

A decorative graphic at the top of the page consists of three overlapping, stepped lines in grey, orange, and blue, creating a jagged, mountain-like silhouette.

PHECC  
Quality Assurance Programme Policy

## **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.*

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## 1.0 Purpose and Scope

### 1.1 Purpose

This policy supports the PHECC Quality Assurance (QA) Programme for ensuring the consistency of the systems and processes that support accreditation at PHECC. It outlines the principles, procedures, and responsibilities for conducting quality assurance-based assessments to maintain the integrity and credibility of the accreditation system which recognises and approves:

- Recognised CPG Service Provider (Provider)
- Recognised Institution (RI)
- Approved Training Institution (ATI)

To reduce unnecessary text, reduce content, and increase readability, it should be noted that this document may use the terms 'Providers' 'RI', or 'ATI', Recognised and Approved Organisations, or simply the collective term "organisations".

### 1.2 Scope

This policy provides an overview of the PHECC quality assurance programme, which includes the Governance Validation Framework (GVF), and the Quality Review Framework (QRF) assessment systems, their structure and their supporting documents. The PHECC QA programme seeks to ensure good governance and continuous quality improvement at PHECC recognised and approved organisations. The PHECC QA structure is as follows:

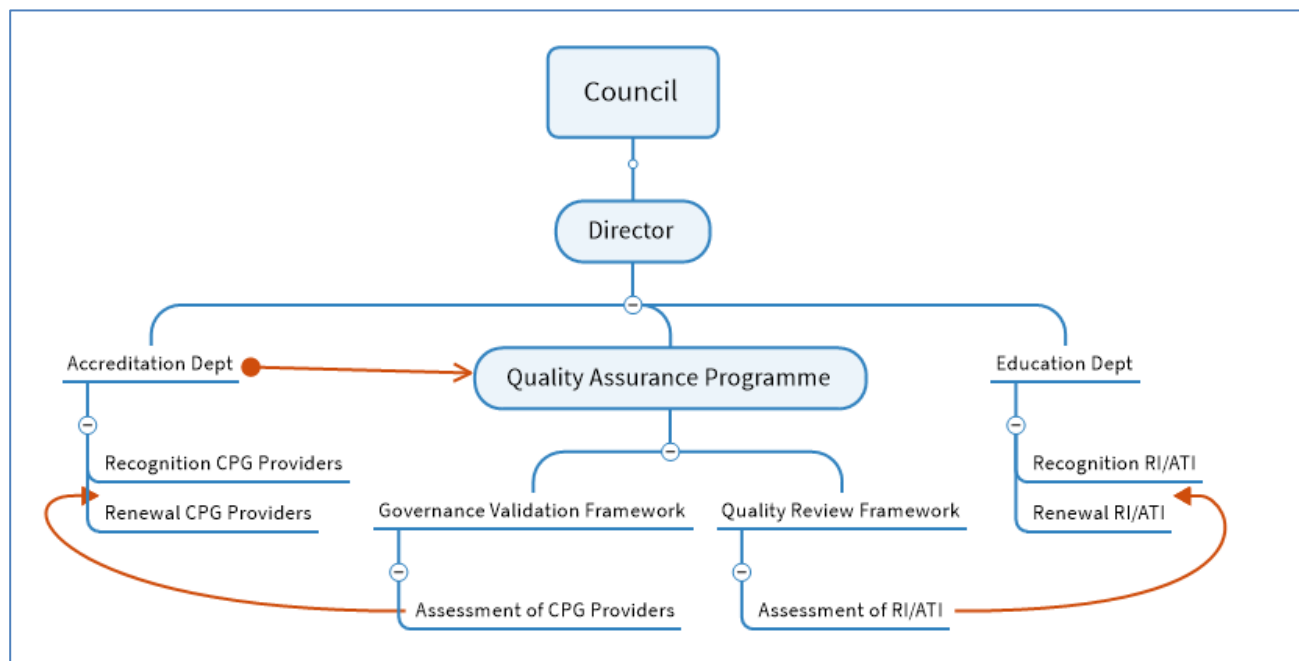


Fig.1.1 PHECC QA Structure

The Accreditation department oversees the QA Programme and its assessments of CPG Service Providers, Recognised Institutions, and Approved Training Institutions. The GVF and QRF final outcome reports provide important information for Council related to compliance with the GVF and QRF Standards.

## 2.0 Definitions

### 2.1 Definitions

Clear definitions ensure that all stakeholders have a shared understanding of key terms, reducing ambiguity and promoting consistency in the application of the Quality Assurance policy.

Two key acronyms to be aware of are:

**GVF** The Governance Validation Framework is a quality assurance standard applicable to PHECC Recognised CPG Service Providers. It is a tool that supports and promotes effective governance and continuous quality Improvement at the Provider.

**QRF** The Quality Review Framework is a quality assurance standard applicable to PHECC Recognised Institutions and PHECC Approved Training Institutions. It is a tool that supports and promotes effective governance and continuous quality Improvement at the RI/ATI.

Other definitions and acronyms relevant to this policy are included in Appendix II. It is anticipated that this list will be periodically reviewed and expanded as the QA system develops over time.

## 3.0 Quality Assurance Principles

### 3.1 Transparency

All quality assurance processes are transparent, with clear criteria and procedures communicated to stakeholders. PHECC guarantees transparency of the system of assessment by ensuring Providers and RI/ATI receive guidance about their respective system of assessment in the following relevant documents:

**Table 3.1 Relevant System of Assessment Documents**

CPG Service Provider	RI/ATI
<ul style="list-style-type: none"> <li>• Governance Validation Framework Standard (STN034)</li> <li>• GVF Assessment Guidance for Licensed CPG Service Providers (GUI046)</li> <li>• GVF Assessment Rating System (STN035)</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Review Framework Standard (STN020)</li> <li>• QRF Assessment Guidance for RI and ATI (GUI047)</li> <li>• QRF Assessment Rating System (STN038)</li> </ul>

<ul style="list-style-type: none"> <li>• TEM027 GVF Assessment Rating Calculations (Excel Self-Assessment) (STN035)</li> </ul>	<ul style="list-style-type: none"> <li>• QRF Self-Assessment Rating Calculations (Excel Self-Assessment) (TEM029)</li> </ul>
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PHECC operate a comprehensive system of communication templates to ensure transparency of processes. Our communications establish timelines to be followed, and communicates key information, which includes notifications of assessment, assessment timelines, required actions, access to upload folders to submit evidence of compliance, and assessment arrangements to Providers, RI, ATI and QA Assessors at the appropriate juncture within the process.

To further ensure transparency, all organisations who have been scheduled to undergo assessment are notified of the assessment team members names in advance of the engagement to avoid any occurrence of conflict-of-interest related issues. All QA assessors are required to declare any conflict of interest that may exist or arise in relation to any PHECC recognised or approved organisation. They are also subject to and bound by confidentiality agreement.

To increase transparency and fairness within the GVF and QRF process organisations receive a desktop review document following the assessment team’s first review of the organisation’s submission. This document is designed to provide transparency on the quality of the submission that has been made and indicates areas of deficit within the submission. Organisations are invited to supplement their submission to increase its quality.

### 3.2 Consistency

PHECC utilise a risk-based approach in the conduction of quality assurance-based assessments of PHECC recognised and approved organisations to ensure consistency, fairness, and reliability. The assessment team size is determined by a review of the size and scope of the Provider or RI/ATI that is being assessed. Assessments represent a snapshot in time and are conducted based on evidence submitted by organisations and gathered by the assessment team during engagement with management and the organisation’s stakeholders, namely their Practitioners or Students/Faculty.

### 3.3 Continuous Improvement

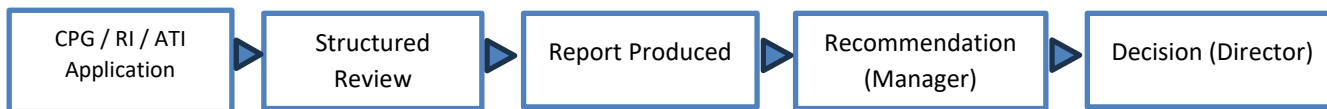
PHECC have developed and implemented standards to support continuous improvement in the organisations that they recognise or approve. The GVF and QRF standards are tools that PHECC developed to support their recognised and approved organisations maintain a system of continuous improvement. To this end PHECC conduct regular assessment of PHECC recognised and approved organisations to review their compliance with their respective standard.

## 4.0 Roles and Responsibilities

### 4.1 Accreditation

PHECC recognise organisations to deliver Clinical Practice Guidelines (CPG) based services and/or pre-hospital education and training under the provisions of SI 109/2000, as amended by SI 575 of 2004. PHECC maintain a system of initial recognition and approval of CPG Service Providers, RI and ATI. Organisations who apply for

recognition or approval are subject to the rules made by the Council in accordance with article 4(a) and 4(r). Recognition and approval applications are made in accordance with the provisions as determined by the Council. The PHECC Executive is responsible for overseeing applications for PHECC recognition and approval, ensuring compliance with standards, and making accreditation decisions in accordance with defined internal processes.



**Fig.4.1 Application Internal Processes**

All decisions related to recognition and approval are formally communicated to the Applicant organisation by PHECC within a defined period.

Recognised and approved organisations shall maintain compliance with their respective standards (GVF/QRF) to maintain recognition or approval. In the case of non-compliance of the relevant standard, or associated requirements, PHECC may elect to apply the Delist policy and execute a decision to suspend or delist the organisation.

**Table 4.1 Relevant Council Documents**

CPG Provider	RI/ATI
<ul style="list-style-type: none"> <li>• Council Policy for Recognition to Implement Clinical Practice Guidelines (CPGs) (POL003)</li> <li>• GVF Assessment Guidance for Licensed CPG Service Providers (GUI046)</li> <li>• Statutory Declaration for approval as PHECC Licensed CPG Provider (FOR027)</li> </ul>	<ul style="list-style-type: none"> <li>• Council Rules for the Recognition of Institutions and Approval of Training Institutions (RUL006)</li> <li>• QRF Assessment Guidance for RI and ATI (GUI047)</li> <li>• Statutory Declaration for Recognition of Institutions or Approval of Training Institutions (FOR031)</li> </ul>
<ul style="list-style-type: none"> <li>• Delist Policy (POL045)</li> <li>• Assessment Cancellation Policy (POL052)</li> </ul>	

## 4.2 GVF / QRF Assessors

QA Assessors are individuals who conduct external assessment of PHECC recognised and approved organisations. PHECC QA assessors are trained in the conduct of assessment and participate in annual workshops related to the application of the GVF and QRF standards and the general aspects of assessment. QA Assessors are responsible for conducting assessments, providing objective feedback and findings to Providers and RI/ATI in the form of a report.

QA Assessors are responsible for ensuring that assessments are related to compliance with the GVF Standard or the QRF Standard, and they are conducted in accordance with established assessment principles and assessor

guidelines. Assessors must ensure that reports are factual and developed in accordance with established processes, procedures, and writing guidance.

**Table 4.2 Assessor Panel Entry Requirements**

<b>Essential Qualifications and Registrations for GVF Assessor</b>	<p>Be a current registrant on the PHECC Advanced Paramedic or Paramedic register, be in good standing with the PHECC and have a special interest in Governance, Quality Assurance or Risk Management in Pre-Hospital Emergency Care.</p> <p><b>Or</b></p> <p>Be a current Registered Medical Practitioner (general or specialist division), in good standing with the Medical Council, and have experience, a special interest or extended training in emergency medicine or critical care environment.</p> <p><b>Or</b></p> <p>Be a current Registered Nurse and of good standing with the Nursing and Midwifery Board of Ireland with experience, a special interest or extended training in emergency medicine or critical care environment.</p> <p><b>Or</b></p> <p>Hold a Masters Degree (or higher) and have experience, a special interest or extended training in Governance, Quality Assurance, Risk Management, Audit or Research in a healthcare discipline.</p>
<b>Essential Qualifications and Registrations for QRF Assessor</b>	<p>Hold a PHECC Educational Award at Tutor or Facilitator, and have experience, a special interest or extended training in Governance, Quality Assurance or Risk Management in Education.</p> <p><b>Or</b></p> <p>Hold an Ordinary, or Masters Degree in an education related subject, and have experience, a special interest or extended training in Governance, Quality Assurance or Risk Management in education.</p> <p><b>Or</b></p> <p>Hold a Masters Degree (or higher), or have experience of developing or delivering education, and the related quality assurance processes at a 3rd level institution.</p>

### 4.3 Code of Professional Conduct and Ethics

Upon appointment as a QA Assessor and prior to conduction of assessment PHECC Assessors are required to sign a Code of Professional Conduct and Ethics declaration which specifies required and expected conduct and includes items like the maintenance of high standards of integrity, impartiality, honesty, fairness, and ethical behaviour when conducting their professional duties. In this document Assessors explicitly agree to exercise discretion and professionalism and to maintain the confidentiality of all information, documentation, data and other materials, in whatsoever format, acquired during the course of any professional duties as a representative of The Pre-Hospital Emergency Care Council.



**Table 4.3 Code of Professional Conduct and Ethics**

CPG Providers	RI/ATI
<ul style="list-style-type: none"><li>Assessor / Examiner Agreements and Declaration</li></ul>	

#### 4.4 Confidentiality

Upon appointment as a QA Assessor and prior to conduction of assessment PHECC Assessors are required to sign a Confidentiality agreement whereby in accordance with the Data Protection Act 2018 the Assessor/Examiner Panel Member explicitly agrees to maintain the confidentiality of all information, documentation, data and other materials, in whatsoever format, acquired during the course of his/her professional duties as a representative of The Pre-Hospital Emergency Care Council. All QA Assessors agree that on no account will this information be copied, divulged or discussed with persons or entities outside of the Pre-Hospital Emergency Care Council (PHECC).

**Table 4.4 Confidentiality**

CPG Providers	RI/ATI
<ul style="list-style-type: none"><li>Assessor / Examiner Agreements and Declaration</li></ul>	

#### 4.5 Conflict of interest

Upon appointment as a QA Assessor and prior to conduction of assessment PHECC Assessors are required to declare any conflict of interest that may exist or arise in relation to any PHECC recognised or approved organisation. They do this on appointment and are bound to raise it immediately, should they become aware of its existence. It is appreciated that in a small, specialised field like EMS conflicts of interest could arise, especially 'perceived conflicts' but these need not present a problem if they are openly and effectively managed. It is PHECCs policy that ethical, commercial, legal, financial, or other conflicts of interest be avoided and that any such conflicts (where they do arise) do not conflict with the duties and responsibilities of the panel. While it is recognised that attempting to eliminate all potential conflicts may be difficult, PHECC will endeavour to manage all perceived conflicts effectively and fairly and consider, on a case-by-case basis, whether such conflict will realistically or potentially be perceived to impair an assessor's capacity to impartially participate in specific QA assessments.

**Table 4.5 Conflict of Interest**

CPG Providers	RI/ATI
<ul style="list-style-type: none"><li>Assessor / Examiner Agreements and Declaration</li></ul>	

## 5.0 Quality Assurance Standards

### 5.1 Development of Standard

The PHECC Quality and Safety Committee oversee the QA Programme and development of PHECC GVF and QRF

standards. These standards were developed in a transparent and collaborative manner, which comprised of extensive input from all identified stakeholders related to the Standard and associated documents. Stakeholders engaged were Council, Quality and Safety Committee, CPG Service Providers, RI/ATI, Assessors, PHECC Practitioners and the public. Consultation occurred via stakeholders’ meetings, online meetings and surveys. The GVF and QRF standards are developed in consultation with key stakeholders and are aligned with industry best practices in clinical care delivery and education.

Governance Validation Framework Standard (STN034) specifies 6 Standards, and 45 associated criteria.  
 Quality Review Framework Standard (STN020) specifies 6 Standards, and 44 associated criteria.

It is anticipated that future redevelopment of the standards will comprise of relevant stakeholder engagement and appropriate feedback on the standard will constantly be considered when the redevelopment point is reached.

The Standards should be reviewed every 3-5 years.

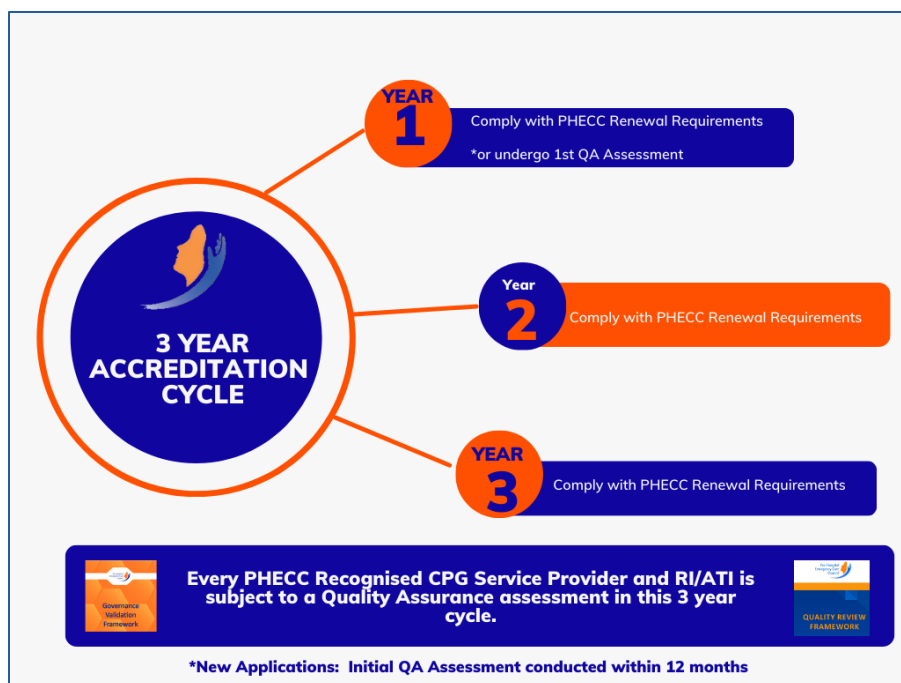
## 5.2 QA Standards and Accreditation

PHECC QA Standards (GVF and QRF) are comprehensive and provide a detailed assessment of the organisations that PHECC recognise and approve. PHECC QA Standards support the initial recognition and the ongoing approval of CPG Service Providers, Recognised Institutions and Approved Training Institutions. Initial applications are made under the respective standard (GVF or QRF). Applications are assessed for compliance and processed accordingly.

**Table 5.2 Relevant Application and Renewal Documents**

CPG Provider	RI/ATI
<ul style="list-style-type: none"> <li>• Application Form PHECC Recognised CPG Service Provider (FOR054)</li> <li>• Statutory Declaration for approval as PHECC Licensed CPG Provider (FOR027)</li> <li>• Renewal Application Guidance PHECC Recognised CPG Service Provider (POL057)</li> <li>• Declaration for renewal approval as PHECC Licensed CPG Provider (FOR060)</li> </ul>	<ul style="list-style-type: none"> <li>• Application Form and Guide for Recognition or Approval of Institutions to deliver PHECC Courses (FOR032)</li> <li>• Statutory Declaration for Recognition of Institutions or Approval of Training Institutions (FOR031)</li> <li>• Annual Declaration Form for Renewal as a Recognised Institution or Approved Training Institution (FOR074)</li> </ul>

As part of a 3-year recognition cycle PHECC conduct regular ongoing external assessment of Providers and RI/ATI to ensure standards compliance, and that the conditions of recognition and approval are being achieved by the Providers and RI/ATI. In 2024 both Standards were aligned into a single system of operations and approach that underpin the accreditation of CPG Providers, RI and ATI by PHECC. A successful GVF or QRF assessment will ensure PHECC accreditation.



**Fig.5.2 3-Year Accreditation Cycle**

## 6.0 Assessment Procedures

### 6.1 Planning and Preparation

GVF and QRF Assessments are planned, structured, have clear standards, lines of inquiry, timelines, and resources allocated to the conduct of assessments.

PHECC seek to conduct one assessment of every Provider and RI/ATI in a 3-year period.

Organisations receive 12 weeks' notice of assessments selection.

**Table 6.1 Relevant Planning Documents**

CPG Providers/RI/ATI	
Email communications	<ul style="list-style-type: none"> <li>• Template 12-week notification of assessment selection</li> </ul>
Inability to schedule or cancellations	<ul style="list-style-type: none"> <li>• Assessment Cancellation Policy PHECC Quality Assurance Programmes GVF/QRF (POL052)</li> </ul>
Failure to comply with Council rules of registration or approval	<ul style="list-style-type: none"> <li>• Delist Policy (Delist Policy CPG Service Providers Recognised Institutions/Approved Training Institutions) (POL045)</li> </ul>

## 6.2 Assessment Submission, Review, and Initial Feedback

The submission of assessment material by recognised and approved organisations is completed through a secure PHECC SharePoint system via a secure link to a set of folders that mirror the standard. GVF/QRF assessments are conducted utilising multiple methods, such as desktop review followed by engagement with management and Practitioners, staff and/or teaching Faculty. QA Assessment includes site visits where necessary. In GVF there is a Practitioner engagement process that enables observation of clinical practice whenever possible.

Each organisation’s submission is analysed objectively by the assessment team members and collated into a desktop report to provide initial feedback to the organisation. A supplementary submission may be made prior to the management engagement.

**Table 6.2 Relevant Submission, Review and Feedback Documents**

	CPG Provider	RI/ATI
Uploading submissions	<ul style="list-style-type: none"> <li>GVF Assessment Guidance for Licensed CPG Service Providers (GUI046)</li> </ul>	<ul style="list-style-type: none"> <li>QRF Assessment Guidance for RI and ATI (GUI047)</li> </ul>
What to submit to comply	<ul style="list-style-type: none"> <li>Video to support process for submission</li> <li>* CPG Providers in place, to be edited for QRF submission</li> </ul>	
Assessor Review Feedback	<ul style="list-style-type: none"> <li>Assessment Team’s Desktop Review Observations Report</li> </ul>	

## 6.3 Conduction of Assessment



**Fig. 6.3.4.2 Process Overview** (See Appendix I, II and III for more information)

PHECC manage and administer the QA assessment process within the specific stages

- Pre-assessment
- Assessment
- Post-assessment

### 6.3.1 Pre-Assessment

Prior to the conduct of a GVF or QRF assessment, PHECC engage with the organisation and provide a 12 week

notice period, an agreement on a date for the assessment to occur is established. The assessment team is established, and the organisation is provided with a fillable spreadsheet to complete their self-assessment. In this document they self-assign scores as to their perceived compliance with the standards and their respective criteria (GVF or QRF).

Organisations undergoing QA Assessment also receive access to a structured submission folder to facilitate their uploading of their formal submission to validate their compliance with the GVF or QRF Standard.

A Practitioner Engagement is incorporated into the GVF assessment process, which supports observation of operational activity in the Provider.

Prior to the assessment team’s onsite/online engagement with management/staff, the assessment team produce a desktop report to transparently highlight areas where the organisation’s submission has not provided sufficient evidence to verify achievement of specific criteria. The organisation is encouraged to supplement their submission prior to the onsite / online engagement.

### 6.3.2 Assessment:

QA assessors review assessment submissions and engage with the organisation’s management and seek to verify their compliance with the standard and its criteria. Decisions are made based on evidence available and the assessments team’s triangulation of information gathered through submission review, engagement, and any feedback received from the organisation’s management, practitioners, staff, and/or faculty.

QA assessors develop their findings and make evidence-based decisions and apply a rating of 0-4 to each criterion in the standard, which leads to the production of an assessment report that identifies the overall rating awarded to the organisation.

Rating Scale	Rationale
N/A	Not Applicable: The Standard is not applicable.
0	Not Met: No evidence of compliance in the organisation.
1	Minimally Met: Evidence of a low degree of organisation-wide compliance.
2	Moderately Met: Evidence of a moderate degree of organisation-wide compliance.
3	Substantively Met: Substantive evidence of organisation-wide compliance.
4	Fully Met: Evidence of full compliance across the organisation.

**Fig. 6.3.2 Rating Scale**

### 6.3.3 Post-assessment

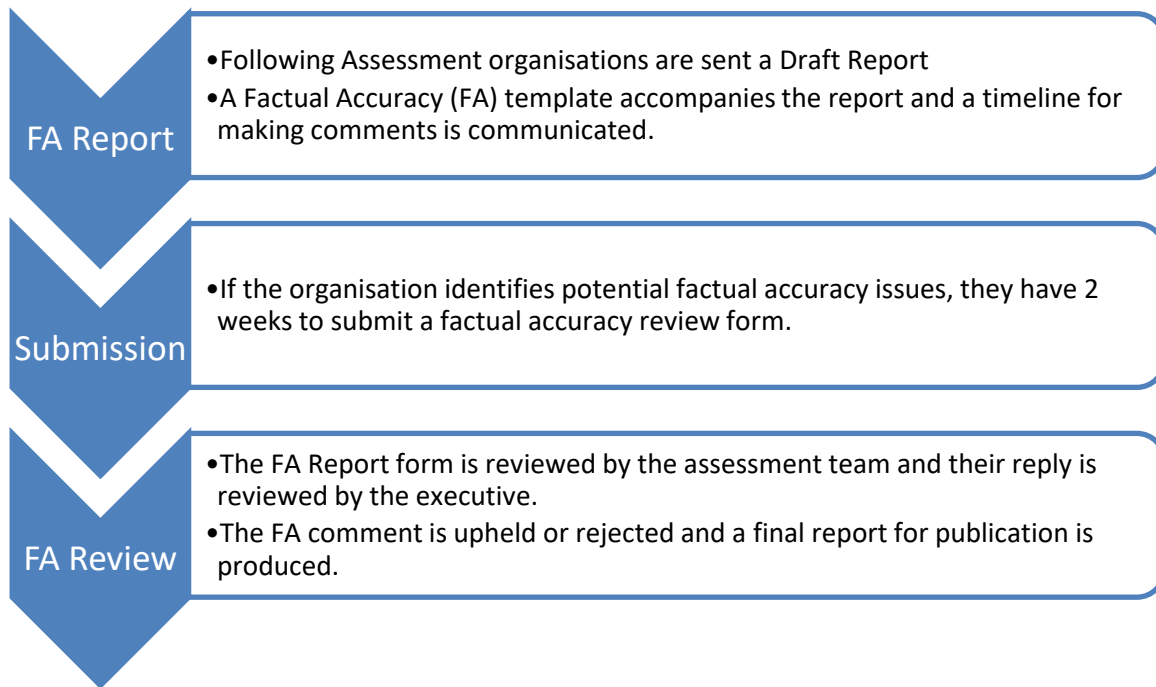
Following QRF standard redevelopment in 2024, the GVF and QRF assessment systems now have the same standard and criteria structure, assessment rating system, and output in the form of a final report.

To aid and promote a better understanding of the systems and processes involved by PHECC recognised and approved organisations the administrative processes for both programmes are the same. and the report writing process is mirrored for both.

Draft Reports are produced within this stage where assessment findings are documented in a clear and concise report, highlighting in each criterion of 1) assessment team findings, 2) areas of good practice, and 3) recommended areas for improvement.

### 6.3.4 Factual Accuracy Process:

Following the production of the draft report PHECC conducts a Factual Accuracy process. Each organisation may point out areas where the report is not factual, for instance where they have submitted evidence that has been omitted.



**Fig. 6.3.4.1 Factual Accuracy Process**

Recognised and approved organisations are provided with an opportunity to review the draft report and make a factual accuracy submission using the template supplied.

Following the factual accuracy process a final report is generated and is presented to the Director for review and approval as a delegated decision of the Council.

**Table 6.3.4.1 Assessment Related Documents**

CPG Providers	RI/ATI
<ul style="list-style-type: none"> <li>• GVF Practitioner Engagement Guide</li> <li>• GVF Desktop Review Observations Report (TEM032)</li> <li>• GVF Assessment Report (TEM025)</li> <li>• Assessors writing guidance for TEM025</li> <li>• GVF Assessment Rating System (STN035)</li> <li>• GVF Assessor Validation Guide (GUI029)</li> </ul>	<ul style="list-style-type: none"> <li>• QRF Assessment Rating System (STN038)</li> <li>• QRF Assessment Report (TEM030)</li> <li>• QA Assessors Guidance QRF</li> <li>• QRF Desktop Review Observations Report (TEM031)</li> </ul>
<ul style="list-style-type: none"> <li>• QA Assessors Guidance on Applying Assessment Ratings</li> <li>• Factual Accuracy Report (TEM023)</li> </ul>	

## 6.4 Assessment Scores and Assessment Outcome Ratings

The assessment rating system that PHECC applies during assessment of the organisations that it recognises and approves has multiple components that combine to create a transparent robust system that, when applied, will provide clear assessment outcome and rationale to support any subsequent impact or decision making with regards to the recognition status.

### 6.4.1 Assessment Scores:

During the assessment the team apply scores to each criterion using a MS Excel sheet. Each criterion attracts a score of 0-4. The points awarded to each criterion are added together to make an overall score. The final output score has several components that impact on the Assessment Rating:

- A score of 0-4 is awarded by the assessment team in each criterion in the standard. A score of 0 or 1 in a criterion attracts a risk rating from the assessment team.
- The total scores awarded in each of the 6 standards are compiled to make the final score.
- To have a successful outcome in a GVF or QRF assessment, organisations must score above the minimum allowable score. This score is identified in the Assessment Rating System document.
- To have a successful outcome in a GVF or QRF assessment, organisations must also score above the minimum allowable score in 4 of the 6 standards.

### 6.4.2 Assessment Outcome Rating

The awarded scores determine the assessment output rating. Output ratings available are as follows:

- Acceptable
- Moderately Acceptable
- Minimally Acceptable
- Conditionally Acceptable
- Unacceptable

The final determination of the assessment outcome will attract an automatic and transparent decision related to accreditation of the recognised or approved organisation. A table identifying the associated accreditation decisions is available in the rating system documentation that supports the GVF and QRF. Further detail is available in the ratings document for each Standard.

**Table 6.4.2.1 Assessment Rating System Documents**

CPG Providers	RI/ATI
<ul style="list-style-type: none"><li>• GVF Assessment Rating System (STN035)</li></ul>	<ul style="list-style-type: none"><li>• QRF Assessment Rating System (STN038)</li></ul>

## 7.0 Accreditation Related Decisions

Accreditation related decisions are decisions delegated to the PHECC Director by Council. From a governance perspective accreditation related decisions are recommended to the PHECC Director by the Accreditation Manager in accordance with the predetermined decisions as identified in the GVF and QRF Assessment Outcome Rating tables which are reproduced in Appendix IV (GVF) and V (QRF). The tables clearly identify the rating awarded to the organisations and the related outcome, recognitions status, follow up required, and the impact of the decision.

### 7.1 Communication of Decisions

All decisions related to assessments are formally communicated to recognised and approved organisations via email to the nominated primary contact for the organisation as soon as practicable.

## 8.0 Monitoring and Maintenance

### 8.1 Ongoing Monitoring

Recognised and approved organisations are monitored by PHECC annually through its renewal of recognition/approval processes. Organisations are required to update PHECC on their current status in a range of items including new or updated policies, practitioner list, adverse incidents, quality-based audits conducted, and other items.

Recognised and approved organisations are formally assessed once every 3 years, or in response to significant changes in the organisation's operations or risk-based concerns that may exist.

**Table 8.1 Monitoring and Maintenance Documents**

<b>CPG Service Providers</b>	<ul style="list-style-type: none"><li>• PHECC Recognised CPG Service Provider Annual Report (LIS021)</li><li>• Annual Declaration for Renewal as a PHECC Recognised CPG Service Provider (FOR060)</li><li>• (FOR060) Privileged Personnel Template (TEM02)</li><li>• Licensed CPG Provider Notification Process (LIS020)</li><li>• Council Policy CPG Implementation Timeframe (POL018)</li><li>• Small-scale Clinical or Research Audit Project (SCRAP)(GUI045)</li><li>• GVF Assessment Rating System (STN035)</li><li>• Quality Improvement Plan (TEM026)</li><li>• GVF Self-Assessment Report(TEM027)</li></ul>
<b>RI/ATI Documents</b>	<ul style="list-style-type: none"><li>• Annual Declaration for Renewal as a Recognised Institution or an Approved Training Institution (FOR074)</li><li>• QRF Self-Assessment Report (TEM029)</li><li>• QRF Rating System (STN038)</li><li>• Quality Improvement Plan (TEM028)</li></ul>



## 9.0 Appeals

### 9.1 Appeals Process

PHECC Recognised and approved organisations can formally appeal accreditation decisions through the Council Policy and Procedures for appeals, which has clear guidelines and timelines.

**Table 9.1 Appeal Document**

CPG Providers	RI/ATI
<ul style="list-style-type: none"><li>Council Policy and Procedures for Appeal (POL019)</li></ul>	

## 10.0 Confidentiality and Data Protection

### 10.1 Data Security and Confidentiality

All data submitted by PHECC recognised and approved organisations as part of the assessment process is stored and maintained securely and accessed only by executive personnel involved in supporting the GVF/QRF process. QA Assessors assigned to the assessment are given read only access to the specific folder structure for the specific assessment. Access is controlled, time limited, and assessors can only access the folders via their dedicated PHECC account.

All PHECC staff and assessors are bound by signed confidentiality agreements. Recognised and approved organisation's confidential information is protected under these agreements.

### 10.2 Conflict of Interest (COI)

On their initial appointment each assessor is mandated by PHECC to declare any conflict of interest that they may have with any PHECC recognised or approved organisations. A conflict-of-interest register is maintained by PHECC for each assessor for the purpose of not assigning them to specific organisation assessments. This record is updated on a regular basis. Assessors are notified of the requirement to consider potential conflict of interest each time they are invited to take part in an assessment. For increased transparency, recognised and approved organisations are informed of the names of the assessors assigned to the assessment and given the opportunity to engage with PHECC should they perceive a conflict exists.

## 11.0 Review and Revision of the Policy

### 11.1 Regular Reviews

This policy is developed and overseen by the PHECC Quality and Safety Committee and implemented by the Accreditation Department. To ensure its relevance and effectiveness it will be reviewed and updated every 3 years from the date of its approval.

## 11.2 Continuous Process of Improvement

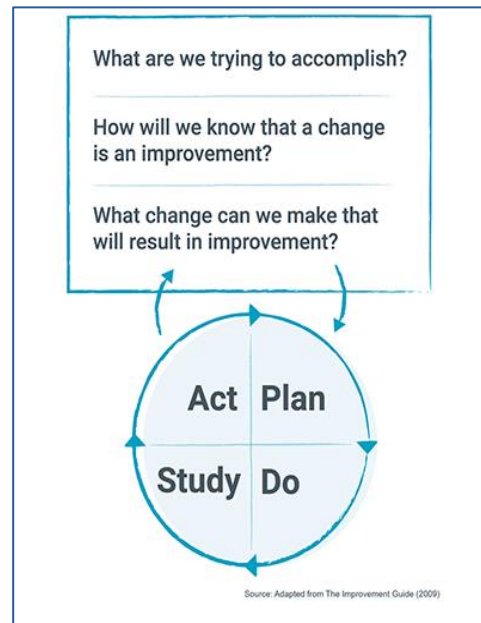
PHECC will seek regular feedback from stakeholders in the PHECC Quality Assurance Programme.

Following GVF and QRF assessment, recognised and approved organisations will be surveyed about their experience in undergoing assessment.

Lead Assessors are required to complete a survey following each assessment to feedback their experience of delivering assessments.

Major feedback received by the Accreditation Department via survey or otherwise will be recorded and incorporated into the review process as a driver for continuous improvement.

The QRF and GVF standards will be reviewed every 3 years. However, wherever possible minor changes to the process will be enacted in a planned manner as part of a PDSA cycle to drive improvement.

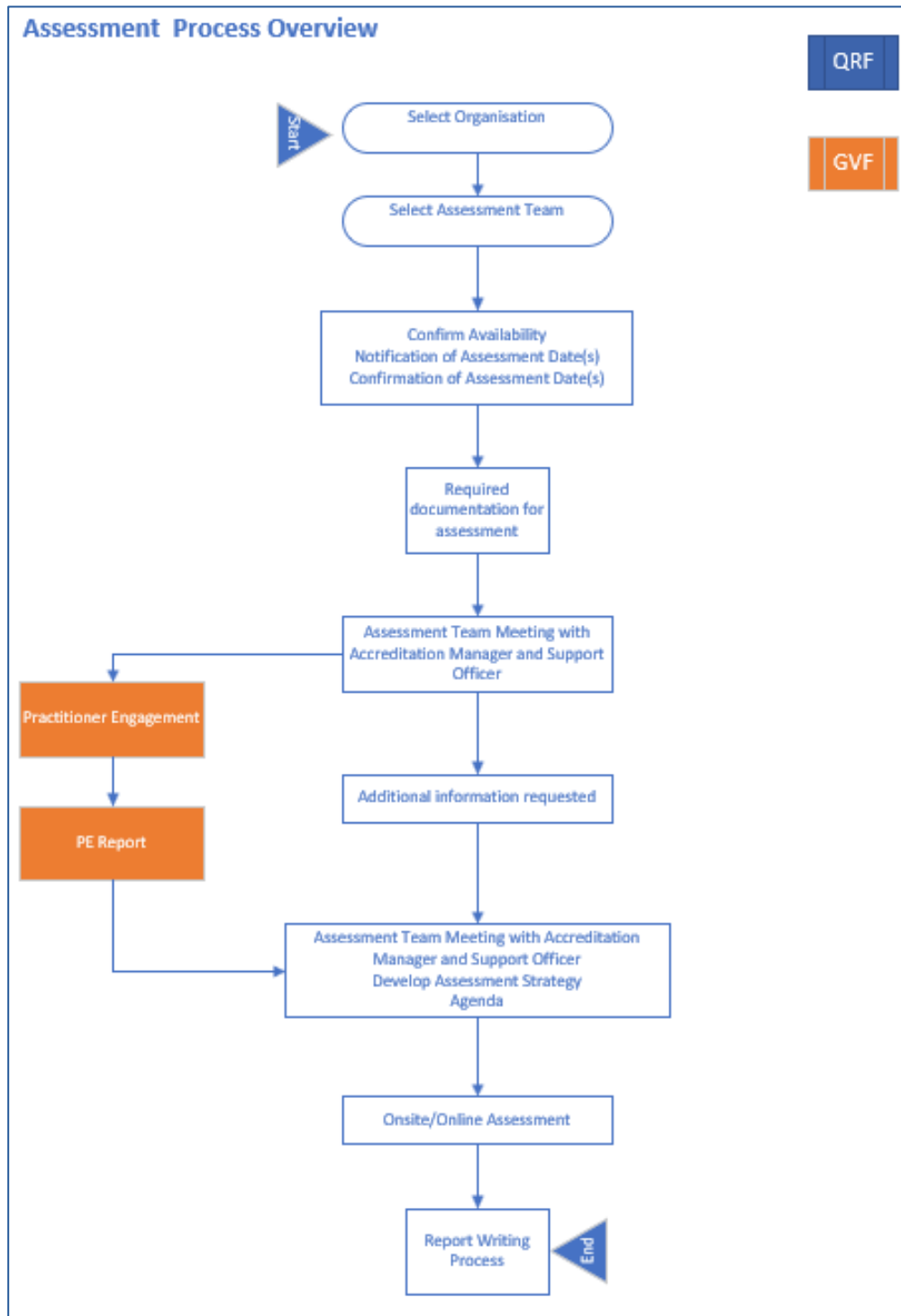


**Fig.11.1 PDSA Model**

PHECC will maintain and adjust the GVF and QRF process in accordance with the model for improvement as established by the Institute for healthcare improvement (IHI).

## 12.0 Appendices PHECC Quality Assurance Programme

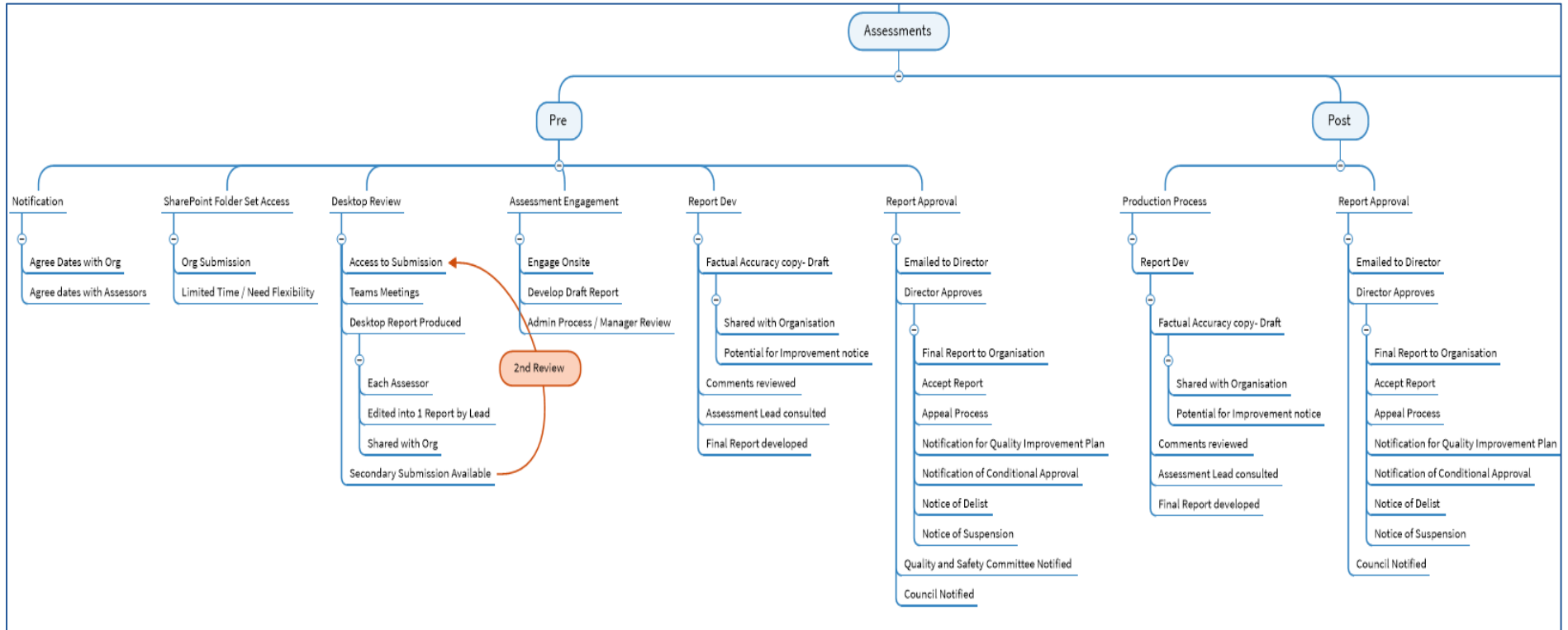
### Appendix I Assessment Process Overview



NB Accurate March 2025

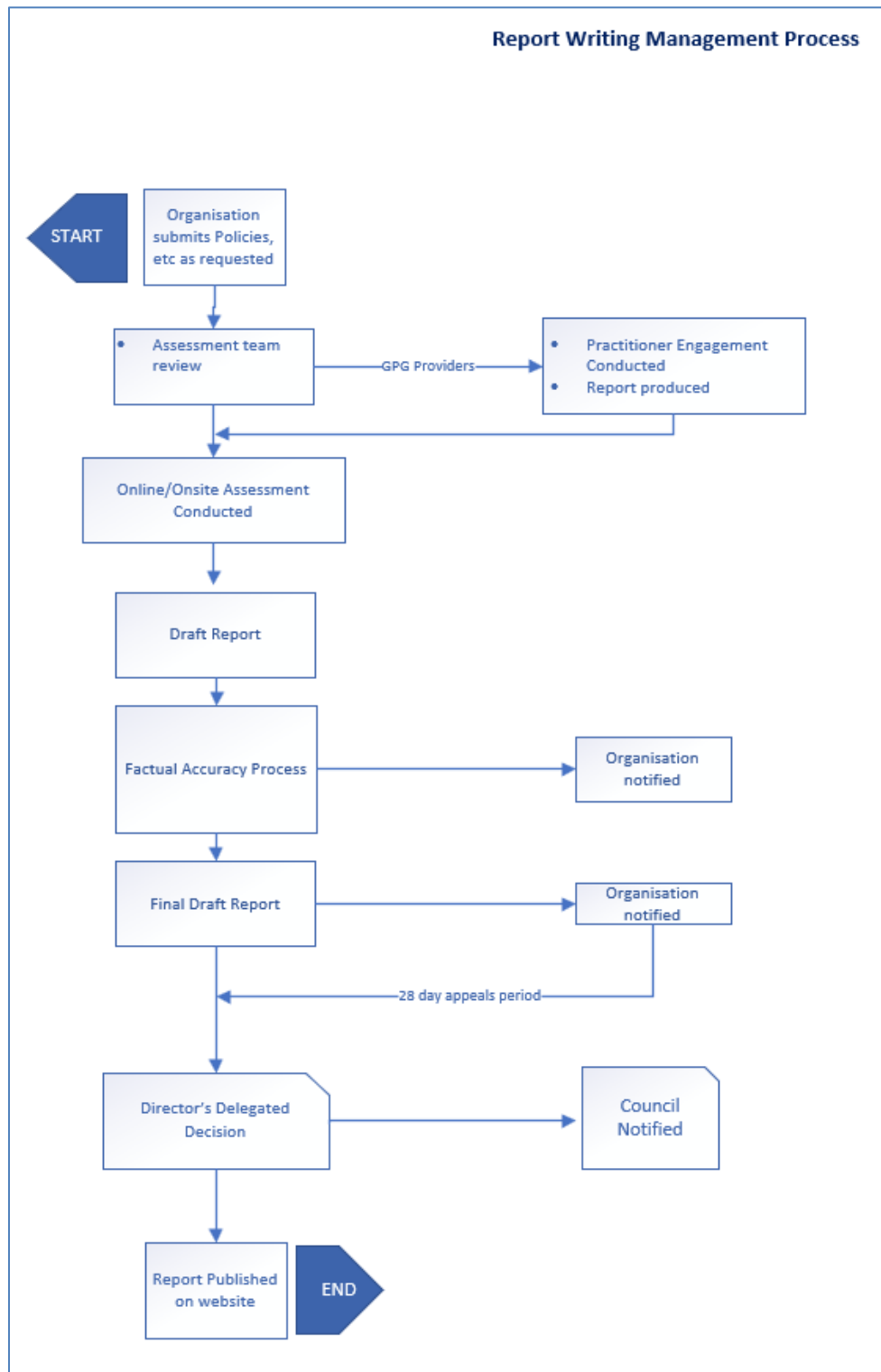
Appendix II

Steps in Implementing the Assessment Process



NB Accurate March 2025

### Appendix III – Report Writing Overview



NB Accurate March 2025

Appendix IV

GVF Assessment Outcome Ratings\*

GVF ASSESSMENT OUTCOME RATING				
Rating	Outcome	Recognition Status	NB Accurate March 2025* Follow Up	Impact
Acceptable	Outcome rating of $\geq 88\%$ of max available	<ul style="list-style-type: none"> <li>Unaffected</li> </ul>	<ul style="list-style-type: none"> <li>Next assessment</li> <li>Improvement/opportunity may be advised as standard</li> <li>Risk assessment dependent, a targeted improvement notice may be issued</li> </ul>	<ul style="list-style-type: none"> <li>Continue with general quality improvement with a focus on any item identified in assessment report</li> </ul>
Moderately Acceptable	Outcome rating of $\geq 63\% < 88\%$ of max available	<ul style="list-style-type: none"> <li>Unaffected</li> </ul>	<ul style="list-style-type: none"> <li>Next assessment</li> <li>Improvements opportunities will be advised as standard</li> <li>Risk assessment dependent, a targeted improvement notice may be issued</li> </ul>	<ul style="list-style-type: none"> <li>Address improvement areas identified by the assessment report</li> <li>Evidence of improvement may be required</li> </ul>
Minimally Acceptable	Outcome rating of $\geq 38\% < 63\%$ of max available  Outcome score is <u>within</u> the weighted tolerance	<ul style="list-style-type: none"> <li>May be placed on conditional Approval or suspended while development work is completed</li> </ul> <p>* Risk assessment dependant</p>	<ul style="list-style-type: none"> <li>Improvement notice may be issued (Risk assessment dependant)</li> <li>Quality Improvement plan submission and associated timeline required</li> <li>Improvement may be verified by assessment</li> </ul>	<ul style="list-style-type: none"> <li>Ability to deliver CPG based clinical services may be affected</li> <li>Ability to maintain PHECC recognition may be affected.</li> <li>Follow up site visit may be required</li> <li>Evidence of unacceptable improvement within the defined timeline may lead to the issuing of a delisting notice</li> <li><b>CPG Service Provider may be liable for reassessment costs</b></li> </ul>
Conditionally Acceptable	Outcome rating of $\geq 25\% < 38\%$ of max available  *Outcome score is <u>outside</u> the weighted tolerance = Technically Conditionally Acceptable	<ul style="list-style-type: none"> <li>Will be placed on conditional approval, or *suspended while development work is completed</li> </ul> <p>*Risk assessment dependant</p>	<ul style="list-style-type: none"> <li>Improvement notice will be issued</li> <li>Quality Improvement plan submission and an associated delivery timeline.</li> <li>Improvements will be required within a specified timeline</li> <li>Improvement will be verified</li> <li>Notification that delisting policy will be applied if improvements are not acceptable to PHECC.</li> <li>GVF reassessment of specific will be required prior to a change in recognition status</li> </ul>	<ul style="list-style-type: none"> <li>Ability to deliver CPG based clinical services may be affected</li> <li>Ability to maintain PHECC recognition may be affected.</li> <li>Significant improvement evidence will be verified prior to removal of change to recognition status.</li> <li>Reassessment of specific areas will be required prior to a change in recognition status</li> <li><b>CPG Service Provider will be liable for reassessment costs</b></li> </ul>
Unacceptable	Outcome rating of $< 25\%$ of max available	<ul style="list-style-type: none"> <li>Removal of PHECC recognition status</li> </ul>	<ul style="list-style-type: none"> <li>Delisting policy (POL045) will be applied</li> </ul>	<ul style="list-style-type: none"> <li>Following delisting by PHECC the organisation may complete a full application for PHECC recognition on the condition that they can evidence full achievement of the required standards.</li> <li>Full GVF will be conducted as part of the PHECC recognition application process</li> <li><b>CPG Service Provider will be liable for reassessment costs</b></li> </ul>

PHECC response to non-compliance will be commensurate with the risk attached to non-compliance.

Appendix V

QRF Assessment Outcome Ratings\*

QRF ASSESSMENT OUTCOME RATING				
Rating	Outcome	Recognition Status	Follow Up	Impact
Acceptable	Outcome rating of ≥ 88% of max available	<ul style="list-style-type: none"> <li>Unaffected</li> </ul>	<ul style="list-style-type: none"> <li>Improvement opportunities may be advised</li> <li>Targeted improvement notice may be issued</li> </ul>	<ul style="list-style-type: none"> <li>Continue with general quality improvement with a focus on any item identified in assessment report</li> </ul>
Moderately Acceptable	Outcome rating of ≥ 63% <88% of max available	<ul style="list-style-type: none"> <li>Unaffected</li> </ul>	<ul style="list-style-type: none"> <li>Improvement opportunities will be advised as standard</li> <li>Targeted improvement notice may be issued</li> </ul>	<ul style="list-style-type: none"> <li>Address improvement areas identified by the assessment report</li> <li>Evidence of improvement may be required</li> </ul>
Minimally Acceptable	Outcome rating of ≥ 38% <63% of max available  Outcome score is <u>within</u> the weighted tolerance	<ul style="list-style-type: none"> <li>May be placed on conditional approval or *suspended while development work is completed</li> </ul> *Risk assessment dependant	<ul style="list-style-type: none"> <li>Improvement notice may be issued (Risk assessment dependant)</li> <li>Quality Improvement plan submission and associated timeline required</li> <li>Improvement may be verified by assessment</li> </ul>	<ul style="list-style-type: none"> <li>Ability to issue PHECC certificates may be affected</li> <li>Ability to maintain PHECC recognition may be affected.</li> <li>Follow up site visit may be required</li> <li>Evidence of unacceptable improvement within the defined timeline may lead to the issuing of a delisting notice</li> <li><b>Institution may be liable for reassessment costs</b></li> </ul>
Conditionally Acceptable	Outcome rating of ≥ 25% <38% of max available  *Outcome score is <u>outside</u> the weighted tolerance = Technically Conditionally Acceptable	<ul style="list-style-type: none"> <li>Will be placed on conditional approval or * suspended while development work is completed</li> </ul> * Risk assessment dependant	<ul style="list-style-type: none"> <li>Improvement notice will be issued</li> <li>Quality Improvement plan submission and an associated delivery timeline.</li> <li>Improvements will be required within a specified timeline</li> <li>Improvements will be verified by PHECC</li> <li>Notification that delisting policy will be applied if improvements are not acceptable to PHECC.</li> </ul>	<ul style="list-style-type: none"> <li>Ability to issue PHECC certificates may be affected</li> <li>Ability to maintain PHECC recognition may be affected.</li> <li>Significant improvement evidence will be verified prior to removal of change to recognition status.</li> <li>Reassessment of specific areas will be required prior to a change in recognition status</li> <li><b>Institution will be liable for reassessment costs</b></li> </ul>
Unacceptable	Outcome rating of < 25% of max available	<ul style="list-style-type: none"> <li>Removal of PHECC recognition status</li> </ul>	<ul style="list-style-type: none"> <li>Delisting policy (POL045) will be applied</li> </ul>	<ul style="list-style-type: none"> <li>Following delisting by PHECC Organisations may complete a full application for PHECC recognition on the condition that they can evidence full achievement of the required standards.</li> <li>Full QRF will be conducted as part of the PHECC recognition application process</li> <li><b>Institution will be liable for reassessment costs</b></li> </ul>

PHECC response to non-compliance will be commensurate with the risk attached to non-compliance.

NB Accurate March 2025\*

## Appendix VI Associated Definitions

(in the context of this document)

<b>Accreditation</b>	The formal recognition that an organisation meets the relevant standards as determined by PHECC.
<b>ATI</b>	Approved Training Institution delivers Pre-Hospital Emergency Care based education and training at Cardiac First Response, First Aid Response level.
<b>CPG</b>	Clinical Practice Guidelines
<b>S. I</b>	Statutory Instrument
<b>Council</b>	The Pre-Hospital Emergency Care Council
<b>Accreditation Department</b>	Manages the PHECC Quality Assurance Programme and the GVF and QRF Assessment processes. Manages the Recognition of CPG Service Providers.
<b>GVF</b>	The Governance Validation Framework is a quality assurance standard applicable to PHECC Recognised CPG Service Providers. It is a tool that supports and promotes effective governance and continuous quality Improvement at the Provider.
<b>Organisations</b>	Collective terms - CPG Service Provider and Recognised or Approved Institution
<b>PHECC</b>	The Pre-Hospital Emergency Care Council
<b>QRF</b>	Quality Review Framework is a quality assurance standard applicable to Recognised Institutions and Approved Training Institutions. It is a tool that supports and promotes effective governance and continuous quality Improvement at the RI/ATI.
<b>Provider</b>	Recognised CPG Service Provider delivers Pre-Hospital Emergency Care
<b>Quality Assurance Programme:</b>	Framework of processes to ensure that accreditation activities are consistent, reliable, and effective in providing assurances to Council that conditions of recognition are being honoured.
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>Quality Assurance Programme</b>	Collective term that encompasses the GVF and QRF Processes
<b>QA Assessment</b>	A structured approach to evaluating compliance with accreditation standards (The GVF or the QRF).
<b>RI</b>	Recognised Institution delivers Pre-Hospital Emergency Care based education and training at Levels above EMT



## *Appendix VII Relevant and Supporting Documents\**

- Council Policy for Recognition to Implement Clinical Practice Guidelines (POL003)
- Council Rules for the Recognition of Institutions and Approval of Training Institutions (RUL006)
- Delist Policy (POL045)
- STN034 Governance Validation Framework Standard (Shared with Providers)
- GUI046 GVF Assessment Guidance for Licensed CPG Service Providers
- STN035 GVF Assessment Rating System
- TEM027 GVF Assessment Rating Calculations (Excell Self-Assessment)
- TEM029 QRF Self-Assessment Rating Calculations (Excell Self-Assessment)
- STN020 Quality Review Framework Standard
- GUI047 QRF Assessment Guidance for RI and ATI
- STN038 QRF Assessment Rating System
- GUI029 GVF Assessor Validation Guide
- TEM032 GVF Desktop Review Observations Report
- STN035 GVF Assessment Rating System
- TEM025 GVF Assessment Report
- Assessors writing guidance for TEM025
- GVF Practitioner Engagement Guide
- TEM031 QRF Desktop Review Observations Report
- STN038 QRF Assessment Rating System
- TEM030 QRF Assessment Report
- FOR074 Annual Declaration for Renewal as a Recognised Institution or an Approved Training Institution
- Assessor/Examiner Panel Members Agreements and Declarations
- QA Assessors Guidance on Applying Assessment Ratings
- Application Form PHECC Recognised CPG Service Provider (FOR054)
- Statutory Declaration for approval as PHECC Licensed CPG Provider (FOR027)
- Application Form and Guide for Recognition or Approval of Institutions to deliver PHECC Courses (FOR032)
- Statutory Declaration for Recognised Institution or Approved Training Institution (FOR031)
- QA Assessors Guidance QRF
- Council Policy and Procedures for Appeals (POL019)

N.B. List compiled March 2025

\*Documents are available at [www.phecc.ie](http://www.phecc.ie) or if not public, they have been circulated to recognised and approved organisations, or the QA Assessors.



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