Pre-Hospital Emergency Care Council

Quality Review Framework

Composite Report

Optima Training and Consulting Limited

Contents

Quality Review Framework Composite Report

1. Institution Details

Name	Optima Training and Consulting Limited
Address	Munster GAA County Building, Newcastle, Castletroy, Limerick, V94 NW83
Type of Organisation	Private Company
Profile	Approved Training Institution since 2017
PHECC Courses Delivered	CFR Community, First Aid Response
Higher Education Affiliation	N/A

2. Review Details

Purpose	• To facilitate the enhancement of a successful learning experience for students. • To foster a culture of Continuous Quality Improvement in Institutions. • To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	• The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
Date(s) of the Desktop Review	07/03/20 – 23/10/20
Date of On-site Review	24/11/20 – Carried out via Microsoft Teams

3. Report Details

Draft report sent to Institution for feedback	12/01/21
Final report sent to Institution	09/02/21
Director Approval	10/03/21
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)

Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Optima	Company Director
Optima	Programme Director

Closing Meeting (add rows as required)

Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Optima	Company Director
Optima	Programme Director

4.2 Stakeholder Discussions

Role (add rows as required)

Managing Director
Faculty Member

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.

Organisational Chart x 2	Mission Statement	Insurance Details
Tax Clearance Cert	Complaints & Appeals Procedure	Complaints Form
Data Protection Policy	Equality & Access to Training Policy	Quality Assurance Manual
Record Management Policy		Safety Statement
Health & Safety Policy	Instructor Evaluation Form	Choosing a Training Venue Criteria
FAR Sign-In Sheet	How to Conduct a FAR Course	RPL Policy
Competency & Assessment Policy	Course Registration Form	Instructor Assessment Form
Course Evaluation Form	FAR Course Equipment List	FAR Course Timetable
Roles & Responsibilities	Instructor Monitoring Tool (blank & complete)	Management Systems & Organisational Processes
Trainer Contractor Agreement	Faculty Member Storage (information)	Course Enquiry Email
Financial Details	Self-Assessment Report	Faculty Insurance Information
KPI Information		Performance Review Form
FAR Course Details		

Faculty Member Required Qualifications	Faculty Member Agreement Form	Course Registration Form

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
N/A	• Not possible due to COVID-19 restrictions
Facilities (add rows as required)	
Location	**Comments**
N/A	• Not possible due to COVID-19 restrictions
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
N/A	• Not possible due to COVID-19 restrictions

5. Compliance Rating and Level

The Compliance Ratings (CRs) are designed to establish a baseline, measure ongoing progress and encourage CQI. Ratings are given on a five-point scale (0-4) against each component. To calculate the overall Compliance Level (CL) for the relevant quality standard:

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR (see 2.6.2.1 for example).

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation-wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation-wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation-wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

6. QRP Findings

6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	**MNM**

QRP Findings

The organisational charts provided did not clearly reflect the institutions governance structure and how that structure supports education and training activities. It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities. During discussions it was indicated that the company director has overall responsibility for education and training governance with responsibilities delegated to administration and faculty. The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation to accurately reflect practice.

The evidence indicated that there were no procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. There was limited evidence that oversight activities had taken place. During discussions representative's identified individuals with oversight responsibilities and the activities they are involved in. The evidence indicated that additional/updated documentation (terms of reference, role descriptions) is required. Job/role descriptions for individuals with oversight responsibilities need to be updated to reflect current practice.

There were no documented procedures for identifying, assessing and managing risk. During discussions representatives outlined activities for identifying, assessing and managing risk. Documented evidence indicated that these activities had taken place for health and safety issues. The evidence indicated that the institution would benefit from additional documentation to support these activities.

Areas of Good Practice

- Structures in place to provide oversight of education and training activities.
- Overall responsibility for education and training governance clearly identified.
- Delegated responsibilities for education and training governance identified.

Areas for Improvement

- Updates to existing documents to clearly reflect practice in education and training governance.
- Develop a procedure to ensure that when required relevant sub-groups/individuals are in place to provide objective oversight and maintain records of education and governance activities.
- Document procedures for identifying, assessing and managing risk associated with education and training activities and maintain records of these activities.

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	**MNM**

QRP Findings

The evidence indicated that the institution:
- is an established legal entity that provides PHECC education and training standards
- is in good financial standing with the Revenue Commissioner.

The evidence indicated that all tasks associated with education and training activities (student entry to exit) are not documented. There was limited evidence that the institution maintains up to date records for all students and faculty. The evidence indicated that there is a data protection policy and procedures in place that need to be updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679.

During discussions representatives indicated that insurance is in place for organisational activities and that external affiliated faulty are required to have appropriate insurance in place. The documented evidence indicated that appropriate organisational insurance is in place and that the institution needs to maintain up to date records of external affiliated faculty insurance.

The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out.

A complaints policy and procedures are in place. It is unclear from the evidence provided that all stakeholders are made aware of the policy and procedures.

During discussions representatives indicated that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.

Areas of Good Practice

- An established legal entity that provides PHECC approved education and training.
- In good financial standing with the Revenue Commissioner.
- Appropriate organisational insurance in place.

Areas for Improvement

- Ensure all tasks associated with education and training activities are documented.
- Maintain up to date student and faculty records.
- Ensure that data protection policy, procedures and supporting documents reflect current practice and GDPR requirements.
- Maintain records of relevant insurance.
- Ensure the institution is sufficiently resourced to carry out all quality assurance activities.
- Ensure that all stakeholders are made aware of the complaints policy.
- Ensure that all stakeholders are made aware that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.

Quality Area	1.3 Continuous Quality Improvement	Level
Quality Standard	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	**MNM**

QRP Findings

During discussions representatives described a range of quality assurance activities, including ensuring all those involved in education and training activities have been made aware of their quality assurance responsibilities. It was also indicated that the company director has overall responsibility for the quality assurance of all PHECC approved courses. A quality policy was made available for review. The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.

The evidence indicated that Key Performance Indicators (KPIs) need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered by the institution. During discussions representatives described monitoring activities that take place. It was not clear from the documentation how all monitoring activities are carried out, by whom and what indicators it should be seeking.

The evidence indicated that the institution systematically collects feedback for all PHECC courses. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the analysis and use of student, faculty and other stakeholder feedback is required.

The evidence indicated that the institution has documented processes for the systematic review of learning resources and locations. During discussions representatives outlined that these processes are being rolled out nationally. There was up-to-date evidence of these activities taking place.

The evidence indicated that the institution would benefit from a more systematic approach to reviewing policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation. The was documented evidence of up-to-date quality improvement planning and implementation.

Areas of Good Practice

- A documented quality policy.
- Clear who has overall responsibility for the quality assurance of PHECC approved courses.
- Systematic collection of student feedback.
- Version control and document control procedures.

Areas for Improvement

- Quality policy and associated procedures.
- Ensure documents accurately reflect quality assurance responsibilities.
- Develop relevant KPIs associated with all education and training activities.
- How monitoring is carried out, by whom and what indicators it is seeking.
- Ensure a systematic approach to the collection, analysis and use of student, faculty and other stakeholder feedback.

Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	**NM**

QRP Findings

During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice.

The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPIs. Additional documentation and updates to existing documentation is required.

During discussions representatives outlined who is responsible for communication with PHECC. Updates to existing documentation would support these activities.

The evidence indicated that, on courses delivered directly by the institution, prospective students are provided with sufficient information to make an informed choice about course participation. There was no evidence provided for courses being delivered by external affiliated faculty.

The evidence indicated that the institution engages a range of external affiliated faculty to deliver PHECC approved courses. It also indicated that the general public are not made aware of these relationships and the responsibilities of those involved. Information about the institutions quality assurance system and external reviews is not made available to the public.

During discussions representatives described a range of activities for providing and obtaining information from stakeholders. The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.

Areas of Good Practice

- Up-to-date reporting within the institution.
- Responsibility for reporting to PHECC allocated.
- Prospective students are provided with sufficient information to make an informed choice about course participation.

Areas for Improvement

- Additional documentation to support reporting throughout the institution.
- Ensure all tasks are clearly allocated and linked to relevant KPIs.
- Documented procedure to ensure information is provided to PHECC as requested.
- Ensure all prospective students are provided with sufficient information to make an informed choice about course participation.
- Provide the general public with information about the quality assurance system and external reviews.
- Procedures for providing and obtaining information from other stakeholders.

6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	MNM

QRP Findings

A health & safety policy and supporting documents were available for review. The policy relates to the main office and associated staff. During discussions representatives outlined how health and safety relates to courses delivered by external affiliated faculty. The evidence indicated that additional documentation is required to support these activities.

Documentation for choosing a training venue was made available for review. There was limited evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.

During discussions representatives described the equipment and resources that are available for each course. An equipment checklist was made available for review. The evidence indicated that additional and updated documentation is required to ensure that appropriate equipment/resources are available and have been used on all courses and a system is in place for the regular maintenance and updating of equipment and resources.

Areas of Good Practice

- Documented health and safety policy.
- Documentation for selecting an external venue for the delivery of PHECC approved courses.
- Documented premises selection criterion and checklist and evidence of activity.
- Documented course equipment list.

Areas for Improvement

- Health and safety activities related to all PHECC approved courses.
- Demonstrate that appropriate training premises are selected and used for the delivery of all courses.
- Records that appropriate, fit for purpose equipment/resources are available and have been used on each course.
- Records that there is a system in place to regularly maintain and update equipment.

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MNM

QRP Findings

There was limited evidence to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel.

There is reference in the documentation to student support and during discussions representatives described the supports that are available for students. The evidence indicated that students would benefit from additional information and awareness before, during and after their course of the support available, including the opportunity to meet with faculty and/or management individually or collectively.

There is reference in the documents to reasonable accommodation. The evidence indicated that the institution and students would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs they may have.

There was limited evidence that sufficient up to date resources are made available to students in a variety of formats on all PHECC approved courses.

Areas of Good Practice

- Appropriately qualified and experienced personnel within the institution.
- Reasonable accommodation available for students.

Areas for Improvement

- Support for students from appropriately qualified and experienced personnel available on all PHECC approved courses.
- Student awareness of available supports before, during and after their course, including an opportunity to meet individually or collectively with faculty and/or management.
- Procedure for obtaining information on student supports needs.
- Mechanisms for providing reasonable accommodation for students with additional support needs.
- Demonstrate that up-to-date resources are made available to students on all courses in a variety of formats.

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	**MNM**

QRP Findings

The evidence indicated that the institution has a documented equality and diversity policy and procedures and codes of conduct for staff, faculty and other stakeholders.

The evidence indicated that supporting policies and procedures need to be updated to reflect current practice and ensure legislative compliance.

The evidence indicated that up-to-date information and training on equality and diversity needs to be made available to faculty and that all stakeholders need to be made aware of the policy and procedures.

The evidence indicated that course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence indicated that the institution would benefit from additional information to support this.

Areas of Good Practice

- Documented equality and access to training policy and procedures.
- Internal personnel are aware of the policy and procedures.
- Course delivery accommodates the different cultural backgrounds and learning styles of students.

Areas for Improvement

- Ensure the equality and training access policy and procedures are up to date, fit for purpose and reflects current practice.
- Ensure that all relevant policies and procedures are legislative compliant and promote equality.

- Ensure all students, faculty and other stakeholders are made aware of the equality and diversity policy and procedures.
- The provision of up-to-date information and training for faculty.
- Ensure that the cultural backgrounds and different learning styles of students are accommodated on all PHECC approved courses.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*INQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A

QRP Findings
• N/A

Areas of Good Practice
• N/A

Areas for Improvement
• N/A

6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
Quality Standard	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	**MNM**

QRP Findings

During discussions representatives described the recruitment process and the minimum standards that are in place for faculty and associated personnel. The evidence indicated that the institution would benefit from documented processes to support a robust systematic approach for the recruitment of appropriately qualified and experienced personnel to carry out education and training activities.

The evidence indicated that the institution did not have adequate numbers of personnel in place to:
- carry out the activities described in its policies and procedures
- maintain PHECC requirements for course approval
- systematically organise, deliver and monitor the quality of courses and standards
- ensure full compliance with the QRF.

There was limited evidence to indicate that the composition of the institution's personnel meets PHECC education and training standards for each course on offer and that all personnel have been made are of their quality assurance responsibilities and are carrying out those responsibilities consistently.

During discussions representatives indicated that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.

The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.

Areas of Good Practice

- Standards are in place for all personnel involved in activities associated with PHECC approved courses.
- Senior management and administration are aware of their quality assurance responsibilities.

Areas for Improvement

- Recruitment of appropriately qualified and experienced personnel.
- Personnel records consistent with minimum standards outlined in the documentation.
- Demonstrate that adequate numbers of personnel in place to:
    - carry out the activities described in policies and procedures
    - maintain PHECC requirements for course approval
    - systematically organise, deliver and monitor the quality of courses and awards
    - ensure full compliance with the QRF.
- Ensure all personnel meet PHECC education and training standards.
- Awareness of quality assurance responsibilities and consistent application of those activities.
- Ensure that all stakeholders are made aware that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.
- Job descriptions for each position in the institution.
- Written statement of terms of employment/engagement.

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	NM

QRP Findings

During discussions representatives described personnel upskilling/training, induction and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:

- the identification of the training/upskilling needs of all personnel
- an induction programme appropriate to the role
- a training and development plan/programme to support the development needs of personnel
- mechanisms that support requests for training/upskilling and additional qualifications
- a formalised support, supervision and annual appraisal.

There was limited evidence that personnel have completed training/upskilling relevant to their role.

Areas of Good Practice

- Personnel have completed training/upskilling relevant to their role.

Areas for Improvement

- Procedure to identify the training/upskilling needs of all personnel.
- Personnel induction.
- Training and development plans/programmes for all personnel.
- Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications.
- Formalised support and supervision and annual appraisal.

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	NM

QRP Findings

During discussions representatives described the processes in place for personnel management. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:

- regular and appropriate communication between faculty and management
- faculty feedback during and after their course
- the delivery of PHECC approved course by appropriately qualified personnel
- the systematic monitoring of faculty
- dealing with poor and unacceptable performance of faculty
- human resource legislative obligations.

Areas of Good Practice

- Documents in place to support observation of faculty.

- Communication between faculty and management.
- Course feedback from faculty.
- System for ensuring only personnel with valid certification deliver PHECC approved courses.
- Systematic faculty monitoring.
- Dealing with poor and unacceptable faculty performance.
- Human resource legislative obligations.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	**NM**

QRP Findings

During discussions representatives outlined the relationship with external affiliated faculty and the contractual and quality assurance arrangements that are in place. The evidence indicated that the institution and external affiliated faculty would benefit from a documented collaborative provision policy and associated procedures that:

- clearly states that the Institution retains full control and responsibility for academic decisions and quality assurance
- clearly states that the Institution is responsible for activities carried out in its name
- outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses
- clearly details the responsibilities of each party for the quality assurance of PHECC approved courses.

There was limited evidence to demonstrate that the institution has satisfactory monitoring procedures in place or records that these activities have taken place. The was no evidence of a written and signed contract between the institution and external affiliated faculty.

There was limited evidence that the institution maintains up-to-date records of all external affiliated faculty consistent with documented practice, PHECC requirements and legislative obligations. The evidence also indicated that, at the time of review, all external affiliated faculty details were not submitted to PHECC.

There was limited evidence of agreed quality assurance standards between both parties and no evidence that the institution receives regular reports of the education and training activities of external affiliated faculty.

Areas of Good Practice

- Documents in place to support monitoring activities.
- Faculty details submitted to PHECC.

Areas for Improvement

- Collaborative provision policy and associated procedures.
- Procedures for monitoring external affiliated faculty, evidence that these activities take place.
- Written and signed contract/agreement.
- Faculty records and submission of faculty details to PHECC.
- Quality assurance standards between both parties.
- Reports from external affiliated faculty and analysis of these reports.

6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	NM

QRP Findings

During discussions representatives described the processes for course development, delivery and review. The evidence indicated that the institution would benefit from the development of course development, delivery and review policy and associated procedures.

The evidence indicated that a documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.

There was limited evidence that course development and all course material:
- demonstrates an appropriate balance between theory and practice
- provides a balance between presentations, group work, skills demonstrations and practical work
- promotes a commitment to self-directed learning
- has clearly outlined aims and objectives and detailed competencies to be achieved by students
- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.

Areas of Good Practice

- Course development reflects PHECC education and training standards.

Areas for Improvement

- Course development, delivery and review policy and procedures.
- Demonstrate that all course material used for the delivery of PHECC approved courses
  - has an appropriate balance between theory and practice
  - provides a balance between presentations, group work, skills demonstrations and practical work
  - promotes a commitment to self-directed learning
  - has clearly outlined aims and objectives and detailed competencies to be achieved by students
  - has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
  - has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.
- A systematic approach to internal course approval.

Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MNM

QRP Findings

The evidence indicated that the institution would benefit from additional documentation/records that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.

The evidence indicated that the institution would benefit from:
- documented records that student induction has taken place on all courses
- records that all courses are delivered by appropriately qualified personnel

- records of student attendance for all courses
- records of regular monitoring, including site visits.

During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required. It also indicated that the institution and students would benefit from a formalised approach to these activities.

Areas of Good Practice

- Courses are delivered by appropriately qualified personnel.
- Relevant tutor/instructor details are recorded on course documentation.
- Records of student attendance are maintained.

Areas for Improvement

- Records that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- Records from all courses of student induction.
- Records that all courses are delivered by appropriately qualified personnel.
- Instructor details recorded on course documentation (all courses).
- Student attendance records (all courses).
- Course monitoring.
- Student remediation.

Quality Area	4.3 Course Access, Transfer and Progression	Level
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	**MNM**
QRP Findings		

The evidence indicated that the admissions policy/entry criteria needs to be updated to reflect current practice and all courses being delivered by the institution.

The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details.

The evidence indicated that the Recognition of Prior Learning (RPL) procedures need to be updated to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional information about RPL.

Areas of Good Practice

- Documented admissions policy/entry criterion.

Areas for Improvement

- Update the admissions policy/entry and procedures to reflect current practice and all courses.
- Provide prospective students with additional information on course entry and associated details to include RPL.
- Update RPL procedures.

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM

QRP Findings

During discussions representatives described the process for course review. The evidence indicated that the institution would benefit from a documented procedure to support these activities.

The evidence indicated that documentation is in place that provide the opportunity for students and faculty to feedback during and after their course. There was limited evidence that students and faculty on all courses provide feedback during and after their course.

The evidence indicated that the institution would benefit from additional documentation to support course evaluation and to ensure that all stakeholders have an opportunity to contribute to the process.

The evidence indicated that areas for improvement have been identified. It also indicated that identified improvement actions need to be included in the Quality Improvement Plan (QIP).

Areas of Good Practice

- Students and faculty have an opportunity to provide feedback during and after their course.
- The institution has carried out a self-assessment.

Areas for Improvement

- Procedure for course review.
- Records of student and faculty feedback.
- Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process.
- Ensure that all identified improvement actions are included in the QIP.

Quality Area	4.5 Assessment and Awards	Level
Quality Standard	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	NM

QRP Findings

The evidence indicated that the institution has a documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures need to be updated to reflect current and new practice.

Areas to be updated or added include:
- supports available to adapt assessment methodologies for students with additional support needs and records of these activities
- security of assessment related material.

The evidence indicated that the institution and students would benefit from additional/updated documentation and information about assessment methodology and when PHECC assessment material is used.

The evidence indicated that the institution would benefit from updated documentation that clearly states who has responsibility for managing the PHECC certification system.

The evidence indicated that the institution would benefit from the development and implementation of procedures for:
- internal verification
- external authentication
- results approval.

There was no evidence that these activities have taken place.

The evidence indicated that the institution has a documented student appeals policy and procedures. It also indicated that the institution needs to ensure that it is applied to all courses.

Areas of Good Practice

- Documented assessment policy and procedures.
- Appropriate assessment methodology in place.
- It is clearly stated when PHECC assessment material is used.
- Student support is available for assessment.

Areas for Improvement

- Assessment policy and procedures to reflect current practice.
- Ensure that appropriate assessment methodology is used on all courses and its clearly stated when PHECC assessment material is used.
- Maintain a documented record of student assessment feedback.
- Procedure to adapt assessment to cater for students with additional support needs.
- Security of assessment material.
- Internal verification, external authentication and results approval.
- Ensure student appeals is available on all courses.

7. Conclusion and Outcome

Rating	**1.09**
Level	**Minimally Met (MNM)** – Evidence of a low degree of organisation-wide compliance
Conclusion	The evidence indicated that the institution did not have adequate numbers of personnel in place to: - carry out the activities described in its policies and procedures - maintain PHECC requirements for course approval - systematically organise, deliver and monitor the quality of courses and standards - ensure full compliance with the QRF. The evidence also indicated that the institution would benefit from additional documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, meet Quality Review Framework requirements and are consistent with relevant legislation. The evidence indicated that the institution engages with approximately fifty external affiliated faculty and did not have fit for purpose policies, procedures and supporting documents or personnel to manage their activities. The evidence indicated that the institution has significant gaps in their systems to ensure compliance with the PHECC Quality Review Framework.