Quality Review Framework

Composite Report

NASC-UCC

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Quality Review Framework Composite Report

1. Institution Details

Name	National Ambulance Service College/University College Cork (NASC-UCC)
Address	Floor 3, The River's Building, Tallaght Cross, Tallaght, Dublin 24, D24XNP2
Type of Organisation	PHECC Recognised Institution since 10/10/2018
Profile	The National Ambulance Service College (NASC) provides a multitude of educational programmes to pre-hospital care Providers and Practitioners, the Irish Coastguard, the Defence Forces, An Garda Síochána, Allied Health Care Professionals and members of Voluntary Organisations. The range of education and training programmes is not limited but includes patient care programmes, leadership development, tutor development, major incident planning and preparation and driving.
PHECC Courses Delivered	CFR Community, CFR Community Instructor, CFR Advanced, CFR Advanced Instructor, EFR, EFR Instructor, EMS Call-Taker, EMS Dispatcher, EMT, Paramedic, Advanced Paramedic
Higher Education Affiliation	University College Cork (UCC)

2. Review Details

Purpose	- To facilitate the enhancement of a successful learning experience for students. - To foster a culture of continuous quality improvement in institutions. - To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
Date(s) of the Desktop Review	31/01/2022
Date of On-site Review	03/03/2022

3. Report Details

Draft report sent to Institution for feedback	21/4/2022
Final report sent to Institution	02/06/2022
Director Approval	Richard Lodge
Date	23/05/2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
PHECC	Observer
NASC	Head of Education
NASC	Education Manager
NASC	Clinical Director
UCC	Programme Coordinator
NASC	RI QA Coordinator
NASC	Course Director/Facilitator
NASC	Course Director/Facilitator
NASC	Assistant Tutor
Closing Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
NASC	Head of Education
NASC	Education Manager

UCC	Programme Coordinator
NASC	RI QA Coordinator
NASC	Course Director/Facilitator
NASC	Course Director/Facilitator
NASC	Assistant Tutor

4.2 Stakeholder Discussions

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

4.3 Observation of Practice, Facilities and Resources

Practice – e.g., Course delivery, administration, clinical placement (add rows as required)

Location	Comments
Tullamore Training Centre	Administration – The QRP were provided with access to the RIs administrative records for students and faculty. The records were found to be substantial and provided the QRP with informative details of education and training activities.

Facilities (add rows as required)

Location	Comments
Tullamore Training Centre	The Tullamore training centre is open less than twelve months. The QRP were provided with the opportunity to tour the facilities which were found to be suitable for the courses being provided.

Resources – e.g. equipment, ICT, course material, etc (add rows as required)

Location	Comments
Tullamore Training Centre	The QRP were provided with the opportunity to review a range of equipment utilised on courses. This was found to be adequate and suitable for the courses being provided.

4.4 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.

- NAS QA Handbook, June 2017 (V11)
- QRF Supporting Document Checklist
- NAS Data Privacy – Information for Staff
- NAS Data Privacy - Information

- 2019 Self-Assessment Report
- 2022 Self-Assessment Report
- QRF Documents List
- HSE Code of Governance
- HSE Data Protection Policy
- HSE Complaints Management Pathway
- NAS Business Support Policy for Records Management

- NASC Mission Statement
- NASC 2021 Organisational Chart
- NASC Complaints Procedure
- HSE Child Protection & Welfare Policy
- HSE Garda Vetting Process
- NASC Course Design Process & Approval

• Faculty Roles & Responsibilities • NAS Parent Safety Statement • Internal Verification Process • External Reviewer Verification • Faculty Recruitment, Management & Development • NAS Workforce Support Policy – Capability • HSE Employee Handbook 2016-17 • NASC Examinations Policy • NASC Paramedic Course Induction • Recognition of Prior Learning • Faculty Details • Student Details • Year 1 & 2 Appeals Process • Board of Studies Meeting Record • Board of Studies Terms of Reference	• NASC Course Development Policy & Procedures • Exam Board Results Sheet • Tax Clearance Details • Public Liability Insurance Details • HSE Framework for the Corporate & Financial Governance of the HSE – Code of Standards & Behaviour • NAS Support for Programmes of Academic Studies • NASC Clinical Training Programme – Methods of Theoretical & Clinical Instruction • Moodle • ECAT Meeting Record • NASC Safety Committee Meeting Record • Access & Equality Procedure	• HSE National Framework for Developing Polices, Procedures & Guidelines • Faculty List • Syndicate Equipment List • NASC Practitioner Handbook • HSE Diversity, Equality & Inclusion Statement • NASC Equality & Diversity • NASC Paramedic Clinical Placement Log • Staff Communications Procedure • Admissions Process • NASC Assessment & Examinations Student & Intern Policy & Procedures • Jotform • Faculty Meeting Record • Course Director Meeting Record

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

During discussions representatives described robust education and training governance associated with all education and training activities. Programmes are subject to the institutions governance and the additional rigor of University College Cork (UCC) academic governance systems. The evidence provided indicated that these systems ensure objective oversight, clear lines of authority and accountability for all activities associated with PHECC approved courses.

The evidence provided also indicated that the institution would benefit from updating documentation to fully reflect current practice and the activities described during discussions.

Areas of Good Practice

- Robust structures in place to ensure oversight of education and training activities.
- Clearly indicated who has overall responsibility for education and training governance and delegated responsibilities.
- Robust systems in place for course approval/amendment and results approval.
- Self-assessment carried out.
- Procedures in place for identifying, assessing and managing risk, including academic risk.

Areas for Improvement

- Organisational Chart – to reflect academic governance.
- Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities.
- Records of oversight activities.
- Sub-group terms of reference and individual role/job descriptions.
- Risk management documentation.

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.	**SM**

QRP Findings

The evidence provided indicated that the institution:
- is an established legal entity that provides PHECC education and training standards
- maintains up-to-date student records
- maintains up-to-date faculty records
- has a policy, procedures and supporting documents in place to ensure data protection compliance
- is in good financial standing with relevant stakeholders
- has adequate insurance cover in place to cover all education and training activities.

The evidence provided indicated that the institution has an affiliation/partnership with UCC, and the following documentation is in place to support the relationship:

- a memorandum of understanding
- a joint working group
- an agreement outlining responsibilities for delivery, assessment and quality assurance.

The evidence provided indicated that the institution and students would benefit from updated documentation to reflect all the tasks from student entry to exit described during discussions.

The evidence provided indicated that the institution would benefit from additional support to ensure all quality assurance activities outlined in the documentation are systematically and consistently carried out.

A complaints policy and procedures are in place. The evidence provided indicated that the documents need to be updated to reflect current practice and to ensure that all stakeholders are made aware of it.

Areas of Good Practice

- Faculty and student records.
- Data protection compliance.
- Insurance.
- Affiliation/partnership documentation.
- Complaint's policy and procedures in place and included in supporting documents.

Areas for Improvement

- Ensure all tasks associated with education and training are documented.
- Resources to support quality assurance activities.
- Update complaints policy, procedures and supporting documents to reflect current practice and ensure stakeholder awareness.

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

QRP Findings

The evidence provided indicated:

- that the education manager has overall responsibility for the quality assurance of PHECC approved courses
- that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC approved courses
- that appropriate performance indicators are in place for monitoring all aspects of education and training
- the systematic collection, analyses and use of student, faculty and other stakeholder feedback
- the systematic collection and analyses of student participation, success and progression
- the systematic review of learning resources and locations.

The evidence provided also indicated that the institution would benefit from:

- updating the quality policy and procedures to reflect current practice and activities described during discussions
- updating documentation to clearly reflect monitoring activities and the indicators that it should be seeking

- updating policies, procedures and supporting documents to ensure they are effective, fit for purpose and are consistent with the requirements of relevant legislation
- ensuring all action items during self-assessment are included in the quality improvement plan.

Areas of Good Practice

- Overall responsibility clearly allocated.
- Awareness among personnel of their quality assurance responsibilities.
- Appropriate indicators in place.
- Collection, analysis and use of student, faculty, and other stakeholder feedback.
- Collection and analysis of student participation, success and progression.
- Review of learning resources and locations.
- Documented evidence of up-to-date quality improvement planning.

Areas for Improvement

- Quality policy, associated procedures and supporting documents.
- Linking appropriate indicators to all education and training activities.
- Ensure all documentation is up-to-date and reflects current practice.
- Quality improvement action implementation.

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

The evidence provided indicated:
- up-to-date reporting at all levels in the institution
- prospective students are provided with sufficient information to make an informed choice about course participation
- procedures are in place to provide other stakeholders with information and obtain information from them.

During discussions representatives outlined a range of tasks they undertake to support education and training activities. The evidence provided indicated that the institution would benefit from updating documentation to clearly reflect the activities described during discussions, ensuring that all tasks associated with education and training are documented, clearly allocated and linked to relevant performance indicators.

During discussions representatives outlined who is responsible for communication with PHECC. The evidence provided indicated that the institution would benefit from a documented procedure to reflect the activities described during discussions.

During discussions representatives clearly outlined the institutions relationship with UCC and the responsibility of both parties for quality assurance and external review. The evidence provided indicated that updating the information on the institutions website etc. would ensure that:
- the public are made aware of the relationship with UCC in the delivery of PHECC approved courses
- information about the institutions quality assurance system and external reviews is available in an easily accessible format.

Areas of Good Practice
• Reporting throughout the institution.
• Student information.
• Other stakeholder information.
• Responsibility for reporting to PHECC allocated.

Areas for Improvement
• Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant performance indicators. • Procedure for PHECC communication. • General public awareness of third-party relationships, the quality assurance system and external reviews.

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.	**FM**

QRP Findings

The evidence provided indicated that:
- a policy, associated procedures and supporting documents are in place to demonstrate compliance with safety, health and welfare at work responsibilities and legislative obligations
- that appropriate training premises are selected and used to deliver PHECC approved courses
- a documented selection criteria and checklist for external premises to be used for course delivery
- that appropriate equipment/resources are available and have been used for each course
- that a system is in place to regularly maintain and update equipment and that these activities have taken place
- that all resources used for courses are fit for purpose and accessible.

Areas of Good Practice

- Health and Safety policy, procedures and supporting documents in place.
- Selection criteria and an approval checklist for external premises in place.
- Equipment and resources.
- Maintenance records.

Areas for Improvement

- N/A

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

QRP Findings

The evidence provided indicated that:
- students are made aware of the supports available to them before, during and after their course
- appropriate tutor/student ratios are maintained, in keeping with PHECC's course approval criteria
- students are provided with opportunities to meet individually and collectively with faculty and/or management
- procedures are in place to obtain information from potential and existing students of any additional support needs they may have
- mechanisms are in place to provide reasonable accommodation for students with additional support needs
- sufficient up-to-date resources (appropriate to the level of the course) are made available to students in a variety of formats.

During discussions representatives outlined the personnel that are available to support students, i.e. experienced qualified faculty, administrative, technical and clinical. The evidence indicated that students and the institution would benefit from additional administrative and quality support and additional trained clinical supervisors.

Areas of Good Practice
• Appropriately qualified and experienced faculty. • Student supports. • Tutor/student ratios. • Procedures and mechanisms to provide support for those with additional support needs. • Student resources.

Areas for Improvement
• Administrative support. • Quality management/assurance support. • Trained clinical supervisors.

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 provided indicated that: - an equality and diversity policy and associated procedures are in place - all relevant policies and procedures are compliant and promote equality - students, faculty and other stakeholders have been made aware of the policy and procedures - codes of conduct for staff, faculty and other stakeholders are in place - course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence also indicated that the institution, faculty, and students would benefit from up-to-date information and training on equality and diversity.

Areas of Good Practice
• Documented equality and diversity policy. • All relevant policies and procedures are compliant and promote equality, e.g., staff recruitment, development and management. • Awareness of the equality and diversity policy and procedures. • Codes of conduct in place. • Course delivery.

Areas for Improvement
• Up-to-date information and training on equality and diversity for all relevant personnel.

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	**SM**

QRP Findings

The evidence provided indicated that:
- a MOU/Agreement is in place between the institution and internship/clinical placement sites
- internship/clinical placement sites have been assessed to ensure suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval
- before using a new internship/clinical placement site verification of the completed assessment, endorsed by the institution, has been submitted to PHECC
- only PHECC approved sites are used for placement
- selection criteria for internship/clinical placement sites are in place
- systems are in place for students to raise concerns about their placement
- a fair and transparent system is in place for student placement
- learning outcomes to be achieved during placement are documented
- a schedule and procedure are in place for monitoring visits to internship/clinical placement sites
- appropriate documentation is in place to record student activities during their placement
- accurate and up-to-date records of student placement activities are maintained and are made available for internal and external review.

During discussions representatives described how students are supported on their placement by clinical supervisors. They also indicated the intention to expand the student cohort over the coming years. The evidence provided indicated that the institution, faculty and students would benefit from additional trained clinical supervisors.

Areas of Good Practice

- MOU/agreements in place.
- Placed sites assessed and approved by PHECC.
- Selection criteria for placement sites.
- Systems for students to raise concerns about placement.
- Fair and transparent system for student placement.
- Placement learning outcomes.
- Visits to placement sites by relevant personnel.
- Records of student placement activities.

Areas for Improvement

- Trained Clinical Supervisors.

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.	**SM**

QRP Findings

The evidence provided indicated that:

- a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities is in place
- a minimum standard is in place for the academic and subject matter experience of faculty, visiting subject matter experts and clinical supervisors
- personnel involved in administering and delivering PHECC approved courses have been made aware of the quality assurance responsibilities and are carry out those activities consistently
- all personnel have been issued a written statement of employment/engagement.

During discussions representatives indicated the intention to continue to expand the student cohort. The evidence provided indicated that the institution would benefit from additional administrative, quality management/assurance support and trained clinical supervisors. This would ensure that the institution would have the capacity to:

- meet the projected demand for its services
- carry out all the activities described in the policies and procedures
- systematically organise, deliver, and monitor the quality of courses and awards
- ensure full compliance with the QRF
- continue to meet the personnel requirements of the PHECC education and training standards.

During discussions representatives outlined and described the education and training activities they carry out. The evidence provided indicated that the institution and personnel would benefit from updated job descriptions to accurately reflect the activities described during discussions.

Areas of Good Practice

- Recruitment, development and management.
- Minimum standards in place for faculty, visiting subject matter experts and clinical supervisors.
- Quality assurance awareness and activities.
- Terms of employment/engagement.

Areas for Improvement

- Adequate numbers of personnel to:
  - meet the projected demand for its services
  - carry out all the activities described in the policies and procedures
  - systematically organise, deliver, and monitor the quality of courses and awards
  - ensure full compliance with the QRF
  - continue to meet the personnel requirements of the PHECC education and training standards.
- Job descriptions.

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.	FM

QRP Findings

The evidence provided indicated that:
- procedures are in place for identifying training/upskilling requirements for personnel
- appropriate induction is in place for personnel and that they have attended induction
- a training and development plan which details how the institution meets the support and development needs of relevant personnel is in place
- development/upskilling has taken place
- practitioner CPG upskilling has taken place
- mechanisms are in place for faculty to request support for training/upskilling to achieve additional qualifications
- formalised support and supervision and annual appraisal systems are in place
- personnel have completed training/upskilling relevant to their role.

During discussions representatives outlined and described the training/upskilling activities that they had undertaken. Representatives also outlined the systems that are in place to request support for achieving additional qualifications relevant to their roles. Examples were provided of personnel achieving relevant degrees, PHD etc.

Areas of Good Practice

- Training/upskilling.
- Induction.
- Personnel development plans.
- Support, supervision, and annual appraisal.

Areas for Improvement

- N/A

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

QRP Findings

The evidence provided indicated that:
- systems are in place for regular and appropriate communication between faculty and management
- faculty provide feedback during and after their course
- systems are in place that ensures only personnel with valid certification deliver PHECC approved courses
- the activities of faculty and visiting subject experts are systematically monitored through observation and the analysis of relevant documentation
- appropriate HR policies and procedures are in place to meet its legislative obligations.

The evidence provided also indicated that the institution would benefit from the development of procedures for dealing with poor and unacceptable performance of faculty.

Areas of Good Practice

- Communication between faculty and management.
- Faculty feedback.
- System for ensuring only personnel with valid certification deliver PHECC approved courses.
- Faculty and subject matter expert monitoring.
- HR policies and procedures.

Areas for Improvement

- Procedure for dealing with poor and unacceptable performance of faculty.

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

QRP Findings

- N/A

Areas of Good Practice

- N/A

Areas for Improvement

- N/A

6.4 Theme 4: Course Development, Delivery and Review

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

QRP Findings

The evidence provided indicated that course development:
- reflects PHECC requirements
- 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.

The evidence provided also indicated that the development of course material included:
- 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, and tutor/instructor name etc.

During discussions representatives described a comprehensive system for the systematic approval of courses. This includes NASC approval before the course is subjected to the rigours of the UCC course approval system. The evidence provided clearly indicated these activities taking place and that a systematic approach is taken to course approval.

The evidence provided also indicated that the institution would benefit from updating the course development, delivery and review policy and procedures, including a procedure for course amendment, to reflect current practise and the activities described during discussions

Areas of Good Practice

- Course development.
- Course material.
- Course approval.

Areas for Improvement

- Course development, delivery and review policy and procedures.
- Procedure for course amendment.

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.	FM

QRP Findings

The evidence provided indicated:
- that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines
- that student induction takes place
- that all courses are delivered by appropriately qualified personnel
- that relevant instructor/tutor details are recorded on course documentation

- comprehensive records of student attendance
- monitoring of learning outcomes delivered by third parties (e.g., placement sites) including site visits, takes place
- structured one-to-one time (remediation, mentoring) is available for students, appropriate to their needs
- documented records of student activity (from the student) are maintained and are available for inspection by PHECC and relevant stakeholders (e.g., the learning portfolio).

Areas of Good Practice

- Course delivery.
- Student induction.
- Appropriately qualified faculty.
- Course documentation.
- Attendance records.
- Student support.
- Student records.

Areas for Improvement

- N/A

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 provided indicated that:
- the admissions policy/entry criteria need to be updated to reflect current practice and student transfer described during discussions
- sufficient and appropriate information is available to prospective students to make an informed choice about course participation.

During discussions representatives indicated that recognition of prior learning is not applicable.

Areas of Good Practice

- Documented admissions policy and course entry criteria.
- Prospective student information.

Areas for Improvement

- Admissions/entry criteria information.

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

QRP Findings

The evidence provided indicated that:
- students have opportunities to provide feedback during and after their course
- faculty have opportunities to provide feedback during and after their course
- course evaluations are documented by the tutor or course director.

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

The evidence provided indicated that during self-assessment areas for improvement have been identified. It also indicated that not all areas for improvement were included in the Quality Improvement Plan (QIP).

Areas of Good Practice

- Students and faculty have an opportunity to provide feedback during and after their course.
- Tutors or the course director contribute to course evaluation.
- The institution has carried out a self-assessment.
- The institution has a documented quality improvement plan.

Areas for Improvement

- Procedure for course review.
- Course evaluation.
- Quality improvement plan.

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.	**SM**

QRP Findings

The evidence provided indicated that:
- an assessment policy and procedures are in place
- an appropriate assessment schedule which has been approved by PHECC is in place
- appropriate assessment methodology is used on all courses
- it is clearly stated when PHECC assessment material is used
- students have access to the information (e.g., course material) necessary for them to participate in assessment
- students receive feedback on their assessment/results
- procedures are in place to adapt assessment methodologies to cater for students with additional support needs
- responsibility for managing the PHECC certification system is allocated
- students are authorised to apply for the NQEMT examination at the appropriate time.

The evidence provided indicated that the institution would benefit from updating the documentation that supports the security of assessment related material.

During discussions representatives indicated that the assessments are subject to NASC administrative internal verification before going through the UCC systems of internal verification, external authentication and results approval. The evidence provided during discussions indicated that the assessments go through an extensive robust system of authentication.

The evidence provided also indicated that the institution would benefit from updating the documentation on internal verification, external authentication and results approval to reflect current practice and the activities described during discussions.

The evidence provided indicated that the student appeals policy and procedures need to be updated to reflect current practice and activities described during discussions.

Areas of Good Practice
• Assessment policy and procedures. • Assessment schedule and methodology. • Student assessment information and feedback. • Student assessment support. • Designated responsibility for PHECC certification system. • Appropriate assessment methodology is used for all courses.

Areas for Improvement
• Security of assessment material. • Internal verification, external authentication and results approval policies and procedures. • Student appeals.

7. Conclusion and Outcome

Rating	**3.5**
Level	**Substantially Met (SM)** – Substantive evidence of organisation-wide compliance
Conclusion	The Quality Review Panel had the opportunity to gather evidence through a comprehensive review of a range of documentation, engaging in discussions with institution representatives during the onsite visit and observing facilities and equipment. During discussions representatives indicated that the institution would be undertaking a significant upgrade of their quality management/assurance system associated with PHECC approved courses. The evidence indicated that the updates to existing documentation and practices would ensure that the quality management/assurance system remains effective, fit for purpose and reflective of current practice. The updates would also ensure that the institution continues to meet PHECC education and training standards and Quality Review Framework requirements. The Quality Review Panel concludes from the evidence provided, that the institution has effective and efficient quality management/assurance systems in place to ensure the quality of PHECC approved courses. 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.