During discussions and in their RISAR RI representatives outlined their process for faculty recruitment. However there was no evidence available to demonstrate these activities taking place. 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 documented procedures in place for the continuous professional development which needs to be updated to include faculty. During discussions the RI representatives indicated that faculty members do receive an induction and any updates are communicated through regularly scheduled staff meetings. There was no evidence to indicate that induction had taken place. During discussions faculty indicated that they are encouraged and supported to gain additional training and qualifications relevant to their role with the RI. Evidence was provided of faculty CPD activities. The RI has a child and vulnerable persons' policy in place.</p>
<p>3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.</p>	<p>During discussions the RI representatives described a range of formal and informal methods of communication between faculty and management i.e. formal and informal meetings, phone, email etc. However at the time of review there was no evidence that regular communication on training activities takes place. Discussions indicated that faculty are encouraged to provide feedback but this is an informal activity.</p>
<p>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).</p>	<p>Not Applicable</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 faculty meet the minimum requirements set by PHECC to deliver courses. Records are maintained of all faculty which includes information on when they need to be recertified. The system in place ensures that only instructors with valid certification will be allocated to carry out courses. During discussions the RI representatives indicated that instructors are observed during delivery and documentation is monitored. At the time of review no records of these activities were available. 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 and in their RISAR RI representatives 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
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<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 RI representatives outlined the procedures for implementing updates and changes to courses. There was no evidence indicating that these activities have taken place or that faculty had undertaken updating activities. Course information is clearly stated and outlined for students on course material. Timetables for courses are available for students. 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 were 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>At the time of review there were no documented procedures in place for carrying out course reviews. Student feedback forms were available for review. During discussions RI representatives indicated that instructors provide feedback after each course. There was no evidence to support this. 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 assessment criteria.</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 RI representatives indicated that students are provided with assessment information at the beginning of their course. There was no evidence to support this. During discussions RI representatives indicated that students are provided with additional support on request. Representatives described examples of these activities. However at the time of review these activities are not documented. Responsibility for the PHECC certification system is allocated to a named member of</p>

	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. During discussions RI representatives indicated the internal verification does not take 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.	There are no documented procedures in place for results approval. During discussions RI representatives indicated that once results are checked they are made available to students and the certificates are issued.
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 quantitative findings from the review indicate that the Recognised Institution met or part met 86% of the applicable standards set out in the PHECC quality review framework.

However, the accompanying qualitative analysis indicates that there is work required to

address the shortfalls in the RI processes to bring it in line with the PHECC quality standards for providing training. During discussions – and review of existing quality management documentation – the evidence indicated that the RI representatives had an understanding of quality management systems and processes and their application in the training activities. 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 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.