



ALS Regulations May 2019 Version 1.0

1 General

- 1.1 All Educators, Course Directors, Instructors and Instructor Candidates must abide by the [Resuscitation Council \(UK\) Code of Conduct](#).
- 1.2 Any profit made from ALS provider courses should be used only for purposes directly related to resuscitation.
- 1.3 Instructors must be aware of and follow the recommendations in the statement '[Equal opportunities policy](#)'.
- 1.4 Instructors must be aware of and follow the recommendations in '[Guidance for managing a candidate whose performance raises serious concerns for patient safety](#)'. This provides guidance on how to assist course Medical Directors and faculty where there are concerns about a candidate's clinical safety, to the extent that they may be a danger to patients.
- 1.5 The RC (UK) discourages the payment of honoraria and advises that, in the interests of probity, any such payment should be made through the organisation's finance department. For further guidance please see the "[Payment of Honoraria to Resuscitation Council \(UK\) Instructors](#)" statement

2 ALS course centres

2.1 General information

- 2.1.1 Only an approved course centre may run the ALS course.
- 2.1.2 A course centre is regarded as the administrative centre from which the ALS course is organised, rather than the geographical location where a course is delivered or the person organising it. For example, an NHS Trust that has three hospital sites but organises courses centrally from one site need only register as one centre.
- 2.1.3 Where a course centre delivers a course at a new location, the course centre is responsible for ensuring that the facilities at the new venue are adequate.
- 2.1.4 If a course centre does not run a course for more than two years, its approval will lapse and a new application must be made to the ALS Subcommittee.
- 2.1.5 Where concerns about individual course centres have come to light, the centre may be re-assessed and reviewed at any time at the discretion of the ALS Subcommittee.
- 2.1.6 The ALS Subcommittee reserves the right to revoke course centre validation.



2.2 *Data Protection*

2.2.1 All course centres **must** comply with Data Protection regulations and local policies with regards to the storage and disposal of candidate personal details e.g. addresses, payment details and photographs etc. These should ideally be disposed of or securely stored as per local policy after the course returns have been completed.

2.3 *New centres*

2.3.1 Applications to become a course centre should be made in writing to the RC (UK) using the 'Course Centre application form'.

2.3.2 Applications will be reviewed by the ALS Subcommittee.

2.3.3 The first course run by any course centre must be assessed by a Regional Representative who must be present for the entire course.

2.3.4 The date of the centre's first course must be set in liaison with the Regional Representative. A full faculty list (submitted via the LMS) and programme must be sent to the RC (UK) for this first course at least six weeks prior to the start date of the course.

2.4 *Centre reassessment*

2.4.1 A course centre must be reassessed by a Regional Representative **at least every four years** or sooner if requested by the ALS Subcommittee. For further guidance please see the document '[Role of the Regional Representative](#)' If a course centre fails to have the required assessment by the end of its 4-year term, a new course centre application must be submitted to the ALS Subcommittee.

2.4.2 The RC (UK) will pay all reasonable expenses for ALS Regional Representative. The ALS Regional Representative should claim these from the RC (UK) rather than the course centre.

2.4.3 ALS Regional Representative may assess a 2-day, e-learning 1-day face-to-face, or modular course. If reassessing the 2-day course the Regional Representatives may choose to attend for one day only (unless the centre is running a course for the first time). Whilst reassessing a centre the ALS Regional Representative may teach on the course but must not be counted as one of the faculty number.

3 *Course organisation*

3.1 *Pre-course organisation*

3.1.1 The maximum number of candidates permitted on an ALS Provider course is 30. On a recertification course the maximum is 24. There is no minimum number.



- 3.1.2 Each ALS provider course date must be registered with the RC (UK). All course centres must upload and complete the course approval form on the LMS **at least six weeks** in advance of the proposed course date. Only courses with a fully completed course approval form will be processed (e.g. Medical Director/Course director/ valid purchase order number). Courses will not be approved if these criteria are not met. Late applications will not be granted approval, except in exception circumstances.
- 3.1.3 The Course Administrator must complete the course notification form on the LMS thereby confirming and accepting responsibility that the centre will run the course in accordance with the criteria set out in these regulations. Manuals will be dispatched once the course has been approved.
- 3.1.4 A registration fee is payable for each candidate in addition to the cost of the course materials.
- 3.1.5 The RC (UK) will not provide refunds or credit on unused registrations. If a whole course is cancelled registrations may be transferred to a future course. Course centres must notify the RC (UK) of cancelled courses as soon as possible and make arrangements to use the registrations at the earliest possible juncture. Registrations are not transferrable between courses (e.g. EPALS to ALS)
- 3.1.6 Course fees are set locally. These should take into account costs of running the course but also the current financial climate within the health system and the availability of funding.
- 3.1.7 It is the Course Director's responsibility to ensure that all Instructors are registered with the RC (UK) and have a valid ALS Instructor certificate.
- 3.1.8 Course Directors must ensure that faculty are enrolled prior to the commencement of the course and have access to the LMS and course materials.
- 3.1.9 If, on any occasion the course criteria are not met, future courses at that centre may have their registration withdrawn or future registrations may not be accepted.
- 3.1.10 Course Administrators should only enrol a candidate on the LMS once they are confident that the candidate will be attending that course and anticipate no changes. Course administrators must only create new accounts after checking there are no existing profile for the candidate. Course administrators are also responsible for ensuring that all candidate information is entered correctly when creating their accounts on the LMS. Candidates will receive instant access to the e-learning materials once they are enrolled.
- 3.1.11 **At least four weeks** before the course start date candidates must also be given :
- the ALS course assessment forms
 - the ALS course manual
 - local centre information and provisional programme



- 3.1.12 Automatic notifications will be sent to candidates one week before they attend the face-to-face course to remind them that they must access all the e-learning modules and complete the pre-course MCQ online before attending the face-to-face course.
- 3.1.13 Course Directors are strongly advised to check on all candidates' progress on the LMS at least two days before the course. If a candidate on the e-ALS course has not accessed the modules or pre-course MCQ, the centre should contact them urgently and remind them to do so before attending the face-to-face element.
- 3.1.14 Candidates should be made aware that the RC (UK) and course administrators are able to track whether they have accessed and completed the materials.

3.2 *Candidate eligibility*

- 3.2.1 The ALS course is designed for healthcare professionals who would be expected to apply the skills taught as part of their clinical duties, or to teach them on a regular basis. Appropriate participants include doctors, paramedics and nurses working in acute care areas (e.g. ED, CCU, ICU, HDU, operating theatres, acute medical admissions units) or on resuscitation / medical emergency / ICU outreach teams.
- 3.2.2 All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification.
- 3.2.3 Doctors undertaking clinical attachments who wish to apply for hospital posts where they might be expected to lead a resuscitation team are suitable candidates for the ALS course. Please refer to the ['Position Statement on Clinical Attachments as ALS candidates'](#).
- 3.2.4 Medical students should be encouraged to complete an ILS course in the first instance. Medical students in their final year of training can be accepted as candidates on an ALS course if this is an established local arrangement.
- 3.2.5 Candidates are only eligible to attend the recertification course if they hold or have held a valid ALS provider certificate and it is the Course Director's responsibility to check the ALS certificate is valid. Candidates must attend a full ALS course and not a recertification course if more than a year has elapsed since the expiry date of their ALS provider certificate.
- 3.2.6 A candidate must attend the entire face-to-face element of the ALS course (regardless of type) in order to complete the course. If a candidate misses an element of the course for a legitimate reason they may be permitted to complete the missed element on another course **within three months**, provided they have passed all the assessment components during the course.

Alternatively, at the Course Director's discretion, a candidate may be permitted to complete



a missed element on the existing course but this must not detract from their engagement with other elements or from teaching provided to the other candidates.

- 3.2.7 Candidates who have attended the entire course and completed all the assessments successfully will receive the RC (UK) ALS provider certificate. It is valid for **four years**.
- 3.2.8 Candidates with a disability are eligible to undertake the RC (UK) ALS course. Please refer to the [‘Equal Opportunities Policy’](#) for further guidance.

4 Candidate preparation:

- 4.1 *Course Centres must provide the following advice to candidates concerning pre-course preparation:*
- 4.1.1 Candidates are expected to have prepared for the course by reading the manual and accessing the e-learning modules.
- 4.1.2 Candidates have a professional responsibility to act with probity. For example, where candidates are given study leave to attend an ALS course and/or have their costs paid by their employer or educational provider, employers and educational providers have a reasonable expectation that those candidates will prepare adequately for attendance at the face-to-face element of the course by reading the manual, accessing the e-learning materials and completing the pre-course MCQ paper. However, centres **must not** refuse candidates attendance at the course on the basis that they have failed to access all modules.
- 4.1.3 Candidates on the e-ALS course must be informed that the e-learning content replaces the first day of the traditional ALS course. There is no set minimum or maximum time that candidates are required to spend on the e-learning material. There are approximately seven hours of e-learning available. Candidates should undertake the e-learning component at their own pace prior to attending the face-to-face day.
- 4.1.4 Candidates must be present throughout the face-to-face element of the course in order to complete it successfully.
- 4.1.5 The pre-course MCQ paper should be completed before the start of the course. The resulting mark does not contribute to the final course result. To complete the course, candidates **must** have a score for the pre-course MCQ paper.



5 Faculty

5.1 *Medical/Course Director requirements*

- 5.1.1 Each course must be led by a Course Director and must have a Medical Director (who may also act as the Course Director). The Course Director and Medical Director are responsible for ensuring the smooth running of the course.
- 5.1.2 The Course Director must ensure that records are kept during the course and is responsible for providing the Course Director's report at the end of the course. The Course Director is responsible for ensuring that the course fully complies with the ALS provider course regulations. Where the regulations are not met, the Resuscitation Council (UK) may retrospectively withdraw the course approval.
- 5.1.3 The Course Director must ensure that the faculty are familiar with the current course regulations and course materials which will be available on the LMS.
- 5.1.4 The Course Director and Medical Director, both of whom must have been approved by the RC (UK) to direct ALS courses, must be present throughout the course. At least one other medical Instructor must be present throughout the course. The ALS recertification course must be led by an approved Course Director who is supported by at least one medical Instructor.
- 5.1.5 Any incident or concerns should be initially dealt with locally and must be documented fully in the course director's report. Further guidance and support is available from the RC (UK).
- 5.1.6 The Medical Director must be medically qualified and credible to fulfil the position of medical lead on an ALS course. Doctors must be four years post-qualification to be eligible for the role of Medical Director.
- 5.1.7 The Medical Director (if he/she is not also the Course Director) should work alongside the Course Director to ensure that the course is run in accordance with the regulations. The Medical Director has certain additional responsibilities as outlined in '[Guidance for managing a candidate whose performance raises serious concerns for patient safety](#)' during RC (UK) courses.
- 5.1.8 Applications to become an approved Course Director or Medical Director should be made on the Course Director Application form.

5.2 *Faculty*

- 5.2.1 Each course must have a multidisciplinary faculty.
- 5.2.2 A minimum of two of the faculty must be medically qualified, one of whom may be the Medical Director. Both must be present for the entire course. The second medical member must be a full ALS Instructor.



- 5.2.3 The RC (UK) strongly encourages all centres to reflect the constituency make-up of the candidate group within the faculty (e.g. 50% of a single profession within the candidate group supported by strong faculty representation from the same professional group). The benefits of multidisciplinary learning are maximised when this is achieved.
- 5.2.4 The number of Instructor Candidates (IC) on the faculty should not exceed one third of the total number of ALS Instructors. There is no limit on the number of recertifying Instructors.
- 5.2.5 At least 50% of the faculty should be present throughout the course.
- 5.2.6 There should be at least one faculty member to every three candidates for each day of the course. For example, a course running with 24 candidates requires a minimum of eight faculty members.
- 5.2.7 European Resuscitation Council and Australian Resuscitation Council ALS Instructors are eligible to instruct on RC (UK) ALS courses.
- 5.2.8 Instructors should teach on at least four courses in four years ideally spaced out over the 4-year period. It is recommended that one of these should be outside their home centre. Teaching on the 1-day recertification course or the e-ALS course is equivalent to one full course. One course in every two years can be a Generic Instructor Course (GIC).
- 5.2.9 It is recommended that Instructors should attend at least one Instructor Day every four years.

5.3 ***Instructor recertification***

- 5.3.1 Instructors wishing to recertify may attend the entire 2-day ALS course, e-ALS course, modular course or 1-day recertification course. Recertification involves being assessed as an Instructor Candidate during delivery of a skill station and a CASTeach and being involved in an assessment station.
- 5.3.2 The skill station and CASTeach should be assessed formally using the appropriate forms.
- 5.3.3 Instructors who have not maintained their instructor status by teaching on four courses over four years must complete a '[Lapsed Instructor form](#)' and submit it to the ALS co-ordinator at the RC (UK).
- 5.3.4 Once reviewed and agreed, the lapsed instructor will revert to Instructor Candidate status. It is rare for lapsed instructors to be asked to attend a GIC course, however, in preparation for their teaching practices they may be given access to the online GIC modules. Full Instructor status will normally be achieved after the successful completion of two teaching practices. Once this has been achieved, their ALS Instructor status will be re-instated and be valid for four years from the date of completion of their second assessment. Please see '[Instructor Status table](#)'.



- 5.3.5 Instructors who have not recertified within one year of the expiry date of their Instructor certificate must complete the '[Lapsed instructor form](#)'.
- 5.3.6 Instructors must be aware that their provider status is only valid as long as their Instructor certificate is in date. Once the Instructor certificate is out of date, provider status is no longer valid.
- 5.3.7 If the lapsed instructor undertakes a provider course and is not nominated as Instructor Potential, they will not be able to proceed to Instructor Candidate/Instructor status.
- 5.3.8 Instructors should keep a '[professional development record \(PDR\)](#)'.
- 5.3.9 Instructors may recertify on the Australian Resuscitation Council (ARC) or the European Resuscitation Council (ERC) ALS Provider courses. Instructors wishing to recertify on the ARC or the ERC courses must notify the RC (UK) prior to their recertification and ensure recertification assessments are forwarded to the RC (UK) following the course.
- 5.3.10 Instructors who are either medical or non-medical Course Directors may not recertify whilst acting in the capacity, unless they are assessed by a Regional Representative.

6 Programme

- 6.1 The course can be delivered in three formats: 2-day, e-learning plus 1-day face-to-face, or modular. The recertification course is delivered as a 1-day course.
- 6.2 The programme for the particular course model being used must be adhered to.
- 6.3 Within the programme the number of groups for each station is given as a guide. Centres may increase the number of groups if they have sufficient faculty, space and equipment up to the maximum number of 6 groups for 30 candidates
- 6.4 The CASTeach sessions must be run sequentially so that all groups work through the simulations in the order designated in the standard programme.
- 6.5 The skill stations, workshops and CASTeach stations must be led by an ALS Instructor or an ALS recertifying instructor or instructor candidate under the direction of a full Instructor.
- 6.6 All the course materials are provided by the RC (UK) on the LMS. Course directors must ensure that the latest versions of materials are utilised and presented in the most appropriate format.
- 6.7 Limited additional teaching material may be provided by course centres on the understanding that it is appropriate and clinically relevant; this needs to be pre-authorised by the ALS co-ordinator prior to the course and detailed within the course director's reports.
- 6.8 It is the responsibility of the Course Director to ensure suitable allocation of the lectures and open discussions taking into account their credibility, knowledge base and Instructor requirements.



- 6.9 The course centre must supply, as a minimum, the equipment detailed in the 'Equipment list'.

7 Assessment

- 7.1 There are four assessment components on the ALS Provider course: Associated Resuscitation Skills, high-quality CPR and defibrillation, CAS Test, and MCQ.

7.2 *Airway management and high-quality CPR and defibrillation*

- 7.2.1 These skills are assessed using summative assessment during the respective skills stations and also throughout the rest of the course. At least one RC (UK) ALS Instructor, and one other member of faculty, who is either a full Instructor or an Instructor Candidate, must supervise these skill stations.
- 7.2.2 If a candidate fails to demonstrate competency in either of these skill stations, opportunities for additional practice and assessment should be provided during the course.
- 7.2.3 If a candidate has failed to achieve the competencies in either skills station by the time of the CASTest, the candidate will fail the course and cannot re-sit these individual assessment components. In this situation, the candidate will not undergo the CASTest.
- 7.2.4 If a candidate has passed the objective assessment criteria (Associates Resuscitation Skills and high-quality CPR and defibrillation) they must be given the opportunity to undertake the CAS Test and MCQ.

7.3 *CASTest*

- 7.3.1 CASTest: Summative assessment is made of all candidates using the standardised scenarios provided. **All** candidates must be tested initially using the same simulation as decided by the Course Directors and faculty. Re-tests must use a different simulation (e.g. all candidates are tested using CASTest 2, all re-tests use CASTest 3).
- 7.3.2 At least one RC (UK) ALS Instructor, and one other member of faculty, who is either a full Instructor or an Instructor Candidate, must supervise this assessment station. At least one additional helper, who may be another Instructor/IP/IC or trained assistant, is also required. Only a qualified ALS Instructor or Instructor Candidate (under supervision) may lead the simulation and assess the candidate.



7.4 **CAS^Test re-test**

- 7.4.1 Each candidate who fails their initial CAS^Test is entitled to a re-test. A different Instructor group should assess the re-test. These are conducted using a different CAS^Test simulation selected in advance by the Course Directors and faculty.
- 7.4.2 If a candidate fails the re-test they may be permitted to continue with the MCQ assessment if this has not been completed already.
- 7.4.3 If a candidate passes all other assessments but fails the CAS^Test despite re-testing they may be offered the opportunity of taking a third and final CAS^Test **within three months**. Rarely, the faculty may recommend that a candidate would benefit from taking the entire course again rather than a third attempt at the CAS^Test. This decision must be documented within the course directors report and fully explained to the candidate. The candidate must be given the appropriate fail letter available on the LMS. The third CAS^Test may or may not be on a future course and the location of this should be determined locally.
- 7.4.4 Candidates who are undertaking their third CAS^Test or repeat MCQ can do so at any registered ALS centre and this does not need to occur during an ALS course. CAS^Tests and MCQ must be conducted under the exam conditions identified in within the regulations.
- 7.4.5 If such a third CAS^Test is undertaken at a different course centre, the original centre must be notified of the outcome so they can update the candidate's final result on the LMS and release their certificate.

7.5 **MCQ**

- 7.5.1 MCQ papers must not be loaned or copied.
- 7.5.2 A total of 60 minutes is allowed for the MCQ paper and the pass mark is 75%. The MCQ paper must be undertaken under exam conditions with an invigilator present.
- 7.5.3 Answers must be confined to the answer sheet provided and all question papers must be handed in.
- 7.5.4 Course centres must mark the MCQ answer sheets.
- 7.5.5 Candidates must use a black or blue pen or an HB pencil when filling in the answer sheet.
- 7.5.6 When the course centres mark the MCQ answer sheet a **yellow highlighter pen must be used**.

7.6 **MCQ re-tests:**

- 7.6.1 If a candidate passes all other assessments and fails only the MCQ paper they are entitled to re-sit a different MCQ paper under invigilated conditions **within three months**. If the candidate fails to achieve the pass mark on this occasion they have failed the course.



7.7 *Candidate recertification as an ALS provider:*

- 7.7.1 The ALS Provider certificate is valid for four years.
- 7.7.2 Providers may recertify in two ways, either by undertaking a full ALS provider course successfully or attending the ALS recertification course successfully.
- 7.7.3 Recertifying providers can be considered for Instructor Potential when attending the 2-day ALS Provider course, the 1-day e-learning Provider course or the 1-day recertification course but cannot do so until at least one year has elapsed after their initial Provider certification.

8 **Instructor Potential (IP) regulations**

8.1 *Credibility and nomination process*

- 8.1.1 Candidates who show exceptional ability, aptitude and credibility may be considered for Instructor training ('IP appraisal form'). See [instructor process](#) journey.
- 8.1.2 Candidates are eligible for consideration for instructor training only after being nominated and seconded by instructors at the final faculty meeting. The whole faculty should then discuss each nominated candidate's performance using the IP appraisal form and guidance. For candidates who have expressed an interest in becoming an instructor, before or during the course, an IP appraisal form must be completed and retained if the candidate is unsuccessful. Often these candidates write enquiring why they were not selected and completion of a form may make the reasoning clear. Information on candidate progress should be collated during the course on the continuous assessment score sheet.
- 8.1.3 Recommendations for IP should ideally be unanimous, but if only one faculty member is opposed, the Course Director may make the final decision.
- 8.1.4 IPs should be encouraged to attend a Generic Instructor Course (GIC) as soon as practicable after nomination, but are eligible to undertake the GIC as long as they have a valid provider certificate (i.e. within four years of the date of the course where they gained IP recommendation).
- 8.1.5 It is strongly recommended that IPs gain experience by observing one ALS Provider course before undertaking the GIC.
- 8.1.6 Candidates who are considered for IP status on an ALS course must hold a professional registration (e.g. GMC, NMC, HCPC). Those candidates who only have access to a voluntary register (e.g. Clinical Physiologists, Physician's Assistants), whilst able to undertake the ALS course if appropriate to their role, are not eligible for IP nomination at this time. If any group subsequently gains professional registration the decision for that group would be reconsidered by the ALS Subcommittee.



- 8.1.7 All IP Appraisal Forms must state the candidate's professional healthcare registration number.
- 8.1.8 Those candidates who are already Instructors on another recognised provider course should be identified by the Course Director at the earliest opportunity. Should they express a wish to become an ALS Instructor they do not need to be nominated and seconded but should be assessed using the IP appraisal form.
- 8.1.9 Those recommended as having IP should be informed immediately after the course and will be issued with guidance for progression to the GIC from the RC (UK).
- 8.1.10 All recommendations for IP must be marked clearly on the result sheet and named individually in the Course Director's report.
- 8.1.11 Only in exceptional circumstances are more than **three** recommendations for IP expected from a course. The Course Director must justify in the written report a decision to recommend more than this number.
- 8.1.12 Candidates who show exceptional ability, aptitude and credibility may also be considered and nominated for Immediate Life support Instructor training via the 'ILS IP Appraisal Form'. See [instructor process](#) journey.
- 8.1.13 Those recommended as having IP and who have successfully completed an approved GIC (or ATLS / ATNC) may proceed directly to Instructor Candidate status. These candidates must be encouraged to contact the GIC coordinator directly.
- 8.1.14 If a candidate is IPd on an ALS course and has previously successfully completed a GIC for a different provider course, but not gone on to become a full Instructor for that course, he/she does not need to repeat the GIC if the timeframe for that GIC is within two years of the ALS course date.
- 8.1.15 The ACLS Instructor certificate is not valid for entry at Instructor Candidate level.

9 Instructor Candidate (IC) regulations

9.1 General IC regulations

- 9.1.1 Instructor status requires a candidate to:
- complete successfully a provider course and be nominated as having Instructor Potential
 - complete a GIC (or recognised equivalent) successfully
 - complete two teaching practices as IC successfully.
- 9.1.2 Candidates are not permitted to undertake their provider, GIC and teaching practices at the same centre. A maximum of two of the three elements may be completed at the same centre. Please note that teaching practice(s) count as one element.



- 9.1.3 After successful completion of the GIC, all ICs must register to attend as IC on a maximum of two RC (UK) accredited Provider courses and teach satisfactorily on both before full Instructor status is granted and a certificate issued. Instructor Candidates must bring their GIC logbooks to all teaching practices.
- 9.1.4 All ICs have two years after successful completion of the GIC within which to undertake their IC placements. If a candidate is already an EPALS / NLS / ATLS / APLS / ATNC Instructor or IC, they should complete their teaching practice(s) within two years of either their ALS provider course or appropriate Instructor course, whichever is the most recent. Where there are exceptional circumstances that prevent this, the IC should complete the [Lapsed Instructor form](#) and email to ALS@resus.org.uk.
- 9.1.5 If the provider Course Director and faculty recommend unanimously after the first teaching practice that a second assessment is unnecessary, full Instructor status will be approved by the RC (UK) on receipt of the Course Director's report.
- 9.1.6 The precise nature of the two IC courses undertaken may consist of 2-day courses, e-courses or a mix of both, but inclusion of at least one 2-day course is strongly recommended to ensure that Instructors have exposure to the full range of teaching materials. ICs may **NOT** teach on the recertification course.
- 9.1.7 The IC must attend the entire ALS provider course and must lead a skill station and CASTeach station and be involved in an assessment station. They must not lead a session unsupervised. They may give a lecture but this is optional and should not be included as part of their formal assessment. If the IC gives a lecture, feedback should be given using the 'lecture evaluation form and matrix'. It is strongly recommended that the IC attends all lectures.
- 9.1.8 The IC assessment forms must be completed for the skill station and CASTeach station by ALS Instructors nominated by the Course Director. These assessments must be discussed with the IC and a copy of the forms forwarded with the course returns.
- 9.1.9 In exceptional circumstances, it may be possible for the IC to complete one teaching practice on an Australian Resuscitation Council ALS provider course. ICs wishing to do this must contact the RC (UK) **before** making any arrangements.
- 9.1.10 If the faculty decide that a third teaching practice is required, this must be documented on the course directors report and discussed with the ALS course co-ordinator. The decision to offer a third IC will only be granted in exceptional circumstances.
- 9.1.11 If the instructor candidate does not pass the final teaching practice, the centre must feedback to the candidate and document fully on the IC assessment forms, logbook and course directors report. The course director must refer the instructor candidate to the Resuscitation Council (UK) to advise further.



9.2 *Named centres*

- 9.2.1 Only a GIC faculty may direct an IC to teach on course(s) at named centres. This decision cannot be revoked by the teaching practice centre.
- 9.2.2 The Instructor Candidate may be allocated one or two named centres which will usually be centres where members of the GIC faculty will be teaching and able to offer extra support for the IC.
- 9.2.3 The GIC and Instructor progress log must be referred to for confirmation of these details.
- 9.2.4 If an IC has been given one or two named centres the faculty on the first course is not permitted to allow the Instructor Candidate to become a full Instructor after only one teaching practice.

10 **Post-course requirements**

- 10.1 The 'Final faculty' list must be completed on the LMS within **one week** of the course date.
- 10.2 The candidates' results must be uploaded to the LMS within **one week** of the course date. Delays in providing certificates to candidates should be minimised.
- 10.3 The Course Director must complete the Course Director's report on the LMS within **one week** of the course date.
- 10.4 The course centre must submit to the RC (UK) within **one week** after the course, all of the following:
- programme (including full details of Instructor and IC allocations for assessment stations)
 - Instructor Candidate forms and Instructor Recertification forms
 - IP appraisal forms for all those recommended with the appropriate professional registration number
 - post-course MCQ answer sheets.
- 10.5 It is the responsibility of the original course centre to enter any re-test results on the LMS and release the candidates' certificate.
- 10.6 After the course, candidates must complete their course evaluation form on the LMS. Their course certificate will be released once this has been completed. The course centre will be able to access and export anonymised analysis to keep for reference. If a candidate has not completed their evaluation after 120 days their course certificate will be automatically released.
- 10.7 If the final faculty, course requirements and administration do not comply with the criteria set down in these regulations and no reasonable explanation is given, future course registrations and course centre status will be reviewed



- 10.8 The course centre should retain copies of all the paperwork. The duration of long-term storage of course records is a local decision. As a guide the RC (UK) retains course paperwork for a period of five years.
- 10.9 Instructors are strongly encouraged to download and review candidate feedback from the course as part of their PDR.