Quality Review Framework (QRF)

Composite Report

Safety Solutions Skillnet Limited

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Quality Review Framework Composite Report

1. Institution Details

Name	Safety Solutions Skillnet Limited
Address	2 Lyncon Court, Snugborough Business & Technology Park, Blanchardstown, Dublin 15, D15 NP49.
Type of Organisation	Private Company
	A PHECC approved training institution (ATI) since 2017. The institution delivers a limited number of PHECC approved courses in its main office in Dublin. The administration of all courses is carried out from its main office by full time employees who carry out several roles, including internal verification. At the time of review the institution had approximately 400 registered external affiliated faculty. Representatives indicated that approximately 220 were active at the time of review. All the external affiliated faculty are subject to the requirements of the institutions quality assurance system and PHECC quality review framework.
PHECC Courses Delivered	CFR, CFR Instructor, FAR, FAR Instructor.
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	29/10/19
Date of On-site Review	07/11/19

3. Report Details

Draft report sent to Institution for feedback	20/12/19
Final report sent to Institution	21/04/20
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**
Safety Solutions	Faculty and Internal Verifier (IV)
Safety Solutions	Training Manager
Safety Solutions	Administrator
Safety Solutions	Consultant (Apprentice Programme)
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Closing Meeting (add rows as required)	
Organisation	**Role**
Safety Solutions	Faculty and Internal Verifier (IV)
Safety Solutions	Administrator
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.

Self-Assessment Report
Role Descriptions
Tax Clearance Certificate
Safeguarding of Children and
Vulnerable Adults Policy
Affiliate Instructor Quality
Assurance Agreement
Booking Confirmation Email
CRO Company Details
ISO Certificates
Occupational Health & Safety
Policy
Corporate Health & Safety
Statement
Knowledge, Competency and
Training Policy
PHECC First Aid Response Course
Booking Screenshot
Training Process Map
Affiliation Meeting Attendance
Records
Faculty Renewal Details
Direct Employee Recruitment
FAR – Training Assessment
Strategy
Appeals Process for Learners
Recognition of Prior Learning
Policy
Results Approval and Review
Panel SOP
Guidance for completing Skills
Assessment & MCQ for PHECC
Approved Courses
TAQA IQA Checklist (Complete &
Blank)
FAR Attendance Sheet (blank)
Corrective Action Log
Risk Management Procedures

Quality Improvement Plan
Data Protection Policy
Complaints Policy
Document and Record
Management Policy
PHECC - Internal Verification of a
Certified Course
PHECC - Certifying an Approved
Course
Internal Management Meeting
Agenda 18-05 (Strategic
Management Team)
Access Arrangements Procedure
Venue Suitability & Equipment
Checklist
Quality, Health & Safety and
Environmental (QHSE) Manual –
ISO 9001: 2015, ISO 14001: 2015,
ISO 45001: 2018
Continuous Professional
Development Record (Blank)
PHECC ATI Faculty Meeting
Minutes 09-08-19
Trainer Self-Evaluation Form
WIN Instructor Certs Flowchart
Appeals Process for Instructors
Course Access, Transfer and
Progression Procedure
Trainer Course Evaluation Form
Learner Registration Form
Course Certification Form
WIN Instructor Monitoring
Screenshot
WIN Learner Evaluation of
Training
Personal Information Data
Consent Form
FAR Lesson Plans

Organisational Charts
Insurance Details
Complaints and Non-
Conformance Flowchart
Non-Conformity, Customer
Complaint, Corrective, Preventive
and Improvement Action
Named Faculty Form Details
Statement of Main Terms of
Employment
Internal Management Meeting
Minutes 27-08-19 (QA Steering
Committee)
Equal Opportunities Policy
Induction Checklist for New
Employees
First Aid Response Instructor
Conversion Course Material
Training QA Steering Committee
Meeting Agenda
PHECC ATI Faculty Meeting
Agenda
FAR Refresher – Training
Assessment Strategy
Human Resources Process Map
Appeals Policy
Conducting of Assessments SOP
Learner Course Evaluation Form
FAR Instructor Recertification
Assessment & Checklist
Results Approval & Review Panel
Meeting agenda
PHECC CFR-C Instructor Lesson
Plans
Index of Risk Assessments & Risk
Register
ISO Surveillance Assessment
Report 27-0319

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
N/A	N/A
Facilities (add rows as required)	
Location	**Comments**
N/A	N/A
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
N/A	N/A

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.	**MDM**

QRP Findings

It was not clear from the evidence what constitutes education and training governance in the institution. The evidence indicated that the organisational chart did not reflect current practice and activities outlined in the policies and procedures. The evidence indicated that the institution identified this as an area for improvement during self-assessment.

During discussions representatives indicated that the faculty manager has overall responsibility for education and training governance with responsibility delegated to relevant sub-groups and individuals. The evidence indicated that the institution would benefit from new and updated documentation to reflect these responsibilities and activities.

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. It also indicated that the institution has a range of sub-groups and individual roles documented that carry out oversight activities. 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 identified the need to update role descriptions during self-assessment.

The evidence indicated that the institution has procedures in place for identifying, assessing and managing risk. It also indicated that these activities need to be expanded to include all activities associated with PHECC approved courses.

Areas of Good Practice

- Relevant sub-groups and individuals in place for oversight.
- Individual with overall responsibility for education and training governance identified.
- Documented procedures for identifying, assessing and managing risk.

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.
- Documented evidence of oversight activities systematically taking place.
- Role descriptions to be developed/updated to reflect practice and all activities associated with education and training.
- 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 principle function and is in good financial standing with the Revenue Commissioner.

The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented. The evidence indicated that the institution would benefit from additional, and updates to, existing documentation to reflect current practice and support these activities. It also indicated that the institution identified this as an area for improvement during self-assessment.

It was not clear from the evidence that the institution maintains up to date student records for all PHECC approved courses. The evidence indicated that the institution would benefit from additional documentation to provide clarity about the maintenance of student records controlled by external affiliated faculty.

The evidence indicated that the institution does not maintain up to date records for all faculty members to reflect the requirements described in their documentation. Additional evidence is required to ensure all faculty meet the requirements of the organisation to deliver PHECC approved courses. The evidence indicated that the institution identified this as an area for improvement during self-assessment.

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 provide documented evidence to the institution of that insurance. The evidence indicated this requirement was not consistently followed up by the institution. This was highlighted as an area of concern and risk.

The evidence indicated that the organisation would benefit from additional support to carry out all the quality assurance activities described and outlined in their documentation. Additional documentation to support these activities is required.

The evidence indicated that documentation is in place for dealing with complaints. It was not clear from the evidence how this process relates to external affiliated faculty. It also indicated that the institution and students and all other stakeholders would benefit from additional documentation and information about the complaints policy and procedures in relation to PHECC approved courses.

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 principle 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.

- Maintain up to date records of students for all PHECC approved courses.
- Maintain up to date records of all faculty, including evidence that they are meeting the requirements as outlined in internal documentation, PHECC education and training standards and QRF.
- Update data protection policy and procedures to reflect current practice and legislative requirements under GDPR 2016/679.
- Documented evidence that adequate insurance cover is in place for all education and training activities associated with PHECC approved courses.
- 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.	MDM

QRP Findings

The evidence indicated that the quality policy and associated procedures need to be updated to reflect current practice. During discussions representatives identified this as an area for improvement.

During discussions representatives indicated that the faculty manager has overall responsibility for the quality assurance of PHECC approved courses. The evidence indicated that additional/updated documentation is required to support these activities.

The evidence indicated that all those involved in education and training activities associated with PHECC approved courses have not been made aware of their quality assurance responsibilities. During discussions representatives indicated that additional documentation and activities would support improvements in this area.

It was not clear from the evidence how all monitoring is carried out, by whom and what indicators it should be seeking. The evidence indicated that Key Performance Indicators (KPIs) need to be developed and linked with all education and training activities for monitoring purposes. This evidence indicated that the institution identified this as an area for improvement during self-assessment.

The evidence indicated that the institution requires additional documentation and up to date information that supports the systematic collection, analysis and use of feedback from students, faculty and other stakeholders. This was identified by the institution during self-assessment as an area for improvement.

During discussions, and in the self-assessment report, representatives indicated that venues will be checked during monitoring activities. The evidence indicated that the institution would benefit from additional documentation to support the systematic review of learning resources and locations.

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.

Areas for Improvement
• Quality policy and procedures need to be updated to reflect current practice. • Provide documented evidence that all those involved in education and training activities have been made aware of their QA responsibilities. • Develop KPIs for monitoring and ensure they are linked to all aspects of education and training and provide documented evidence that these activities have taken place. • Implement systems that ensure the systematic collection, analysis and use of all student feedback, participation and progression, faculty and other stakeholder feedback. Provide documented evidence of these activities taking place. • Provide additional documentation that supports the systematic review of learning resources and locations and provide evidence that these activities have taken place. • Develop and implement the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation. 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 representatives outlined a range of internal reporting activities, including sub-group meetings. The evidence indicated that the institution would benefit from additional documentation to support these activities.

The evidence indicated that not all tasks from student entry to exit are documented, clearly allocated or linked to relevant KPIs.

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 when requested. 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. It also indicated that the institution identified this as an area for improvement during self-assessment with respect to the information provided by external affiliated faculty to prospective students.

The evidence indicated that additional information is required to ensure that the general public are made aware of:
- any third-party relationships related to PHECC approved courses and the responsibilities of those involved. This was identified by the institution during self-assessment as an area for improvement
- the institutions quality assurance system and external reviews.

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. • Document all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPIs. • 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 (employer's, 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.	SM

QRP Findings

The evidence indicated that the institution had 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.

The evidence indicated that there was documentation 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. This was identified during self-assessment as an area for improvement with reference to updating documentation to provide confirmation that equipment is being updated and maintained and that resources have been made accessible/available to students.

Areas of Good Practice

- Health & safety policy, procedures and supporting documents in place.
- Documentation in place for training premises suitability.
- Documentation in place for equipment checks.

Areas for Improvement

- Updates to existing documentation to provide additional information.
- Maintain up to date records of activities for all PHECC approved courses.

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 the institution and students would benefit from additional support to carry out all the activities described in the documentation to support students.

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. This was identified as an area for improvement during self-assessment with reference to updating policies and procedures.

The evidence indicated that the institution would benefit from additional documentation to demonstrate that it maintains appropriate instructor-to-student ratios across all PHECC approved courses.

There is reference in documentation about the opportunities for students to meet with faculty and management. 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. This was identified during self-assessment as an area for improvement.

Areas of Good Practice

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

Areas for Improvement

- Additional support required to carry out all activities described in the documentation.
- Additional information required to ensure students on all courses are made aware of available supports.
- Evidence that appropriate instructor-to-student ratios are maintained on all courses.
- 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.	**MDM**

QRP Findings

The evidence indicated that the institution has a 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.

- 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 indicated that the institution needs to develop and implement a robust systematic approach to the recruitment of external affiliated faculty. During discussions this was identified by representatives as an area for improvement.

The evidence indicated that minimum standards are in place for faculty. It also indicated that not all roles are documented/fully documented. This was identified be management and faculty as an area for improvement.

The evidence indicated that the institution would benefit from additional personnel to:
- carry out the activities described in its policies and procedures
- systematically organise, deliver and monitor the quality of courses
- ensure full compliance with the PHECC Quality Review Framework.

The evidence indicated that the institution would benefit from additional/updated information to demonstrate that the composition of its personnel meets PHECC education and training standards for all courses.

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. 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.

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 full time employees.
- Minimum standards in place for faculty.

Areas for Improvement

- Document and implement a robust systematic approach to the recruitment of affiliated faculty.
- 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 and personnel would benefit from:
- additional documentation to identify the training/upskilling, support and development requirements/needs of all personnel
- additional information that development/upskilling has taken place, relevant to the role
- additional information during induction about quality assurance responsibilities
- additional evidence that all personnel have attended induction
- 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.

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 induction takes place.
- 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 information that development/upskilling has taken place, relevant to the role.
- Additional information during induction about quality assurance responsibilities.
- Evidence that all personnel have attended induction.
- 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.	MDM

QRP Findings

The evidence indicated that a 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 predominantly through email. It was referenced that monitoring and auditing activities would provide an opportunity for face to face communication. 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.

During discussions representatives outlined a new process for monitoring/observing faculty. The evidence indicated that the institution would benefit from a systematic approach to faculty monitoring through observation and the analysis of relevant documentation.

The evidence indicated that the institution needs to document procedures for dealing with poor and unacceptable performance of faculty. This was identified during self-assessment as an area for improvement.

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 unacceptable 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.	MDM
QRP Findings		

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.

The evidence indicated that the institution and external affiliated faculty would benefit from documented procedures for monitoring and documentation that these activities have taken place. This has been identified by management as an area for improvement and at the time of review an updated procedure was being piloted.

The evidence indicated that a written and signed contract/agreement was in place between management and external affiliated faculty. It also indicated that this document needs to be updated to reflect current practice, PHECC requirements, activities described in the policies and procedures and legislative obligations.

The evidence indicated that the institution would benefit from maintaining up to date records of all external affiliated faculty consistent with documented practice, PHECC requirements and legislative obligations.

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.

The evidence indicated that the institution would benefit from additional information about the education and training activities of external affiliated faculty and that analysis of this information takes place to inform practice.

Areas of Good Practice

- There is a documented Quality Assurance Agreement in place.

Areas for Improvement

- Develop and document a collaborative provision policy and associated procedures.
- Develop and document satisfactory procedures for monitoring external affiliated faculty and maintain evidence that these activities have taken place.
- Maintain evidence of a written and signed contract/agreement with external affiliated faculty that reflects current practice, PHECC requirements, activities described in the policies and procedures and legislative obligations.
- Maintain up to date records of all faculty and ensure accurate up to date faculty details are submitted and available to PHECC.
- 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.	MDM

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 and 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.

The evidence indicated that there is no requirement for external affiliated faculty to use the approved course material. There was no evidence that additional material used by external affiliated faculty has been approved by the institution or meets the requirements stated above. This has been identified as an area for improvement during self-assessment and there is reference in the institutions self-assessment report that a Quality Assurance Steering Committee (QASC) has been set up to address this issue.

The evidence indicated that the institution would benefit from a documented systematic approach to course approval. This has been identified as an area for improvement during self-assessment and an action for QASC to address to ensure consistency of practice across all PHECC approved courses.

Areas of Good Practice

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

Areas for Improvement

- Update course development, delivery and review policy and procedures to reflect current practice.
- Provide evidence that only approved course material is used for the delivery of all PHECC approved courses and consistency of practice.
- 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.	MDM

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 requires additional documentation/information to demonstrate that all courses are being delivered by appropriately qualified personnel, are in keeping with PHECC education and training standards and clinical practice guidelines and are in line with internal policies and procedures.

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.

The evidence indicated that the institution would benefit from additional/updated policies and procedures to ensure that the delivery of learning outcomes by third parties (external affiliated faculty) is monitored on a regular basis. The evidence indicated that this has been identified by management and faculty as an area for improvement.

Areas of Good Practice

- Instructor details are recorded on course documentation.
- Records of student attendance are maintained.

Areas for Improvement

- Evidence that courses delivered by external affiliated faculty are in keeping with PHECC education and training standards.
- A systematic system for student induction and evidence that it is formalised and consistent across all PHECC approved courses.
- Evidence that all PHECC approved courses are delivered by appropriately qualified personnel.
- Evidence that learning outcomes delivered by third parties (external affiliated faculty) are monitored on a regular basis.
- 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 this has been identified during self-assessment as an area for improvement with reference to providing information to external affiliated faculty and students.

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 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.	**MDM**

QRP Findings

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

The evidence indicated that students have the opportunity to provide feedback during and after their course. The institution would benefit from additional evidence that this happens on all courses delivered by external affiliated faculty.

The evidence indicated that the institution would benefit from additional/updated documentation to support course feedback from faculty.

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

The evidence indicated that the institution has identified areas for improvement and actions have been agreed and included in the quality improvement plan. This was identified during self-assessment as an area for improvement with reference to adding a section to the faculty meeting agenda.

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.

Areas for Improvement
• Document a systematic approach to course review that includes all courses delivered by external affiliated faculty. • Document a systematic approach to course evaluation that includes an opportunity for all stakeholders to contribute. • Document a systematic approach to quality improvement planning and implementation.

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. Areas to be updated or added include:
- ensuring students have access to information necessary for them to participate in assessment
- providing students with feedback on their assessment and a documented record of this activity
- supports available to adapt assessment methodologies for students with additional support needs and records of these activities
- updates to existing documentation about the security of assessment related material
- additional documentation and updates to existing documentation to support internal verification, external authentication and results approval.

The evidence indicated that the institution, external affiliated faculty and students would benefit from additional information about assessment methodology and when PHECC assessment material is being used.

The evidence indicated that these areas have been identified during self-assessment and by management and faculty as areas for improvement to ensure consistency of practice across all PHECC approved courses.

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.
- Documented appeals policy and procedures.

Areas for Improvement

- Update assessment policy and procedures to reflect current practice.
- Maintain a documented record of student assessment feedback.
- 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.
- Update the student appeals procedure.

7. Conclusion and Outcome

Rating	**2.29**
Level	**Moderately Met (MDM)** – Evidence of a moderate degree of organisation-wide compliance
Conclusion	The evidence indicated that the institution had approximately 400 external affiliated faculty with approximately 220 active at the time of review. These are supported by full time employees and senior faculty in administrative and oversight roles. The evidence indicated that the quality assurance system needs to be updated to ensure that the systems, policies, procedures and supporting documents: - reflect current practice - are effective - are fit for purpose - meet PHECC education and training standards - meet all the QRF requirements, and - meet obligations under relevant legislation. 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 23/04/20.