

Quality Review Framework
Composite Report
MDAL Safety Solutions 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	2
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.....	9
6.3 Theme 3: Human Resource Management	12
6.4 Theme 4: Course Development, Delivery and Review.....	15
7. Conclusion and Outcome.....	18

Quality Review Framework Composite Report

1. Institution Details

Name	MDAL Safety Solutions Limited
Address	312 Sutton Park, Sutton, D13 P972
Type of Organisation	Private Company
Profile	Approved Training Institution
PHECC Courses Delivered	CFR and 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	To review the institution's activities and assess their performance against the PHECC Quality Review Framework.
Date(s) of the Desktop Review	28/08/2022 & 4/09/2022
Date of On-line Review	07/09/2022

3. Report Details

Draft report sent to Institution for feedback	30/9/2022
Final report sent to Institution	21/10/2022
Director Approval	
Date	10/10/2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	Role
MDAL	Managing Director
MDAL	External QA Advisor
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Closing Meeting (add rows as required)	
Organisation	Role
MDAL	Managing Director
MDAL	External QA Advisor
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member

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

4.4 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.		
MDAL QIP	Aiden Thompson Insurance Policy	MDAL Venue and Instructor Equip Checklist
MDAL Self-assessment Toolkit	MDAL Facility (Faculty) Listing	MDAL Venue Risk Checklist
MDAL organisation chart	MDAL Accountant letter	Affiliate QA Agreement and contract policy
MDAL SS Brief description	Tax Clearance Cert (document)	Quality and consistency of delivery policy
Faculty meeting minutes	MDAL cove note Arachas	Faculty Monitoring observation report
Role of assistant Tutor	Bullying and Harassment policy	Internal Verification and course Audit
Role of External Authenticator	Communications policy	Internal verification and course Audit template
Role of IV	Learner Admission Policy	Faculty Monitoring and observation report
Role of Training Coordinator	Data Protection Policy	Audit No 2022-01 MDAL internal audit report
Role of Training Course Director	Affiliate QA Agreement and contract policy	MDAL internal report template
Self-evaluation of courses and services	Complaints policy and Procedure	MDAL Learner course evaluation
PHECC course approval policy	MDAL Instructor Affiliate Course Booking Form	MDAL Far Course outline and info
PHECC Course review policy	MDAL Provider and advertising agreement template	MDAL FAR Re-Cert course outline and info
MDAL faculty meeting minutes template	FAR FARR Pack Checklist	MDAL provider and advertising agreement template
MDAL venue risk checklist	MDAL Instructor Affiliate Course Report	MDAL safety statement
Equipment cleaning and infection control policy	MDAL course register	MDAL learner declaration
Instructor Code of conduct	PHECC course approval policy	MDAL learner course evaluation
Aiden Thompson QA agreement	PHECC course review policy	MDAL course review form
Faculty Affiliation policy and procedure	PHECC courses design and development	External authenticator selection criteria
Recruitment of faculty members procedure	MDAL attendance Sheet FAR FARR CFR courses	Internal verification procedure
MDAL Instructor affiliate course report	MDAL incident report	External authenticator report template
Provider and advertiser agreement template	MDAL Overview	Instructor files for Aiden Thompson, Aisling Roche, Cynthia Bradley, Imelda Fitzgerald,
MDAL FAR MCQ Envelope cover	Lesson Plans	MDAL Affiliate-Instructor induction presentation
MDAL learner information booklet	Appeals policy and procedures	

5. Compliance Rating and Level

The Compliance Ratings (CRs) are designed to establish a baseline, measure ongoing progress and encourage CQI. Ratings are given on a five-point scale (0-4) against each component. To calculate the overall Compliance Level (CL) for the relevant quality standard:

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR.

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation-wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation-wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation-wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

6. QRP Findings

6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	MNM
QRP Findings		
<p>During discussions representatives outlined that the institution has reduced the affiliates/instructors it will work with for the foreseeable future.</p> <p>The evidence provided indicated that the institution needed to better establish clear lines of authority and accountability and an organisational chart that outlines this clearly.</p> <p>Little evidence was produced to show that relevant sub-groups/individuals are in place to provide objective oversight of course approval/amendment, results approval and self-assessment.</p> <p>While substantial work has been done in recent weeks, documentation is inconsistent.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • An external authenticator has been sourced. • Some role descriptors have been produced. • Substantial work has been done to produce/revise policies and procedures. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Organisational chart – further clarification required to clearly reflect the institutions' current structure and how that structure supports education and training activities. • Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities within the resources available. • Records of oversight activities. • Further clear terms of reference for sub-groups and individuals carrying out oversight activities. • Documented role descriptions for all activities associated with education and training. • Document procedures for identifying, assessing and managing risk associated with education and training activities and maintain records of these activities. 		
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.	MNM
QRP Findings		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> - is an established legal entity that provides PHECC education and training standards - is in good financial standing with relevant stakeholders - has not documented all tasks (from student entry to exit) associated with education and training. <p>There was no clear system in place to ensure all affiliates and instructors have relevant insurance in place.</p>		

A data protection policy has been submitted but there is no clear compliance with all affiliated trainers. There was a lack of clarity on what resources were in place to carry out all QA procedures and how these would be organised.

Areas of Good Practice

- The institution has provided an assurance of good financial standing and tax clearance.
- Some instructor files have been produced.
- The number of affiliated instructors and organisations has been substantially reduced.

Areas for Improvement

- Ensure all tasks (from student entry to exit) associated with education and training are documented.
- Resources to support quality assurance activities.
- Establish and maintain comprehensive up to date records for students and faculty.
- Policy procedures and supporting documentation to ensure compliance with data protection and legislative compliance by all affiliated trainers.
- Establish a system to ensure adequate insurance cover is maintained by all trainers.
- Further update complaints policy, procedures and supporting documents and improve awareness and signposting for all stakeholders.
- Ensure the institution is sufficiently resourced (finance and human) to carry out all quality assurance activities.

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.	MNM

QRP Findings

Responsibility for the quality assurance of PHECC approved courses was inadequately detailed. There is insufficient evidence that relevant stakeholders are aware of their responsibilities for the quality assurance of PHECC approved courses.

Appropriate performance indicators were not in place for monitoring all aspects of education and training. It was not clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking. Additional resources have been recruited to enhance this, but further development is required.

The systematic collection, analyses and use of student, faculty, and other stakeholder feedback was not evident. No systematic collection and analyses of student participation, success and progression was available. The systematic review of learning resources and locations was not evident, but there was a venue and equipment evaluation form.

There was no up to date evidence of 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.

Many items remain open in the QIP, and some closed items need further work. In discussion representatives of the institution seemed committed to improvements.

Areas of Good Practice

- External assistance has been sourced and work has begun on improvements.
- Instructor contracts and induction have been amended to improve awareness of QA responsibilities.
- Additional HR have been resourced to improve monitoring.

Areas for Improvement		
<ul style="list-style-type: none"> • CQI/Quality policy, associated procedures and supporting documents. • Clear allocation of responsibility for QA. • Establishment of appropriate indicators for all education and training activities. • Ensuring all stakeholders are aware of their QA responsibilities. • Improved monitoring and establishment of appropriate indicators. • Establish systems to ensure up to date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback. • Establish systems to ensure there is up to date evidence of the systematic collection and analysis of student participation, success (grade analysis) progression. • Establish systems to ensure there is up to date evidence of the systematic review of learning resources and locations. • Quality improvement action planning and 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.	MNM
QRP Findings		
<p>Some evidence was submitted of a process for internal reporting. Lack of evidence indicated that additional documentation is required to support these activities and enhance current practice.</p> <p>The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPIs.</p> <p>It was not clear who is responsible for communication with PHECC or what process is in place to support this.</p> <p>There was a lack of evidence provided that prospective students are provided with sufficient information to make an informed choice about participation especially where courses are being delivered by external affiliated faculty.</p> <p>There was no evidence to show that the public are made aware of the arrangements where affiliated faculty are delivering PHECC approved courses, the relationships and responsibilities involved or the institutions QA system.</p> <p>There were no procedures in place to provide other stakeholders with information and to obtain information from them.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Processes to improve communication between all stakeholders are being developed. • A student handbook has been produced but needs further work. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Internal reporting at all levels. • Documentation of all tasks from student entry to exit and ensuring that they are clearly allocated and linked to relevant performance indicators. • Improve systems and documentation to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC. 		

- Improve systems and information to inform students and assist them in making course participation choices.
- 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.	MNM
QRP Findings		
<p>A safety statement was provided but there are no aligned procedures and submitted documentation does not cover all elements of practice for affiliated trainers.</p> <p>Some documentation was submitted regarding the selection criteria for premises but there was inadequate evidence shown to ensure external training premises used to deliver PHECC approved courses were adequate and appropriate.</p> <p>There was no evidence of usage or analysis of the training infrastructure document especially by affiliates.</p> <p>Documented processes are required to ensure that premises and equipment are monitored, suitable and to collect adequate evidence of this.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Safety statement. • Venue and equipment suitability checklist. • Equipment maintenance policy. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Safety statement and associated policies and procedures to ensure legislative obligations and align procedures. • Equipment maintenance policy, procedures and monitoring of same to include affiliates. • Policies, procedures and documentation to ensure external premises used for PHECC courses are appropriate and adequately documented and monitored. • Policies, procedures and documentation to ensure that appropriate equipment/resources are available, used, maintained and fit for purpose and that these are adequately documented and monitored. 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive, and challenging environment is provided for students.	MNM
QRP Findings		
<p>There was limited evidence provided to show that:</p> <ul style="list-style-type: none"> - 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. 		

Evidence was provided for a small number of trainers. During discussions representatives assured that current informal arrangements will be formalised, and that policies, procedures and evidence of these supports will be appropriately managed and communicated to students as required.

Areas of Good Practice

- Sample evidence that instructors are adequately qualified and experienced and that student/instructor ratios are maintained.
- Student support policy.

Areas for Improvement

- Develop or improve policies procedures and documentation to ensure that:
 - students are adequately supported by appropriate staff in all areas before, during and after their course
 - students are made aware of the supports available and have adequate opportunity to meet with faculty/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 are made available to students
 - adequate evidence is gathered for all instructors.

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	MNM

QRP Findings

An equality and diversity policy was submitted which was limited in scope and associated procedures are not in place.

Policies and procedures are inadequate to show legislative compliance and promote equality. Students, faculty and other stakeholders have not been made aware of the policy and procedures.

Codes of conduct for staff, faculty and other stakeholders are not in place.

Further work is required to ensure that course delivery accommodates all cultural backgrounds and learning styles.

Areas of Good Practice

- New contracts have been put in place for trainers.
- New induction training is being developed which will improve trainers knowledge of and commitment to equality and diversity and their role in this.

Areas for Improvement

- Develop associated procedures to show the equality and diversity policy is appropriately implemented.
- Ensure that the relevant policies and procedures are legislatively compliant and promote equality.
- Further develop up to date information and training on equality and diversity for all relevant personnel and document same.
- Development of appropriate codes of conduct for staff, faculty and other stakeholders.

- Develop or improve policies procedures and documentation to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students.

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		
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.	MNM
QRP Findings		
<p>There is an informal approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities. The academic and subject matter experience of faculty is limited to CFR/FAR instructor certification.</p> <p>Further work is required to ensure personnel involved in administering and delivering PHECC approved courses have been made aware of their quality assurance responsibilities and carry out those activities consistently.</p> <p>Written statements of employment/engagement were not available for all personnel. Written job descriptions specific to each position in the institution were not available.</p> <p>While there is no access to persons under 18 years onto courses, some clarification is required to ensure that the institution is meeting its obligations with regards to vulnerable persons. Representatives assured us that no children or vulnerable persons were being trained, however, it was unclear whether training takes place in premises where vulnerable persons are likely to be encountered.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • New trainer/affiliate contract has been developed. • New induction training for all trainers/affiliates has been proposed and is under development. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Recruitment policies and procedures. • Minimum standards for academic and subject matter experience. • Demonstrate adequate resources to maintain PHECC requirements for course approval. • Develop an appropriate system to ensure that the institution's personnel meet PHECC education and training standards for each course on offer. • Ensure that all personnel involved in administering and delivering PHECC approved courses are aware of their QA responsibilities and are carrying them out consistently. • Ensure a written job description for each role in the institution. • Clarify the position in relation to vulnerable persons or put appropriate and legislatively compliant policies and procedures in place. 		
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.	MNM
QRP Findings		
<p>While trainers are encouraged to maintain skills, there is no documented process to identify training needs of all personnel involved in the organisation.</p> <p>Some evidence was presented of an induction programme for trainers but limited evidence of its implementation.</p>		

There was limited evidence that training and development has taken place or that it meets the support and development needs of personnel.

While a policy has been developed for monitoring of personnel, there are inconsistencies and a clear process for its implementation has not been developed.

Areas of Good Practice

- New induction training is under development.
- Personnel have been recruited to assist with monitoring of trainers.

Areas for Improvement

- Develop process to identify upskilling needs of personnel.
- Ensure all personnel receive induction training.
- Develop mechanisms for faculty to request support and upskilling.
- Develop a formalised support supervision and annual appraisal system.
- Demonstrate that personnel have completed training/upskilling appropriate to their role.

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.	MNM

QRP Findings

Systems are not in place for regular and appropriate communication between faculty and management. Minutes of meetings produced included management but did not include faculty.

There was limited evidence that course reports were submitted after each course. Limited evidence was produced to demonstrate that only personnel with valid certification deliver PHECC approved courses.

Some development work has been completed to ensure systematic monitoring of faculty, but further development is needed and clarification on how this will be implemented. Procedures for dealing with poor or unacceptable performance of faculty requires further clarification. There was some reference to management of roles but not all elements are captured.

Areas of Good Practice

- Instructor files have been developed which should assist with many elements of personnel management.
- A formalised process for communication with all trainers is being developed.
- Some peer monitoring has taken place but is limited in scope.

Areas for Improvement

- Systems to be developed to improve and ensure regular and appropriate communication between faculty and management.
- Systems to improve and evidence faculty feedback during and after courses.
- Systems to ensure that only personnel with valid PHECC certification deliver PHECC approved courses.
- Formalise monitoring of the activities of faculty.
- Procedure for dealing with poor and unacceptable performance of faculty.
- Appropriate HR policies and procedures to meet all legislative requirements.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MNM
QRP Findings		
<p>The institution lacked evidence of agreed quality assurance standards between all parties involved. Responsibility for QA process lacks definition.</p> <p>Monitoring of courses being delivered is limited and a process for this is not evident. Contracts have been developed but are limited in scope and refer only to trainers, not affiliated organisations. No evidence has been supplied of formal quality process agreements.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The roster of affiliates/trainers has been substantially reduced. • Recruitment has taken place of personnel to provide trainer monitoring. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Clear unambiguous allocation of responsibilities for QA. • Procedures for monitoring external affiliated faculty, evidence that these activities take place. • Written and signed contracts/agreements with all trainers/affiliated organisations. • A formal process for submission of faculty details to PHECC. • Documented and agreed QA standards with all parties. • A process for analysis of reports from all parties and actions arising. 		

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.	MNM
QRP Findings		
<p>The evidence provided indicated that the policy submitted was limited in scope and would benefit from further development.</p> <p>A systematic approach to course approval was lacking and some affiliates offered online delivery while the institution is not approved for same.</p> <p>Current documentation on course development needs review to capture current activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> The institution has a policy on course development, delivery and review. The institution has submitted lesson plans. 		
Areas for Improvement		
<ul style="list-style-type: none"> Course development, delivery and review policy and procedures require further work. Procedure for course development/amendment to reflect PHECC requirements. Evidence that courses demonstrate an appropriate balance of theory, practice and learning methodologies and promote a commitment to self-directed learning as appropriate. Separation of academic/commercial decision making. Evidence that a systematic approach is taken to 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.	MNM
QRP Findings		
<p>The evidence provided indicated that a more formal documented approach is required to confirm that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <p>The institution would benefit from:</p> <ul style="list-style-type: none"> - appropriate documentation of student induction on all courses - appropriate records to show all courses are delivered by appropriately qualified personnel and an updated faculty list - relevant instructor/tutor details being recorded on course documentation - comprehensive records of student attendance - clear policy and procedures on monitoring of learning outcomes delivered by third parties to include site visits taking place - documented evidence that structured one to one time (remediation, mentoring) is available for students, appropriate to their needs. 		
Areas of Good Practice		
<ul style="list-style-type: none"> The list of affiliates has been substantially reduced. Files for affiliated trainers are being created. 		

Areas for Improvement		
<p>Further develop systems and records to show 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 consistently - courses are delivered by appropriately qualified personnel - relevant instructor/tutor and student details are recorded on course documentation - structured one to one time is available for students, and 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.	MNM
QRP Findings		
<p>There was a lack of clarity on affiliated trainers admissions criteria. The admissions policy/entry criteria need to be updated to reflect current practice and all courses being delivered by all affiliated trainers.</p> <p>The evidence indicated that students would benefit from additional information about course participation and affiliates do not have guidelines relating to this subject area.</p> <p>It was noted that RPL policies and procedures need improvement.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has an admissions policy. • A student handbook has been developed. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update the admissions policy/entry criteria and procedures and develop systems and an updated contract to ensure all affiliates are compliant. • Provide prospective students with additional information on course entry and associated details to include RPL. • Update RPL procedures and develop systems and an updated contract to ensure all affiliates are compliant. 		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM
QRP Findings		
<p>While a course review policy has been submitted, there is no clear process. The evidence provided indicated that the institution would benefit from updated and additional documentation to support course review and evaluation and to ensure that all stakeholders have an opportunity to contribute to the process.</p> <p>In discussion, there was reference to informal processes which need to be clarified and documented.</p> <p>An extensive QIP was submitted, however, some closed items will need further review.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Sample documentation for student feedback. • Sample documentation on instructor feedback. 		

<ul style="list-style-type: none"> An extensive QIP. 		
Areas for Improvement		
<ul style="list-style-type: none"> A clear process for course review. Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process. A clear process on course evaluation. 		
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.	MNM
QRP Findings		
<p>The assessment policy submitted requires review and clarity on assessment procedures and information to trainers.</p> <p>There was a lack of clarity on the process and policies for the use of PHECC assessment material and in discussion, it was agreed a full review is required.</p> <p>A student handbook is under development, but further work is required to ensure students have full information.</p> <p>The institution would benefit from updated documentation that clearly states who has responsibility for managing the PHECC certification system.</p> <p>The institution would benefit from further development and implementation of procedures for:</p> <ul style="list-style-type: none"> - internal verification - external authentication - results approval. <p>In discussion, it was noted that the role of external authenticator is in place.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Engagement of an external authenticator. Sample policy on external authentication. 		
Areas for Improvement		
<ul style="list-style-type: none"> Updated assessment policy and procedures and clarity on information to trainers. Ensure that appropriate assessment methodology is used on all courses and clearly state when PHECC assessment material is used. Provide and document clear guidance to all trainers on assessment. Maintain a documented record of student assessment feedback. Clarify procedures to adapt assessment to cater for students with additional support needs. Document process for security of assessment material. Internal verification, external authentication and results approval. Clarify who has responsibility for managing the PHECC certification system. 		

7. Conclusion and Outcome

Rating	1.5
Level	Minimally Met (MNM) – Evidence of a low degree of organisation-wide compliance.
Conclusion	<p>The Quality Review Panel had the opportunity to gather evidence through a comprehensive review of a range of documentation submitted and during online discussions with institution representatives. The engagement of external expertise has allowed the organisation to substantially improve their policies and procedures.</p> <p>However, it is not evident that the institution has adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> - carry out the activities described in its policies and procedures - maintain PHECC requirements for course approval - systematically organise, deliver and monitor the quality of courses and standards - ensure full compliance with the Quality Review Framework. <p>There is substantial evidence of new and improved documentation and updates to existing documentation in efforts to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution has reduced the roster of approximately 49 external affiliated faculty to approximately 16 and while this will make the task of management easier, further clarity is required on policies, procedures and supporting documents and personnel to manage their activities. The evidence indicated that the institution has gaps in their systems to ensure compliance with the PHECC Quality Review Framework.</p> <p>During discussions it was evident that the institution has undertaken a significant upgrade of their quality management/assurance system associated with PHECC approved courses and had engaged outside expertise to assist in this process.</p> <p>The revised Quality Improvement Plan indicated that updates to existing documentation and practices has taken place and that there is commitment to continue this. The updates would also ensure that the institution will meet PHECC education and training standards and Quality Review Framework requirements.</p> <p>The Quality Review Panel concludes from the evidence provided, that the institution has recognised deficiencies in its quality management/assurance systems to ensure the quality of PHECC approved courses. The implementation of the improvement actions identified during self-assessment and external quality review will, when fully developed and implemented, lead to an enhanced learning experience for students and institution personnel.</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