

Quality Review Framework  
Composite Report  
FL Safety Training

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## 1. Institution Details

<b>Name</b>	FL Safety Training
<b>Address</b>	11 Durham Road, Sandymount, Dublin 4.
<b>Type of Organisation</b>	Private Company
<b>Profile</b>	A private company and a PHECC recognised
<b>PHECC Courses Delivered</b>	Cardiac First Responder, First Aid Response
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"><li>• To facilitate the enhancement of a successful learning experience for students</li><li>• To foster a culture of Continuous Quality Improvement in Institutions</li><li>• To generate public confidence in the standard of education and training in pre-hospital emergency care</li></ul>
<b>Scope</b>	<ul style="list-style-type: none"><li>• The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework.</li></ul>
<b>Date(s) of the Desktop Review</b>	5 <sup>th</sup> 14 <sup>th</sup> 27 <sup>th</sup> November 2022
<b>Date of On-site Review</b>	29 <sup>th</sup> Nov 2022 – Carried out via Microsoft teams

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	19/01/2022
<b>Final report sent to Institution</b>	01/03/2023
<b>Director Approval</b>	
<b>Date</b>	21/02/2023
<b>Report Compiled by</b>	Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel member
PHECC	Quality Review Panel member
PHECC	Quality Review Panel member
FL Training	Managing Director
FL Training	Quality Adviser
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel member
PHECC	Quality Review Panel member
PHECC	Quality Review Panel member
FL Training	Managing Director
FL Training	Quality Adviser

### 4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
FL Training	Managing Director
FL Training	Quality Adviser

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.		
Submitted Folders ( inclusive of): <ul style="list-style-type: none"> <li>• Website</li> <li>• Organisational Chart</li> <li>• Student Feedback Form</li> <li>• Role Descriptors</li> <li>• Internal Verification Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Data protection</li> <li>• Policy Complaints Policy</li> <li>• Appeals Policy</li> <li>• Administration Policy</li> <li>• Insurance Documentation</li> <li>• Communications Policy</li> <li>• Tax Clearance Cert</li> </ul>	<ul style="list-style-type: none"> <li>• Equality &amp; Diversity Policy</li> <li>• Health &amp; Safety Policy</li> <li>• Premises Selection</li> <li>• Programme Development, Approval &amp; Review Policies</li> <li>• Named Faculty List</li> </ul>

#### 4.4 Observation of Practice, Facilities and Resources

Practice – e.g., Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>
Facilities (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>
Resources – e.g., equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>

#### 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 (see 2.6.2.1 for example).

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
<b>Quality Standard</b>	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.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The organisational charts provided did not clearly reflect the institution’s governance structure for educational practices and how that structure supports separation of education and training activities to those of operational. It was unclear from the documentation where responsibility for education and training governance and any delegated responsibilities are outlined or where effective decision-making, or approval systems are in place.</p> <p>During discussions it was indicated that the Managing Director has overall responsibility for education and training governance with responsibilities delegated to administration and faculty. The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation to accurately reflect practice and clearly define roles and responsibilities in both operational and educational structures.</p> <p>The evidence indicated that there were no procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. The evidence indicated that additional/updated documentation (terms of reference, role descriptions) is required.</p> <p>There were no documented procedures for identifying, assessing, and managing risk.</p> <p>Documented evidence indicated that these activities had taken place for health and safety issues and no directed risk management was in place for educational practices or day to day activities. The evidence indicated that the institution would benefit from additional documentation to support these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Overall responsibility for education and training governance at senior management level identified</li> <li>• Delegated responsibilities for education and training governance identified</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Updates to existing documents to clearly reflect practice in education and training governance</li> <li>• Develop a procedure to ensure that when required relevant sub-groups/individuals are in place to provide objective oversight and maintain records of education and governance activities</li> <li>• Document procedures for identifying, assessing, and managing risk associated with education and training activities and maintain records of these activities</li> </ul>		

Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> <li>- Is an established legal entity that provides PHECC education and training standards?</li> <li>- Is in good financial standing with the revenue commissioner.</li> </ul> <p>The evidence indicated that all tasks associated with education and training activities (student entry to exit) are not documented. There was limited evidence that the institution maintains up to date records for all faculty. The evidence indicated that there is a data protection policy and procedures in place that need to be updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679</p> <p>The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out.</p> <p>A complaints policy and procedures are in place. Unclear from the evidence provided that all stakeholders are made aware of the policy and procedures.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• An established legal entity that provides PHECC approved education and training</li> <li>• In good financial standing with the Revenue Commissioner</li> <li>• Appropriate organisational insurance in place for internal staff</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure all tasks associated with education and training activities are documented</li> <li>• Ensure that data protection policy, procedures and supporting documents reflect current practice and GDPR requirements</li> <li>• Maintain records of relevant insurance for all contracted trainers</li> <li>• Ensure the institution is sufficiently resourced to carry out all quality assurance activities</li> <li>• Ensure that all stakeholders are made aware of the complaints policy</li> </ul>		

Quality Area	1.3 Continuous Quality Improvement	Level
<b>Quality Standard</b>	The institution has a proactive, systematic approach to monitoring, reviewing, and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described a range of quality assurance activities, including ensuring all those involved in education and training activities have been made aware of their quality assurance responsibilities. It was also indicated that the Managing Director has overall responsibility for the quality assurance of all PHECC approved courses.</p> <p>The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.</p> <p>The evidence indicated that Key Performance Indicators (KPI) need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered by the institution.</p> <p>The evidence indicated that the institution systematically collects feedback for all PHECC courses. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the analysis and use of student, faculty and another stakeholder feedback is required.</p> <p>The evidence indicated that the institution does not have documented processes for the systematic review of learning resources and locations.</p> <p>The evidence indicated that the institution would benefit from a more 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.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Clear who has overall responsibility for the quality assurance of PHECC approved courses</li> <li>• Systematic collection of student feedback</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Quality policy and associated procedures</li> <li>• Ensure documents accurately reflect quality assurance responsibilities</li> <li>• Ensure relevant KPI associated with all education and training activities</li> <li>• How monitoring is carried out, by whom and what indicators it is seeking</li> <li>• Ensure a systematic approach to the collection, analysis and use of student, faculty, and other stakeholder, learning resources and locations and the review of policies and procedures</li> </ul>		



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
<b>QRP Findings</b>		
<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 KPI. Additional documentation and updates to existing documentation is required.</p> <p>During discussions representatives outlined who is responsible for communication with PHECC. Updates to existing documentation would support these activities.</p> <p>The evidence indicated that the institution engages a range of external contracted faculty to deliver PHECC approved courses. It also indicated that the general public are not made aware of these relationships and the responsibilities of those involved. Limited Information about the institutions quality assurance system and external reviews is made available to the public.</p> <p>The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Up-to-date reporting within the institution</li> <li>• Responsibility for reporting to PHECC allocated</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Additional documentation to support reporting throughout the institution</li> <li>• Documented procedure to ensure information is provided to PHECC as requested</li> <li>• Ensure all prospective students are provided with sufficient information to make an informed choice about course participation, in particular to affiliated trainers</li> <li>• Providing the general public with information about the quality assurance system and external reviews</li> </ul>		

## 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
<b>QRP Findings</b>		
<p>A health &amp; safety policy was available for review. During discussions representatives outlined how health and safety relates to courses delivered by faculty. The evidence indicated that additional documentation is required to support these activities.</p>		

Documentation for choosing a training venue was not made available for review. There was limited evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.

During discussions representatives described the equipment and resources that are available for each course. The evidence indicated that additional and updated documentation is required to ensure that, appropriate equipment/resources are available and have been used on all courses, a system is place for the regular maintenance and updating of equipment and resources.

**Areas of Good Practice**

- Documented health and Safety policy

**Areas for Improvement**

- Health and safety activities related to all PHECC approved courses
- Demonstration that appropriate training premises are selected and used for the delivery of all courses
- Records that appropriate, fit for purpose equipment/resources are available and maintained

Quality Area	2.2 Student Support	Level
<b>Quality Standard</b>	A positive, encouraging, safe, supportive, and challenging environment is provided for students.	<b>MNM</b>
<b>QRP Findings</b>		
<p>There is reference in the documentation to student support and during discussions representatives described the supports that are available for students. The evidence indicated that students would benefit from additional information and awareness before, during and after their course of the support available, including the opportunity to meet with faculty and/or management individually or collectively.</p> <p>There is reference in the documents to reasonable accommodation. The evidence indicated that the institution and students would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs they may have.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel within the institution</li> <li>• Reasonable accommodation available for students</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Support for students from appropriately qualified and experienced personnel available on all PHECC approved courses</li> <li>• Student awareness of available supports before, during and after their course, including an opportunity to meet individually or collectively with faculty and/or management</li> <li>• Mechanisms for providing reasonable accommodation for students with additional support needs</li> </ul>		

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
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented equality and diversity policy.</p> <p>The evidence indicates that supporting policies and procedures need to be updated to reflect current practice and ensure legislative compliance.</p> <p>The evidence indicated that up-to-date information and training on equality and diversity needs to be made available to faculty and that all stakeholders need to be made aware of the policy and procedures.</p> <p>The evidence indicates that course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence indicates that the institution would benefit from additional information to support this.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented equality and access to training policy</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure the equality and training access policy and procedures is up to date, fit for purpose and reflects current practice</li> <li>• Ensure all students, faculty and other stakeholders are made aware of the equality and diversity policy and procedures</li> <li>• The provision of up-to-date information and training for faculty</li> <li>• Ensure that the cultural backgrounds and different learning styles of students are accommodated on all PHECC approved courses</li> </ul>		

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>INQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
<b>QRP Findings</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		

### 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
<b>Quality Standard</b>	The institution has sufficient, appropriately qualified, and experienced personnel to maintain high-quality education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the recruitment process and the minimum standards that are in place for faculty and associated personnel. The evidence indicated that the institution would benefit from documented processes to support a robust systematic approach for the recruitment of appropriately qualified and experienced personnel to carry out education and training activities.</p> <p>The was limited evidence to indicate that all personnel have been made are of their quality assurance responsibilities and are carrying out those responsibilities consistently.</p> <p>The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Standards are in place for all personnel involved in activities associated with PHECC approved courses.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Recruitment of appropriately qualified and experienced personnel</li> <li>Personnel records consistent with minimum standards outlined in the documentation</li> <li>Ensure all personnel meet PHECC education and training standards</li> <li>Awareness of quality assurance responsibilities and consistent application of those activities</li> <li>Ensure that all stakeholders are made aware that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults</li> <li>Job descriptions for each position in the institution</li> </ul>		

Quality Area	3.2 Personnel Development	Level
<b>Quality Standard</b>	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	<b>NM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described personnel upskilling/training, induction, and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p>		

<ul style="list-style-type: none"> <li>- The identification of the training/upskilling needs of all personnel</li> <li>- An induction programme appropriate to the role</li> <li>- Mechanisms that support requests for training/upskilling and additional qualifications</li> <li>- A formalised support, supervision, and annual appraisal</li> </ul> <p>There was limited evidence that personnel have completed training/upskilling relevant to their role.</p>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• Some Internal personnel have completed training/upskilling relevant to their role</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Procedure to identify the training/upskilling needs of all personnel</li> <li>• Personnel induction</li> <li>• Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications</li> <li>• Formalised support and supervision and annual appraisal</li> </ul>

Quality Area	3.3 Personnel Management	Level
<b>Quality Standard</b>	A systematic approach is taken to managing all individuals and groups engaged in education and training activities	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the processes in place for personnel management. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> <li>- Regular and appropriate communication between faculty and management</li> <li>- Faculty feedback during and after their course</li> <li>- The systematic monitoring of faculty</li> <li>- Dealing with poor and unacceptable performance of faculty</li> <li>- Human resource legislative obligations</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documents in place to support observation of faculty</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Communication between faculty and management</li> <li>• System for ensuring only personnel with valid certification deliver PHECC approved courses.</li> <li>• Systematic faculty monitoring</li> <li>• Dealing with poor and unacceptable faculty performance</li> <li>• Human resource legislative obligations</li> </ul>		

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution and contracted faculty would benefit from a documented collaborative provision policy and associated procedures that:</p> <ul style="list-style-type: none"> <li>- Clearly states that the Institution retains full control and responsibility for academic decisions and quality assurance</li> <li>- Clearly states that the Institution is responsible for activities carried out in its name</li> <li>- Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses</li> <li>- Clearly details the responsibilities of each party for the quality assurance of PHECC approved courses</li> </ul> <p>There was limited evidence to demonstrate that the institution has satisfactory monitoring procedures in place or records that these activities have taken place. There was limited evidence of a written and signed contract between the institution and external affiliated faculty.</p> <p>There was limited evidence of agreed quality assurance standards between both parties and no evidence that the institution receives regular reports of the education and training activities of external affiliated faculty.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documents in place to support monitoring activities</li> <li>• Faculty details submitted to PHECC</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Collaborative provision policy and associated procedures</li> <li>• Procedures for monitoring external affiliated faculty, evidence that these activities taking place</li> <li>• Updated Written and signed contract/agreement</li> <li>• Faculty records and submission of faculty details to PHECC</li> <li>• Quality assurance standards between both parties</li> </ul>		

#### 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
<b>QRP Findings</b>		
<p>During discussions representatives described the processes for course development, delivery, and review. The evidence indicated that the institution would benefit from the development of course development, delivery and review policy and associated procedures.</p>		

The evidence indicated that a documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• Course development reflects PHECC education and training standards</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Course development, delivery and review policy and procedures</li> <li>• A systematic approach to internal course approval</li> </ul>

Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
<b>Quality Standard</b>	Courses are delivered in a manner that meets students’ needs and in accordance with PHECC guidelines.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that institution would benefit from additional documentation/records to confirm that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <p>The evidence indicated that the institution would benefit from:</p> <ul style="list-style-type: none"> <li>- Documented records that student induction has taken place on all courses</li> <li>- Records of regular monitoring, including site visits</li> </ul> <p>During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required. It also indicated that the institution and students would benefit from a formalised approach to these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course are delivered by appropriately qualified personnel</li> <li>• Relevant tutor/instructor details are recorded on course documentation</li> <li>• Records of student attendance are maintained</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Records from all courses of student induction</li> <li>• Course monitoring</li> <li>• Student remediation</li> </ul>		

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
<b>QRP Findings</b>		
<p>The evidence indicated that the admissions policy/entry criteria needs to be updated to reflect current practice and all courses being delivered by the institution.</p> <p>The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details.</p> <p>The evidence indicated that the Recognition of Prior Learning (RPL) procedures need to be updated to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional information about RPL..</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented admissions policy/entry criterion</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Update the admissions policy/entry and procedures to reflect current practice and all courses.</li> <li>• Provide prospective students with additional information on course entry and associated details to include RPL</li> <li>• Update RPL procedures</li> </ul>		

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described the process for course review. The evidence indicated that the institution would benefit from a documented procedure to support these activities.</p> <p>The evidence indicated that the institution would benefit from additional documentation to support course evaluation and to ensure that all stakeholders have an opportunity to contribute to the process.</p> <p>The evidence indicated that areas for improvement have been identified. It also indicated that identified improvement actions need to be included in the Quality Improvement Plan (QIP).</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Students and faculty have an opportunity to provide feedback after their course</li> <li>• The institution has carried out a self-assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure for course review</li> </ul>		



- Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process
- Ensure that all identified improvement actions are included in the QIP

Quality Area	4.5 Assessment and Awards	Level
<b>Quality Standard</b>	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures need to be updated to reflect current and new practice, areas to be updated or added include:</p> <ul style="list-style-type: none"> <li>- Supports available to adapt assessment methodologies for students with additional support needs and records of these activities</li> <li>- Security of assessment related material</li> </ul> <p>The evidence indicated that the institution would benefit from updated documentation that clearly states who has responsibility for managing the PHECC certification system.</p> <p>The evidence indicated that the institution would benefit from the development and implementation of current procedures for:</p> <ul style="list-style-type: none"> <li>- Internal verification</li> <li>- External authentication</li> <li>- Results approval</li> </ul> <p>The evidence indicates that the institution has a documented student appeals policy and procedures. It also indicated that the institution needs to ensure that it is applied to all courses.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented assessment policy and procedures</li> <li>• Appropriate assessment methodology in place</li> <li>• It is clearly stated when PHECC assessment material is used</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Assessment policy and procedures to reflect current practice</li> <li>• Procedure to adapt assessment to cater for students with additional support needs</li> <li>• Security of assessment material</li> <li>• Internal verification, external authentication and results approval needs full review and updated processes</li> <li>• Ensure student appeals is available on all courses</li> </ul>		

## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.34</b>
<b>Level</b>	<b>Minimally Met (MNM)</b> – Evidence of a low degree of organisation-wide compliance
<b>Conclusion</b>	<p>The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation 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 significant gaps in their systems to ensure compliance with the PHECC quality review framework.</p> <p>Noted is the Institutions commitment to new processes and the introduction a new quality review that will assist in the recruitment, support, and assessment of all students. This system will also need to assist in quality measures and allow for effective monitoring of all elements of educational practice.</p>



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