Quality Review Framework
Composite Report
Shorcontrol Safety Limited

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Quality Review Framework Composite Report

1. Institution Details

Name	Shorcontrol Safety Limited
Address	Naas Industrial Estate, Naas, Co Kildare, W91 KFW1
Type of Organisation	PHECC Approved Training Institution
Profile	Private Company
PHECC Courses Delivered	CFR Community, FAR
Higher Education Affiliation	None

2. Review Details

Purpose	- To facilitate the enhancement of a successful learning experience for students. - To foster a culture of Continuous Quality Improvement in institutions. - To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
Date(s) of the Desktop Review	15/03/20
Date of On-site Review	03/12/20 (via Microsoft Teams)

3. Report Details

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

4. Review Activities

Opening Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Shorcontrol	General Manager
Shorcontrol	Head of Training & Development
Shorcontrol	Safety, Health & Quality Manager
Closing Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
Shorcontrol	General Manager
Shorcontrol	Head of Training & Development
Shorcontrol	Safety, Health & Quality Manager
Shorcontrol	Faculty Member

4.2 Stakeholder Discussions

Role (add rows as required)
General Manager
Head of Training & Development
Safety, Health & Quality Manager
Faculty Member
Administration Officer

4.3 Document Review

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

Annual Review notes Business Risk Management Procedure Codes of Conduct samples Collaborative Provision in Training and Company Systems Policy Communications Policy Communication Channels Procedure Complaints Management Procedure Company Legislative Obligations Conformity Policy Complaints File sample Course Paperwork Administration Procedure Course documentation for FAR courses Data Protection Policy Equality Policy External Authentication Report Form	Equipment for Training Services Policy Faculty Roles & Descriptions document Faculty files Facilities and Resources Requirement Checklist Fair and Consistent Assessment of Learners Policy FAR course timetable and Lesson Plan samples Internal Verification Reports Learner Training Evaluation Method Statement for Training Procedure for Approval of Results, IV and EA Producing KPI reports for Training Programmes Programme Review Procedure Programme Development, Approval, Delivery and Review Policy Protection for Learners Quality meeting minutes Organisational Chart	Quality Policy Quality Improvement Plan Recruitment and Development of Staff and Tutors Procedure Risk Assessment Forms Self-Evaluation of Programmes and Services Policy Staff Appraisal Form Staff Appraisal Process Staff Recruitment Management and Development Policy Safety Policy Safety Statement Self-assessment report Safeguarding and Garda Vetting Policy Statutory Declaration Shorcontrol Safety Activity Report Tax clearance confirmation Trainer Feedback and Risk Assessment Form Tutor Appraisal Forms Tutor Acceptance Form

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)

Location	Comments
N/A	• Not possible due to COVID-19 restrictions

Facilities (add rows as required)

Location	Comments
N/A	• Not possible due to COVID-19 restrictions

Resources – e.g. equipment, ICT, course material, etc (add rows as required)

Location	Comments
N/A	• Not possible due to COVID-19 restrictions

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.

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
Quality Standard	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.	**MNM**

QRP Findings

The organisation chart provided did not clearly reflect the institutions governance structure and how that structure supports education and training activities. It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities. During discussions it was indicated that one person carries out most of the quality assurance activities. Internal verification (IV) and external authentication (EA) activities are not reflected in the organisation chart.

Course and results approval processes were unclear with internal verification of courses only taking place on a small sample with inconclusive findings i.e. course issues were missed on the evidence provided that would typically be picked up on IV.

There were documented procedures for identifying, assessing and managing risk but documentation is not routinely completed.

Areas of Good Practice

- Structures in place to provide oversight of education and training activities.
- Overall responsibility for education and training governance clearly identified.
- Quality assurance roles are identified.

Areas for Improvement

- Updates to existing documents to clearly reflect practice in education and training governance.
- Review sample size subject to IV.
- Document risk assessments in line with existing policy and procedures.

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	**MDM**

QRP Findings

The evidence indicated that the institution:
- is an established legal entity that provides PHECC education and training standards
- is in good financial standing with the Revenue Commissioner.

The evidence indicated that all tasks associated with education and training activities (student entry to exit) are not documented. There was limited evidence that the institution maintains up to date records for all students and faculty. The evidence indicated that there is a data protection policy and procedures in place, but this needs to be communicated to faculty.

During discussions representatives indicated that insurance is in place for organisational activities, however, detailed insurance schedules were not available to verify that all faculty activity (including affiliates) is covered. There was no evidence of external affiliated faculty insurance.

There is concern around arrangements with an external training provider who appears to be brokering training services. Responsibilities to students are unclear in this arrangement with no evidence provided of a contract or MOU.

A complaints policy and procedures are in place and evidence provided of a complaints register. However, handling of complaints appears to occur verbally with no documentation of actions.

During discussions representatives indicated that the institution does not routinely offer PHECC approved courses to under 18's or vulnerable adults. However, there are some concerns that these groups may arise, and more robust policies need to be in place.

Areas of Good Practice
- An established legal entity that provides PHECC approved education and training.   - In good financial standing with the Revenue Commissioner.

Areas for Improvement
- Ensure all tasks associated with education and training activities are documented.   - Maintain up to date student and faculty records.   - Maintain records of relevant insurance and ensure all activities are covered.   - Ensure the institution is sufficiently resourced to carry out all quality assurance activities.   - Ensure that all stakeholders are made aware of the complaints policy and that complaint actions are documented.   - Review policy and procedures around safeguarding.

Quality Area	1.3 Continuous Quality Improvement	Level
Quality Standard	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	MNM

QRP Findings

During discussions representatives described quality assurance activities, including ensuring all those involved in education and training activities have been made aware of their quality assurance responsibilities. It was also indicated that one person has overall responsibility for the quality assurance of all PHECC approved courses. A quality policy was made available for review. The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities as these are not currently explicit in the tutor codes of conduct.

The evidence indicated that 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 being delivered by the institution. During discussions representatives described monitoring activities that take place. However, evidence of monitoring was limited.

The evidence indicated that the institution systematically collects feedback for all PHECC courses. Additional documented evidence of the analysis and use of student, faculty and other stakeholder feedback is required.

The evidence indicated that the institution has documented processes for the systematic review of learning resources and locations. Evidence provided to support this was limited and needs to be routinely captured.

Due to limited internal verification, it is not clear if evaluation items are identified and actioned.

	Areas of Good Practice	

- A documented quality policy.
- Clear who has overall responsibility for the quality assurance of PHECC approved courses.
- Systematic collection of student feedback.
- Version control and document control procedures.

	Areas for Improvement	

- Develop relevant KPIs associated with all education and training activities.
- How monitoring is carried out, by whom and what indicators it is seeking.
- Ensure all faculty are aware of their QA responsibilities.
- Ensure a systematic approach to the collection, analysis and use of student, faculty and other stakeholder feedback.

Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	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.	**MNM**

	QRP Findings	

IV activity is limited so unclear if tutor feedback is analysed and actioned.

The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPIs. Additional documentation and updates to existing documentation is required.

The evidence indicated that on courses delivered by the institution prospective students are provided with information via the website to make an informed choice about course participation. However, at the time of review, the website did not provide this information.

The evidence indicated that the institution engages with an external company who appear to act as a form of training broker. No contract or MOU was offered in evidence and concerns exist relating to responsibility to students. It also indicated that the general public are not made aware of these relationships and the responsibilities of those involved. Information about the institutions quality assurance system and external reviews is not made available to the public.

During discussions representatives described a range of activities for providing and obtaining information from stakeholders. The evidence indicated that information provided to students is informal and would benefit from documented confirmation of receipt.

	Areas of Good Practice	

- Up-to-date reporting within the institution.
- Responsibility for reporting to PHECC allocated.

	Areas for Improvement	

- Ensure all tasks are clearly allocated and linked to relevant KPIs.
- Ensure all prospective students are provided with sufficient information to make an informed choice about course participation.
- Provide the public with information about the quality assurance system and external reviews.
- Review of external company training arrangements.

6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	MNM

QRP Findings

A health & safety policy and supporting documents were available for review. The evidence indicated that additional documentation is required to support these activities, particularly in relation to the completion of risk assessments.

Documentation for choosing a training venue was made available for review. There was limited evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.

During discussions representatives described the equipment and resources that are available for each course. An equipment checklist was made available for review. The evidence indicated that additional and updated documentation is required to ensure that appropriate equipment/resources are available and have been used on all courses and a system is place for the regular maintenance and updating of equipment and resources. Some concerns exist around the reliance on contracted faculty to provide their own equipment with minimum oversight or review.

Areas of Good Practice

- Documented health and safety policy.
- Documentation for selecting an external venue for the delivery of PHECC approved courses.
- Documented premises selection criterion and checklist and evidence of activity.
- Documented course equipment list.

Areas for Improvement

- Completion of risk assessments related to all PHECC approved courses.
- Records that appropriate and fit for purpose equipment/resources are available and have been used on each course.
- Records that there is a system in place to regularly maintain and update equipment.

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM

QRP Findings

There was evidence to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel.

There is reference in the documentation to student supports. The evidence indicated that students would benefit from additional information and awareness of the support available before, during and after their course and formalisation of receipt of information.

	Areas of Good Practice	

- Appropriately qualified and experienced personnel within the institution.
- Reasonable accommodation available for students.

	Areas for Improvement	

- Support for students from appropriately qualified and experienced personnel available on all PHECC approved courses.
- Student awareness of available supports before, during and after their course, including an opportunity to meet individually or collectively with faculty and/or management.
- Procedure for obtaining information on student supports needs.
- Mechanisms for providing reasonable accommodation for students with additional support needs.
- Demonstrate that up-to-date resources are made available to students on all courses in a variety of formats.

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	**MNM**

	QRP Findings	

The evidence indicated that the institution has a documented equality and diversity policy and procedures and codes of conduct for staff, faculty and other stakeholders.

The evidence indicated that up-to-date information and training on equality and diversity needs to be made available to faculty and that all stakeholders need to be made aware of the policy and procedures.

From discussions with a faculty member evidence indicated that course delivery accommodates the cultural backgrounds and different learning styles of students. The evidence indicated that the institution would benefit from additional information to support this.

	Areas of Good Practice	

- Documented equality and access to training policy and procedures.
- Internal personnel are aware of the policy and procedures.
- Course delivery accommodates the different cultural backgrounds and learning styles of students.

	Areas for Improvement	

- Ensure the equality and diversity policy and procedures are up to date, fit for purpose and reflect current practice.
- Ensure that all relevant policies and procedures are legislative compliant and promote equality.
- Ensure all students, faculty and other stakeholders are made aware of the equality and diversity policy and procedures.
- The provision of up-to-date information and training for faculty.
- Ensure that the cultural backgrounds and different learning styles of students are accommodated on all PHECC approved courses.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*INQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	**N/A**
QRP Findings		
• N/A		
Areas of Good Practice		
• N/A		
Areas for Improvement		
• N/A		

6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
Quality Standard	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	**MDM**

QRP Findings

During discussions representatives described the recruitment process and the minimum standards that are in place for faculty and associated personnel. The evidence indicated that, while the institution has documented processes to support a robust systematic approach, the actual approach for the recruitment of appropriately qualified and experienced personnel to carry out education and training activities is informal.

The evidence indicated that the institution did have adequate numbers of personnel in place to carry out the activities described in its policies and procedures and maintain PHECC requirements for course approval. However, one person appears to manage multiple roles, affecting governance.

There was evidence to indicate that the composition of the institution's personnel meets PHECC education and training standards for each course on offer. There is no evidence of staff induction taking place, with limited evidence that personnel are made aware of their roles in quality assurance and that they are carrying out those responsibilities consistently.

During discussions representatives indicated that the institution does not routinely offer PHECC approved courses to under 18's or vulnerable adults. However, from discussions it seems possible that these groups could be present on training courses. Safeguarding policy and procedures need review to take this into account.

The evidence indicated that there were codes of conduct and contracts in place for faculty. However, while signed codes of conduct were provided no contracts were produced as evidence. The institution and personnel would benefit from written terms of employment/engagement, signed by personnel and an institution representative.

Areas of Good Practice

- Standards are in place for all personnel involved in activities associated with PHECC approved courses.
- Senior management and administration are aware of their quality assurance responsibilities.

Areas for Improvement

- Awareness of quality assurance responsibilities and consistent application of those activities.
- Review roles and responsibilities of staff to reduce QA burden on one member of staff.
- Review safeguarding policy and procedures to reflect the possibility of under eighteens or vulnerable adults being present on courses.
- Written statement of terms of employment/engagement.

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.	**MDM**

QRP Findings

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:

- the identification of the training/upskilling needs of all personnel
- an induction programme appropriate to the role
- a training and development plan/programme to support the development needs of personnel
- mechanisms that support requests for training/upskilling and additional qualifications
- a formalised support, supervision and annual appraisal.

While faculty records for core certification is maintained and up to date, there was limited evidence that personnel have completed training/upskilling relevant to their role, such as equality & diversity training.

Areas of Good Practice

- Personnel have completed training/upskilling relevant to their role.
- Evidence of current certification is maintained.

Areas for Improvement

- Procedure to identify the training/upskilling needs of all personnel.
- Personnel induction.
- Training and development plans/programmes for all personnel.
- Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications.
- Formalised support and supervision and annual appraisal to be strengthened.

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.	**MDM**

QRP Findings

During discussions representatives described the processes in place for personnel management. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:

- regular and appropriate communication between faculty and management
- formalised faculty feedback during and after their course
- the systematic monitoring of faculty
- dealing with poor and unacceptable performance of faculty.

There are complaints procedures in place, however action on complaints appears to be verbal with no documentation of actions taken to resolve a complaint.

Areas of Good Practice

- Documents in place to support observation of faculty.

- Evidence provided of regular communications with faculty.

	Areas for Improvement

- Course feedback from faculty needs to be routinely reviewed and actioned.
- Systematic faculty monitoring.
- Dealing with poor and unacceptable faculty performance.
- Improve internal verification processes to aid identification of faculty feedback.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MNM

QRP Findings

During discussions representatives outlined the relationship with external affiliated faculty and the contractual and quality assurance arrangements that are in place. The activities of affiliated faculty appear to be limited to courses run by existing contracted faculty. In discussions, the ATI representatives indicated that they would no longer carry out this activity.

Of concern was the existence of an arrangement with an external training company to provide training on their behalf. No MOU or contract was provided as evidence. This indicated that the institution 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.

Areas of Good Practice

- Documents in place to support monitoring activities.
- Faculty details submitted to PHECC.

Areas for Improvement

- Collaborative provision policy and associated procedures.
- Procedures for monitoring external affiliated faculty and evidence that these activities take place.
- Written and signed contract/agreement.
- Quality assurance standards between both parties.
- Reports from external affiliated faculty and analysis of these reports.

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**

QRP Findings

During discussions representatives described the processes for course development, delivery and review. The evidence indicated that, while the institution has policies for this area, it would benefit from the implementation of a more robust course development, delivery and review policy and associated procedures.

The evidence indicated that a documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.

As lesson plans provided lack detail, there was limited evidence that course development and all course material:
- provides a balance between presentations, group work, skills demonstrations and practical work
- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.

Areas of Good Practice

- Course development reflects PHECC education and training standards.

Areas for Improvement

- Responsibility for course development, delivery and review policy and procedures needs to involve more than one staff member.
- Demonstrate that all course material used for the delivery of PHECC approved courses:
  - has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
  - has an appropriate balance between theory and practice
  - provides a balance between presentations, group work, skills demonstrations and practical work.
- A systematic approach to internal course approval, not reliant on one individual.

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.	**MDM**

QRP Findings

The evidence indicated that the institution would benefit from additional documentation/records to confirm that all students are informed of relevant policies/procedures and supports

The monitoring of courses and review of student/faculty feedback would benefit from an enhanced monitoring programme and internal validation process to ensure courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.

The evidence indicated that the institution would benefit from:
- documented records that student induction has taken place on all courses
- records of regular monitoring, including site visits.

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

Areas of Good Practice
- Courses are delivered by appropriately qualified personnel.   - Relevant tutor/instructor details are recorded on course documentation.   - Records of student attendance are maintained.

Areas for Improvement
- Records that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.   - Records from all courses of student induction.   - Course monitoring.   - 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 and 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 the recognition of prior learning (RPL) procedures need to be updated to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional information about RPL and how this relates to PHECC courses.

Areas of Good Practice
Documented admissions policy/entry criterion.

Areas for Improvement
- Update the admissions policy/entry and procedures to reflect current practice and all courses.   - Provide prospective students with additional information on course entry and associated details to include RPL where provided.   - Introduce process for student information and confirmation of information receipt.

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 the process for course review. The evidence indicated that the institution would benefit from a documented procedure to support these activities. While an annual review policy exists the evidence did not display robust minutes or action items from a review.

The evidence indicated that documentation is in place that provide the opportunity for students and faculty to feedback during and after their course. There was limited evidence that all students and faculty feedback is analysed and actioned.

The evidence indicated that some areas for improvement have been identified and 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.

Areas for Improvement

- Procedure for course review and documentation of action items.
- Records of student and faculty feedback.
- Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process.
- Ensure that all identified improvement actions are included in the QIP.

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

QRP Findings

The evidence indicated that the institution has documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures need to be updated to reference PHECC courses.

The evidence indicated that the institution and students would benefit from additional/updated documentation and information about assessment methodology and when PHECC assessment material is used.

The evidence indicated that adaptation of assessment methodologies is informal and would benefit from a formal approach.

It was noted from evidence provided that there are inconsistencies amongst faculty regarding documentation of OSCEs during FAR courses.

The evidence indicated that the institution would benefit from the development and implementation of procedures for:
- internal verification
- external authentication
- results approval.

The evidence indicated that the institution has a documented student appeals policy and procedures. It also indicated that the institution needs to ensure that students receive the information and that receipt of the information is captured.

Areas of Good Practice
• Documented assessment policy and procedures. • Appropriate assessment methodology in place. • It is clearly stated when PHECC assessment material is used. • Student support is available for assessment.
Areas for Improvement
• Fair and Consistent Assessment Policy should reference PHECC courses. • Maintain a documented record of student assessment feedback. • Procedure to adapt assessment to cater for students with additional support needs. • Internal verification, external authentication and results approval. • Ensure student appeals is available on all courses.

7. Conclusion and Outcome

Rating	**1.86**
Level	**Minimally Met (MNM)** – Evidence of a low degree of organisation-wide compliance
Conclusion	The evidence indicated that, while the institution provides training courses that are compliant with many PHECC requirements, there are shortcomings in the areas of evidence gathering, tutor monitoring, internal validation, external authentication and results approval processes.
	The evidence indicated that one person carries most of the quality assurance and management responsibilities impacting on overall oversight and governance.
	The evidence also indicated that the institution would benefit from additional 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.
	The evidence indicated that the institution engages with an external training company, that acts as a broker, and does not have fit for purpose policies, procedures and supporting documents to reflect this arrangement.
	The evidence indicated that the institution has gaps in their systems of evidence to ensure compliance with the PHECC Quality Review Framework.