

Assessment Cancellation Policy

PHECC Quality Assurance Programmes

GVF/QRF

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

©Pre-Hospital Emergency Care Council

Published by:

Pre-Hospital Emergency Care Council

June 2023

2nd Floor
Beech House
Millennium Park
Naas
Co Kildare
W91 TK7N
Ireland

T: + 353 (0)45 882042

E: info@phecc.ie

W: www.phecc.ie

Version History

(Please visit the [PHECC website](#) to confirm current version.)

Name: POL052 Assessment Cancellation Policy – PHECC Quality Assurance Programmes – GVF/QRF		
Version	Date	Details
1	June 2023	Initial development of policy

Table of Contents

IMPORTANT NOTE	1
POLICY STATEMENT	1
KEY PRINCIPLES AND OBJECTIVES.....	1
SCOPE	1
PROCEDURES INVOLVED IN GVF/QRf ASSESSMENTS	1
ARRANGING ASSESSMENT AND SUBMISSION DATES	1
MAKING A SUBMISSION.....	2
COMPLIANCE.....	3
MONITORING AND REVIEW	3
APPEAL.....	3
INABILITY TO COMPLY DUE TO INACTIVITY.....	4
<i>Recognised CPG Service Provider</i>	4
<i>Recognised Institution/Approved Training Institution</i>	4
DEFINITIONS (WITH SUPPORTING CONTEXT NOTES)	5

Important Note

Council is combining the Governance Validation Framework (GVF) and the Quality Review Framework (QRF) quality assurance programmes to a single set of policies and processes where possible. Readers of this document should be aware that this Assessment Cancellation policy applies equally to:

- PHECC Recognised CPG Service Providers (CPG Provider)
- PHECC Recognised Institutions (RI)
- PHECC Approved Training Institutions (ATI)

Be advised that within this document, to ease the reader's flow and avoid repetition, particularly as this policy applies to all three types of organisations, the formal descriptions above may be shortened to "recognised Provider", "Provider", "Institution", "recognised organisation" or simply 'the organisation'.

Policy Statement

The conduction of Quality Assurance (QA) assessments in the Governance Validation Framework (GVF) and Quality Review Framework (QRF) requires the establishing of complex scheduling between a number of parties to establish a series of important dates, for onsite, online, or operational assessment. Typically, the organisations involved are PHECC, the recognised organisation, and the assessment team members utilised by PHECC to conduct assessments.

Key Principles and Objectives

- Create a framework that supports and maintains the efficient and effective scheduling of assessments and manages the predictable exceptions.
- Clearly communicate to recognised organisations the non-changeable aspects of confirmed assessment dates in the quality assessment process.
- Continue the alignment of the Quality Assurance assessment process for GVF and QRF into a single system with defined structures.

Scope

This policy applies to all recognised organisations that are required to undertake the quality assurance assessments GVF and QRF. The aim is to identify the processes for:

- Establishing and agreeing GVF and QRF assessment dates with recognised organisations,
- Appropriately managing such situations whereby assessment dates, which have been previously agreed upon between PHECC and the recognised organisation, are subsequently cancelled or sought to be adjusted by the recognised organisation,
- Identifying the required follow-up steps should the principles laid down in this document not be adhered to by recognised organisations.

Procedures involved in GVF/QRF Assessments

Arranging Assessment and Submission Dates

- a. PHECC administration staff will contact the PHECC Recognised or Approved organisation with an assessment notification communication a minimum of 12 weeks prior to the proposed assessment date. The communication will nominate the assessment date range **AND** the required submission date.

- 12-weeks' notice = 6 weeks' notice for submission, plus 6 weeks' notice to assessment.
 - Recognised organisations and Institutions should note the 6-week notification for submissions. The date nominated is the recognised organisation's actual required submission date and time, regardless of the subsequently agreed assessment date.
- b. The organisation is required to respond within 2 weeks. It will select an acceptable assessment date(s) from the nominated preferred date range.
 - Note that the GVF review will have 2 date ranges indicated, 1 x PE and 1 x management engagement onsite.
 - c. PHECC will respond and communicate their agreement to undertake the assessment and on the date(s) selected by the organisation in the preferred range.
 - d. PHECC will consider agreeing to alternative dates as suggested by an organisation provided, they are within 1 week of the preferred and communicated date range.
 - e. Once assessment dates are agreed with PHECC they are considered final (see Definitions section – Exceptional Circumstances).
 - f. Should an alternative assessment date not be agreed upon within the allowed time, or in the case where there is a refusal to nominate an alternative assessment date that is acceptable, PHECC reserves the right to notify the organisation of the intention to proceed with a desktop review of the recognised provider or institution's submission.
 - i. PHECC consider that sufficient notice has been given to the organisation and there should be no inability to make a submission on the nominated date.
 - ii. Once notified of a required submission date in the assessment notification communication that submission date will remain and will not change.
 - iii. Organisations are required to continuously improve; they maintain data and update their Quality Improvement Plan (QIP) on an ongoing basis.

Making a Submission

- a. The standard and accuracy of a PHECC recognised Provider's or Institution's submission for the GVF or QRF assessment communicates as much information related to quality assurance and improvement activities within the organisation. Submissions are required to be made electronically, through a link provided by PHECC to the nominated contact person. Information and documents being submitted should be identified in the self-assessment file and named in accordance with the standard that they are intended to evidence, as per guidance given.
 - i. Be advised that access to the submission folder will be removed on the appointed deadline as advised.
 - ii. Failure to make or complete a scheduled and required submission on or before the appointed date will result in PHECC invoking the Delist Policy (POL045) and the organisation's recognition by PHECC may be negatively affected.
- b. The submission date is communicated in the assessment notification communication. A 6-week notification for submissions dates will apply. The submission date as communicated is the required date regardless of any subsequently agreed assessment date.

- c. Submissions are made electronically through the SharePoint system link that is provided. Access links are not transferable by the receiver; the organisation may nominate additional staff member(s) to make the submission. PHECC will send access links to those nominees when requested.
- d. Each organisation is responsible for completing the submission against the GVF or QRF standard and providing evidence of compliance with each criterion.
- e. All documents and information submitted shall be correctly identified, and relevant information/evidence signposted, as per guidance given.
- f. The quality of the submission of an assessment is the sole responsibility of the organisation making the submission. PHECC will conduct the assessment for compliance with the standards based on the evidence and material submitted.
- g. Incomplete or poor-quality submissions will attract negative scores on review.
- h. Submission of previously submitted material as a new document will attract a negative score, i.e., resubmission of out-of-date QIP or other material.
- i. Assessors will seek to identify all relevant material in the submission; however, they will not make allowances for material that is incorrect or out of date.
- j. Material clearly identifiable as cut and pasted material from other services will attract a poor rating.
- k. Be advised, PHECC considers that policies should be reviewed on an ongoing basis (min 3-year cycle).

Compliance

Organisations recognised by PHECC are required to comply with the 'Council Rules of Recognition'. The consequences of non-compliance with the 'Council Rules of Recognition' may lead to the Delist Policy being applied (POL045). This in turn may lead to suspension or refusal by PHECC to continue recognising or approving an organisation.

- CPG Service Providers must comply with Council Rules of Recognition as set out in POL003.
- Recognised Institutions and Approved Training Institutions must comply with Council Rules of Recognition as set out in RUL006.

Monitoring and Review

This cancellation policy will be monitored, evaluated, and reviewed over time, to ensure that it remains relevant and effective. Organisations will be notified of changes. The policy will be made available on the PHECC website.

Appeal

Appeals against GVF or QRF related decisions may be made under the Council Policy and Procedures for Appeal (POL019).

Inability to Comply due to Inactivity

Recognised CPG Service Provider

- a. Inability for PHECC to conduct a GVF assessment due to ongoing lack of clinical activity is constituted as a clinical safety issue and will automatically attract an output rating of “unacceptable”.
- b. The Delist Policy (POL045) will be applied.
- c. Notification of removal of PHECC recognition due to safety concerns may be issued. There is no right to automatic restoration.
- d. Council will be informed.

Recognised Institution/Approved Training Institution

- a. Inability for PHECC to conduct a QRF assessment due to ongoing lack of educational activity is not ideal, however, is not considered a clinical safety issue.
- b. A QRF submission will be required at the specified date.
- c. A Desktop review of the content submitted will be performed for compliance with the QRF standard.
- d. The output rating and decision matrix will be applied.

Definitions (with supporting context notes)

1. Assessment (GVF or QRF)

GVF or QRF assessments are the PHECC quality assurance programme assessments conducted by a team of PHECC appointed assessors.

- Applies to Recognised Service Provider, Recognised Institution or Approved Training Institution who are measured against the relevant PHECC quality assurance standard (GVF or QRF).
- Seeks evidence of the organisation's compliance with the GVF or QRF standards by reviewing organisation's self-assessment, submission material, operational activity and evidence, and engagement with management and staff.

2. Agreed Assessment Date

The specific date as agreed and confirmed between PHECC and the recognised or approved organisation's management for an assessment to occur.

- Assessment date previously agreed and confirmed between PHECC, and the recognised organisation is considered final.
- PHECC will make all reasonable accommodation regarding the establishment of assessment dates prior to the final and agreed scheduling of assessments and communicating dates to an assessment team.

3. Assessment Notification

Notification occurs via email and attached letter to the nominated contact person at the nominated email address.

- Assessment notification email and attached letter identifies a two-week preferred assessment date range as proposed by PHECC, from which the organisation is required to select and agree an assessment date within a nominated timeframe which is clearly identified in the communication.
- Confirms GVF/QRF submission date and closing time.
- A link to an online submission folder is shared with the organisation.
- The organisation's nominated contact person is confirmed during each renewal cycle and each PHECC recognised and approved organisation is responsible for notifying PHECC of any changes to this.

4. Assessment Outcome Rating

The assessment outcome rating is the final rating assigned by the assessment team.

- Determined by the rating scores that are applied by the assessment team to each criterion and includes the application of any associated technical weighting that may apply, which is represented in a table in the Assessment Rating System (STN035).

5. Assessment Outcome Decision

A decision framework that determines PHECC's response to the assessment report.

- Assessment outcome decision is determined by the Assessment Outcome Rating and is represented in a table in the Assessment Rating System (STN035).

6. Assessment Communication

Communication(s) from PHECC to the recognised or approved organisation.

- As per normal procedures, assessment related communication is conducted via email that is sent to the nominated contact person at the nominated email address.

- Communication may include a variety of assessment related information and attachments including confirmation letters, specifying assessment dates, issuing notices, reminders, and reports.
- PHECC recognised or approved organisations have sole responsibility to ensure that PHECC is informed of any changes to email addresses or designated personnel nominated for communications as outlined in
 - CPG Providers Notification Process (LIS020)
 - Council Rules of Recognition (RUL006)

7. Cancellation

An organisation cancels or seeks to cancel a previously agreed and scheduled assessment date(s).

- Only in exceptional circumstances will PHECC consider the cancellation of previously agreed and scheduled assessment dates.
- In the case of cancellation of previously agreed assessment date(s) PHECC retain the right to conduct the desktop review and produce an outcome rating, and a final report based solely on the organisation's documentation and evidence material as submitted.
- It must be noted that the documentation review is only a part of the overall GVF/QRF assessment process and as such it would/may not be possible to achieve a satisfactory assessment result without the onsite/online meeting component.

8. Desktop Review

An initial review that interrogates the organisation's submission and supporting evidence for compliance with the GVF/QRF standard.

- Is the first stage of reviewing an organisation's submission against the standard, in all GVF and QRF assessments. Typically, this is followed up with an engagement with management onsite or online.
- Is a technical process, which is wholly dependent on the quality of the submission and the evidence of organisational activities that it contains.
- May be conducted in isolation following cancellation of previously agreed dates. A final report will be produced. The standard factual accuracy process will be bypassed in this situation.
- It must be noted that the desktop review is only a part of the overall GVF/QRF assessment process and as such it would/may not be possible to achieve a satisfactory assessment result without the onsite/online meeting component.

9. Exceptional Circumstances*

Unforeseeable and significant events or circumstances beyond the control of the parties involved that make it impossible to conduct the assessment. Circumstances may include natural disasters, safety concerns, bereavements, and serious illness.

- Where a quality assessment date is agreed and confirmed between PHECC and the organisation and has subsequently been agreed and scheduled with the assessment team, it is considered final. Only in exceptional circumstances will PHECC consider a short-term notice or cancellation of previously agreed and scheduled assessment dates.
- Normal operational activities, i.e., new contracts or work being booked for or conducted on the agreed and scheduled dates, do not qualify as exceptional circumstances.
- Absence of specific individuals does not qualify as exceptional circumstances.

- In all cancellation scenarios PHECC retain the right to conduct a desktop assessment and produce an outcome and a final report that is based solely upon this review of the organisation's submission and the evidence within.

**In the unlikely event that PHECC encounter an unavoidable difficulty, PHECC will work with the organisation to minimise the impact and ensure a mutually agreed pathway.*

10. Quality Assurance (QA) Standards

Standards developed by PHECC to ensure recognised and approved organisations implement council rules of recognition, provide safe services, and implement best practice.

The Governance Validation Framework and the Quality Review Framework are the two QA standards that assess PHECC recognised and approved organisations compliance with the standards.

- GVF Standard applies to PHECC Recognised CPG Service Providers.
 - Requires 2 assessment dates (1 x Practitioner Engagement (PE) and 1 x Management Engagement).
- QRF Standard applies to PHECC Recognised Institutions (RI) and PHECC Approved Training Institutions (ATI).
 - The QRF for RI requires 1 assessment date, which is conducted onsite for all PHECC Recognised Institutions (RI).
 - QRF for approved Training Institution (ATI) is primarily conducted online. However, it should be noted that the PHECC Quality and Safety Committee have deemed that a random selection (circa 20%) of ATI QRF is conducted in-person/onsite.

11. Reasonable Accommodation

Outlines the circumstances under which PHECC will alter previously agreed and scheduled assessment dates. Prior to the finalising of the agreed assessment date PHECC will actively work with an organisation to agree a suitable alternative assessment date.

- This date shall be within 1 week of the communicated 2-week date range (4-week range).
- Should an agreed date for assessment remain outstanding after repeated attempts, PHECC reserve the right to notify its intention to conduct a desktop review utilising the organisation's submission.
- Confirmation of submission date and folder links will be sent to the organisation by email.
- It must be noted that the documentation review is only a part of the overall GVF/QRF assessment process and as such it would/may not be possible to achieve a satisfactory assessment result without the site visit component.

12. Submission Date

The communicated date by which the organisation shall be required to upload material/evidence to PHECC utilising the supplied submission links.

- This communicated date complies with the frameworks 12-week notification period.
- Submission links are sent via email to the nominated contact person at the nominated email address.
- The submission date is non-negotiable and will be retained regardless of the assessment date subsequently agreed between PHECC and the organisation.
- As quality is a continuous process the submission material should primarily be already available to the organisation, however, PHECC advise that upon notification of assessment organisations should immediately begin to identify and ready their submission material.



Published by:

**Pre-Hospital Emergency Care Council
2nd Floor Beech House
Millennium Park
Naas
Co Kildare
W91 TK7N
Ireland**

Phone: +353 (0)45 882042

Email: info@phecc.ie

Web: www.phecc.ie