

Quality Review Framework

Composite Report

ER Training

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## 1. Institution Details

<b>Name</b>	G.P. Medical & Training Centre Ltd T/A ER Training
<b>Address</b>	12 Cluain An Oir, Belgooly, Co Cork
<b>Type of Organisation</b>	Private Training Business
<b>Profile</b>	Approved Training Institution since 2021
<b>PHECC courses being delivered</b>	FAR, CFRC, CFRA.
<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 of the Desktop Review</b>	01/03/2023
<b>Date of Online Review</b>	31/03/2023

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	28/04/2023
<b>Final report sent to Institution</b>	24/05/2023
<b>Director Approval</b>	
<b>Date</b>	23/05/2023
<b>Report Compiled by</b>	PHECC Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting	
Organisation	Role
ER Training	Managing Director
ER Training	Medical Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	Accreditation Manager - Process Observer
Closing Meeting	
Organisation	Role
ER Training	Managing Director
ER Training	Medical Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	Accreditation Manager - Process Observer

### 4.2 Stakeholder Discussions

Name/Group	Role
Senior Management	Managing Director
	Medical Director

### 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>• Student Records</li> <li>• Faculty Records</li> <li>• Self-Assessment Report</li> <li>• Quality Improvement Plan</li> <li>• Organisational Charts</li> <li>• Role Descriptions</li> <li>• GDPR Policy</li> <li>• Quality Assurance Policy</li> <li>• Office Administration Tasks</li> <li>• Admissions Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints and Appeals Policy</li> <li>• Child Protection/Safeguarding</li> <li>• Garda Vetting Policy</li> <li>• Course Approval Criteria</li> <li>• Internal Verification Policy and Procedure</li> <li>• Internal Training Room Equipment List</li> <li>• Communications Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Equality Policy</li> <li>• Code of Conduct for trainers</li> <li>• Student Handbook (Website)</li> <li>• Health &amp; Safety Policy</li> <li>• Assessment Policy</li> <li>• IV Reports</li> <li>• Course Review Policy</li> <li>• Security of Assessment</li> <li>• RPL Policy</li> <li>• Insurance Details</li> </ul>
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<ul style="list-style-type: none"> <li>Staff Recruitment, Training and Development Policy</li> </ul>		
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#### 4.4 Observation of Practice, Facilities and Resources

<b>Practice – e.g. Course delivery, administration, clinical placement.</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
N/A	
<b>Facilities</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
N/A	
<b>Resources – e.g. equipment, ICT, course material, etc</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
N/A	

#### 5. Compliance Rating and Level

The Compliance Ratings (CR) 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
<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 chart provided did not clearly reflect the institution’s governance structure and how that structure supports education and training activities. It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities. During discussions it was indicated that the Managing Director has overall responsibility for education and training governance with responsibilities delegated to the Medical Director as required. There are only two employees, however, the evidence indicated that the institution would still benefit from additional documentation and updates to existing documentation to accurately reflect practice and to clearly identify areas of responsibility.</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. There was limited evidence that oversight activities had taken place. During discussions representative’s identified informal processes in regard to oversight responsibilities and the activities involved. The evidence indicated that additional/updated documentation (terms of reference, role descriptors) is required. Job/role descriptions for roles with oversight or responsibilities need to be updated to reflect current practice, especially as the institution has plans to expand.</p> <p>There were no documented procedures for identifying, assessing, and managing risk. During discussions representatives outlined activities for identifying, assessing, and managing risk. Documented evidence indicated that these activities had taken place for health and safety issues. 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>• Structures in place to provide education and training activities</li> <li>• Overall responsibility for education and training governance identified</li> <li>• Policies and procedures are being developed within the institution to support activities</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>MDM</b>
<b>QRP Findings</b>		
The evidence indicated that the institution:		

<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 and tax compliant</li> </ul> <p>The evidence indicated that not all tasks associated with education and training activities (student entry to exit) are documented. There was evidence that the institution maintains up to date records for all students and 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) (EU) 2016/679.</p> <p>During discussions representatives indicated that insurance is in place for organisational activities and evidence of this was submitted.</p> <p>The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out, documented and that they support robust process.</p> <p>The evidence shows that a complaints policy in place, and this was submitted for review. There was no evidence of a documented procedure to accompany this policy. Learners would benefit from further signposting to this policy and any future complaints procedures.</p> <p>During discussions representatives indicated that the institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</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 and tax compliant</li> <li>• Appropriate organisational insurance in place</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>• 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>		
<b>Quality Area</b>	<b>1.3 Continuous Quality Improvement</b>	<b>Level</b>
<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 informal quality assurance activities.</p> <p>It was also indicated that the Managing Director has overall responsibility for the quality assurance of all PHECC approved courses. A quality policy was made available for review. The evidence indicated that the institution 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 quality assurance processes.</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. During discussions representatives described monitoring activities that take place. It was not clear from the documentation how objective monitoring was</p>		

carried out within the institution. Due to the size of the institution conflicts exist within this area. Further development of procedures will help the institution to create robust procedures in this area.

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. It was not evident how this feedback is reviewed and how this is used to influence development of practice. Additional documented evidence of the analysis and use of student, faculty and other stakeholder feedback is required.

The evidence indicated that the institution has documented processes for the review of learning resources and locations. There was up-to-date evidence of these activities taking place.

The evidence indicated that the institution would benefit from a more systematic approach to reviewing policies and procedures to ensure they are dated, and version controlled. This will ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.

**Areas of Good Practice**

- A documented quality policy
- Clear who has overall responsibility for the quality assurance of PHECC approved courses
- Systematic collection of student feedback

**Areas for Improvement**

- Quality policy and associated procedures
- Ensure implementation of relevant KPI associated with all education and training activities
- Ensure monitoring is carried out and indicate what indicators it is seeking to measure against
- Ensure a systematic approach to the collection, analysis and use of student and faculty feedback
- Ensure proper version control and document control procedures are carried implemented.

Quality Area	1.4 Transparency and Accountability	Level
<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>

**QRP Findings**

During discussions representatives described informal internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice. Current process needs to be formalised and documented to be robust.

The evidence indicated that not all tasks associated with education and training are clearly allocated or linked to relevant KPI.

During discussions representatives outlined who is responsible for communication with PHECC.

The evidence indicated that on courses delivered directly by the institution prospective students are provided with sufficient information to make an informed choice about course participation.

During discussions representatives described a range of activities for providing and obtaining information from stakeholders.

**Areas of Good Practice**

- Up-to-date reporting within the institution
- Responsibility for reporting to PHECC allocated



<ul style="list-style-type: none"> <li>Prospective students are provided with sufficient information to make an informed choice about course participation</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>Additional documentation to support reporting throughout the institution</li> <li>Ensure all tasks are clearly allocated and linked to relevant KPI</li> <li>Documented procedure to ensure information is provided to PHECC as requested</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>A health and safety policy and supporting documents were available for review.</p> <p>During discussions representatives outlined how health and safety relates to courses delivered by the institution. The evidence indicated that some formalisation and additional documentation relating to process is required to support these activities.</p> <p>Documentation for choosing a training venue was made available for review. There was good evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.</p> <p>During discussions representatives described the equipment and resources that are available for each course. An equipment checklist was made available for review. The evidence indicated that the institution would benefit from a formalised system relating to regular maintenance and updating of equipment and resources.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Documented health and safety policy</li> <li>Documentation for selecting an external venue for the delivery of PHECC approved courses</li> <li>Documented premises selection criterion and checklist, and evidence of current use</li> <li>Documented course equipment list</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Formalisation of health and safety activities related to all PHECC approved courses</li> <li>Formalisation of process that records that appropriate training premises are selected and used for the delivery of all courses</li> <li>Maintain up to date records that appropriate, fit for purpose equipment/resources are available and have been used on each course</li> <li>Ensure that there is a system in place to regularly maintain and update equipment</li> </ul>		

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM
<b>QRP Findings</b>		
<p>There was evidence submitted to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel.</p> <p>There is reference in the documentation to student supports 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.</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> <p>There was limited evidence of a system that captures data of when such supports or accommodations have been implemented.</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> <li>• Signposted supports within the institution for all learners within comprehensive handbook</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Document any support for students on all PHECC approved courses</li> <li>• Ensure further 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>• Formalise procedure for obtaining information on student supports needs</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. However, there was no evidence of any related procedures. No evidence was submitted relating to any codes of conduct for staff, faculty and other stakeholders.</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 indicates that course delivery accommodates the cultural backgrounds and different learning styles of students from an informal perspective. These practices need to be formalised and documented to create robust policies and procedures that support the delivery of learning.</p> <p>The evidence indicates that the institution would benefit from additional information to support this.</p>		

Areas of Good Practice		
<ul style="list-style-type: none"> <li>• Documented equality and access to training policy</li> <li>• Internal personnel are aware of the policy</li> <li>• Course delivery accommodates the different cultural backgrounds and learning styles of students</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>• Develop any equality and training access policy and ensure related procedures are up to date, fit for purpose and reflect current practice</li> <li>• Ensure that all relevant policies and procedures are legislative compliant and promote equality</li> <li>• Ensure all students, faculty and other stakeholders are made aware of the equality and diversity policy and procedures</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
QRP Findings		
Areas of Good Practice		
Areas for Improvement		

### 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>During discussions representatives described the recruitment process and the minimum standards that are in place for faculty and associated personnel. Currently there are only two employees and all roles are carried out by them. However, the institution plans to increase that number of staff, therefore robust processes need to be in place to facilitate this. 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 evidence indicated that the institution did not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>- Carry out the activities described in its policies and procedures</li> <li>- Maintain PHECC requirements for course approval</li> <li>- Systematically organise, deliver and monitor the quality of courses and standards</li> <li>- Carry out robust IV and EA activities</li> </ul>		

<ul style="list-style-type: none"> <li>- Ensure full compliance with the QRF</li> </ul> <p>There was limited evidence to indicate that the composition of the institution's personnel allow it to continually meet PHECC education and training standards for each course on offer.</p> <p>The evidence indicated that the institution and personnel would benefit from updated role descriptions and job descriptions for each role within the institution.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Standards are in place to ensure high standards relating to the delivery of courses</li> <li>• Management / Directors are aware of their quality assurance responsibilities</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Recruitment of appropriately qualified and experienced personnel as required</li> <li>• Demonstrate that adequate numbers of personnel in place to: <ul style="list-style-type: none"> <li>- Carry out the activities described in policies and procedures</li> <li>- Maintain PHECC requirements for course approval</li> <li>- Systematically organise, deliver and monitor the quality of courses and awards</li> <li>- Carry out all IV and EA responsibilities</li> <li>- Ensure full compliance with the QRF</li> </ul> </li> <li>• Awareness of quality assurance responsibilities and consistent application of those activities</li> <li>• Role descriptions for each position in the institution</li> </ul>		
<b>Quality Area</b>	<b>3.2 Personnel Development</b>	<b>Level</b>
<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>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described informal approach to personnel upskilling/training. As there are only two employees, the representatives stated that this has not been a main focus. However, as they may plan to recruit additional personnel in the future to support the institution, 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 roles</li> <li>- A training and development plan/programme to support the development needs of personnel</li> <li>- Mechanisms that support requests for training/upskilling and additional qualifications</li> <li>- A formalised support, supervision and annual appraisal</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Current personnel have completed training/upskilling relevant to their role</li> </ul>		
<b>Areas for Improvement</b>		
<p>Prior to recruiting additional staff:</p> <ul style="list-style-type: none"> <li>• Ensure that there is a procedure to identify the training/upskilling needs of all personnel</li> <li>• Personnel induction</li> <li>• Training and development plans/programmes for all personnel</li> <li>• Mechanisms for faculty and staff 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
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	MDM
<b>QRP Findings</b>		
<p>During discussions representatives described the informal processes in place for personnel management. The evidence indicated that as the institution grows, it 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 delivery of PHECC approved course by appropriately qualified personnel</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>• Documented communication between faculty and management</li> <li>• Analysis of course feedback from faculty</li> <li>• Systematic faculty monitoring</li> <li>• Process for dealing with poor and unacceptable faculty performance</li> <li>• Ensure processes are formalised to comply with relevant 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.	N/A
<b>QRP Findings</b>		
<b>Areas of Good Practice</b>		
<b>Areas for Improvement</b>		

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

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MDM
<b>QRP Findings</b>		
<p>During discussions representatives described the processes for course development, delivery, and review. These are currently informal in practice given only two staff are currently employed. However, whilst there are a number of informal processes, the evidence indicated that the institution would benefit from the development of robust course development, delivery, and review policy and associated procedures.</p> <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 appropriately on a formal basis.</p> <p>There was evidence that informal course development and current course material:</p> <ul style="list-style-type: none"> <li>- Demonstrates an appropriate balance between theory and practice</li> <li>- Provides a balance between presentations, group work, skills demonstrations and practical work</li> <li>- Has clearly outlined aims and objectives and detailed competencies to be achieved by students</li> <li>- Has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>- Has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Demonstrates an appropriate balance between theory and practice</li> <li>• Clearly outlined aims and objectives and detailed competencies to be achieved by students</li> <li>• Detailed lesson plans that include all information as set out in PHECC guidelines</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
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution maintains documentation/records that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines. Further document hygiene was discussed.</p> <p>The evidence indicated that the institution currently has:</p> <ul style="list-style-type: none"> <li>- Documented records that student induction has taken place on all courses</li> <li>- Records that all courses are delivered by appropriately qualified personnel</li> <li>- Records of student attendance for all courses</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>• Documented records that student induction has taken place on all courses</li> <li>• Records that all courses are delivered by appropriately qualified personnel</li> <li>• Records of student attendance for all courses</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Develop and maintain robust records of regular monitoring, including site visits</li> </ul>		
<b>Quality Area</b>	<b>4.3 Course Access, Transfer and Progression</b>	<b>Level</b>
<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>The evidence indicated that the admissions policy/entry criteria was available to learners for all courses offered by the institution.</p> <p>The evidence indicated that the Recognition of Prior Learning (RPL) procedures would benefit from updating to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional information and signposting about RPL.</p> <p>During discussion document hygiene was highlighted as an area that will help the institution to ensure consistent and robust processes.</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>• Ensure consistency across documents and ensure document hygiene</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>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the informal processes in place 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 documentation is in place that provide the opportunity for students and faculty to feedback during and after their course. There was evidence that students and faculty on all courses provide feedback during and after their course and that this evidence is documented.</p> <p>There was no evidence of a robust process that supports audit or analysis of feedback or course review.</p> <p>The evidence indicated that some 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 during and 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 analysis and audit of course feedback and review</li> <li>• Ensure a process for continued collection and recording of student and faculty feedback</li> <li>• Ensure that all identified improvement actions are included in the QIP</li> </ul>		
<b>Quality Area</b>	<b>4.5 Assessment and Awards</b>	<b>Level</b>
<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. There was no evidence of a formalised assessment process or procedure. The evidence also indicated that the assessment policy needs 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 utilises PHECC assessment material. It is clear from the evidence when this is used.</p> <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 procedures for:</p> <ul style="list-style-type: none"> <li>- Internal verification</li> <li>- External authentication</li> <li>- Results approval</li> </ul> <p>There was evidence that some of these activities have not taken place.</p> <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>• Appropriate assessment methodology in place</li> <li>• It is clearly stated when PHECC assessment material is used</li> <li>• Student support is available for assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure assessment policy reflects current practice</li> <li>• Develop assessment process to accompany assessment policy</li> <li>• Maintain a documented record of student assessment feedback</li> <li>• Procedure to adapt assessment to cater for students with additional support needs</li> <li>• Record and capture data when adaption to assessment has been offered to support a learner</li> <li>• Security of assessment material</li> <li>• Internal verification, external authentication, and results approval processes</li> </ul>		



## 7. Conclusion and Outcome

Rating	2.0
Level	Moderately Met
Conclusion	<p>The evidence indicated that the institution is a small organisation that delivers First Aid Training.</p> <p>There are currently only two staff, and all responsibilities are carried out by them. Some processes require formalisation to fully comply and to allow the institution to develop and uphold its compliance with the PHECC Training and Education Standards.</p> <p>The evidence suggests that the institution did not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>- Carry out all of the activities described in its policies and procedures in a robust fashion</li> <li>- Systematically organise, deliver, and monitor the quality of courses and standards</li> <li>- Ensure full compliance with the QRF</li> </ul> <p>The evidence shows that the institution lacks a formalised approach to document hygiene.</p> <p>The evidence also 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 Training and Education Standards, quality review framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution offers and delivers a quality product. However, there are currently a number of informal processes within the institution. The evidence shows that due to this there are some missing elements in their systems to ensure robust compliance with the PHECC quality review framework.</p>



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