**Executive Summary:**

The biggest challenges and barriers to achieving our strategic objectives for the Training Division are as follows:

* Inadequate Infrastructure: The Training Division simply lacks adequate space to present mandated training. The old building is inadequate (lacking amenities such as hot water) and should be condemned and razed. A modern multi-story training academy with a functional station at ground level should be erected on the old footprint. In addition, we should partner with DGS and/or DCPS or local universities to lease satellite classroom space around the city, so that we can present EMS Mods, management training, and other lecture-based instruction at distributed locations that are more convenient and efficient for the workforce.
* Invest in records and credentials management: We have submitted enhancement requests for FY2018 and FY2019 for this critical shortfall area. We need a minimum of three dedicated FTEs for records and credentials management, and a significant investment in upgrading Targetsolutions and adding other software as needed. We strongly recommend that we meet with DOH and negotiate a more holistic and up-to-date understanding of what a “personnel record” and a training record are. We believe DOH’s QuickBase system, in conjunction with our TargetSolutions system, are the best mechanisms to meet the requirements of DOH’s regulations. We recommend that DOH’s QuickBase system be considered the credentials management system of record for all DC EMS agencies, and that the requirement to keep EMS credentials up-to-date should be met by the individual care provider and DOH, with FEMS (and other agencies) as customers of the system.
* Add administrative capacity so that our Captains and supervisory instructors can focus on curriculum development and oversight, rather than customer service. Our captains and supervisory instructors spend almost all of their time dealing with scheduling, data entry, records requests, and individual customer service issues around the National Registry, DOH, and other compliance processes. This is not an effective use of their skills and abilities. They should be focused on curriculum development, supervision, and instructor development and oversight. In addition, the EMS Mod program, while it has improved the quality and topicality of EMS education, has resulted in an exponential increase in administrative work for our EMS training staff as opposed to the old biennial EMS refresher process.
* Add a secondary layer of screening between the civil service entrance exam and the start of entry-level recruit training. Our recruits are not entering the Training Academy ready to learn. Many lack basic academic skills that are required to successfully complete our entry-level curriculums. In addition, many of them do not appear to have been properly screened for readiness to enter a paramilitary organization, and are exhibiting symptoms of mental illness and severe emotional disturbances which are disruptive to the learning environment. We strongly recommend that the Department review the policies and procedures at the Police and Fire Clinic and the Suitability Board to ensure that the highest standards are being used. We also recommend that a consultant review the entry-level hiring process and ensure that it is structured to assess psychological readiness and mental health in addition to academic readiness. We recommend that all applicants must successfully complete the HOBET or a similar test before being allowed to begin recruit or cadet training. The **HOBET** (Health Occupations Basic Entrance **Test**) is an entrance exam used in the United States to determine if a person is qualified to enter a program to become a health occupation worker. Similar **tests** include the **Test** of Essential Academic Skills (TEAS) and the Discover Health Occupations Readiness **Test.**
* Differential pay for members assigned or detailed to the Training Division**.** Now that this issue has finally been “cracked “ for the FTEP program, it is long past time that a similar variance was created for members on day work at the TA. The large pay cuts that are required of those who are assigned or detailed to day work are the most significant barrier to attracting and retaining the best-qualified instructors and staff for the Training Division.
* CAPCE and ProBoard accreditation. Due to a ruling from DOH/HEPRA (which we disagree with but appear powerless to stop), all of our CME curriculums must now be approved by CAPCE in order to be used for CME credit. This is currently being done on an ad-hoc per-course fee basis. In order to improve efficiency, we need to complete the accreditation of the Training Division. In addition, there are significant advantages to completing the ProBoard accreditation process, which will serve as a useful counterbalance to some of IFSAC’s inefficiencies and rigidities. Both of these initiatives are currently unfunded and un-resourced. WE need to put them on the front burner.
* Restore the Recruit Firefighter Training Curriculum to the mandated length on file with IFSAC. We have written numerous management alerts on this topic. We have been ordered to reduce the 20 week-long entry-level firefighter curriculum to a functional 8-10 weeks in length. **The entire Training Division is united in opposing this practice**, which we regard as legally and technically insufficient. This radical change was made with no research, analysis or written evidence to support it, and it is simply insufficient to safely train entry-level personnel in basic competencies, particularly psychomotor competencies. This practice is an accident waiting to happen. Further, it jeopardizes our accreditation as an IFSAC accredited training institution. I will continue to argue against this dangerous policy. In addition, we are forced to cut out material that we think is important but that is not absolutely mandatory for FF certification--such as hands-on training on Metro cars at Landover, as well as physical conditioning. Our entry-level personnel are not coming to us with previous experience. They are true newcomers to the fire service. It is critically important that they receive standardized entry-level training during recruit school, with physical practice to develop psychomotor proficiencies. The recruits that graduated from the shortened academies in CY2015-16 (before we ceased the practice when I began as Training Director in Sept. 2016) reported to Operations having never operated a hydrant valve and were unable to lay-out and establish a water supply for an engine company. That is as basic as entry-level skills get. Eight-week academies are for organizations that only certify to the Firefighter I level, and that then do not treat the probationer as minimum staffing, but rather use probationer as extra staffing while continuing their entry-level training at the station assignment. That is completely contrary to our business processes. We certify our graduates as FF I & II and Haz mat Ops, as well as trained to operate in Metro, etc. Our graduates must be ready to assume duty as minimum staffing on Day One in Operations with no special handling. Please restore the curriculum to a safe length before a graduate of our academy injures themselves or others.
* Baseline skills in the field show significant deficiencies; we recommend Initiating annual or biannual mandatory firefighter recertification. Our in-service and filed delivery programs are observing and reporting significant baseline skill deficiencies in operations. We have been discussing the issue for months at the TA in order to formulate some recommendations and we have concluded that it would be beneficial for very firefighter in the city, from the probationer to the assistant chiefs, to be recertified annually or biannually on baseline skills and knowledge-much as paramedics and EMTs have to demonstrate their psychomotor skills every two years. This effort would not be punitive, but instead would be designed to clearly explain what the baseline competencies are, and use in-service modules to prepare the members to be examined. But the testing must be done by a ruthlessly objective independent party—and if the member can’t perform, they need to come off the street and enter the TA for remediation until they regain and demonstrate competency—just as we do with our EMS providers.