

# QUALITY REVIEW FRAMEWORK

## OVERVIEW



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# ABBREVIATIONS

<b>ATI</b>	Approved Training Institution
<b>CL</b>	Compliance Level
<b>CQI</b>	Continuous Quality Improvement
<b>CR</b>	Compliance Rating
<b>DR</b>	Document Review
<b>ESC</b>	Education and Standards Committee
<b>KPIs</b>	Key Performance Indicators
<b>NQEMT</b>	National Qualification Emergency Medical Technology
<b>OB</b>	Observation
<b>PHECC</b>	Pre-Hospital Emergency Care Council
<b>QAS</b>	Quality Assurance System
<b>QIC</b>	Quality Improvement Cycle
<b>QIP</b>	Quality Improvement Plan
<b>QR</b>	Quality Review
<b>QRF</b>	Quality Review Framework
<b>QRP</b>	Quality Review Panel
<b>QS</b>	Quality Standards
<b>RI</b>	Recognised Institution
<b>RISAR</b>	Recognised Institution Self-Assessment Report
<b>SAR</b>	Self-Assessment Report
<b>SAT</b>	Self-Assessment Toolkit
<b>SD</b>	Stakeholder Discussions

Pre-hospital emergency care refers to any clinical care or intervention that an acutely ill or injured person receives from trained personnel in the pre-hospital environment. This immediate care can make a huge difference to someone's mortality or morbidity. Emergency care can be given by someone within the community such as a GP, someone who has trained as a responder or by registered practitioners, and accounts for over 350,000 patient contacts in Ireland annually.

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency with responsibility for the standards of education and training in the field of pre-hospital emergency care. In order to meet that responsibility and in line with our mission "to protect the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care", we have developed and implemented the Quality Review Framework (QRF).

The QRF, in place since 2014, has been updated in 2019 to reflect the experience from initial implementation and the growing number of institutions delivering PHECC-approved courses. The QRF is a valuable tool in maintaining and enhancing the standards of education and training in pre-hospital emergency care. Through setting standards and the components to meet those standards, PHECC has provided institutions with the tools for continuous quality improvement of the courses they provide.

This QRF emphasises the need for systematic internal monitoring, annual self-assessment and periodic external review by PHECC. It encourages partnership and collaboration between all stakeholders to ensure best practice and consistently high standards of service in the delivery of PHECC-approved courses. This overview deals specifically with education and training standards that are to be maintained and enhanced by institutions delivering PHECC-approved courses.

# SECTION 1: INTRODUCTION

The purpose of this document is to provide PHECC stakeholders with information about the QRF for Recognised Institutions (RIs) and Approved Training Institutions (ATIs). Stakeholders are identified as:

- PHECC Council, Committee Members and Staff
- Recognised Institutions - Practitioner Level Courses
- Approved Training Institutions - Responder Level Courses
- PHECC Registered Practitioners
- Current and Potential Learners
- PHECC Quality Review Panel (QRP).

For the purpose of this document, RIs and ATIs will be referred to as “institutions” unless there is a need to make a clear distinction between an RI and an ATI.

## 1.1 Initial Quality Review Framework Development

The QRF was developed by PHECC in collaboration with RIs in 2014. The process involved:

1. Initial consultation with PHECC staff
2. A review of national and international quality assurance guidelines, including:
  - European Quality Assurance in Vocational Education and Training Guidelines
  - European Association for Quality Assurance in Higher Education
  - Quality and Qualifications Ireland, Quality Assurance Guidelines for Higher and Further Education and Training
  - Health Information and Quality Authority Assessment Framework
3. Development of draft quality standards and evaluation criteria
4. Two workshops with RIs to finalise the quality standards and evaluation criteria
5. The development of the following guides and supporting documents:
  - a) Quality Review Framework Manual
  - b) Recognised Institution Self-Assessment Report (RISAR)
  - c) RI - Guide to Self-Assessment
  - d) Quality Improvement Plan (QIP) - Template
  - e) Quality Review Panel (QRP) Guidelines
  - f) Off-Site RISAR Report
  - g) On-Site Review Report.

## SECTION 1: INTRODUCTION

The QRF introduced the concept of Continuous Quality Improvement (CQI) to RIs and was designed with that in mind. It encourages and facilitates:

- a) Systematic internal monitoring
- b) Annual self-assessment
- c) Periodic external review (by PHECC)
- d) Quality improvement planning and implementation.

The QRF was implemented with RIs in 2014. The first cycle of external reviews took place in 2015, 2016 and 2017, with 43 approved providers.

### 1.2 QRF Evaluation and Update

In 2018, following the initial three-year cycle, an evaluation and revision of the QRF was carried out. This involved:

- a) Feedback from RIs following their external review
- b) A survey of RIs on the QRF
- c) Feedback from the QRP
- d) Feedback from PHECC staff
- e) An evaluation report - including recommendations on revising the QRF
- f) Approval of the evaluation report by the Education and Standards Committee (ESC) and Council.

Key recommendations that were approved by the ESC and Council, and influenced the revision and update, were the need to:

- 1) Redefine the purpose of the QRF
- 2) Remove duplication, e.g. student appeals and course approval were referenced twice
- 3) Strengthen evaluation criteria, where required
- 4) Create a clear distinction between those delivering responder and practitioner courses
- 5) Align quality areas and evaluation criteria with the Teaching Faculty Framework, practitioner and responder assessment handbooks, Council Rules and any other relevant PHECC documents
- 6) Include a section on non-compliance and relevant sanctions
- 7) Develop a self-assessment toolkit
- 8) Provide guidelines on continuous quality improvement, the quality improvement cycle, quality improvement planning and external authentication
- 9) Develop a new on-site review report that includes both recommendations and conditions, and highlights good practice and areas for improvement
- 10) Enhance the reviews of RIs that have clinical placements/internships as part of their practitioner courses.

## SECTION 1: INTRODUCTION

The revision and updating included the development/updating of the following documents:

- 1) Quality Review Framework Overview (this document)
- 2) Self-Assessment Toolkit
- 3) Continuous Quality Improvement Toolkit
- 4) Quality Review Framework Compliance Report
- 5) Quality Review Framework Composite Report.

### 1.3 PHECC-Approved Organisations

Organisations approved for delivering PHECC courses are identified as:

- a) RIs, which deliver courses at responder and practitioner (NQEMT) level
- b) ATIs, which deliver responder-level courses.

### 1.4 Purpose of the QRF

The purpose of the Quality Review Framework is to:

- a) Facilitate the enhancement of a successful learning experience for students
- b) Foster a culture of CQI in institutions
- c) Generate public confidence in the standard of education and training in pre-hospital emergency care.

#### 1.4.1 RI and ATI Course Delivery

RI and ATI	
1. Cardiac First Response - Community	7. Emergency First Response
2. Cardiac First Response - Advanced	8. Emergency First Response Instructor
3. Cardiac First Response and Medications for Listed Organisations (SI 449 of 2015)	9. Emergency First Response – Basic Tactical Emergency Care (EFR-BTEC)
4. Cardiac First Response Instructor	10. Emergency Medical Service Dispatcher
5. First Aid Response	11. Emergency Medical Service Call Taker
6. First Aid Response Instructor	
In addition an RI may deliver the following Practitioner Level Courses	
1. Emergency Medical Technician	
2. Paramedic	
3. Advanced Paramedic	



## 1.5 Principles Underpinning the QRF

It is important that a clear set of principles underpins the design and implementation of the QRF, and is embedded in all aspects of the framework. These core principles are:

1. Effective Leadership - so that appropriate governance, management systems and organisational processes are in place
2. Student-Centred - so that the student interest is served in a safe and supportive learning environment
3. Professionalism - so that courses are designed, delivered, administered and evaluated by appropriately qualified individuals
4. Continuous Quality Improvement – so that a systematic approach is taken to enhance courses and associated activities.

All activities associated with the QRF should be developmental. Self-assessment and external review should be forward-looking, taking the opportunity to learn from the past and take full account of the current situation.

## 1.6 Key Elements of the QRF

The Quality Standards (QS) are at the core of a systematic Quality Improvement Cycle (QIC). The key elements of the QRF are:

1. The themes, quality areas, QS and components
2. Systematic monitoring and annual self-assessment by institutions
3. External desktop and on-site Quality Review (QR) carried out by PHECC
4. Quality improvement planning and implementation by institutions.

### 1.6.1 The Quality Improvement Cycle

Figure 1: The QIC



In support of the QRF and to ensure consistency throughout the QIC, PHECC uses structured templates, which facilitates a standardised approach to self-assessment, external review, quality improvement planning and reporting. This approach promotes transparency, strengthens accountability, raises awareness of quality and focuses institution activity towards a culture of CQI.

## SECTION 2: THEMES, QUALITY AREAS AND QUALITY STANDARDS

The themes, quality areas and associated QS were identified during the QRF development as important areas in ensuring the quality of education and training in pre-hospital emergency care. The quality areas and QS are grouped under four themes. The QS are the agreed statements of best practice in each quality area. Each QS has a range of components (included in the SAT) that provides guidance to the institution on the key activities, processes, arrangements and outcomes that can demonstrate compliance with the QS. The components provide general guidance and should not be considered as an exhaustive list. The institution may have additional or alternative evidence unique to their own organisation that can demonstrate compliance.

### 2.1 Theme 1: Organisational Structure and Management

Quality Area		Quality Standard
1.1	Governance	The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.
1.2	Management Systems and Organisational Processes	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.
1.3	Continuous Quality Improvement	The institution takes a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.
1.4	Transparency and Accountability	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.

### 2.2 Theme 2: The Learning Environment

Quality Area		Quality Standard
2.1	Training Infrastructure	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.
2.2	Student Support	A positive, encouraging, safe, supportive and challenging environment is provided for students.
2.3	Equality and Diversity	There is a commitment to provide equal opportunities for students and personnel in compliance with equality legislation.
2.4	Internship/Clinical Placement	Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved (NQEMT courses only).

## SECTION 2: THEMES, QUALITY AREAS AND QUALITY STANDARDS

### 2.3 Theme 3: Human Resource Management

Quality Area		Quality Standard
3.1	Organisational Staffing	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.
3.2	Personnel Development	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.
3.3	Personnel Management	A systematic approach is taken in managing all individuals and groups engaged in education and training activities.
3.4	Collaborative Provision	Appropriate contractual and quality assurance arrangements are in place with contracted staff.

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

Quality Area		Quality Standard
4.1	Course Development and Approval	There is a systematic approach to course development and approval.
4.2	Course Delivery – Methods of Theoretical and Clinical Instruction	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.
4.3	Course Access, Transfer and Progression	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.
4.4	Course Review	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.
4.5	Assessment and Awards	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.

## SECTION 3: SELF-ASSESSMENT

Each institution is required to undertake an annual self-assessment, using a structured Self-Assessment Report (SAR), and to develop an associated QIP. Self-assessment involves an institution looking at how it does things, what it achieves and how it performs against the QS. It enables the institution to:

- Identify areas of strength
- Identify areas for improvement
- Plan actions to address any identified gaps in systems and processes
- Provide an up-to-date record of compliance.

### 3.1 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 3.2.1 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.

### 3.2 Self-Assessment Report

The SAR provides the institution with the opportunity to provide information about the systems it has in place and indicate the evidence to demonstrate that it is doing what it has stated in its policies, procedures and other documentation. It also enables the institution to identify gaps in its systems and processes. During the self-assessment, there may be opportunities to address these gaps, for example:

- a) Updating the organisational chart
- b) Designating a minute taker for each sub-group meeting
- c) Updating role descriptions
- d) Writing a policy or procedure to describe practice
- e) Ensuring consistency in faculty management, e.g. carrying out observations of all instructors/tutors
- f) Developing Key Performance Indicators (KPIs) where none is specified.

## SECTION 3: SELF-ASSESSMENT

### 3.2.1 SAR Sample

Theme 1: Organisational Structure and Management						
QS1.1: Governance - The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.						
Component		Evidence	Comments	CR		
1.1.1	<p>Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity)</p> <ul style="list-style-type: none"> <li>Does the organisational chart clearly reflect the institution's current structure and how that structure supports education and training activities?</li> <li>Does it clearly indicate who has overall responsibility for education and training governance and any delegated responsibilities?</li> </ul>	<ul style="list-style-type: none"> <li>Memorandums and Articles</li> <li>Organisational Chart</li> <li>Training manager role description</li> <li>Record of meetings</li> <li>Governance policy and procedures</li> </ul>	<p>Our memo and articles governing document underpin the board's regulatory responsibilities through compliance with company registration and governance guidelines.</p> <p>We are compliant with company registration, certification, assessment, risk management.</p> <p>Need to update Org. Chart.</p>	3		
1.1.2	<p>Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of:</p> <ul style="list-style-type: none"> <li>Course approval/ amendment</li> <li>Results approval</li> <li>Self-assessment?</li> </ul> <p>Is there up-to-date evidence of these activities taking place?</p>	<ul style="list-style-type: none"> <li>Organisational Chart</li> <li>Record of sub-group meetings</li> <li>Sub-group selection procedure</li> <li>Partnership agreement</li> </ul>	<p>We found during the self-assessment that not all sub-group meetings had been recorded.</p> <p>There is evidence in the diary that the meetings took place but no minutes were maintained.</p> <p>A designated minute-taker will be put in place for all future meetings.</p>	2		
1.1.3	<p>Are there terms of reference/ role descriptions for all sub-groups/individuals carrying out oversight activities?</p>	<ul style="list-style-type: none"> <li>Terms of reference documented</li> <li>Role descriptions</li> </ul>	<p>The terms of reference are up to date. But we found that 2 role descriptions need to be updated.</p>	3		
<b>Total CR</b>		<b>8÷3</b>	<b>Average</b>	<b>2.66</b>	<b>Compliance Level</b>	<b>MDM</b>

## SECTION 3: SELF-ASSESSMENT

### 3.3 Quality Improvement Plan

The institution is responsible for developing and maintaining a QIP. Quality improvement actions identified during systematic monitoring, self-assessment and external review should be recorded in the QIP. The QIP should be considered a live document that is systematically reviewed and updated. This will demonstrate the institutions' commitment to CQI.

#### 3.3.1 QIP Sample

Quality Improvement Plan					
QS Component	Issue	Planned Activity	Responsibility	By When	Status (open/closed)
1.1.1	The organisational chart does not reflect current practice.	Update the Org. Chart.	Administrator	17-06-19	Open
1.1.2	Not all sub-group meetings are fully recorded.	Designate a minute-taker for each sub-group meeting.	TM	10-01-19	Closed
1.1.3	The training manager and administrator role descriptions are out of date.	Update the role descriptions at the next one-to-one meetings.	CEO for TM TM for Admin	10-07-19	Open

### 3.4 Assessment Matrix

An assessment matrix is included in the SAT (sample below). This provides the institution with the opportunity to provide a summary report of compliance against the QS.

#### 3.4.1 Self-Assessment Matrix Sample

Self-Assessment Matrix							
Theme 1: Organisational Structure and Management							
Standard		N/A	NM	MNM	MDM	SM	FM
		N/A	0	1	2	3	4
1.1	Governance			✓			
1.2	Management Systems and Organisational Processes				✓		
1.3	Continuous Quality Improvement					✓	

## SECTION 3: SELF-ASSESSMENT

### 3.4.2 Overall Self-Assessment Compliance Level Sample

An overall compliance level is also calculated (for internal institution use).

Overall Self-Assessment Compliance Level	
Overall Self-Assessment Compliance Level	MDM

### 3.5 Maintaining Records and Reporting

In the years between external reviews, the institution is required to:

- a) Carry out an annual self-assessment and submit its SAR to PHECC each year
- b) Maintain an up-to-date QIP and submit it annually to PHECC with the SAR.

In the year of external review, the institution is required to:

- a) Submit the most recent SAR for desktop review prior to the on-site review
- b) Submit its up-to-date QIP for desktop review prior to on-site review
- c) Submit its updated QIP to PHECC following the external review.



## SECTION 4: EXTERNAL REVIEW

An external review conducted by PHECC will take place every three years, or sooner if required, on a mutually agreed date. It will focus on the implementation and effectiveness of the institutions' Quality Assurance System (QAS). The review is carried out to:

- a) Determine that the systems, policies and procedures put in place to meet the requirements of the PHECC QRF are being implemented
- b) Evaluate the effectiveness of the institution's QAS in maintaining and enhancing the quality of pre-hospital emergency care education and training.

It will include:

- a) a Desktop Review
- b) an On-Site Review.

### 4.1 Desktop Review

The Desktop Review will involve:

- a) A review of the most up-to-date SAR
- b) A document review - previous external review report (if applicable), documents submitted during the application process, named faculty forms, policies and procedures and supporting documents, etc.

The institution will be required to submit its most up-to-date SAR and documentation to PHECC, no later than four weeks before the on-site review.

This review will inform the on-site review, and the findings will be included in the compliance and final composite report.

Any critical issues identified during the desktop review will be communicated to the institution before the on-site review.

### 4.2 On-Site Review

Before an on-site visit, PHECC will liaise with the institution to make the necessary arrangements, including:

- Confirming the duration, date(s) and times
- The proposed schedule.

## SECTION 4: EXTERNAL REVIEW

### 4.2.1 Sample On-site Schedule

<b>Duration</b>	<ul style="list-style-type: none"> <li>• RI - 2-3 days taking into consideration the clinical placement/internship sites</li> <li>• ATI - 1-2 days taking into consideration the location(s) of course delivery</li> </ul>
<b>The QRP (Reference: Appendix: A)</b>	The number of QRP members carrying out the review will be decided on a case-by-case basis. However, a minimum of 2 QRP members will carry out a review.
<b>Opening Meeting</b>	<ul style="list-style-type: none"> <li>• Attended by the QRP, institution senior management and any other key personnel either requested by the QRP or determined by the institution.</li> <li>• Introductions</li> <li>• QRP provides an overview of the process.</li> <li>• Institution representative(s) provides an overview of the organisation.</li> </ul>
<b>Tour of the Site(s) (if applicable)</b>	Determined by the context of the institution (clinical placement/internship sites, course delivery locations, etc)
<b>Assessment Methods – included in Compliance Report</b>	
<b>Document Review (DR)</b>	Student and faculty records, policies and procedures, supporting documents (Attendance Records, Tutor/Instructor Observation Forms, etc). This is not an exhaustive list.
<b>Stakeholders Discussions (SD)</b>	Tutors, Instructors, Facilitator, Students, Medical Advisor/Director, Mentors, Practitioners, including those at clinical placement/internship sites
<b>Observation (OB)</b>	Classroom Activity, Clinical Instruction, Administration (how data is managed, etc)
<b>Closing Meeting</b>	
	To provide verbal confirmation of the review findings and advise of ratings against the QS

## SECTION 4: EXTERNAL REVIEW

### 4.3 External Review Outputs

Key outputs from the external review are:

- a) A compliance report including rating provided to the institution (see 4.4.1)
- b) A narrative-based composite report provided to the institution and published on the PHECC website (see 4.5.1).

### 4.4 Compliance Report

The complete compliance report will be sent to the institution no later than three weeks after the external review. Feedback will not be required as the contents will be agreed during the on-site review. The report will include:

- The assessment method
- QRP comments on the findings
- A compliance rating for each component
- An overall compliance for each QS
- The compliance level for each QS.

This report is for internal use by the institution (see 4.4.1 for sample extract).

## SECTION 4: EXTERNAL REVIEW

### 4.4.1 Compliance Report Sample

Theme 1: Organisational Structure and Management							
QS1.1: Governance - The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.							
Components		Assessment Method			Comments	CR	
		DR	SD	OB			
1.1.1	<p>Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity)</p> <p>Does the organisational chart clearly reflect the institution's current structure and how that structure supports education and training activities?</p> <p>Does it clearly indicate who has overall responsibility for education and training governance and any delegated responsibilities?</p>	✓	✓		<p>It is not clear from the documents reviewed what governance looks like in the organisation.</p> <p>The organisation chart does not reflect the current structure and how that structure supports education and training activities.</p> <p>It is clear from discussions who has overall responsibility. But role descriptions do not reflect this.</p>	1	
1.1.2	<p>Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of:</p> <p>Course approval/amendment</p> <p>Results approval</p> <p>Self-assessment?</p> <p>Is there up-to-date evidence of activities taking place?</p>	✓	✓		<p>There is a documented procedure in place for sub-group selection.</p> <p>There is limited evidence that these activities have taken place.</p>	2	
1.1.3	<p>Are there terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities?</p>	✓	✓		<p>Terms of reference are in place for all sub-groups.</p> <p>Several role descriptions are out of date.</p>	3	
<b>Total CR</b>		<b>6</b>		<b>Average</b>	<b>2</b>	<b>Compliance Level</b>	<b>MDM</b>

## SECTION 4: EXTERNAL REVIEW

### 4.5 Composite Report

1. A draft of the composite report will be sent to the institution for feedback no later than four weeks after the external review.
  - Feedback may include a request for (a) correction of factual errors or (b) the inclusion of details that may have been omitted.
  - Feedback may be provided, electronically (via email) or in writing, no later than two weeks after the institution receives the draft composite report.
  - PHECC advises that this feedback be submitted on the institution's letterhead.
  - Feedback will be included as an appendix to the published composite report.
2. The final composite report will be completed by the QRP no later than eight weeks after the external review and sent to the institution.
3. It is sent to the ESC at its next scheduled meeting for approval.
4. It is then sent to PHECC Council at the next scheduled meeting for final approval.
5. Following final approval, it is published on the PHECC website.

#### 4.5.1 Composite Report Sample

Theme 1: Organisational Structure and Management		
Quality Standard		Level
1.1	Governance: The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC-approved courses.	MDM
<b>QRP Findings</b>		
The panel was provided with and reviewed all documentation relevant to governance in the organisation; e.g. organisation chart, articles of association, role descriptions, terms of reference, etc. While the documentation was in place it was not up to date and did not reflect current practice. During discussions with the CEO and Training Manager (TM), it was evident that the TM has overall responsibility for quality and that responsibility is delegated as appropriate. However, it was not clear from the documentation where all responsibility lies. There is limited information that sub-group activities have taken place.		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Terms of reference in place for sub-groups.</li> <li>• Role descriptions for all those involved in education and training.</li> <li>• Overall responsibility for the quality of education and training is clearly delegated to the TM.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Organisational chart needs to be updated to reflect current practice.</li> <li>• Role descriptions for the TM and the administrator need to be updated to reflect current practice.</li> <li>• The minutes of all sub-group meetings need to be taken and maintained.</li> </ul>		

## SECTION 4: EXTERNAL REVIEW

### 4.6 Compliance Rating and Level

The QRP will apply a compliance rating based on the evidence provided.

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.

### 4.7 Monitoring and Compliance

1. Improvement actions can be completed any time following self-assessment.
2. Once the institution receives the compliance report, it has two weeks to send its updated QIP to PHECC, which should include the improvement actions identified during the external review.
3. All improvement actions identified during the external review must be completed within 20 weeks of the on-site review. The institution will be required to submit evidence that the improvement actions have been taken.
4. PHECC will liaise with the institution's representative to monitor progress in completing the quality improvement actions.

### 4.8 Non-Compliance and Sanctions

Any areas of non-compliance identified during the self-assessment and external review must be recorded in the QIP and resolved within the agreed timeframe. If they are not resolved, enforcement options up to the withdrawal of institution approval will be available to PHECC. Repeated non-compliance with any aspect of the QRF will result in the immediate withdrawal of an institution's approval.

## SECTION 5: GOVERNANCE

To ensure objective oversight and good governance, the final composite report and updated QIP will be submitted to the ESC at its next meeting for consideration and approval. The composite report will then be sent to PHECC Council for consideration and final approval at its next scheduled meeting. Following this, the final composite report (dated as per Council meeting) will be sent to the institution.

### 5.1 Appeals

Should the institution disagree with any details in the final composite report, it has 28 days to submit an appeal in writing, as per PHECC Council Appeals Policy.

### 5.2 Publishing

The final composite report will be published on the PHECC website after the expiry of the appeals period.

## SECTION 6: EXTERNAL REVIEW PROCESS TIMELINES

	Activity	When	Week
1	SAR, QIP and supporting documents sent to PHECC for the desktop review	4 weeks before the on-site review	-
2	Desktop review carried out by the QRP	Before the on-site review	-
3	On-site Review (1-3 days depending on institution status)	Mutually agreed date(s)	0
4	Compliance report sent to the institution	Within 3 weeks of the external review	3
5	Draft composite report sent to the institution for feedback	Within 4 weeks of the external review	4
6	Institution submits updated QIP to PHECC	Within 2 weeks of receiving the compliance report	5
7	Composite report feedback submitted to PHECC	Within 2 weeks of receiving the draft	6
8	QIP reviewed and approved by PHECC	Within 2 weeks of receiving the QIP	7
9	Final composite report completed by the QRP and sent to the institution	Within 2 weeks of the deadline for feedback	8
<b>Activities 1 - 9 completed by the end of week 8</b>			
10	Final composite report and updated QIP submitted to the ESC for approval	At its next scheduled meeting	-
11	Final composite report submitted to the PHECC Council for approval	At its next scheduled meeting	-
12	Composite report published on PHECC website	After Council approval	-
13	All improvement actions complete and evidence of compliance submitted to PHECC	Within 20 weeks of the on-site review	20



## Appendix 1: The Quality Review Panel

In appointing a panel, Council will ensure a balance of subject matter and quality assurance expertise. The role of all panel members is to:

- Identify significant themes/issues for discussion, facilitated by a comprehensive review of the institutions' SAR
- Construct and manage an agenda for the on-site review that enables them to explore these themes/issues through dialogue
- Pursue lines of enquiry that allow them to test whether current structures and procedures are fit for purpose
- Make evidence-based judgements about compliance with the QS
- Make evidence-based judgements about PHECC's future relationship with the institution
- Prepare external review reports
- Provide follow-up assistance to PHECC and institutions, if required.

## Appendix 2: Reference / Resource Listing

- RUL006 Council Rules for Recognition of Institutions – V7
- STN016 Advanced Paramedic Education and Training Standard – V1
- STN015 Paramedic Education and Training Standard – V1
- STN014 Emergency Medical Technician Education and Training Standard – V1
- STN013 Emergency Medical Services (EMS) Dispatch Education and Training Standard – V1
- STN012 Emergency Medical Services (EMS) Call-Taker Education and Training Standard – V1
- STN011 Emergency First Response Education and Training Standard – V1
- STN007 Emergency First Response Basic Tactical Emergency EFR BTEC Education and Training Standard – V2
- STN006 First Aid Response Education and Training Standard – V2
- STN010 Cardiac First Response Advanced Level Education and Training Standard – V3
- STN009 Cardiac First Response Community Education and Training Standard – V3
- STN022 Cardiac First Response and Medications for Listed Organisations (SI 449 of 2015) Education and Training Standards – V1
- STN021 Teaching Faculty Standard – V1 (Teaching Faculty Framework)
- NQEMT Examination Handbook
- Responder Examination Handbook
- Clinical Practice Guidelines – 2017 Edition (updated 2018)
- Council Rules for pre-hospital emergency care service providers who apply for approval for implementation of Clinical Practice Guidelines – V5

All publications are available for viewing and downloading at [www.phecc.ie](http://www.phecc.ie).





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