Pre-Hospital
Emergency Care
Council

Quality Review Framework (QRF)

Composite Report

Sinnott Training and Certification Limited

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Quality Review Framework Composite Report

1. Institution Details

Name	Sinnott Training and Certification Limited
Address	Head Office, Unit 8, Ballycummin Village, Raheen, Limerick.
Type of Organisation	Private Company
Profile	A PHECC approved training institution (ATI) since 2009. STAC provides a wide range of PHECC approved courses within the field of practice. Administration for all courses is carried out at the main office in Limerick, including the provision of franchises and any external training sites. All elements of IV are aligned to core personnel from the main office. At the time of review the institution had approximately 10 registered external affiliated faculty and all are actively providing training in the emergency care field. All the external affiliated faculty are subject to the requirements of the institutions quality assurance system and the PHECC Quality Review Framework.
PHECC Courses Delivered	CFR Community, CFR Community Instructor, CFR Advanced, CFR Advanced Instructor, First Aid Response, First Aid Response Instructor, Emergency First Response, Emergency First Response BTEC, CFR- Epinephrine, CFR- Glucagon, CFR-Glyceryl Trinitrate, CR-Naloxone, CFR- Salbutamol.
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	• All activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework. • All documentation submitted in support of the continuous quality improvement of PHECC approved courses. • A sample of course, student and faculty records. • All personnel associated with the delivery and administration of PHECC approved courses.
Date of the Desktop Review	7/11/19

Date of On-site Review	15/11/19

3. Report Details

Draft report sent to Institution for feedback	20/12/19
Final report sent to Institution	23/04/20
Education and Standards Committee Approval	06/05/20
Council (For Noting)	11/06/20
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	**Role**
STAC	Managing Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member

Closing Meeting (add rows as required)	
Organisation	**Role**
STAC	Managing Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member

4.2 Stakeholder Discussions

Name/Group	**Role** (add rows as required)
N/A	N/A

4.3 Document Review

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

Student Records	Complaints and appeals Policy	Equality and access to Training Policy
Faculty Records	Child Protection/Safeguarding Policy	Code of Conduct for Faculty, Staff and Other Stakeholders
Self-Assessment Report	Garda Vetting Policy Course	Conduct Procedure
Quality Improvement Plan	Approval Criteria Internal	Student Handbook
Organisational Charts	Verification Policy and Procedure	Health & Safety Log
Role Descriptions	Internal Training Room	Assessment & Awards Procedure
Record Management Policy	Equipment List	Faculty Management Policy
GDPR Policy	Insurance Details	Programme Design & Development
Memorandum of Office Administration Tasks	Communications Policy	Results Approval Policy
Staff Recruitment	Admissions Policy	External Course Approval
Training and Development	RPL Policy	Comprehensive review of CRM
Course Review Policy	Assessment Approval	
Security of Assessment	IV Summary Sheet	
Review of online analytics	System and Learner record management	

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
STAC Head Office	Meeting took place in main training room with access to administration and records office.

Facilities (add rows as required)	
Location	**Comments**
Training Room, Canteen, Admin Offices	Well structured, clear health & safety in place.

Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
Records/ Tutor Folders, Storage Room	Lesson Plans/ Maps and Guidance supports. Equipment storage room.

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.

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 evidence indicated that the organisational chart did not reflect current practice and activities outlined in the policies and procedures. During discussions it was indicated that all roles are in place for educational and training governance, but these have not been mapped to a clear organisational chart.

The evidence indicated that there was no clarity on results approval processes from franchises and the implementation of this in the organisation.

The evidence indicated that course approval documents heavily referenced the approval of booking courses for all elements of provision - in house, affiliation and franchise.

In discussion it was agreed that more clarity is required on this process and the aligned procedures.

The evidence indicated that the institution would benefit from an updated procedure to ensure that, when required, relevant sub-groups and individuals are in place to provide objective oversight.

The institution would benefit from additional documentation to support these activities to include terms of reference for sub-groups and new and updated role descriptions for all activities associated with education and training.

The evidence indicated that the institution has procedures in place for identifying, assessing and managing health & safety risk only, with no reference to educational or financial components. The representative did outline that this was a process currently being reviewed.

Areas of Good Practice

- Individual with overall responsibility for education and training governance identified.
- Some roles descriptors in place.
- Commitment to enhance the process from very positive discussions.

Areas for Improvement

- Organisational chart to be updated to reflect education and training governance.
- Procedures to be developed/updated to ensure relevant sub-groups/individuals are in place to provide objective oversight.
- Role descriptions to be developed/updated to reflect practice and all activities associated with education and training.
- Embedding all areas of assessment approval is required for all core elements of internal verification (IV), external authentication (EA) and results approval panel.
- Key criteria to be designed to support all assessment and verification roles and competency criteria set for those undertaking IV and EA within the organisation.
- Risks identification, assessment and management be carried out across all education and training activities associated with PHECC approved courses.

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.	**MDM**

QRP Findings

The evidence indicated that the institution is an established legal entity with education and training as a principal function and is in good financial standing with the Revenue Commissioner.

The evidence indicated that all tasks (from student entry to exit) associated with education and training are documented from a learner management perspective. It was indicated that the institution would benefit from additional and updates to existing documentation to reflect current practice and support these activities.

During discussions representatives indicated that the institution and external affiliated faculty maintained personnel data of students and were joint data controllers. The evidence indicated that the documentation in place for data protection needs to be updated to reflect current practice and the requirements under the General Data Protection Regulation (GDPR) 2016/679. This was highlighted as an area of concern and risk.

The institution provided written confirmation of company insurance. The evidence also indicated that it is a requirement of the institution that external affiliated faculty have their own insurance in place and to provide documented evidence to the institution of that insurance.

The evidence indicated that documentation is in place for dealing with complaints at all levels within the organisation, but clarity is required on the management of these from a formal perspective.

The evidence indicated that the institution and all stakeholders would benefit from an up to date policy and procedures to ensure full compliance with its obligations under the Child and Vulnerable Persons Act 2012. The evidence indicated that that the institution identified this as an area for improvement during self-assessment. This was highlighted as an area of concern and risk.

Areas of Good Practice

- The institution is an established legal entity with education and training as a principal function.
- The institution is in good financial standing (at the time of review) with the Revenue Commissioner.

Areas for Improvement

- Document all tasks associated with education and training activities.
- Update data protection policy and procedures to reflect current practice and legislative requirements under GDPR 2016/679.
- Evidence that the institution is sufficiently resourced to carry out all quality assurance activities outlined in the documentation.
- Updated complaints policy and procedures to reflect current practice and evidence that all stakeholders have been made aware of it.
- Development of an appropriate system to meet obligations under the Child and Vulnerable Persons Act 2012.

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.	**SM**

QRP Findings

The evidence indicated that the quality policy and associated procedures need to be updated to reflect current practice. The institution carries out numerous activities in this area but needs to map these to a structured approach.

During discussions representatives indicated that the Managing Director has overall responsibility for the quality assurance of PHECC approved courses.

The evidence indicated that all those involved in education and training activities associated with PHECC approved courses have been made aware of their quality assurance responsibilities. During discussions representatives indicated that additional documentation and activities would support improvements in this area.

The evidence indicated that the institution captures up to date information that supports the systematic collection, analysis and use of feedback from students, faculty and other stakeholders. These activities are carried out continuously within the organisation, but no documented process is in place.

The evidence indicated that the institution would benefit from a documented 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.

There was up to date evidence of quality improvement planning and implementation.

Areas of Good Practice

- 2019 PHECC self-assessment report completed and submitted.

- Areas for improvement identified and included in the quality improvement plan.

- ISO is currently being embedded across all streams of educational practice.

- Clear performance indicators in place, with key measurement of compliance aligned.

- Organisation has clear metrics for measurement of all educational practices and is continuously evaluating areas of delivery, competencies and learner experiences.

- Organisation has a very clear commitment to enhancing practice and quality improvements.

Areas for Improvement

- Quality policy and procedures need to be updated to reflect current practice.
- Provide additional documentation that supports the systematic review of learning resources and locations and provide evidence that these activities have taken place.

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.	**MNM**

QRP Findings
During discussions it was outlined that a range of internal reporting activities are in place. The evidence indicated that the institution would benefit from additional documentation to support these activities.

During discussions representatives described the process for ensuring that certificate activity reports, the disclosure of all faculty members and any other targeted information requests are submitted to PHECC and these are submitted in line with request timelines. The evidence indicated that additional documentation and information is required to support these activities and ensure up to date information is available.

The evidence indicated that prospective students would benefit from additional documentation and information to make an informed choice about course participation and identification of all those involved in programme provision.

The evidence indicated that procedures to provide and obtain information from other stakeholders (employers etc.) need to be updated to reflect current practice. |

Areas of Good Practice
- Documented evidence of sub-group meetings and reporting.   - Responsibility for providing PHECC with information allocated.

Areas for Improvement
- Additional documentation to support and provide evidence of internal reporting.   - Update procedures to ensure that targeted information is provided to PHECC as requested.   - Develop systems to ensure that all prospective students are provided with sufficient information to make an informed choice about course participation.   - Ensure that the general public are made aware of any third-party relationships.   - Provide information to the public about the quality assurance system and external reviews.   - Update procedures for providing and obtaining information from other stakeholders (employers etc.).

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.	**MDM**

QRP Findings

The evidence indicated that the institution has health and safety policy, procedures and supporting documents in place. It also indicated that additional documentation would support the activities described and provide evidence of consistency of practice across all PHECC approved courses being delivered across all streams of provision.

The evidence indicated that documentation needs to be put in place to ensure that appropriate training premises are selected and used and that appropriate equipment/resources are available and used to deliver PHECC approved courses.

During discussions representatives indicated that additional premises checks are to be carried out during monitoring visits. Additional documentation and updates to existing documents would support and provide evidence of these activities.

The evidence indicated that a system is in place to ensure that all equipment/resources is regularly maintained, fit for purpose and accessible.

Areas of Good Practice

- Health & safety policy, procedures and supporting documents in place.
- Documentation in place for equipment checks.
- Selection criteria is in place for all educational venues and discussed at induction with all instructors.

Areas for Improvement

- Updates to existing documentation to provide additional information.
- Maintain up to date records of activities for all PHECC approved courses.
- Documentation to be put in place to support both checking and monitoring venue suitability.
- Risk assessment to be completed for all external sites prior to first delivery of programmes and then monitored as required.

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

QRP Findings

The evidence indicated that there are a range of supports available for students. It also indicated that the institution and students would benefit from additional/updated information about these supports and to support consistency of practice across all PHECC approved courses.

There is no reference in the documentation about the opportunities for students to meet with faculty and management, from discussion this was clarified as informal processes at the present. The evidence indicated that the institution and students would benefit from additional information to support these activities and ensure consistency of practice across all PHECC approved courses.

The evidence indicated that the institution and students would benefit from additional documentation and information to ensure that up to date resources are made available in a variety of formats and to ensure consistency of practice across all PHECC approved courses.

Areas of Good Practice

- A range of student support available.
- Opportunities for students to meet with faculty in informal settings.

Areas for Improvement

- Additional support required to carry out all activities described in the documentation.
- Policy and procedures required to formalise these processes and make visible to all stakeholders.
- Additional information required to ensure students on all courses are made aware of available supports.
- Ensure procedures and mechanisms are in place for obtaining information about any additional support needs potential and existing students may have.
- Ensure that sufficient up to date resources are made available to students on all courses and that evidence of this is maintained.

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 no documented equality and diversity policy and procedures.

The evidence indicated that all relevant policies and procedures (e.g. staff recruitment, development and management) need to be updated to reflect current practice and to ensure they are legislatively compliant in reference to equality and diversity.

The evidence indicated that the institution and all stakeholders would benefit from:
- additional information to raise awareness of the equality and diversity policy and procedures
- documented codes of conduct.

The evidence indicated that course delivery accommodates the cultural backgrounds and different learning styles of students. It also indicated that the institution and students would benefit from additional information and faculty training to support these activities.

Areas of Good Practice

- Documented equality and diversity policy and procedures.
- Course delivery accommodates the cultural backgrounds and different learning styles of students.

Areas for Improvement

- Update all relevant policies and procedures to ensure they are legislatively compliant with reference to equality and diversity.
- Clarity on where stakeholders are made aware of this policy and any procedures for reporting concerns.
- Ensure that all stakeholders are made aware of the policy and procedures.
- Document codes of conduct for faculty, students and other stakeholders.

- Provide additional up to date information and training on equality and diversity.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*NQEMT 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.	**MDM**

QRP Findings

The evidence demonstrates that the organisation completes an extensive requirement and induction process for all faculty. During discussion it was agreed that extra steps of reference checking will enhance this process.

The evidence indicated that the institution and personnel would benefit from additional and updated documentation and information about their quality assurance responsibilities and evidence that these activities are being carried out consistently.

The evidence indicated that the institution and all stakeholders would benefit from an up to date policy and procedures to ensure full compliance with its obligations under the Child and Vulnerable Persons Act 2012. This was highlighted as an area of concern and risk.

The evidence indicated that the institution and personnel would benefit from updated job descriptions and updated statements of terms of employment/engagement to reflect documented activities, current practice and relevant legislative requirements and guidelines.

Areas of Good Practice

- A robust systematic approach to recruiting faculty.
- Embedded practice across all streams of the organisation.
- Clear and robust procedures in place for faculty.

Areas for Improvement

- Document/update all role and job descriptions to reflect documented activities and quality assurance responsibilities.
- Ensure personnel are in place to carry out all documented activities.
- Documented policy and procedures to ensure full compliance with obligations under the Child and Vulnerable Persons Act 2012.

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.	**MDM**

QRP Findings

The evidence indicated that the institution has clear approaches to the development of all personnel and that the organisation values the commitment to educational provision through supporting all activities of both full time and contracted staff. The evidence indicated that this would be enhanced with formalised procedures on these areas and construction of development plans or maps for all involved in educational provision.

The evidence indicated that the institution would benefit from a formalised support and supervision and annual appraisal system which would be consistent with activities outlined in the documentation.

Areas of Good Practice
- Evidence that upskilling has taken place. - Evidence that robust induction takes place. - Informal mechanisms are in place for faculty to request support.
Areas for Improvement
- Additional documentation needed to identify the training/upskilling, support and development requirements/needs of all personnel. - Additional documentation to provide clarity around the mechanisms for faculty to request support for training/upskilling to ensure that practice is consistent with activities described in the policies and procedures. - Documented formalised system for 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.	**SM**

QRP Findings
The evidence indicated that a robust system is in place to ensure that only personnel with valid certification deliver PHECC approved courses. During discussions representatives indicated that communication between external affiliated faculty and management is through email, conversations, briefings and training provision. The evidence indicated that the institution and faculty would benefit from additional documentation to support these activities. The evidence indicated that faculty provide feedback during and after their course and that the institution would benefit from additional/updated documentation (course reports) from faculty. The evidence indicated that the institution needs to document procedures for dealing with poor and unacceptable performance of faculty. In practice this was evidenced as a clear process with both remedial actions and sanctions in place, commentated processes would add to the verification of this. The evidence indicated that that the institution would benefit from additional documentation and information to demonstrate that it has appropriate Human Resource (HR) policies and procedures in place to meet legislative obligations.
Areas of Good Practice
- Faculty provide course feedback. - A system is in place to ensure that only personnel with valid certification deliver PHECC approved courses.
Areas for Improvement
- Additional documentation to support communication between faculty and management. - Evidence of systematic monitoring of faculty through observation and the analysis of relevant documentation. - Documented procedures for dealing with poor and acceptable performance of faculty. - Additional/updated HR policies and procedures to meet legislative obligations and activities described in associated policies and procedures.

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

QRP Findings

The evidence indicated that the institution and external affiliated faculty would benefit from a documented collaborative provision policy and associated procedures to ensure the effective collaborative roles and responsibilities.

The evidence indicated that the institution and external affiliated faculty would benefit from formalised documented procedures for monitoring and documentation that these activities have taken place.

The evidence indicated that a written and signed contract/agreement was in place between management and external affiliated faculty with a clear outline of QA responsibilities.

The evidence indicated that at the time of review all external affiliated faculty details were not submitted to PHECC.

The evidence indicated that the institution and external affiliated faculty would benefit from additional/updated documentation of the agreed quality assurance standards between both parties.

Areas of Good Practice

- There is a documented quality assurance agreement in place.
- All stages of collaborative provision in place informally.
- High level maintenance of faculty activities and course delivery.
- Clear guidance on QA responsibilities outlined to all collaborative partners.

Areas for Improvement

- Develop and document a collaborative provision policy and associated procedures.
- Provide documented evidence of QA standards between both parties.
- Provide evidence of regular 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.	SM

QRP Findings

The evidence indicated that the institution would benefit from additional/updated documentation to ensure the course development, delivery and review policy and procedures are up to date, reflect current practice and accommodate updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.

The evidence indicated that course development and material (developed by the institution):
- demonstrates an appropriate balance between theory and practice
- provides a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate
- promotes a commitment to self-directed learning, as appropriate
- clearly outlines aims and objectives, detailing 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 timetable, time on each topic, teaching method, tutor/instructor name, etc.

Areas of Good Practice

- Documented procedures for course development and review.
- Course material meets PHECC requirements.
- Course approval process documented.

Areas for Improvement

- Document 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.	SM

QRP Findings

The evidence indicated that instructor details are recorded on course material and that records of student attendance are maintained.

The evidence indicated that the institution would benefit from additional documentation to support student induction, structured one-to-one time with the instructor and to ensure consistency of practice across all PHECC approved courses.

Areas of Good Practice

- Instructor details are recorded on course documentation.
- Records of student attendance are maintained.
- Clear evidence of monitoring of faculty and corrective actions in place.

	Areas for Improvement	
	• A systematic system for student induction and evidence that it is formalised and consistent across all PHECC approved courses. • Evidence that, if required, all students are provided with the opportunity of one-to-one time with the instructor, appropriate to their needs.	

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.	**MDM**

QRP Findings

The evidence indicated that the institution and students would benefit from additional documentation and information about courses admission and entry criteria, including recognition of prior learning, to ensure consistency of practice across all PHECC approved courses being delivered by the institution.

The evidence indicated that the Recognition of Prior Learning Procedures (RPL) need to be updated to reflect current practice, provide clarity and ensure consistency of practice across all courses.

Areas of Good Practice

• Information is provided verbally to students, so they have an informed choice about course participation.

Areas for Improvement

• Additional/updated documentation about admissions and/or entry criteria to reflect current practice and ensure consistency of practice across all PHECC approved courses.
• Provide information to all students on RPL.
• Update RPL procedures to reflect practice and ensure consistency of practice across all PHECC approved courses.

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

QRP Findings

The evidence indicated that the institution would benefit from documented procedures to support course review.

The evidence indicated that the institution has identified areas for improvement and actions have been agreed and included in the quality improvement plan.

Areas of Good Practice

• Students have an opportunity to provide feedback during and after their course.
• The institution has carried out a self-assessment.
• The institution has a documented quality improvement plan.
• Feedback from stakeholders is reviewed and aligned to key indicators for the organisation.

	Areas for Improvement
•	Document a systematic approach to course evaluation that includes an opportunity for all stakeholders to contribute.

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.	**MDM**

QRP Findings
The evidence indicated that the assessment policy and procedures need to be updated to reflect current and new practice. The evidence indicated that the institution would benefit from additional documentation and updates to existing documents to clearly identify responsibility for managing the PHECC certification system. The evidence indicated that the institution and students would benefit from an updated appeals policy and procedures.

Areas of Good Practice

- Appropriate assessment methodology is used for all courses.
- It's clearly stated when PHECC assessment material is used.
- Student support is available for assessment.

Areas for Improvement

- Update assessment policy and procedures to reflect current practice.
- Provide students with information about assessment supports and maintain a record of these activities.
- Update documentation for the security of assessment material.
- Update documentation to support internal verification, external authentication and results approval.
- Documented appeals policy and procedures.

7. Conclusion and Outcome

Rating	2.57
Level	**Moderately Met (MDM)** – Evidence of a moderate degree of organisation-wide compliance
Conclusion	There are policies and procedures in place and a robust quality management system that indicate a commitment to internal quality assurance and continuous quality improvement. The systems in place provide oversight at all levels in the organisation which ensures that the quality assurance of PHECC approved courses is carried out in an effective and efficient manner.
	The evidence indicated that the implementation of the improvement actions identified during self-assessment and external quality review will lead to an enhanced learning experience for students and institution personnel.
	The completion date for all improvement actions is 4/4/20.