



Quality Review Framework  
Composite Report  
Lifeline Ambulance Service Education

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## 1. Institution Details

<b>Name</b>	Lifeline Ambulance Service Education
<b>Address</b>	Unit 20, Glenrock Business Park Bothar na Minne Ballybane Galway H91 N23C
<b>Type of Organisation</b>	Limited Company T/A
<b>Profile</b>	Recognised Institution since 2007 (Formerly IATI) T/A Career Path College – name changed to Lifeline ASE in July 2021
<b>PHECC Courses Delivered</b>	Emergency Medical Technician (EMT) EFR, EFR Instructor FAR, FAR Instructor CFR-Community, CFR-Community Instructor, CFR Advanced, CFR Advanced Instructor CFR and MLO – Epinephrine - Glucagon – Glyceryl trinitrate – Naloxone – Salbutamol
<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>	April 2024
<b>Date of On-site Review</b>	13/05/2024

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	14/06/2024
<b>Final report sent to Institution</b>	22/07/2024
<b>Director Approval</b>	22/07/2024 
<b>Report Compiled by</b>	Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Quality Review Panel
Lifeline Ambulance Service Education	Manager
	Course Director
	Facilitator
Closing Meeting	
Organisation	Role
PHECC	Quality Review Panel x 2
Lifeline Ambulance Service Education	Manager
	Course Director
	Facilitator

### 4.2 Stakeholder Discussions

Name/Group	Role
Lifeline Ambulance Service Education	Manager
Lifeline Ambulance Service Education	Course Director
Lifeline Ambulance Service Education	Facilitator

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.		
<ul style="list-style-type: none"> <li>Named Faculty Form</li> <li>Academic Risk Policy</li> <li>Organisation Description</li> <li>Programme Delivery and Review Policy</li> <li>Accountants Statement 2024</li> <li>Data Protection Policy</li> <li>Information and Data Management Policy</li> <li>EMT Programme Facilitator Report Sept 2023</li> <li>Key Performance Indicators</li> <li>Course Equipment Checklists</li> </ul>	<ul style="list-style-type: none"> <li>Self-Assessment Report</li> <li>Admissions Policy</li> <li>Governance Policy</li> <li>Self-Evaluation, Monitoring and Review Policy</li> <li>Collaborative Provision Policy</li> <li>Equipment Maintenance Policy</li> <li>Tax Clearance Details</li> <li>External Authenticator Reports x 3 Nov 2022, June 2023 and Dec 2023</li> <li>Quality Management Policy</li> </ul>	<ul style="list-style-type: none"> <li>Evidence Mapping Document</li> <li>Assessment Policy</li> <li>Organisational Chart 2024</li> <li>Site Specific Safety Statement 2024/2025</li> <li>Complaints Policy</li> <li>Tutor File (records) x 3</li> <li>Insurance Details</li> <li>Safeguarding Policy</li> <li>Tutor Handbook (signed page)</li> <li>Fire Safety Records – Feb and Apr 2024</li> <li>Student Handbook</li> <li>Equality and Diversity Policy</li> </ul>

<ul style="list-style-type: none"> <li>• Premises Selection Criteria Policy</li> <li>• Learner Support and Resources Policy</li> <li>• Clinical Observation Placement Book PowerPoint Presentation</li> <li>• Staff Training and Development Policy</li> <li>• Sample Course Reports – EMT and FAR</li> <li>• EFR Course Documentation Feb 2024</li> <li>• Placement Site Policy</li> <li>• Health and Safety Audit Report - Galway</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Facilities Checklist March 2024</li> <li>• Communication Policy</li> <li>• Equality and Diversity Training Records x 3</li> <li>• Clinical Observation Placement Logbook</li> <li>• Sample Contract of Employment – Permanent Position x 2 Training Administrator and Tutor</li> <li>• EMT Course Records – Student Submission and Missed Day</li> <li>• Document Approval Log</li> <li>• Online Learning Platform</li> </ul>	<ul style="list-style-type: none"> <li>• PHECC Faculty Handbook 2024</li> <li>• Placement Site Memorandum of Understanding</li> <li>• EMT Trainers Review Day 2023 Presentation</li> <li>• Faculty Induction Policy</li> <li>• Sample Training Site Provider MOU 2024</li> <li>• Meeting Record – Education Committee Oct 2023</li> <li>• Recognition of Prior Learning Policy</li> <li>• Results Approval Meeting Records</li> </ul>
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#### 4.4 Observation of Practice, Facilities and Resources

Practice – e.g., Course delivery, administration, clinical placement	
Location	Comments
Galway – Head Office, Training Centre	Administration and Training – The QRP evidenced the administrative records for students and faculty. The records were noted to be substantial and included informative details of education and training activities.
Facilities (add rows as required)	
Location	Comments
Galway – Head Office, Training Centre	The premises is suitable for the courses being provided.
Resources – e.g., equipment, ICT, course material, etc	
Location	Comments
Galway – Head Office, Training Centre	<p>The QRP reviewed the IT system that supports all education and training activities. The system was noted to be effective in mapping and training the learner journey and their experience while on the course.</p> <p>The QRP reviewed course material onsite – FAR and EMT courses. These were noted to be appropriate and suitable for the courses on offer.</p>

## 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.

## 6.1 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>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the education and training governance systems that support PHECC approved courses.</p> <ul style="list-style-type: none"> <li>The evidence provided during discussions indicated that these systems ensure objective oversight and a clear separation between those who design/develop courses and those who approve them</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>New/updated documentation to fully reflect the governance practice and activities described during discussions</li> <li>Additional and updated documentation to support risk management activities, including risks associated education and training outlined during discussions</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Systems in place to ensure oversight of education and training activities and a separation between those who design/develop courses and those who approve them</li> <li>Delegated authority and responsibilities for education and training governance</li> <li>Systems in place for course approval</li> <li>Self-assessment carried out</li> <li>Results approval carried</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Organisational Chart – To reflect education and training governance</li> <li>Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities</li> <li>Records of oversight activities</li> <li>Sub-group terms of reference and individual role/job descriptions</li> <li>Risk management documentation</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>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided 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>Maintains up to date student and faculty records</li> <li>Is in good financial standing with relevant stakeholders</li> <li>Has adequate insurance cover in place to cover all education and training activities</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p>		

- Updating documentation to accurately reflect all the tasks associated with student entry to exit outlined during discussions
- Updating existing and adding new documentation to support data protection activities
- Additional support to ensure all quality assurance activities outlined in the documentation and during discussions are systematically and consistently carried out
- Updating documentation to ensure obligations under the child and vulnerable persons act 2012 are being fully met
- Updating the complaints policy to reflect current practice and implementing systems to ensure that all stakeholders are made aware of it

**Areas of Good Practice**

- Financial standing with relevant stakeholders
- Systems for maintaining student and faculty records
- Finance and insurance

**Areas for Improvement**

- Documentation supporting all tasks from student entry to exit
- Data protection policy, procedures and supporting documents
- Human resources to support quality assurance activities
- Complaints policy and procedures and awareness
- Safeguarding policy and procedures

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>SM</b>

**QRP Findings**

The evidence provided indicated that the Institution has a quality policy and associated procedures, which states a commitment to systematic monitoring, annual self-assessment, and quality improvement.

During discussions representatives described and outlined:

- The individual that has overall responsibility for the quality assurance of PHECC-approved courses
- How all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses
- How monitoring is carried out
- The systematic review of learning resources and locations
- Quality improvement planning and implementation

The evidence indicated that the Institution would benefit from updating documentation to support the activities described and outlined during discussions.

During discussions representatives described how they collect, analyse, and use student, faculty, and other stakeholder feedback and described the systematic review of learning resources and locations. The evidence provided indicated that the Institution would benefit from:

- Developing/updating performance indicators and linking them to all aspects of education and training for monitoring purposes
- The systematic review of policies, procedures and supporting documents to ensure they are effective, fit for purpose and are consistent with the requirements of relevant legislation



<ul style="list-style-type: none"> <li>Ensuring all action items identified during quality improvement activities are included in the quality improvement plan for implementation</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Overall responsibility and delegated authority clearly allocated</li> <li>Awareness among personnel of their quality assurance responsibilities</li> <li>Systematic collection, analysis and use of student, faculty, and other stakeholder feedback</li> <li>Systematic review of learning resources and locations</li> <li>Quality improvement planning</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Quality assurance responsibility awareness</li> <li>Performance indicators and links to education and training activities</li> <li>Systematic review of policies, procedures and supporting documents</li> <li>Quality improvement action implementation</li> </ul>		
<b>Quality Area</b>	<b>1.4 Transparency and Accountability</b>	<b>Level</b>
<b>Quality Standard</b>	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.	<b>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives outlined and described:</p> <ul style="list-style-type: none"> <li>A range of reporting activities at all levels in the Institution</li> <li>Education and training tasks from student entry to exit</li> <li>How they ensure that certificate activity reports, the annual report (including a disclosure of all faculty) and any other targeted information requests are submitted to PHECC</li> <li>Third party relationships, i.e., contracted faculty</li> <li>How they provide other stakeholders (employer's, etc.) with information and obtain information from them</li> <li>How they provide information about the Institutions quality assurance system to the public</li> </ul> <p>Documentary evidence was provided to support some of these activities. The evidence provided also indicated that the Institution would benefit from new/updated documentation to support the implementation of all these activities and provide up to date evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Reporting throughout the Institution</li> <li>Student information</li> <li>Responsibility for reporting to PHECC allocated</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Records of meetings</li> <li>Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant performance indicators</li> <li>Procedures for obtaining and providing information to external stakeholders, including PHECC</li> <li>Public awareness of third-party relationships, the quality assurance system, and external reviews</li> </ul>		

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution has:</p> <ul style="list-style-type: none"> <li>• A policy, associated procedures and supporting documents in place to ensure compliance with safety, health and welfare at work legislative obligations</li> <li>• Selection criteria and a checklist for external premises to be used for course delivery</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to support the implementation of these activities</p> <p>The evidence provided during discussions indicated that the Institution would benefit from maintaining records to demonstrate:</p> <ul style="list-style-type: none"> <li>• That appropriate equipment/resources are available and have been used for each course</li> <li>• The implementation of the system for regularly maintaining and updating equipment</li> <li>• That all resources used for courses are fit for purpose and accessible</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Safety, Health, and Welfare Practice</li> <li>• Premises Selection</li> <li>• Equipment and resource availability</li> <li>• Equipment maintenance</li> <li>• Fit for purpose resources and accessibility</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Safety, Health, and Welfare supporting documentation</li> <li>• Equipment/Resources Supporting Documents</li> </ul>		
Quality Area	2.2 Student Support	Level
<b>Quality Standard</b>	A positive, encouraging, safe, supportive, and challenging environment is provided for students.	<b>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Maintains appropriate tutor/student ratios, in keeping with PHECC's course approval criteria</li> <li>• Provides opportunities for students to meet individually and collectively with faculty and/or management</li> <li>• Ensures that sufficient up-to-date resources (appropriate to the level of the course) are made available to students in a variety of formats</li> </ul> <p>The evidence indicated that the Institution has in place and engages appropriately qualified and experienced personnel to support students. The evidence also indicated that the Institution and students would benefit from additional personnel to support the activities described in the documentation and during discussions.</p>		

<p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they make students aware of the supports available to them before, during and after their course</li> <li>• How they obtain information from potential and existing students about any additional support needs they may have and the mechanisms to provide reasonable accommodation if required</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel</li> <li>• Student Support Practice</li> <li>• Faculty/Student ratios</li> <li>• Student Resources</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Student Support Personnel</li> <li>• Information provision about student supports</li> <li>• Procedures for obtaining information about additional support needs</li> <li>• Information about mechanisms for providing reasonable accommodation</li> </ul>		
<b>Quality Area</b>	<b>2.3 Equality and Diversity</b>	<b>Level</b>
<b>Quality Standard</b>	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution and stakeholders would benefit from an updated equality and diversity policy and procedures that reflects the practice outlined during discussions.</p> <p>The evidence provided also indicated that the Institution would benefit from new/updated documentation:</p> <ul style="list-style-type: none"> <li>• to ensure that all relevant policies and procedures are legislatively compliant and promote equality</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How students, faculty and other stakeholders have been made aware of the policy and procedures</li> <li>• How faculty are provided with up-to-date equality and diversity information and training</li> <li>• How course delivery accommodates the cultural backgrounds and different learning styles of students</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and to provide evidence additional evidence of practice.</p> <p>The evidence provided indicated that the Institution, students, faculty, and other stakeholders would benefit from new/updated codes of conduct.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Equality and Diversity Policy &amp; Procedures</li> <li>• Equality and Diversity Practice</li> <li>• Course Delivery</li> </ul>		

<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Raising Awareness of the Policy and Procedures</li> <li>• Information and Training Records</li> <li>• Codes of Conduct</li> </ul>		
Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	NQEMT courses only: Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	SM
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• An MOU/Agreement is in place with internship/clinical placement sites, which:               <ol style="list-style-type: none"> <li>a) Outlines the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience</li> <li>b) Provides details of the responsibilities of both in relation to quality assurance</li> <li>c) Details academic liaison and engagement to support practice-based learning</li> </ol> </li> <li>• Before using a new internship/clinical placement site verification of the completed assessment, endorsed by the Institution, has been submitted to PHECC</li> <li>• Only PHECC approved sites are used for placement</li> <li>• Selection criteria for internship/clinical placement sites are in place</li> <li>• Sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site</li> <li>• Learning outcomes to be achieved during placement are documented</li> <li>• Appropriate documentation is in place to record student activities during their placement</li> <li>• Accurate and up-to-date records of student placement activities are maintained and are made available for internal and external review</li> </ul> <p>During discussions representatives described and outlined:</p> <ul style="list-style-type: none"> <li>• How all internship/clinical placement sites are assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval</li> <li>• The systems that are in place for students to raise concerns about their placement</li> <li>• How they ensure a fair and transparent system for student placement</li> <li>• Internship/clinical placement site monitoring, including site visits</li> </ul> <p>The evidence provided 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>• MOU/Agreements in place</li> <li>• Internship/clinical placement sites assessed and approved by PHECC</li> <li>• Selection criteria for internship/clinical placement sites</li> <li>• Sufficient number of mentors and preceptors</li> <li>• Placement learning outcomes</li> <li>• Records of student placement activities</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Internship/clinical placement site monitoring, including site visits</li> <li>• Systems for students to raise concerns about placement</li> <li>• Fair and transparent system for student placement</li> </ul>		

- Visits to placement sites by relevant personnel

### 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>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• The composition of the Institution’s personnel meets PHECC Education and Training Standards for each course on offer</li> <li>• All personnel involved in administering and delivering PHECC-approved courses have been made aware of their quality assurance responsibilities and are carrying them out consistently</li> <li>• All personnel have been issued with a written statement of terms of employment/engagement</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they recruit appropriately qualified and experienced personnel (staff and contracted) to carry out education and training activities</li> <li>• The minimum standards for the academic and subject matter experience of faculty</li> <li>• How all personnel involved in administering and delivering PHECC-approved courses have been made aware of their quality assurance responsibilities</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to support the activities described during discussions.</p> <p>The evidence provided indicated that Institution would benefit from additional administrative, quality management/assurance support. This would ensure that the Institution would have the capacity to:</p> <ul style="list-style-type: none"> <li>• Carry out all the activities described in the policies and procedures</li> <li>• Systematically organise, deliver, and monitor the quality of courses and awards</li> <li>• Ensure full compliance with the QRF</li> </ul> <p>During discussions representatives provided a detailed description of their role and responsibilities. The evidence indicated that the Institution and all personnel would benefit from a systematic approach to reviewing and updating job descriptions and any statements of employment/engagement.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• The composition of faculty</li> <li>• Minimum standards in place for faculty</li> <li>• Quality assurance responsibility and activities</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Support to: <ul style="list-style-type: none"> <li>- Carry out all the activities described in the policies and procedures</li> <li>- Systematically organise, deliver, and monitor the quality of courses and awards</li> <li>- Ensure full compliance with the QRF</li> </ul> </li> <li>• Job descriptions</li> <li>• Terms of employment/engagement</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>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• The Institution has a training and development plan/programme which details how they meet the support and development needs of relevant personnel</li> <li>• Support and development/upskilling has taken place including practitioner upskilling within PHECC specified timeframes</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they identify training/upskilling requirements for personnel</li> <li>• Staff and contracted faculty induction</li> <li>• How they meet the support and development needs of relevant personnel, including CPG upskilling</li> <li>• The mechanisms that are in place for faculty to request support for training/upskilling to achieve additional qualifications</li> <li>• The formal support and supervision and annual appraisal systems that are in place</li> </ul> <p>The evidence provided indicated that the Institution, staff, and contracted faculty would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Induction is carried out</li> <li>• Evidence of Faculty Training/Up-skilling</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Training/upskilling Procedures</li> <li>• Induction content and attendance</li> <li>• Formalised Support, 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>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution has a system in place to ensure only faculty with valid certification deliver PHECC approved courses.</p> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The systems that are in place for regular and appropriate communication between faculty and management</li> <li>• How faculty provide feedback during and after their course</li> </ul>		

<ul style="list-style-type: none"> <li>• How the activities of faculty are systematically monitored through observation and the analysis of relevant documentation</li> <li>• How they deal with poor and unacceptable faculty performance</li> <li>• The HR policies and procedures in place to meet its legislative obligations</li> </ul> <p>The evidence provided indicated that the Institution, staff, and faculty (including contracted faculty) would benefit from new/updated documentation to support these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Communication practice between faculty and management</li> <li>• EMT Course Reports</li> <li>• System for ensuring only personnel with valid certification deliver PHECC approved courses</li> <li>• Faculty monitoring</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documented communication systems</li> <li>• Faculty course report</li> <li>• Faculty monitoring documentation</li> <li>• Procedure for dealing with poor and unacceptable performance of faculty</li> <li>• HR policies and procedures</li> </ul>		
<b>Quality Area</b>	<b>3.4 Collaborative Provision</b>	<b>Level</b>
<b>Quality Standard</b>	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> <li>• The Institution maintains up to date records of contracted faculty</li> <li>• Details of contracted faculty are submitted to PHECC</li> </ul> <p>During discussions representatives outlined and described the relationship with contracted faculty and the contractual and quality assurance arrangements that are in place. The evidence provided 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>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The monitoring procedures in place for courses being delivered by contracted faculty</li> <li>• The agreed quality assurance with contracted faculty</li> <li>• Faculty reports, the analysis and how any actions arising are managed</li> </ul> <p>The evidence indicated the Institution would benefit from new/updated documentation to support these activities, including a contract/agreement.</p>		

<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• Faculty records</li> <li>• Faculty details submitted to PHECC</li> <li>• Faculty reporting practice</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Collaborative provision policy and associated procedures</li> <li>• Faculty contract/agreement</li> <li>• Faculty reports</li> <li>• Procedures for monitoring contracted faculty</li> </ul>

#### 6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
<b>Quality Standard</b>	A systematic approach is taken to course development and approval.	<b>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that course development:</p> <ul style="list-style-type: none"> <li>• Reflects PHECC requirements</li> <li>• Demonstrates an appropriate balance between theory and practice</li> <li>• Provides a balance between presentations, group work, skills demonstrations, practical work, and blended learning, as appropriate</li> <li>• Promotes a commitment to self-directed learning, as appropriate</li> </ul> <p>The evidence provided also indicated that the development of course material included:</p> <ul style="list-style-type: none"> <li>• Clearly outlined aims and objectives, detailing competencies to be achieved by students</li> <li>• Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>• Detailed timetable, time on each topic, teaching method, and tutor/instructor name etc.</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to:</p> <ul style="list-style-type: none"> <li>• Support course development, delivery, and review</li> <li>• Ensure that any updates or changes in PHECC Education and Training Standards, Clinical Practice Guidelines or examinations standards are implemented</li> <li>• Support a systematic approach is taken to course approval</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course development practice</li> <li>• Course material development</li> <li>• Course approval practice</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery, and review documentation</li> <li>• Course approval documentation, i.e., procedures and evidence of practice</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>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• Courses are delivered in keeping with PHECC Education and Training Standards and Clinical Practice Guidelines</li> <li>• Student induction takes place</li> <li>• Courses are delivered by appropriately qualified personnel</li> <li>• Relevant instructor/tutor details are recorded on course documentation</li> <li>• Records of student attendance are maintained</li> <li>• For EMT courses - A documented record of student activities (from the student) is maintained and available for inspection by PHECC and relevant stakeholders (e.g. Learning Portfolio)</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• Faculty monitoring</li> <li>• Student remediation</li> </ul> <p>The evidence provided indicated that the Institution, contracted faculty, and students would benefit from new/updated documentation to support these activities and provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course Delivery</li> <li>• Student Induction</li> <li>• Appropriately Qualified Faculty</li> <li>• Course Documentation</li> <li>• Student remediation (EMT Courses)</li> <li>• Attendance Records</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Faculty monitoring documentation (FAR Courses)</li> <li>• Student remediation documentation (FAR Courses)</li> </ul>		
Quality Area	4.3 Course Access, Transfer and Progression	Level
<b>Quality Standard</b>	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	<b>MDM</b>
<b>QRP Findings</b>		
<p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The admissions policy/entry criteria for each course</li> <li>• The information that is available to prospective students to make an informed choice about course participation</li> <li>• How information is made available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes</li> <li>• The RPL procedures</li> </ul>		

The evidence indicated that the Institution and students would benefit from new/updated documentation and information to support these activities and provide evidence of practice.		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented admissions policy and/or course entry criteria</li> <li>• Prospective student information</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Admissions policy and procedures</li> <li>• Course entry criteria information</li> <li>• Recognition of prior learning information</li> </ul>		
<b>Quality Area</b>	<b>4.4 Course Review</b>	<b>Level</b>
<b>Quality Standard</b>	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	<b>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated:</p> <ul style="list-style-type: none"> <li>• The Institution has a documented procedure for course review</li> <li>• Students have opportunities to provide feedback during and after their course</li> <li>• Faculty have opportunities to provide feedback during and after the course</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How the course evaluation process involves key stakeholders, including mentors, as appropriate</li> <li>• How course evaluations are documented by the tutor/instructor or course director</li> <li>• How areas for improvement are identified and agreed actions are implemented as outlined in the course improvement plan and/or QIP</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to support these activities and provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Students and faculty have an opportunity to provide feedback during and after their course</li> <li>• Faculty contribute to course evaluation</li> <li>• The Institution has carried out a self-assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course review documentation</li> <li>• Course evaluation by all key stakeholders</li> <li>• Quality improvement planning and Implementation</li> </ul>		

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>SM</b>
<b>QRP Findings</b>		
<p>The evidence provided also indicated that:</p> <ul style="list-style-type: none"> <li>• An appropriate assessment schedule in place, which has been approved by PHECC</li> <li>• Appropriate assessment methodology is used on all courses</li> <li>• It is clearly stated when PHECC assessment material is used</li> <li>• Students have access to the information (e.g., course material) necessary for them to participate in assessment</li> <li>• Students receive feedback on their assessment/results</li> <li>• Responsibility for assessment related material is designated</li> <li>• Assessment material is securely stored</li> <li>• Responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level has been allocated</li> <li>• Students are authorised to apply for NQEMT examination at the appropriate time</li> <li>• A student’s appeals process is in place</li> <li>• Internal Verification (IV) takes place</li> <li>• External Authentication (EA) takes place</li> <li>• Results approval takes place</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The assessment policy and procedures</li> <li>• How they adapt assessment methodologies to cater for students with additional support needs</li> <li>• The internal verification, external authentication, and results approval processes</li> </ul> <p>The evidence provided indicated that the Institution, faculty, and students would benefit from a new/updated assessment policy, procedures and supporting documents, including IV, EA and results approval.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Assessment methodology</li> <li>• Student assessment information, feedback, and support</li> <li>• Assessment material security</li> <li>• EMT student assessment information</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Assessment policy and procedures, including a procedure for adapting assessment methodology</li> <li>• Internal verification, external authentication and results approval policies and procedures</li> </ul>		

## 7. Conclusion and Outcome

<b>Rating</b>	<b>2.92</b>
<b>Level</b>	<b>MDM</b>
<b>Conclusion</b>	<p>The evidence provided during discussions, and in the documentation provided for review, indicated the Institution's commitment to quality assurance and robust continuous quality improvement across all activities associated with education and training. It also demonstrated an understanding of their responsibilities for the quality assurance of all PHECC approved courses.</p> <p>The evidence also indicated areas of good practice in the development, delivery, monitoring, and review of the EMT courses.</p> <p>The evidence also indicated that new/updated documentation and practices would ensure that the quality assurance system remains effective, fit for purpose, and reflective of current practice. The updates would also ensure that the Institution continues to meet PHECC Education and Training Standards, Quality Review Framework requirements and the high standards that they have set for themselves.</p> <p>The QRP concludes from the evidence provided, that the implementation of the improvement actions identified during self-assessment and external quality review will ensure that the Institution maintains and enhances a high-quality learning environment for all stakeholders.</p>



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