

Quality Review Framework
Composite Report
FRS Training Ltd

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.....	8
6.3 Theme 3: Human Resource Management	10
6.4 Theme 4: Course Development, Delivery and Review.....	13
7. Conclusion and Outcome.....	16

Quality Review Framework Composite Report

1. Institution Details

Name	FRS Training Ltd
Address	Head Office, Derryvale, Roscrea, Co Tipperary, E53EV90
Type of Organisation	Private Company
Profile	<p>Approved Training Institution.</p> <p>FRS Training provides PHECC responder approved courses within the field of practice, and administration for all courses is carried out at the main office in Tipperary.</p> <p>All elements of internal verification (IV) are aligned to core personnel from the main office.</p>
PHECC Courses Delivered	CFR Community & First Aid Response
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	<ul style="list-style-type: none"> 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	1/9/2022 & 19/9/2022
Date of On-site Review	22/9/2022

3. Report Details

Draft report sent to Institution for feedback	20/10/2022
Final report sent to Institution	16/11/20212

Director Approval	
Date	09/11/2022
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
FRS Training Ltd	General Manager
FRS Training Ltd	Quality Assurance Manager
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
FRS Training Ltd	General Manager
FRS Training Ltd	Quality Assurance Manager

4.2 Stakeholder Discussions

Role (add rows as required)
General Manager
Quality Assurance Manager
PHECC Quality Review Panel

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.		
Website	Organisational Charts	Student Feedback Form

Data protection Policy	Complaints Policy	Appeals Policy
Quality Policy	Administration Policy	Insurance Documentation
Tax Clearance Cert	Named Faculty List	Communications Policy
Equality & Diversity Policy	Bullying Policy	Health & Safety Policy
Premises Selection Criteria	RPL Policy	Role Descriptors
Internal Verification Policy	Results Approval Policy	Risk Management List
Student Records	Staff Records	Staff CV's
Faculty Records Online	Course registrations online	
Course evaluation reports		
Course Approval Quality Meetings		
Discussion/ Demonstration of new LMS/CRM system		
Programme Development, Approval & Review Policies		

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 (Online Review)
Facilities (add rows as required)	
Location	Comments
N/A	N/A (Online Review)
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	N/A (Online Review)

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>The evidence indicated that the organisational chart did not reflect current practice and activities outlined in the policies and procedures. During discussions it was indicated that all roles are in place for educational and training governance. The ATI confirmed that PHECC provision will sit under its Health Care Provision Board and an update will be completed to reflect this.</p> <p>The evidence indicated that there was limited effective results approval processes or the implementation of this in the organisation. The ATI needs to develop clear processes for verification and approval pre-certification of all courses.</p> <p>The evidence for course approval and booking of courses and the aligned documents for inhouse and contract trainers were viewed at the virtual visit. In discussion with the ATI it was agreed that more clarity is required on this process and the aligned procedures ensuring that all those delivering courses are pre-approved instructors who have completed the induction of the organisation, currently an informal process is in place with quality lead.</p> <p>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.</p> <p>The evidence indicated that the institution has procedures in place for identifying, assessing and managing health & safety risk only, with minimal reference to educational. The General Manager outlined the new processes being implemented across the ATI, through the use of a new online system.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Individual with overall responsibility for education and training governance identified. • Some roles descriptors in place. • Very strong commitment to enhance the process from very positive discussions. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Organisational chart to be updated to reflect education and training governance. • Procedures to be developed/updated to ensure relevant sub-groups/individuals are in place to provide objective oversight. • Role descriptions to be updated to reflect practice and all activities associated with education and training. • Embedding all areas of assessment approval is required including core elements of IV, EA and RAP. • Key criteria to be designed to support all assessment and verification roles and competency criteria set for those undertaking IV and EA within the organisation. • Risks identification, assessment and management be carried out across all education and training activities associated with PHECC approved courses. 		

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	MDM
QRP Findings		
<p>The evidence indicated that the institution is an established legal entity with education and training as a function of the larger organisational activities. Education has been identified as key practice with department resources and is in good financial standing with the Revenue Commissioner.</p> <p>The evidence indicated that all tasks (from student entry to exit) associated with education and training are not documented effectively. It was indicated that the institution would benefit from additional and updates to existing documentation to reflect current practice and support these activities.</p> <p>During discussions representatives indicated that the institution maintained personal data of students.</p> <p>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.</p> <p>The institution provided written confirmation of company insurance. The evidence also indicated that it is a requirement of the institution that contracted faculty have their own insurance in place and to provide documented evidence to the institution of that insurance.</p> <p>The evidence indicated that documentation is in place for dealing with complaints at all levels within the organisation, but clarity is required around the processing of a complaint and the escalation points.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution is an established legal entity with education and training as key function with full resources in place. • 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. • Update data protection policy and procedures to reflect current practice and legislative requirements under GDPR 2016/679. • Update complaints policy and procedures to reflect current practice and evidence that all stakeholders have been made aware of it. 		
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		
<p>The evidence indicated that the quality policy and associated procedures need to be updated to reflect current practice.</p> <p>During discussions representatives indicated that the quality assurance manager has overall responsibility for the quality assurance of PHECC approved courses.</p> <p>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</p>		

representatives indicated that additional documentation and activities would support improvements in this area, and a robust system of monitoring contracted instructors is required.

During discussion the ATI noted the need to review all documents and update to newer versions. 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.

Areas of Good Practice

- 2022 PHECC self-assessment report completed and submitted.
- Some areas for improvement identified and included in the quality improvement plan.
- Design and development of an internal training plan and platform in place, this will assist in all development of instructors.
- Organisation has a very clear commitment to enhancing practice and quality improvements.

Areas for Improvement

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

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

QRP Findings

The evidence indicated that the institution would benefit from additional documentation to support these activities, including more effective evaluation processes and monitoring of programmes.

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, these are submitted in line with request timelines.

The evidence indicated that additional documentation and information is required to support these activities and ensure up to date information is available.

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

Areas of Good Practice

- Responsibility for providing PHECC with information allocated.

Areas for Improvement

- Additional documentation to support and provide evidence of internal reporting.
- Update procedures to ensure that targeted information is provided to PHECC as requested.
- Develop systems to ensure that all prospective students are provided with sufficient information to make an informed choice about course participation.
- Provide information to the public about 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.	MDM
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 across all streams of educational provision.</p> <p>During discussions representatives indicated that additional premises checks are to be carried out during monitoring visits, with live virtual monitoring undertaken for some instructors. Additional documentation and updates to existing documents would support and provide evidence of 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 equipment checks. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Updates to existing documentation to provide additional information. • Maintain up to date records of activities for all PHECC approved courses. • Clear documentation to be put in place for all courses and venues to support both checking and monitoring venues suitability. • Risk assessment to be completed for all external sites prior to first delivery of programmes and then monitored as required. 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM
QRP Findings		
<p>The evidence indicated that there are a range of supports available for students, but not formalised or communicated to all stakeholders.</p> <p>The evidence 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>There is no reference in documentation about the opportunities for students to meet with faculty and management. From discussion this was clarified as informal processes at the present.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • A range of student support available. • Opportunities for students to meet with faculty in informal settings. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Policy and procedures required to formalise these processes and should be made visible to all key stakeholders, through website, student information leaflets and instructor guidance 		

<ul style="list-style-type: none"> • Additional information required to ensure students on all courses are made aware of available supports. • 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		
<p>The evidence indicated that the institution has limited documented equality and diversity policy and procedures.</p> <p>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.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented equality and diversity policy and procedures. • Course delivery accommodates the cultural backgrounds and different learning styles of students. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update all relevant policies and procedures to ensure they are legislatively compliant with reference to equality and diversity. • Clarity on where stakeholders are made aware of this policy, and any procedures for reporting concerns. • Ensure that all stakeholders are made aware of the policy and procedures. • 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 demonstrates that the organisation completes an informal induction process for all faculty. During discussion it was agreed that clearer guidelines were required on the process and the monitoring of these activities. The induction process needs to be formalised with relevant evidence captured for future reviews/audits.</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 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.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Clear commitment to employment of good instructors with both experience and pedagogical approaches. • Introduction of new LMS to support all activities. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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. 		
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 has clearly defined approaches to the development of all personnel and that the organisation values the commitment to educational provision through supporting all activities of both full and contracted staff.</p> <p>The evidence indicated that this would be enhanced by formalised procedures on these areas and construction of development plans or maps for all involved in educational provision. The further development of the internal training plan would assist these processes.</p> <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>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Evidence that the ATI has a clear commitment to CPD. • Informal 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 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. 		
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>The evidence indicated that the system in place does not ensure that only personnel with valid certification deliver PHECC approved courses. Discussion and observation of affiliated instructors showed gaps in practice.</p> <p>During discussions representatives indicated that communication between external affiliated faculty and management is through email, conversations and training provision.</p> <p>The evidence indicated that the institution and faculty would benefit from additional documentation to support these activities.</p> <p>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.</p> <p>The evidence indicated that the institution needs to document procedures for dealing with poor and unacceptable performance of faculty, in practice this was evidenced as a clear process with both remedial actions and sanctions in place, commented processes would add to the verification of this.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Faculty provide course feedback. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Additional documentation to support communication between faculty and management. • Evidence of systematic monitoring of faculty through observation and the analysis of relevant documentation. • Documented procedures for dealing with poor and acceptable performance of faculty. 		
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 faculty would benefit from a documented collaborative provision policy and associated procedures to ensure the effective collaborative roles and responsibilities.</p> <p>The evidence indicated that a written and signed contract/agreement was in place between management and external affiliated faculty with clear outlining of QA responsibilities.</p> <p>The evidence indicated that at the time of review all faculty details were not submitted to PHECC. Discussion on the affiliated providers and their training panel noted that not all instructors are inducted, nor has the ATI full awareness of these panels.</p>		

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

Areas of Good Practice

- There is a documented quality assurance agreement in place.
- All stages of collaborative provision in place informally.

Areas for Improvement

- Develop and document a collaborative provision policy and associated procedures.
- Provide documented evidence of QA standards between both parties.
- More formal processes required for the contracted training providers and effective monitoring of training delivery.
- 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/updated documentation to ensure the course development, delivery and review policy and procedures are up to date, reflect current practice and accommodate updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.</p> <p>The evidence indicated that course development and material (developed by the institution):</p> <ul style="list-style-type: none"> - demonstrates an appropriate balance between theory and practice - provides a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate - clearly outlines aims and objectives, detailing competencies to be achieved by students - has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons - has detailed timetable, time on each topic, teaching method, tutor/instructor name, etc. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented procedures for course development and review. • Course material meets PHECC requirements. • Course approval process documented. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Document a systematic approach to internal course approval. • Structure of a subgroup for course design and approval, ensuring separation of decision making at all times. 		
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		
<p>The evidence indicated that instructor names are recorded on course material and that records of student attendance are maintained.</p> <p>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.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Instructor details are recorded on course documentation. • Records of student attendance are maintained. • Clear evidence of monitoring of faculty and corrective actions in place. 		
Areas for Improvement		
<ul style="list-style-type: none"> • A systematic system for student induction and evidence that it is formalised and consistent across all PHECC approved courses. 		

<ul style="list-style-type: none"> Evidence that, if required, all students are provided with the opportunity of one to one time with the instructor, appropriate to their needs. Monitoring of those delivery courses is required to ensure those who sign off on attendance are the agreed and approved instructor. 		
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		
<p>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.</p> <p>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.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Information is provided verbally to students so they can an informed choice about course participation. Good practice of internal verification across all courses. 		
Areas for Improvement		
<ul style="list-style-type: none"> Additional/updated documentation about admissions and/or entry criteria to reflect current 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		
<p>The evidence indicated that the institution would benefit from documented procedures to support course review.</p> <p>The evidence indicated that the institution has identified areas for improvement and actions have been agreed and included in the quality improvement plan.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Students have an opportunity to provide feedback during and after their course. The institution has a documented quality improvement plan. Feedback from students is reviewed and aligned to improvement measures for all programmes within the organisation. 		
Areas for Improvement		
<ul style="list-style-type: none"> Document a systematic approach to course evaluation that includes an opportunity for all stakeholders to contribute. 		

Quality Area	4.5 Assessment and Awards	Level
Quality Standard	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	MDM
QRP Findings		
<p>The evidence indicated that the assessment policy and procedures need to be updated to reflect current and new practice.</p> <p>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.</p> <p>The evidence indicated that the institution and students would benefit from an updated appeals policy and procedures.</p> <p>The evidence indicated that verification and approval processes for certification are not undertaken. Discussion with ATI on this, noted that these are specific criterion and must be embedded in daily practice.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Appropriate assessment methodology is used for all courses. • It is clearly stated when PHECC assessment material is used. • Clear internal verification processes in place across all courses. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update assessment policy and procedures to reflect current practice. • Provide students with information about assessment supports and maintain a record of these activities. • Update documentation for the security of assessment material. • Implement all stages of internal verification, external authentication and results approval across all courses. • Documented appeals policy and procedures. 		

7. Conclusion and Outcome

Rating	2.1
Level	Moderately Met – MDM Evidence of a moderate degree of organisation-wide compliance.
Conclusion	<p>There are policies and procedures in place and the ATI demonstrated a commitment to internal quality assurance and continuous quality improvement. Evidence shows that the ATI needs to review and update all polices to effectively reflect all PHECC criterion and educational practices.</p> <p>Evidence also shows that the systems in place need revision to provide a more effective oversight at all levels in the organisation which ensures that the quality assurance of PHECC approved courses is carried out in an effective and efficient manner.</p> <p>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.</p> <p>The ATI has the capabilities to embed the criterion and is actively looking to enhance its practice through development of new systems.</p> <p>The panel noted that there is an overarching commitment by the ATI to continue with improvement actions and that revision of its current quality management system into more formalised documentation will demonstrate more effectively the good educational practices of the organisation.</p> <p>The completion date for all improvement actions is 09/02/2023.</p>



Published by:

Pre-Hospital Emergency Care Council
2nd Floor
Beech House
Millennium Park
Naas
Co Kildare
W91 TK7N
Ireland

Phone: +353 (0)45 882070
Email: info@phecc.ie