



Quality Review Framework (QRF)
Composite Report
Safety Ireland First Response Limited

Table of Contents

1. Institution Details.....	1
2. Review Details.....	1
3. Report Details	1
4. Review Activities	2
4.1 Meetings.....	2
4.2 Stakeholder Discussions	2
4.3 Document Review	2
4.4 Observation of Practice, Facilities and Resources	3
5. Compliance Rating and Level	3
6. QRP Findings	5
6.1 Theme 1: Organisational Structure and Management	5
6.2 Theme 2: The Learning Environment	10
6.3 Theme 3: Human Resource Management	13
6.4 Theme 4: Course Development, Delivery and Review.....	17
7. Conclusion and Outcome.....	21

Quality Review Framework Composite Report

1. Institution Details

Name	Safety Ireland First Response Limited
Address	52 Fortfield Park, Terenure, Dublin, D6W PW14.
Type of Organisation	Private Company
Profile	<p>A PHECC approved training institution (ATI) since 2011.</p> <p>The administration of all courses is carried out from its main office by full time employees who carry out several roles, including internal verification and administration.</p> <p>PHECC approved courses are delivered by full time employees and external affiliated faculty. All the external affiliated faculty are subject to the requirements of the institutions quality assurance system and the PHECC Quality Review Framework.</p>
PHECC Courses Delivered	CFR, CFR A, CFR Instructor, FAR.
Higher Education Affiliation	N/A

2. Review Details

Purpose	<ul style="list-style-type: none">• 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 of the Desktop Review	04/11/19
Date of On-site Review	13/11/19

3. Report Details

Draft report sent to Institution for feedback	24/01/20
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
Safety Ireland First Response	Managing Director
Safety Ireland First Response	Operations Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Closing Meeting (add rows as required)	
Organisation	Role
Safety Ireland First Response	Managing Director
Safety Ireland First Response	Operations Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
Students	Participants on an internal First Aid Response (FAR) course

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.		
<ul style="list-style-type: none"> Staff and Company Handbook Student Handbook TC Command (processor) Data monitoring form 	<ul style="list-style-type: none"> Minutes of meetings Health and safety policy Lesson plans Power point for FAR Organisational Chart 	<ul style="list-style-type: none"> Course material Electronic recourses Course paperwork CFR Cert system Role/Job Descriptions

<ul style="list-style-type: none"> • Internal verify report • Evaluation Flowchart • Statutory Declaration • Communication with Students and Other Stakeholders Procedures • Equipment Checklists • Health and Safety Policy and Procedures • Course Development Procedure • External Authentication Procedure 	<ul style="list-style-type: none"> • Tax Clearance Certificate • Insurance Details • Course Access, Transfer and Progression Procedure • Recognition of Prior Learning Procedure • External Instructor Monitoring Procedure • Course Approval Procedure • Course Delivery Procedure • Course Review Procedure • Results Approval Procedure 	<ul style="list-style-type: none"> • Named Faculty Form • Mission Statement • Equality Policy and Procedures • Complaints and Appeals Policy • Child/Vulnerable Person Policy • Course Assessment Procedure • Internal Verification Procedure
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4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
Safety Ireland First Response 52 Fortfield Park, Terenure, Dublin, D6W PW14	Shop front selling first aid and medical equipment. First floor consists of kitchen, training room(s) and bathroom.
Facilities (add rows as required)	
Location	Comments
Safety Ireland First Response 52 Fortfield Park, Terenure, Dublin, D6W PW14	Resources were evident on-site, although due to time constraints the panel did not have the opportunity to be shown around the premises.
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
Safety Ireland First Response 52 Fortfield Park, Terenure, Dublin, D6W PW14	The QRP were informed by the MD that much of the equipment and resources are kept in the institutions vehicles (vans) ready for delivery at external sites. There was evidence that equipment was also available on the premises.

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		
<p>It was not clear from documented evidence and from discussions with institution representatives what constitutes education and training governance in the institution and there was limited insight provided into the quality management of PHECC approved courses. At the time of review the organisational chart did not reflect current practice, activities outlined in the policies and procedures and did not provide evidence of who has overall responsibility for education and training governance in the institution. During discussions representatives indicated that the Managing Director (MD) has overall responsibility for education and training governance. The evidence indicated that the institution would benefit from new and updated documentation to reflect these responsibilities and activities.</p> <p>The evidence indicated that there were limited procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. There was some evidence provided to the QRP that oversight activities had taken place, although this was limited. It was not clear from the evidence presented who has responsibility for internal verification, although there is a role description for the position.</p> <p>It is not clear from the ATI's website – 'meet the team' page who does what within the organisation. There was little clarification as to the MD role within the organisation regarding QA, no reference to this on the organisational chart, nor any description of the director's' role within the organisation. There were some documented terms of reference for sub-groups. Affiliated/subcontracted instructors were referred to on the organisational chart but there was no differentiation between the two terms. The institutional governance is not fully clear and requires the organisational chart to be updated to fully reflect the ATI's current position for this within the organisation.</p> <p>It was noted by the QRP that there were references to risk in the documents. There were documented procedures for identifying, assessing and managing risk. During discussions the QRP drew attention to the risk not being clearly documented in respect to off-site delivery of PHECC approved courses. No evidence was provided that risk assessments had been documented on course report forms or risk assessments being completed by instructors off-site. Following discussions with the MD there appeared to be uncertainty as to who has overall responsibility for 'risk' at off-site venues.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Individual with overall responsibility for education and training governance identified during discussions. • Documented procedures for identifying, assessing and managing risk. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Organisational Chart to be updated to reflect education and training governance and the quality assurance of PHECC approved courses. • 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. 		

<ul style="list-style-type: none"> • Terms of Reference to be developed for all sub-groups carrying out oversight activities. • Role descriptions to be developed/updated to reflect practice and all oversight 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. • Risk documentation to be updated to reflect current practice. 		
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		
<p>The evidence indicated that the institution is an established legal entity with education and training as one of its principal functions and is in good financial standing with the Revenue Commissioner.</p> <p>The evidence indicated that not all tasks associated with education and training are documented. During discussions the MD outlined how processes take place with several being informal and not documented. The institution would benefit from additional documentation to support these activities.</p> <p>The evidence indicated that the institution maintains up to date student records. During discussions the MD indicated that all instructors, employed and external affiliated faculty, undertaking PHECC approved courses are recorded as part of the faculty. The evidence indicated faculty records were not up to date, consistent with the institutions' requirements outlined in documentation and during discussions.</p> <p>The evidence indicated that the institution would benefit from additional and updated documentation to ensure they are fully compliant with relevant data protection legislation, reflects current practice and that those involved in education and training activities understand what it means to their role.</p> <p>During discussions the MD indicated that there is an affiliation/partnership with another institution, this was not clear from the documentation. The institution would benefit from additional documentation to evidence affiliation with another organisation.</p> <p>There was limited evidence that the institution is sufficiently resourced to carry out quality assurance activities of any off-site training. This was noted by the institution as an area for improvement in their self-assessment report.</p> <p>The evidence indicated that there is a document complaints policy and procedures for students. 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.</p> <p>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.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • 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		
<ul style="list-style-type: none"> • Document all tasks associated with education and training activities. • Maintain up to date records of all faculty, including evidence that they are meeting the 		

requirements as outlined in internal documentation and PHECC education and training standards and QRF.

- Update data protection policy and procedures to reflect current practice and legislative requirements under GDPR 2016/679.
- Develop relevant documentation that accurately reflects affiliations with other institutions
- 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.
- 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 that meets 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 institution would benefit from a documented quality policy and associated procedures that clearly outlines a commitment to systematic monitoring, annual self-assessment and quality improvement.

During discussions it was stated that the MD 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.

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.

The was limited 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		
<ul style="list-style-type: none"> • Quality policy, procedures and associated documents need to be developed. • 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.	MDM
QRP Findings		
<p>The evidence indicated a range of internal reporting activities, including meetings, feedback and reports. It also indicated that the institution would benefit from additional documentation to support these activities.</p> <p>The evidence indicated that not all tasks from student entry to exit are documented, clearly allocated or linked to relevant KPIs.</p> <p>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.</p> <p>The evidence indicated that prospective students are provided with sufficient information to make an informed choice about course participation.</p> <p>The evidence indicated that additional information is required to ensure that the general public are made aware of:</p> <ul style="list-style-type: none"> - any third-party relationships related to PHECC approved courses and the responsibilities of those involved. - the institutions quality assurance system and external reviews. <p>The evidence indicated that procedures to provide and obtain information from other stakeholders (employers etc.) need to be updated to reflect current practice.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Prospective students are provided with sufficient information to make an informed choice about course participation. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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.
- 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		
<p>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.</p> <p>The evidence indicated that the institutions on-site training premises are appropriate for the delivery of PHECC approved courses. It also indicated that the institution would benefit from additional evidence that all external sites selected and used to deliver PHECC approved courses are appropriate.</p> <p>There was no evidence of a documented system for the maintenance of equipment. The evidence indicated that resources used for courses delivered by the institution are fit for purpose and accessible. It also indicated that the institution would benefit from additional documentation to support these activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Health & safety policy, procedures and supporting documents in place. • Documentation in place for training premises suitability for the delivery of PHECC approved courses. • Appropriate equipment/resources available and used for PHECC approved courses. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Documented evidence that PHECC approved courses are being delivered in premises that meet the criteria for each course on offer. • Develop and maintain records of a systematic equipment/resource maintenance system. • Documented evidence that appropriate, regularly maintained, up to date and fit for purpose equipment/resources have been used on 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.	SM
QRP Findings		
<p>The evidence indicated that students are supported by adequate numbers of appropriately qualified and experienced faculty.</p> <p>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.</p> <p>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.</p> <p>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</p>		

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

- There are mechanisms in place to provide reasonable accommodation.

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.	SM

QRP Findings

The evidence indicated that the institution has a documented equality and diversity policy. The institution would benefit from additional documentation to support policy implementation and to ensure that all associated policies and procedures promote equality, are legislatively compliant and that all stakeholders are made aware of the policy and procedures.

Students, staff and faculty are provided with a PowerPoint presentation on day one of the instructors' course to make them aware of the policies and procedures. It was unclear to the QRP how this information is disseminated to other stakeholders. This process needs formalising with documentation to evidence how and when this takes place. Some evidence was presented to the QRP which indicated that the institution has a code of conduct in place.

The evidence indicated that the institution would benefit from providing faculty with up to date information and training on equality and diversity and maintaining evidence of 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	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
QRP Findings		
<ul style="list-style-type: none"> • N/A 		
Areas of Good Practice		
<ul style="list-style-type: none"> • N/A 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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		
<p>The evidence indicated that the institution needs to develop and implement a robust systematic approach to the recruitment of external affiliated faculty. This was identified by the institution as an area for improvement during self-assessment.</p> <p>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 by the institution during self-assessment as an area for improvement.</p> <p>The evidence indicated that the institution would benefit from additional personnel to:</p> <ul style="list-style-type: none"> - 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. <p>This was identified by the institution during self-assessment as an area for improvement.</p> <p>The evidence indicated that the composition of its personnel meets PHECC education and training standards for all courses on offer.</p> <p>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.</p> <p>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.</p> <p>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. The evidence indicated that that the institution identified this as an area for improvement during self-assessment.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • A robust systematic approach to recruiting full time employees. • The composition of the institutions' personnel meets the requirements of PHECC education and training standards. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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 		

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		
<p>The evidence indicated that the institution and personnel would benefit from:</p> <ul style="list-style-type: none"> - a documented procedure for identifying the training/upskilling, support and development requirements/needs of all personnel - additional information that development/upskilling has taken place, relevant to the role - 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. <p>The evidence indicated that the institution and personnel would benefit from:</p> <ul style="list-style-type: none"> - a documented induction programme for all personnel - induction that is consistent and appropriate to the relevant role - evidence that all personnel have attended induction - induction that clearly outlines responsibilities for the quality assurance of PHECC approved courses. <p>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.</p> <p>These have been identified by the institution as areas for improvement during self-assessment.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Evidence that upskilling has taken place. • Evidence that induction takes place. • Mechanisms are in place for faculty to request support. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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		
<p>During discussions the MD outlined a range of communication methods between management and faculty. These are not formally recorded. The evidence indicated that the institution would benefit from additional documentation to support these activities and formalise the methods outlined.</p> <p>The evidence indicated that faculty provide feedback, although further evidence is required to support this, especially around providing feedback during the course. It is not documented that this takes place.</p> <p>Limited evidence was provided that a system is in place to ensure that only personnel with valid certification deliver PHECC approved courses.</p> <p>There was limited evidence that the activities of faculty are systematically reviewed through observation and review of documentation. The evidence indicated that the institution would benefit from additional documentation and enhanced analysis.</p> <p>The evidence indicated that there is a documented procedure for dealing with poor and unacceptable performance of faculty.</p> <p>The evidence indicated that the institution would benefit from additional/updated documentation to support Human Resource (HR) management and meet its legislative obligations. This was identified by the institution as an area for improvement during self-assessment.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented procedures for dealing with poor and unacceptable performance of faculty. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Additional documentation to support communication between faculty and management. • Additional documentation to support faculty feedback during the course. • Evidence of systematic monitoring of faculty through observation and the analysis of relevant documentation. • 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		
<p>The evidence indicated that the institution and external affiliated faculty would benefit from a documented collaborative provision policy and associated procedures that:</p> <ul style="list-style-type: none"> - 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 the institution as an area for improvement during self-assessment.

The evidence indicated that a written and signed contract/agreement was in place for direct employees. It also indicated that the institution would benefit from additional documentation for external affiliated faculty.

The evidence indicated that the institution maintains up to date records of all external affiliated faculty.

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

- A written signed contract is in place for employed faculty.

Areas for Improvement

- 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 an external affiliated faculty.
- Maintain up to date records of any external affiliated faculty and ensure accurate up to date faculty details are submitted to PHECC.
- Provide documented evidence of QA standards between any third 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		
<p>The evidence indicated that the institution would benefit from additional documentation to ensure the course development, delivery and review policy and associated procedures are up to date, reflect current practice and any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.</p> <p>The evidence indicated that course development does:</p> <ul style="list-style-type: none"> • demonstrate an appropriate balance between theory and practice • provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate • promote a commitment to self-directed learning, as appropriate. <p>The evidence also indicated that the development of course material does include:</p> <ul style="list-style-type: none"> • clearly outlined aims and objectives, detailing competencies to be achieved by students • detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons • detailed timetable, time on each topic, teaching method, tutor/instructor name, etc. <p>During discussions the MD outlined a process for internal course approval prior to submission to PHECC for final approval. The evidence indicated that the institution would benefit from additional/updated documentation to ensure a consistent systematic approach is taken for internal course approval prior to final submission to PHECC.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Course material meets PHECC requirements. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update course development, delivery and review policy and procedures to reflect current practice. • Provide evidence that approved course material is used for the delivery of all PHECC approved courses. • Document a more robust 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		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> - courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines - student induction takes place. It also indicated that the institution would benefit from additional documentation to ensure it is formalised and consistent across all courses - courses are delivered by appropriately qualified personnel - relevant instructor details are recorded on course documentation - records of student attendance are maintained. <p>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.</p> <p>During discussions the institution's representatives outlined the process for how structured one-to-one time is made available for students. The evidence indicated that the institution would benefit from additional documentation to support these activities and ensure availability to students on all PHECC approved courses.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Courses delivered are in keeping with PHECC education and training standards. • Courses are delivered by appropriately qualified personnel. • Instructor details are recorded on course documentation. • Records of student attendance are maintained. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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 is formalised and consistent across all PHECC approved courses. • 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.	SM
QRP Findings		
The evidence indicated that the institution and students would benefit from additional documentation and		

<p>information about courses admission and entry criteria, including recognition of prior learning.</p> <p>There was no evidence that the information provided to students about courses delivered by full time employees is the same for students for courses being delivered by external affiliated faculty.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Information is provided to students so they can make an informed choice about course participation. 		
Areas for Improvement		
<ul style="list-style-type: none"> Provide information to all students on the process for Recognition of Prior Learning (RPL). Ensure RPL is available and consistently applied across all course delivery sites. 		
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		
<p>The evidence indicated that the institution would benefit from additional documentation for course review.</p> <p>The evidence indicated that students and faculty have the opportunity to provide feedback after their course. The institution would benefit from additional evidence that this happens on all courses.</p> <p>The evidence indicated that the institution would benefit from additional documentation around course evaluation to ensure that all stakeholders can contribute to the process.</p> <p>The evidence indicated that the institution has identified some areas for improvement and actions have been identified.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Course evaluations are documented by the tutor/instructor or course director. 		
Areas for Improvement		
<ul style="list-style-type: none"> Document a systematic approach to course review. 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		
<p>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:</p> <ul style="list-style-type: none"> - 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 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

- PHECC assessment methodology and material is used for courses.
- Responsibility for PHECC certification is identified.

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	2.79
Level	Moderately Met (MDM) – Evidence of a moderate degree of organisation-wide compliance
Conclusion	<p>The evidence indicated that the quality assurance systems in place, at the time of review, need significant work to ensure they are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, meet PHECC Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution has a mix of individuals delivering PHECC approved courses. The evidence indicated that the management of any external affiliated faculty is limited. The evidence indicated that a range of areas require prioritisation by the institution to provide PHECC and the general public with confidence that the institution is meeting its obligations under the PHECC Quality Review Framework and associated documents. The completion of the identified improvement actions should be communicated to PHECC on request, in a timely manner.</p> <p>Should the improvement actions identified during internal self-assessment and external review be implemented in the stated time, the institution will be in a position to provide students with an enhanced quality learning experience.</p> <p>The completion date for all improvement actions is 30/4/20.</p>



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