

Quality Review Framework

Self-Assessment Toolkit

***Mission Statement***

*“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”*

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**Version History**

**(Please visit the** [PHECC website](https://www.phecit.ie/PHECC/Education_and_careers/Recognised_institutions_and_courses/Quality_review_framework/PHECC/Education_and_careers/Recognised_institutions_and_courses/Quality_review_framework/Quality_review_framework.aspx?Hkey=7ddb8e2b-6a28-4626-9480-b7ea26c972b3) **to confirm current version.)**

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**Quality Review Framework: Self-Assessment Toolkit**

# Institution and Report Details

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| **Institution Details** | | |
| Institution Name | Click to enter text | |
| Address | Click to enter text | |
| Institution Type (e.g. Private Company, University, State Body) | Click to enter text | |
| PHECC Courses Delivered | Click to enter text | |
| Higher Education Affiliation | Click to enter text | |
| Contact Name | Click to enter text | |
| Job Title | Click to enter text | |
| Phone | Click to enter text | |
| Email | Click to enter text | |
| **Report Details** | | |
| Individuals and/or groups involved in the self-assessment | Name | Role |
| Click to enter text | Click to enter text |
| Click to enter text | Click to enter text |
| Click to enter text | Click to enter text |
| Click to enter text | Click to enter text |
| Report completed by | Click to enter text | Click to enter text |

# 1. Introduction

The Self-Assessment Toolkit (SAT) is a tool for institutions to evaluate their performance against the Quality Standards (QS). It is an opportunity to record what your organisation is currently doing and information about the systems you have in place. Self-assessment enables you to:

* Confirm areas where the QS is being met and at what level
* Identify gaps in current systems and processes
* Plan actions to address any identified gaps, in systems and processes

The SAT has three parts:

1. The Self-Assessment Report
2. The Quality Improvement Plan
3. The Assessment Matrix

All parts must be complete before submission to PHECC, prior to external review.

# 2. Completing the Self-Assessment

## 2.1 Planning for Self-Assessment

Issues to consider in the planning phase include:

* Who will lead the self-assessment?
* Who else will be involved?
  + People from all parts of the organisation should be involved in the process. Set up a self-assessment working group with people who can bring different organisational perspectives.
  + For small organisations with limited personnel, consider how you can incorporate stakeholder feedback into the self-assessment.
* What resources will be needed? This includes people’s time and any finance that may be required for organisational improvements.
* How long will it take? Set realistic and achievable timelines.
* How will the evidence be presented?
* Is another quality management system or accreditation/certification process already in place?

## 2.2 Completing the Self-Assessment Report

The Self-Assessment Report (SAR) has four parts to be completed:

1. Evidence Examples: List the evidence you can provide to demonstrate compliance with each component.
2. Comments: Provide a brief summary of findings that describe why your organisation meets the QS or describe the identified gap.
3. Compliance Ratings: Rate your performance against each component and the overall rating against each Quality Standard (QS).
4. Compliance Level: Highlight the appropriate compliance level against each QS.

### 2.2.1 Providing Evidence

1. When carrying out the self-assessment, consider the source of the evidence, including:
2. Documentation
3. Stakeholder Discussions
4. Observation
5. Any evidence you consider must be:
6. Relevant: It clearly relates to the component and the question being asked.
7. Reliable: It is from a source or person accepted as having relevant knowledge and/or experience in that area.
8. Adequate: It provides enough information to answer the question being asked.

***Note:*** *The evidence provided may differ and depend upon the size and structure of the institution.*

1. During the self-assessment you will be considering all sources, but you should only list the documentary evidence in the SAR. This will be supported during external review through stakeholder discussions and observation.
2. Any documentary evidence should always be:
   1. Consistent: Is practice consistent with policies and procedures? Are feedback forms used for every course? Are all relevant meetings recorded, etc?
   2. Accessible: Is documentation accessible to relevant stakeholders?
   3. Recent: Are policies and procedures up to date? Do they reflect current practice? Is the staff handbook up to date? Etc.
   4. Dated: Is it clear when the evidence dates from? Is there a date on it?
3. It is not necessary to include lengthy information about policies and procedures or other types of evidence. It is acceptable to list the name and/or numberof the document.

### 2.2.1.1 Sample Documents

|  |  |  |
| --- | --- | --- |
| **This list is not exhaustive and is for sample purpose only. You may have additional documentation you can provide. The documents listed here may provide evidence for multiple components** | | |
| Governance Documents | Records of Meetings, Agenda, Minutes | Service-level Agreement |
| Policies and Procedures | Pre-Course Information | Job/Role Descriptions |
| Course Material | Application/Registration Forms | Recruitment Policy and Procedures |
| Organisational Chart | Assessment Briefs | List of Mentors, Supervisors and their Qualifications |
| Details of Third-Party Relationships | Examination Details | List of Faculty, including their Qualifications |
| List of Internship/Clinical Placement Sites | Staff/Student Handbook | Personnel Training Records |
| Insurance Details | Assessment Portfolios | Course Feedback Reports |
| Operational Plans | Student Attendance Records | Garda Vetting Details (if applicable) |
| Training Venue Details | Feedback Forms | Contracts/Agreements with external personnel |
| Course Promotional Material | Student Portfolios (If applicable) | Personnel and Student Induction Records |
| Terms of Reference for Sub-groups | RPL Records (if applicable) | Codes of Conduct |
| Data Reports, Certification Rates, Grade Analysis, Completion Rates, Satisfaction Rates, etc | Student Workbooks | Accident Reports |
| Incident Reports | Complaints forms | Quality Improvement Plan |
| Financial Reports | Annual Reports | Risk Assessment |
| Risk Register | Faculty Observation Form | Resource Checklist |

### 2.2.2 Providing Comments

These should be:

1. Brief
2. Relevant to the component
3. Provide a rationale for your rating

### 2.2.3 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 component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.

Example: Total CR for applicable components = 6 ÷ 3 components = an average of 2 = CL of Moderately Met

|  |  |  |
| --- | --- | --- |
| **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. |

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| **Theme 4: Course, Development, Delivery and Review** | | | |
| **QS4.1: Course Development and Approval** – A systematic approach is taken to course development and approval. | | | |
| **Component** | | **Evidence** | |
| **4.1.1** | Does the institution have a course development, delivery and review policy? | **RI** | **ATI – Delivering CFR** |
| * Course development, delivery and review policy and procedures | * n/a |
| **4.1.2** | Does the institution have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards? | * Course development/amendment procedure | * Course development/amendment procedure |
| **4.1.3** | Does course development reflect PHECC requirements? | * Course delivery material: presentations, handouts, etc | * Course delivery material: presentations, handouts, etc   **SAMPLE** |
| **4.1.4** | Does course development:   1. Demonstrate an appropriate balance between theory and practice 2. Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate 3. Promote a commitment to self-directed learning, as appropriate? | * Lesson plans * Course schedule * Student handbook * Course material * Student feedback forms | * Course outline * Course timetable * Student feedback forms |

### 2.2.4 Self-Assessment Report Extract Sample

# 3. The Self-Assessment Report

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.1 Theme One: Organisational Structure and Management | | | | | | | | | | |
| **QS1.1: Governance** – 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. | | | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | | **CR** | |
| **1.1.1** | Is it clear what constitutes governance in the institution? (appropriate to its needs, size and complexity)   * Does the organisational chart clearly reflect the institution’s current structure and how that structure supports education and training activities? * Does it clearly indicate who has overall responsibility for education and training governance, and any delegated responsibilities? | | Click to enter text | | | Click to enter text | | | Click to enter text | |
| **1.1.2** | Are there procedures in place to ensure that (when required) relevant sub-groups/individuals are in place to provide objective oversight of:   * Course approval/amendment * Results approval * Self-assessment?   Is there up-to-date evidence of these activities taking place? | | Click to enter text | | | Click to enter text | | | Click to enter text | |
| **1.1.3** | Are there terms of reference/role descriptions for all sub-groups/individuals carrying out oversight activities? | | Click to enter text | | | Click to enter text | | | Click to enter text | |
| **1.1.4** | Are there documented role descriptions for all activities associated with education and training?   * Administration * Internal Verification * Instructor * Assistant Tutor * Tutor * Facilitator   This is not an exhaustive list. Additional roles may be unique to each institution. | | Click to enter text | | | Click to enter text | | | Click to enter text | |
| **1.1.5** | Are there procedures in place for identifying, assessing and managing risk?  Is there evidence of these activities taking place? | | Click to enter text | | | Click to enter text | | | Click to enter text | |
|  | | | | | | | | | | |
| **Total CR** | | Click to enter text | | **Average CR** | Click to enter text | | **Compliance Level** | Click to enter text | |
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| **QS1.2: Management Systems and Organisational Processes** – The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements. | | | | | | | | | | |
| **Component** | | | | **Evidence** | | | **Comments** | | **CR** | |
| **1.2.1** | Is there evidence that the institution is an established legal entity that   1. a) provides education and training as a principal function   *or*   1. b) provides PHECC education and training standards? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.2** | Are all tasks (from student entry to exit) associated with education and training documented? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.3** | Is there evidence that the institution maintains up-to-date student records?   * Contact details * Supports * Attendance * Completion * Assessment * Certification * Progression to other courses | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.4** | Is there evidence that the institution maintains up-to-date records of all members of faculty?   * E.g. recruitments, contracts, PHECC certification and other qualifications, courses delivered, course evaluations, professional development, CPG upskilling, etc? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.5** | Are a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements?   * Does the policy reflect current practice? * Do those involved in education and training activities understand what it means for their role? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.6** | Where there is an affiliation/partnership with another institution or higher education authority, is there   * A memorandum of understanding * A joint working group * An agreement outlining responsibilities for delivery, assessment and quality assurance? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.7** | Is there evidence to demonstrate that the institution is in good financial standing (e.g. tax clearance certificate, etc)? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.8** | Is there written confirmation that adequate insurance cover is in place to cover all education and training activities? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.9** | Is the institution sufficiently resourced (finance and human) to carry out all quality assurance activities? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.10** | Is there a complaints policy and associated procedures relevant to all stakeholders, and are all stakeholders made aware of it? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.2.11** | Are a policy, associated procedures and supporting documents in place to ensure the institution is meeting its obligations under the Child and Vulnerable Persons Act 2012? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
|  | | | | | | | | | | |
| **Total CR** | | Click to enter text | **Average CR** | | Click to enter text | **Compliance Level** | | Click to enter text | |
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| **QS1.3: Continuous Quality Improvement** – The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities. | | | | | | | | | | |
| **Component** | | | | **Evidence** | | | **Comments** | | **CR** | |
| **1.3.1** | Is there a CQI/Quality policy and associated procedures that states the institution’s commitment to systematic monitoring, annual self-assessment and quality improvement? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.2** | Is it clear who has overall responsibility for the quality assurance of PHECC-approved courses? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.3** | Is there evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.4** | Are appropriate performance indicators (KPIs) in place for monitoring all aspects of education and training? For example:   * Tutor/instructor rating * % of students completing courses * Dropout rates * Grade analysis * Course satisfaction rating | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.5** | Is it clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking?   * E.g. course evaluation forms reviewed by senior management after each course to monitor course rating and tutor/instructor rating | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.6** | Is there up-to-date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback?   * Course content * Delivery * Teaching style * Learning resources * Assessment * Provision of information * Support   This list is not exhaustive. | | | djksjh | | | Click to enter text | | Click to enter text | |
| **1.3.7** | Is there up-to-date evidence of the systematic collection and analysis of:   * Student participation * Success (grade analysis) * Progression? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.8** | Is there up-to-date evidence of the systematic review of learning resources and locations? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.9** | Is there up-to-date evidence of the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.3.10** | Is there up-to-date evidence of quality improvement planning and implementation? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
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| **Total CR** | | Click to enter text | **Average CR** | | Click to enter text | **Compliance Level** | | Click to enter text | |

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| **QS1.4: 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. | | | | | | | | | | |
| **Component** | | | | **Evidence** | | | **Comments** | | **CR** | |
| **1.4.1** | Is there up-to-date evidence of internal reporting at all levels in the institution? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.2** | Is responsibility for all tasks (from student entry to exit) associated with education and training clearly allocated and linked to relevant KPIs? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.3** | Is there a procedure in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.4** | Are prospective students provided with sufficient information to make an informed choice about course participation? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.5** | Are the general public made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.6** | Is information about the institution’s quality assurance system and external reviews made available to the public in an easily accessible format? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
| **1.4.7** | Are there procedures in place to provide other stakeholders (internship sites, employers, etc) with information and to obtain information from them (feedback, updates, etc)? | | | Click to enter text | | | Click to enter text | | Click to enter text | |
|  | | | | | | | | | | |
| **Total CR** | | Click to enter text | **Average CR** | | Click to enter text | **Compliance Level** | | Click to enter text | |
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| 3.2 Theme Two: The Learning Environment | | | | | | | | |
| **QS2.1: Training Infrastructure** – Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards. | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | **CR** |
| **2.1.1** | Is there evidence that the institution has a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.1.2** | Is there evidence to demonstrate that appropriate training premises are selected and used to deliver PHECC-approved courses? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.1.3** | Are there documented selection criteria and a checklist for external premises to be used for course delivery? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.1.4** | Is there evidence that appropriate equipment/resources are available and have been used for each course? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.1.5** | Is there a system in place to regularly maintain and update equipment, and evidence that this is done? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.1.6** | Is there evidence that all resources used for courses are fit for purpose and accessible? | | Click to enter text | | | Click to enter text | | Click to enter text |
|  | | | | | | | | |
| **Total CR** | | Click to enter text | | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS2.2 Student Support** – A positive, encouraging, safe, supportive and challenging environment is provided for students. | | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | | **CR** |
| **2.2.1** | Can the institution demonstrate that students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative, technical and clinical staff, appropriate to the level of the course? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.2** | Is there evidence that students are made aware of the supports available to them before, during and after their course? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.3** | Can the institution demonstrate that it maintains appropriate tutor/ instructor-to-student ratios, in keeping with PHECC’s course approval criteria? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.4** | Are there opportunities provided for students to meet individually and collectively with faculty and/or management? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.5** | Are there procedures to obtain information from potential and existing students of any additional support needs they may have? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.6** | Are there mechanisms in place to provide reasonable accommodation for students with additional support needs? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.2.7** | Are sufficient up-to-date resources (appropriate to the level of the course) made available to students in a variety of formats? (hard copy, online, library, etc) | | Click to enter text | | | Click to enter text | | | Click to enter text |
|  | | | | | | | | | |
| **Total CR** | | Click to enter text | | **Average CR** | Click to enter text | | **Compliance Level** | Click to enter text | |
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| **QS2.3: Equality and Diversity** – There is a commitment to provide equal opportunities for students and personnel in compliance with relevant equality legislation. | | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | | **CR** |
| **2.3.1** | Does the institution have an equality and diversity policy, and associated procedures? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.3.2** | Are all relevant policies and procedures legislatively compliant and do they promote equality? I.e. staff recruitment, development and management. | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.3.3** | Is there evidence that students, faculty and other stakeholders have been made aware of the policy and procedures? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.3.4** | Does the institution have codes of conduct for staff, faculty and other stakeholders? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.3.5** | Is there evidence that faculty are provided with up-to-date information and training on equality and diversity? | | Click to enter text | | | Click to enter text | | | Click to enter text |
| **2.3.6** | Does course delivery accommodate the cultural backgrounds and different learning styles of students? | | Click to enter text | | | Click to enter text | | | Click to enter text |
|  | | | | | | | | | |
| **Total CR** | | Click to enter text | | **Average CR** | Click to enter text | | **Compliance Level** | Click to enter text | |
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| **QS2.4 Internship/Clinical Placement** – Internship/clinical placement sites are appropriate to course content and the learning outcomes to be achieved (NQEMT courses only). | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | **CR** |
| **2.4.1** | Is there a documented MOU/agreement in place between the institution and internship/clinical placement site(s)? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.2** | Does the MOU/agreement between the institution and internship/clinical placement site:   1. Outline the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience? 2. Provide details of the responsibilities of both in relation to quality assurance? 3. Detail academic liaison and engagement to support practice-based learning? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.3** | Is there evidence that all internship/clinical placement sites have been assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.4** | Before using a new internship/clinical placement site, has verification of the completed assessment/audit endorsed by the institution been submitted to PHECC? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.5** | Can the institution demonstrate that only PHECC-approved internship sites are used for placement? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.6** | Are there documented selection criteria for internship/clinical placement sites? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.7** | Does the internship/clinical placement site(s) provide students with appropriate learning environments to support the development and achievement of their competencies? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.8** | Are the systems in place for students to raise concerns about their placement?  Is there a formal structure in place between the institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.9** | Is a fair and transparent system in place for student placement? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.10** | Is there a sufficient number of mentors and preceptors (clinical supervisor) in place with each internship site? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.11** | Are learning outcomes to be achieved during the internship/clinical placement period documented? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.12** | Is a schedule and procedure in place for monitoring visits to internship/clinical placement sites? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.13** | Is there evidence that appropriate documentation is in place to record student activities during their internship? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **2.4.14** | Is an accurate and up-to-date record of student internship/clinical placement activities maintained by the student and made available for internal and external review (Learning Portfolio)? | | Click to enter text | | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | | Click to enter text | |
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| 3.3 Theme Three: Human Resource (HR) Management | | | | | | | |
| **QS3.1: Organisational Staffing** – The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities. | | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | | **CR** |
| **3.1.1** | Is there evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.2** | Is a minimum standard in place for the academic and subject matter experience of:   * Faculty (facilitators, tutors, assistant tutors, instructors etc) * Visiting subject experts * Internship/clinical placement mentors and preceptors (clinical supervisors)? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.3** | Can the institution demonstrate that it has adequate numbers of personnel in place to:   * Meet the current and projected demand for its service * Carry out the activities described in its policies and procedures * Maintain PHECC requirements for course approval * Systematically organise, deliver and monitor the quality of courses and awards * Ensure full compliance with the QRF? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.4** | Does the composition of the institution’s personnel meet PHECC education and training standards for each course on offer? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.5** | Is there evidence that all personnel involved in administering and delivering PHECC-approved courses:   * Have been made aware of their quality assurance responsibilities * Are carrying out those activities consistently? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.6** | Is there evidence that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012?   * Policy and procedures in place * Garda Vetting policy and procedures, if required | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.7** | Is there a written job description specific to each position in the institution? | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.1.8** | Have all personnel been issued with a written statement of terms of employment/engagement? | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS3.2: Personnel Development** – The institution has a systematic approach to supporting and developing all personnel, ensuring they have the competencies required to deliver high quality education and training. | | | | | | | | |
| **Component** | | | **Evidence** | | | **Comments** | | **CR** |
| **3.2.1** | Is there a documented procedure to identify the training/upskilling needs of all personnel? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.2** | Can the institution demonstrate that:   1. It has a documented induction programme for all personnel 2. The induction is consistent and appropriate to the relevant role 3. All personnel have attended induction 4. The induction clearly outlines responsibility for the quality assurance of PHECC-approved courses? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.3** | Is there evidence of a training and development plan/programme which details how the institution meets the support and development needs of relevant personnel? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.4** | Is there evidence that support and development/upskilling has taken place? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.5** | Is there evidence that practitioner upskilling has taken place within 18 months of new CPG publication? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.6** | Are there mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.7** | Is a formalised support and supervision and annual appraisal system in place? | | Click to enter text | | | Click to enter text | | Click to enter text |
| **3.2.8** | Can the institution demonstrate that personnel have completed training/upskilling relevant to their role?   * Manual Handling * Patient Handling * Infection Prevention and Control * Train the Trainer   This list is not exhaustive. The institution may have training/upskilling requirements unique to its services. | | Click to enter text | | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | | Click to enter text | |
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| **QS3.3: Personnel Management** – A systematic approach is taken to managing all individuals and groups engaged in education and training activities. | | | | | | | |
| **Component** | | | | **Evidence** | | **Comments** | **CR** |
| **3.3.1** | Does the institution have systems in place for regular and appropriate communication between faculty and management? | | | Click to enter text | | Click to enter text | Click to enter text |
| **3.3.2** | Is there evidence that faculty provide feedback during and after their course?   * Course reports | | | Click to enter text | | Click to enter text | Click to enter text |
| **3.3.3** | Is there a system in place that ensures that only personnel with valid certification deliver PHECC-approved courses? | | | Click to enter text | | Click to enter text | Click to enter text |
| **3.3.4** | Is there evidence that the activities of faculty and visiting subject experts are systematically monitored through:   1. Observation 2. Analysis of relevant documentation? | | | Click to enter text | | Click to enter text | Click to enter text |
| **3.3.5** | Are procedures in place for dealing with poor and unacceptable performance of faculty? | | | Click to enter text | | Click to enter text | Click to enter text |
| **3.3.6** | Can the institution demonstrate that it has appropriate HR policies and procedures in place to meet its legislative obligations? | | | Click to enter text | | Click to enter text | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | | Click to enter text | **Compliance Level** | Click to enter text |
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| **QS3.4: Collaborative Provision** – Appropriate contractual and quality assurance arrangements are in place with contracted staff. | | | | | | | | |
| **Component** | | | | **Evidence** | | **Comments** | | **CR** |
| **3.4.1** | Does the institution have a collaborative provision policy and associated procedures in place that:   * Clearly states that the institution retains full control and responsibility for academic decisions and quality assurance * Clearly states that the institution is responsible for activities carried out in its name * Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC-approved courses * Clearly details the responsibilities of each party for the quality assurance of PHECC-approved courses? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.2** | Can the institution demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty?  Is there evidence of these activities taking place? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.3** | Is a written and signed contract in place? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.4** | Does the institution maintain an up-to-date record of every member of contracted faculty, including:   * their PHECC certification * Qualifications * Course delivery details * CPC? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.5** | Are contracted faculty details submitted to PHECC? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.6** | Is there evidence of agreed quality assurance standards between all parties involved? | | | Click to enter text | | Click to enter text | | Click to enter text |
| **3.4.7** | Does the institution have evidence that:   * It receives regular reports of contracted faculty education and training activities * These reports are analysed * Any actions arising from the analysis have been taken? | | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | | Click to enter text | **Compliance Level** | Click to enter text | |
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| 3.4 Theme Four: Course Development, Delivery and Review | | | | | | | |
| **QS4.1: Course Development and Approval** – A systematic approach is taken to course development and approval. | | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | | **CR** |
| **4.1.1** | Does the institution have a course development, delivery and review policy? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.1.2** | Does the institution have a documented procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.1.3** | Does course development reflect PHECC requirements? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.1.4** | Does course development:   1. Demonstrate an appropriate balance between theory and practice 2. Provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate 3. Promote a commitment to self-directed learning, as appropriate? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.1.5** | Does the development of course material include:   1. Clearly outlined aims and objectives detailing competencies to be achieved by students 2. Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons 3. Detailed timetable, time on each topic, teaching method, tutor/instructor name, etc? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.1.6** | Is there evidence that a systematic approach is taken to course approval? | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS4.2: Course Delivery, Methods of Theoretical and Clinical Instruction** – Courses are delivered in a manner that meets students’ needs and in accordance with PHECC guidelines. | | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | | **CR** |
| **4.2.1** | Is there evidence that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.2** | Is there evidence that student induction takes place? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.3** | Can the institution demonstrate that all courses are delivered by appropriately qualified personnel? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.4** | Are relevant instructor/tutor details recorded on course documentation? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.5** | Is there evidence of student attendance at training? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.6** | Is delivery of learning outcomes by third parties documented and monitored on a regular basis, including site visits as appropriate? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.7** | Is structured one-to-one time (remediation, mentoring) available for students, and appropriate to their needs? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.2.8** | *For NQEMT courses only*: Is a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders (e.g. Learning Portfolio)? | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS4.3 Course Access, Transfer and Progression** – Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate. | | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | | **CR** |
| **4.3.1** | Are there an admissions policy and procedures and/or clear entry criteria? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.3.2** | Is information available to prospective students on course details, including: name, structure, duration, award type, fees, terms and conditions, transfer and progression opportunities, etc? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.3.3** | Is information available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.3.4** | Do procedures for RPL adhere to the guidelines for each individual course in keeping with PHECC guidelines? | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS4.4: Course Review** – Courses are reviewed in a manner that allows for constructive feedback from all stakeholders. | | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | | **CR** |
| **4.4.1** | Does the institution have documented procedures for course review? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.4.2** | Do students have opportunities to provide feedback during and after their course? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.4.3** | Do faculty have opportunities to provide feedback during and after their course? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.4.4** | Does the course evaluation process involve key stakeholders, including mentors, as appropriate? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.4.5** | Are course evaluations documented by the tutor/instructor or course director? | | Click to enter text | | Click to enter text | | Click to enter text |
| **4.4.6** | Are areas for improvement identified and actions agreed and implemented as outlined in the course improvement plan and/or QIP? | | Click to enter text | | Click to enter text | | Click to enter text |
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| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text | |
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| **QS4.5: Assessment and Awards** – Assessment of student achievement is carried out in a fair and consistent manner in line with PHECC assessment criteria. | | | | | | |
| **Component** | | | **Evidence** | | **Comments** | **CR** |
| **4.5.1** | Does the institution have an assessment policy and procedures? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.2** | *For NQEMT Paramedic and AP only*: Is an appropriate assessment schedule in place, which has been approved by PHECC? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.3** | Is there evidence that an appropriate assessment methodology is used for all courses? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.4** | Is it clearly stated when PHECC assessment material is used? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.5** | Do students:   1. Have access to the information (e.g. course material) necessary for them to participate in assessment 2. Receive feedback on their assessment/results? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.6** | Does the institution have procedures to adapt assessment methodologies to cater for students with additional support needs? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.7** | Is there evidence that:   1. Responsibility for assessment material is designated 2. Assessment materials are securely stored? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.8** | Is it clear who has responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.9** | Is there evidence that students are authorised to apply for NQEMT examination at the appropriate time? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.10** | Does the institution have a procedure for internal verification?  Is there evidence that internal verification takes place? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.11** | Does the institution have a procedure for external authentication?  Is there evidence that external authentication takes place? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.12** | Does the institution have a procedure for results approval?  Is there evidence that results approval takes place? | | Click to enter text | | Click to enter text | Click to enter text |
| **4.5.13** | Does the institution have a student appeals policy and procedures? | | Click to enter text | | Click to enter text | Click to enter text |
|  | | | | | | |
| **Total CR** | | Click to enter text | **Average CR** | Click to enter text | **Compliance Level** | Click to enter text |
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# 4.0 The Quality Improvement Plan

The QIP should include the following detail:

* the **QS Component** the improvement action is relevant to
* the **issue** to be dealt with
* the **planned activity** to address the issue
* the **individual responsible** for completing the action
* the **date** the action is to be completed
* the **status** of the activity (i.e. open or closed)

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. This will demonstrate the institution’s commitment to CQI.

All improvement actions identified during the external review should be completed within 20 weeks of the on-site review. Evidence of compliance must be submitted.

The QIP should be considered as a live document, used to maintain a record of all improvement activities.

A QIP sample is provided below.

## 4.1 QIP Example

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | 17-03-19 | 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 | 10-02-19 | Open |
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*Note: to complete the Quality Improvement Plan please use the template at Appendix 1*

# 5. The Assessment Matrix

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| --- | --- | --- |
| **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. |

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| **Self-Assessment Matrix** | | |
| **Theme 1: Organisational Structure and Management** | | |
| **Quality Area** | | |
| **1.1** | Governance | **Choose an item.** |
| **1.2** | Management Systems and Organisational Processes | **Choose an item.** |
| **1.3** | Continuous Quality Improvement | **Choose an item.** |
| **1.4** | Transparency and Accountability | **Choose an item.** |
| **Theme 2: The Learning Environment** | | |
| **2.1** | Training Infrastructure | **Choose an item.** |
| **2.2** | Student Support | **Choose an item.** |
| **2.3** | Equality and Diversity | **Choose an item.** |
| **2.4** | Internship/Clinical Placement | **Choose an item.** |
| **Theme 3: Human Resource Management** | | |
| **3.1** | Organisational Staffing | **Choose an item.** |
| **3.2** | Personnel Development | **Choose an item.** |
| **3.3** | Personnel Management | **Choose an item.** |
| **3.4** | Collaborative Provision | **Choose an item.** |
| **Theme 4: Course Development, Delivery and Review** | | |
| **4.1** | Course Development and Approval | **Choose an item.** |
| **4.2** | Course Delivery – Methods of Theoretical and Clinical Instruction | **Choose an item.** |
| **4.3** | Course Access, Transfer and Progression | **Choose an item.** |
| **4.4** | Course Review | **Choose an item.** |
| **4.5** | Assessment and Awards | **Choose an item.** |

# 6. Self-Assessment Checklist

|  |  |
| --- | --- |
| **Self-Assessment Checklist** | |
| **Please ensure you have completed the following information before submitting your self-assessment.** | |
| Your institution details |  |
| Report details |  |
| Provided evidence for all applicable components - *(Note this evidence is required only in preparation for a Quality Review, it is not required for the annual renewal application)* |  |
| Included comments where relevant |  |
| Completed the compliance rating for all applicable components |  |
| Completed an overall compliance rating for each quality standard |  |
| Completed the compliance level for each quality standard |  |
| Included all improvement actions in the QIP |  |
| Included all relevant information in the QIP |  |
| Completed the Assessment Matrix |  |

**Print:** *(name of person completing this form)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click-to enter a date.

# Appendix 1. Quality Improvement Plan Template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quality Improvement Plan** | | | | | |
| **QS/Component** | **Issue** | **Planned Activity** | **Responsibility** | **By When** | **Status (open/closed)** |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |

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| --- | --- | --- | --- | --- | --- |
| **QS/Component** | **Issue** | **Planned Activity** | **Responsibility** | **By When** | **Status (open/closed)** |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
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| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |

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| --- | --- | --- | --- | --- | --- |
| **QS/Component** | **Issue** | **Planned Activity** | **Responsibility** | **By When** | **Status (open/closed)** |
| Click to enter QS/Component | Click to enter text | Click to enter text | Click to enter text | Insert date | Choose an item. |
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| **QS/Component** | **Issue** | **Planned Activity** | **Responsibility** | **By When** | **Status (open/closed)** |
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