

Quality Review Framework  
Composite Report  
Chris Mee & Associates Limited

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# Quality Review Framework Composite Report


## 1. Institution Details

<b>Name</b>	Chris Mee & Associates Limited
<b>Address</b>	Ballymount House, Parkway Business Park, Ballymount Road Lower, Dublin 24
<b>Type of Organisation</b>	Private Company
<b>Profile</b>	PHECC Approved Training Institution since 2017
<b>PHECC Courses Delivered</b>	CFR Community, CFR Community Instructor, CFR-Epinephrine, EFR, FAR, FAR Instructor
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"><li>To facilitate the enhancement of a successful learning experience for students.</li><li>To foster a culture of Continuous Quality Improvement in Institutions.</li><li>To generate public confidence in the standard of education and training in pre-hospital emergency care.</li></ul>
<b>Scope</b>	<ul style="list-style-type: none"><li>The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.</li></ul>
<b>Date(s) of the Desktop Review</b>	03/04/20 & 23/11/20
<b>Date of On-site Review</b>	01/12/20

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	19/01/21
<b>Final report sent to Institution</b>	12/02/21
<b>Director Approval</b>	 10/03/21
<b>Report Compiled by</b>	Quality Review Panel Lead

## 4. Review Activities

### 4.1 Meetings

<b>Opening Meeting</b> (add rows as required)	
<b>Organisation</b>	<b>Role</b>
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Chris Mee & Associates	Quality Coordinator & Internal Verifier
Chris Mee & Associates	Training and Quality Manager
Chris Mee & Associates	Training Manager
<b>Closing Meeting</b> (add rows as required)	
<b>Organisation</b>	<b>Role</b>
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Chris Mee & Associates	Quality Coordinator & Internal Verifier
Chris Mee & Associates	Training and Quality Manager
Chris Mee & Associates	Training Manager
Chris Mee & Associates	Managing Director

### 4.2 Stakeholder Discussions

<b>Role</b> (add rows as required)
Chairperson Academic Council
Administration
Contracted Faculty Member
Staff Faculty Member
Technical, Recruitment & HR Manager
Recruitment & HR
Administration
Contracted Faculty Member

External Authenticator

Contracted Faculty Member

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.

Organisational Charts	Job Descriptions	Statutory Declaration
Insurance Details	Tax Clearance Certificate	Child Protection Policy
Document, Record & Data Management Policy	Data Protection Policy	Safeguarding Statement
Faculty List	Quality Policy	Training Process Flow Chart
Recognition of Prior Learning Policy	Equality & Access to Training Policy	Communications Policy
Education & Training Appeals	Equality & Diversity Policy	Non-Conformances, Customer Complaints & CAPA Management
Garda Vetting Policy	Health & Safety Policy	External Venue Audit Checklist
Training Course Design Process Flow Chart	Internal Recruitment Process Flow Chart	Performance, Training & Competency Policy & Procedures
Trainer Feedback Form	FAR Course Timetable	Learner Feedback Form
FAR Course Lesson Plans	Fair & Consistent Assessment of Learners Policy	Assessment & Awards Policy & Procedures
CFR Community Instructor Course Details	EFR Training Materials List	RPL Application Form
COVID-19 Return to Work Training Attendance Records	Self-Assessment Report(s)	Quality Improvement Plan
FAR Refresher Course Documents x 1 trainer	COVID-19 Return to Work Induction Training Presentation	Equality & Diversity Training Attendance Records
IT Security Awareness Training Attendance Records	IT Security Awareness Training Presentation	FAR Course Documents x 2 trainers
Risk & Opportunity Management	ISO Certificates	Trainer Induction Records
Garda Vetting Bureau Response	Integrated Management System Manual	PHECC Trainee Handbook
PHECC Course Report	Internal Audit Schedule	Training Presentation Flowcharts
KPI Dashboard	Document Information Register	Faculty Instructors Form
Academic Council Meeting Records	Safety Committee Meeting Records	FAR Course Assessment Sheets
Risk Register	PRDC Meeting Records	Training Meeting Records
Training Terms & Conditions	PRDC Flowchart	Academic Council, Results Approval Panel & Programme Review & Development (PRDC)
Quality Assurance Coordination meeting record	Internal Auditing SOP	Committee Terms of Reference
Equality & Diversity Training Presentation	Trainer Observation Form	Corporate Social Responsibility Policy
Staff Onboarding Flowchart	Dignity at Work Policy	Placement/Recruitment Flowchart
Training Centre Handbook	Trainer Induction Presentation	Faculty Communication Records
Staff Training/Upskilling Records	Trainer Recruitment Policy (draft)	Staff Induction Checklist
FAR RPL Enquiries Spreadsheet	Quality Toolbox Talk	Internal Verification Monitors Form
Course Entry Appeals Procedure	Educational Assistance Policy	
	HR Policy List	
	RPL Appeal Procedure	
	Student Induction Details	

#### 4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>
Facilities (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	<ul style="list-style-type: none"> <li>Not possible due to COVID-19 restrictions</li> </ul>

#### 5. Compliance Rating and Level

The Compliance Ratings (CRs) are designed to establish a baseline, measure ongoing progress and encourage CQI. Ratings are given on a five-point scale (0-4) against each component. To calculate the overall Compliance Level (CL) for the relevant quality standard:

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR (see 2.6.2.1 for example).

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation-wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation-wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation-wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
<b>Quality Standard</b>	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described education and training governance in the institution and outlined a range of academic governance processes to be implemented. It was indicated during discussions that the quality and training manager has overall responsibility for education and training governance with additional responsibilities delegated throughout the institution. The evidence indicated that the institution would benefit from updates to existing documentation and new documentation to accurately reflect practice and support education and training governance.</p> <p>The evidence indicated that there were no procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. There was limited evidence to indicate that oversight activities had taken places.</p> <p>The evidence indicated that terms of reference and role/job descriptions for those with oversight responsibilities and others involved in education and training activities need to be updated to reflect current practice.</p> <p>The evidence indicated that documented procedures for identifying, assessing and managing risk are in place and that these activities had taken place. The evidence also indicated that the institution would benefit from additional activity to address academic risk additional/updated documentation to support these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Structures in place to provide oversight of education and training activities.</li> <li>Overall responsibility for education and training governance clearly identified.</li> <li>Delegated responsibilities for education and training governance identified.</li> <li>Procedures in place for identifying, assessing and managing risk.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Education and training governance activities and supporting documentation.</li> <li>Procedures to ensure relevant sub-groups and individuals are in place to carry out oversight activities.</li> <li>Sub-group terms of reference and individual role/job descriptions.</li> <li>Risks associated with all education and training activities.</li> </ul>		

Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the Institution:</p> <ul style="list-style-type: none"> <li>- is an established legal entity that provides PHECC education and training standards</li> <li>- is in good financial standing with the Revenue Commissioner</li> <li>- has adequate insurance cover in place for education and training activities.</li> </ul> <p>The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented.</p> <p>During discussions representatives outlined a range of activities that faculty are required to undertake. There was limited evidence to indicate that the institution maintains up to date records for all students and faculty consistent with the requirements outlined in the documentation. The evidence indicated that the institution, students and faculty would benefit from records of all these activities being maintained.</p> <p>The evidence indicated that there is a data protection policy and procedures in place that need to be updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679.</p> <p>The evidence indicated that the institution would benefit from additional support to ensure all quality assurance activities outlined in the documentation are systematically and consistently carried out.</p> <p>A complaints policy and procedures are in place. The evidence indicated that additional documentation and activities would ensure all stakeholders are made aware of it.</p> <p>During discussions representatives indicated that the institution does not deliver courses to children and vulnerable adults.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• An established legal entity that provides PHECC approved education and training.</li> <li>• In good financial standing with the Revenue Commissioner.</li> <li>• Has adequate insurance in place to cover all education and training activities.</li> <li>• Complaints policy and procedures in place.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure all tasks associated with education and training are documented.</li> <li>• Maintain up to date records of all students and faculty.</li> <li>• Data protection policy, procedures and supporting documents.</li> <li>• Resources for quality assurance activities.</li> <li>• Stakeholder awareness of complaints policy and procedures.</li> </ul>		



Quality Area	1.3 Continuous Quality Improvement	Level
<b>Quality Standard</b>	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives indicated that the quality and training manager has overall responsibility for the quality assurance of PHECC approved courses. They also described a range of quality improvement activities that take place. The evidence indicated that the organisation would benefit from additional and updated documentation to support the activities described during discussions.</p> <p>There was limited evidence to indicate that all those involved in education and training activities have been made aware of their quality assurance responsibilities associated with PHECC approved courses. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.</p> <p>The evidence indicated that additional Key Performance Indicators (KPIs) need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses. During discussions representatives described monitoring activities that take place. It was not clear from the documentation how all monitoring activities are carried out, by whom and what indicators it should be seeking.</p> <p>The evidence indicated that the institution systematically collects student and faculty feedback. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the systematic analysis and use of student, faculty and other stakeholder feedback would benefit the institution.</p> <p>There was limited evidence of the systematic review of learning resources and locations. During discussions representatives described the processes to ensure courses are delivered in appropriate locations. The evidence indicated that the institution would benefit from additional support to carry out these activities.</p> <p>The evidence indicated version and document control systems are in place. It also indicated that the institution would benefit from the systematic review of policies and procedures to ensure they are fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.</p> <p>There was documented evidence of up-to-date quality improvement planning and implementation.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• A documented quality policy.</li> <li>• Clear who has overall responsibility for the quality assurance of PHECC approved courses.</li> <li>• Systematic collection of student and faculty feedback.</li> <li>• Version and document control.</li> <li>• Documented evidence of up-to-date quality improvement planning and implementation.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Quality policy, associated procedures and supporting documents.</li> <li>• Roles and responsibilities for quality assurance.</li> <li>• KPIs associated with all education and training activities.</li> <li>• Student, faculty and other stakeholder feedback analysis.</li> <li>• The systematic review of all learning resources and locations.</li> <li>• The systematic review of policies, procedures and supporting documents.</li> </ul>		

Quality Area	1.4 Transparency and Accountability	Level
<b>Quality Standard</b>	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the internal reporting systems in the institution. The evidence indicated that the institution would benefit from up-to-date reporting on all education and training activities.</p> <p>The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks is not clearly allocated or linked to relevant KPIs. Additional documentation and updates to existing documentation would benefit the institution.</p> <p>During discussions representatives outlined who is responsible for communication with PHECC. The development of new documentation and updates to existing documentation would support these activities.</p> <p>The evidence indicated that prospective students are provided with sufficient information to make an informed choice about course participation.</p> <p>The evidence indicated that the institution needs to implement processes to ensure the general public are made aware of any third-party relationships in the delivery of PHECC approved courses and information about the institutions quality assurance system and external reviews</p> <p>During discussions representatives described a range of communication activities with other stakeholders. The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Up-to-date reporting within the institution.</li> <li>• Responsibility for reporting to PHECC allocated.</li> <li>• Prospective students are provided with sufficient information to make an informed choice about course participation.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Additional documentation to support reporting throughout the institution.</li> <li>• Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPIs.</li> <li>• Procedure for PHECC communication.</li> <li>• General public awareness of third-party relationships and the quality assurance system and external reviews.</li> <li>• Communication policy and procedures.</li> </ul>		

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MNM</b>
<b>QRP Findings</b>		
<p>A health &amp; safety policy, safety statement and supporting documents were available for review. During discussions representatives outlined how this is applied to all education and training activities. The evidence indicated that the institution would benefit from additional documentation to support these activities.</p> <p>During discussions representatives described the requirements for selecting premises for the delivery of PHECC approved courses. Supporting documentation was provided for review. The evidence indicated that the institution would benefit from maintaining records of all approved premises.</p> <p>Course resource checklists were made available for review. The evidence indicated that the institution would benefit from maintaining records that appropriate equipment/resources were used on all courses.</p> <p>During discussions representatives indicated that faculty are responsible for maintaining and upgrading equipment. The evidence indicated that the institution and faculty would benefit from documented systems and documentation to support these activities, ensuring that all resources used for PHECC approved courses are fit for purpose and accessible.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Health and safety policy, procedures and supporting documents in place.</li> <li>• Premises approval checklist.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Premises selection criterion and approval records.</li> <li>• System for the regular maintenance and updating of equipment.</li> <li>• Records that all resources used on PHECC approved courses are fit for purpose.</li> </ul>		
Quality Area	2.2 Student Support	Level
<b>Quality Standard</b>	A positive, encouraging, safe, supportive and challenging environment is provided for students.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that additional support, information and documentation is required to demonstrate that all students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative and technical personnel.</p> <p>During discussions representatives described the supports that are available to students before, during and after their course. The evidence indicated that students would benefit from additional information and awareness of the available supports before, during and after their course, including the opportunity to meet with faculty and/or management individually or collectively.</p> <p>The evidence indicated that the institution would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of additional support needs they may have and for ensuring that sufficient up to date resources are made available to students in a variety of formats on all courses.</p>		

<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel.</li> <li>• Appropriate resources are made available to students in a variety of formats.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Student support from appropriately qualified and experienced personnel.</li> <li>• Information to students about the available supports before, during and after their course.</li> <li>• Opportunity for students to meet individually or collectively with faculty and/or management.</li> <li>• Procedure for obtaining information on student supports needs.</li> <li>• Availability of resources.</li> </ul>		
Quality Area	<b>2.3 Equality and Diversity</b>	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented equality and diversity policy, associated procedures and supporting documents. It also indicated that they need to be updated to reflect current practice and activities described during discussions.</p> <p>The evidence indicated that the institution, faculty and students would benefit from:</p> <ul style="list-style-type: none"> <li>- a systematic review of all relevant policies and procedures to ensure that they are legislatively compliant and promote equality</li> <li>- codes of conduct for staff, faculty and other stakeholders</li> <li>- up-to-date information and training on equality and diversity</li> <li>- enhanced awareness among all stakeholders of the equality and diversity policy and procedures</li> <li>- additional information to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented equality and diversity policy, associated procedures and supporting documents.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensuring all related policies and procedures (e.g. recruitment) are legislative compliant and promote equality.</li> <li>• Stakeholder awareness of the equality and diversity policy and procedures.</li> <li>• Codes of conduct for staff, faculty and other stakeholders.</li> <li>• Up-to-date information and training for faculty.</li> <li>• Ensuring that the cultural backgrounds and different learning styles of students are accommodated.</li> </ul>		

Quality Area	2.4 Internship/Clinical Placement	Level
<b>Quality Standard</b>	<i>INQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	<b>N/A</b>
<b>QRP Findings</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		

## 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
<b>Quality Standard</b>	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to the recruitment of all personnel.</p> <p>The evidence indicated that appropriate standards are in place for all personnel involved in activities associated with PHECC approved courses. The institution would benefit from additional information and documentation to ensure compliance with all activities outlined in the documentation and PHECC education and training standards</p> <p>The evidence indicates that additional support is required to:</p> <ul style="list-style-type: none"> <li>- carry out all the activities described in the policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and awards</li> <li>- ensure full compliance with the QRF.</li> </ul> <p>The evidence indicated that the institution would benefit from additional documentation to demonstrate that the composition of personnel meets PHECC education and training standards.</p> <p>During discussions representatives described how they are made aware of their quality assurance responsibilities and the activities they carry out. The evidence indicated that the institution would benefit from additional documentation to demonstrate that these activities are being consistently carried out.</p> <p>The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented recruitment procedures for internal personnel.</li> <li>• Minimum standards in place for faculty.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Recruitment of external affiliated faculty.</li> <li>• Faculty records.</li> <li>• Adequate numbers of personnel to: <ul style="list-style-type: none"> <li>- carry out all the activities described in the policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and awards</li> <li>- ensure full compliance with the QRF.</li> </ul> </li> <li>• Ensuring all personnel have been made aware of their quality assurance responsibilities and are carrying them out consistently.</li> <li>• Job descriptions and terms of employment/engagement.</li> </ul>		

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described personnel upskilling/training, induction and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> <li>- the identification of the training/upskilling needs of all personnel</li> <li>- induction relevant to the role</li> <li>- a training and development plan/programme to support the development needs of personnel</li> <li>- mechanisms for requests for training/upskilling and additional qualifications</li> <li>- a formalised support, supervision and annual appraisal.</li> </ul> <p>Additional documentation to indicate that all personnel have completed relevant training/upskilling would be beneficial to the institution.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Induction documentation in place.</li> <li>• Personnel have completed training/upskilling relevant to their role.</li> <li>• Documentation in place to support systematic support and appraisal.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure to identify the training/upskilling needs of all personnel.</li> <li>• Induction and training/upskilling records for all personnel.</li> <li>• Training and development plan/programme.</li> <li>• Mechanisms for personnel to request training/upskilling.</li> <li>• Formalised support, supervision and annual appraisal.</li> </ul>		
Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described a range of activities for managing all individuals and groups engaged in education and training activities. The evidence indicated that the institution has human resource policies and procedures in place to support these activities. It also indicated that the institution would benefit from additional/updated documentation that supports all personnel.</p> <p>A communications policy was made available for review. The evidence indicated that it needs to be updated to reflect current practice and activities described during discussions.</p> <p>During discussions faculty indicated that they provide feedback during and after their course. The evidence indicated that the institution would benefit from additional documentation for all these activities and a system to ensure only personnel with valid certification deliver PHECC approved courses.</p> <p>During discussions representatives described faculty monitored activities through observation and the analysis of documents. There was limited evidence of these activities taking place.</p>		

The evidence indicated that the institution would benefit from the development of procedures for dealing with poor and unacceptable performance of faculty. It also indicated that documentation needs to be developed/updated to ensure the institution meets its human resources legislative obligations.

**Areas of Good Practice**

- Documented communications policy.
- Documentation in place to support observation (monitoring) of faculty.

**Areas for Improvement**

- Communication with faculty.
- Course reports.
- Ensuring only faculty with valid certification deliver PHECC approved courses.
- Faculty monitoring.
- Procedure for dealing with poor and unacceptable performance of faculty.
- Human resources policies and procedures.

Quality Area	3.4 Collaborative Provision	Level
<b>Quality Standard</b>	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	<b>NM</b>

**QRP Findings**

During discussions representatives outlined the relationship with external affiliated faculty and the contractual and quality assurance arrangements that are in place. There was limited evidence of the requirements to meet this standard.

The evidence indicated that the institution and external affiliated faculty would benefit from a documented collaborative provision policy and associated procedures 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.

There is reference in the documents to faculty monitoring and draft documents to support these activities. The evidence indicated that the institution would benefit from a documented procedure to support monitoring activities and documented records that these activities have taken place.

The evidence indicated that the institution and faculty would benefit from written and signed contracts and agreed quality assurance standards between both parties.

The evidence indicated that the institution maintains records of all external affiliated faculty. Additional records are required to ensure consistency with activities described in the documents. The evidence also indicated that external affiliated faculty details were submitted to PHECC. The institution would benefit from a systematic approach to submitting details to ensure up to date details are available to PHECC.



<b>Areas of Good Practice</b>
<ul style="list-style-type: none"><li>• Faculty details submitted to PHECC.</li></ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"><li>• Collaborative provision policy and associated procedures.</li><li>• Procedures for monitoring external affiliated faculty and evidence that these activities take place.</li><li>• Written and signed contract/agreement.</li><li>• Faculty records and submission of faculty details to PHECC.</li><li>• Quality assurance standards between both parties.</li><li>• Reports from external affiliated faculty and analysis of these reports.</li></ul>

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

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives outlined new processes for course development and approval. Documentation to support these activities was made available for review. The evidence indicated that the course development, delivery and review policy and associated procedures need to be updated to reflect current practice and ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.</p> <p>The evidence indicated that the processes outlined would ensure that course development and material:</p> <ul style="list-style-type: none"> <li>- reflects PHECC requirements</li> <li>- ensures a systematic approach to course approval</li> <li>- demonstrates an appropriate balance between theory and practice</li> <li>- provides a balance between presentations, group work, skills demonstrations and practical work</li> <li>- promotes a commitment to self-directed learning</li> <li>- has clearly outlined aims and objectives and detailed competencies to be achieved by students</li> <li>- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Supporting documentation for course development, delivery and review.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery and review policy and procedures.</li> <li>• Procedure for course amendment.</li> <li>• Course material.</li> <li>• Internal course approval.</li> </ul>		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described new processes to ensure all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines. Documentation to support these processes were provided for review.</p> <p>During discussions representatives indicated that induction information had been added to course material. These induction details were made available for review. The evidence indicated that the institution would benefit from additional documentation to indicate that induction had taken place on all courses.</p> <p>The evidence indicated that the institution would benefit from:</p> <ul style="list-style-type: none"> <li>- records that all courses are delivered by appropriately qualified personnel</li> <li>- records of student attendance on all days for all courses</li> <li>- records of regular monitoring, including site visits.</li> </ul>		

During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required. It also indicated that the institution and students would benefit from a formalised approach to these activities.

**Areas of Good Practice**

- Supporting documentation for course delivery.

**Areas for Improvement**

- Student attendance at induction.
- Faculty details on course records.
- Course attendance records.
- Faculty monitoring, including site visits.
- Student remediation.

Quality Area	4.3 Course Access, Transfer and Progression	Level
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	MNM

**QRP Findings**

The evidence indicated that the admissions policy/entry criteria needs to be updated to reflect current practice on all courses being delivered by the institution.

The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details.

The evidence indicated that prospective students would benefit from additional information on recognition of prior learning (RPL).

**Areas of Good Practice**

- Documented admissions policy and course entry criteria.

**Areas for Improvement**

- Additional information on course entry criteria and RPL.

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM

**QRP Findings**

During discussions representatives described new processes for course review. The evidence indicated that the documentation for course review needs to be updated to reflect current practice and new processes.

The evidence indicated that students and faculty have an opportunity to provide feedback during and after their course. It also indicated that faculty course reports need to be completed for all courses and these records maintained to inform course evaluation.

The evidence indicated that the institution would benefit from additional documentation to support course evaluation to ensure that all stakeholders have an opportunity to contribute to the process.

The evidence indicated that areas for improvement have been identified. It also indicated that all identified improvement actions need to be included in the quality improvement plan (QIP).

**Areas of Good Practice**

- Students and faculty have an opportunity to provide feedback during and after their course.
- The institution has carried out a self-assessment.
- The institution has a documented quality improvement plan.

**Areas for Improvement**

- Procedure for course review.
- Faculty course reports.
- Course evaluation.
- Quality improvement plan.

Quality Area	4.5 Assessment and Awards	Level
<b>Quality Standard</b>	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	<b>MNM</b>

**QRP Findings**

The evidence also indicated that the assessment policy and procedures need to be updated to reflect current and new practice.

Areas to be updated or added include:

- ensuring students have access to information necessary for them to participate in assessment
- providing students with feedback on their assessment and a documented record of this activity
- supports available to adapt assessment methodologies for students with additional support needs and records of these activities
- security of assessment related material.

During discussions representatives described the process for results authentication, including internal verification, external authentication and results approval. There was no evidence provided that these activities had taken place. The evidence indicated that the institution would benefit from new/updated documentation to support internal verification, external authentication and results approval policies and procedures.

The evidence indicated that the student appeals policy and procedures needs to be updated to reflect current practice.

**Areas of Good Practice**

- Documented assessment policy and procedures.
- Appropriate assessment methodology is used for all courses.
- It's clearly stated when PHECC assessment material is used.
- Internal verification, external authentication and results approval.
- Student appeals.

### Areas for Improvement

- Assessment policy and procedures.
- Student assessment feedback.
- Procedure for adapting assessment methodology.
- Security of assessment material.
- Management of the PHECC certification system.
- Internal verification, external authentication and results approval policies and procedures.

## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.33</b>
<b>Level</b>	<b>Minimally Met (MNM)</b> – Evidence of a low degree of organisation-wide compliance
<b>Conclusion</b>	<p>The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, meet Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence also indicated that the implementation of the improvement actions identified during self-assessment and external quality review will lead to an enhanced learning experience for students and institution personnel.</p>



**Published by:**

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