Quality Review Framework (QRF) Composite Report

Career Path College Limited

t/a Irish Ambulance Training Institute (IATI)

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Quality Review Framework Composite Report

1. Institution Details

Name	Career Path College Limited t/a Irish Ambulance Training Institute (IATI)
Address	Unit 50A, Briarhill Business Park, Ballybrit, Galway
Type of Organisation	Private Company
Profile	A PHECC recognised institution (RI) since 2009. The institution delivers and administers PHECC approved courses from its main office in Galway and has six full time employees. Full time employees carry out several roles including administration and course delivery. In addition, at the time of review the institution engaged approximately 35/40 external affiliated faculty who are subject to the requirements of their quality assurance system.
PHECC Courses Delivered	CRC -Community, CFR Community Instructor, CFR Advanced, CFR Advanced Instructor, CFR-Epinephrine, CFR-Glucagon, CFR-Glyceryl Trinitrate, CFR-Naloxone, CFR-Salbutamol, FAR, FAR Instructor, EFR, EFR Instructor, EMT, Driving Non-Emergency, Advanced Driving.
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	• All activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework. • All documentation submitted in support of the continuous quality improvement of PHECC approved courses. • A sample of course, student and faculty records. • All personnel associated with the delivery and administration of PHECC approved courses.
Date of the Desktop Review	18/10/19
Date of On-site Review	30/10/19 & 11/12/19

3. Report Details

Draft report sent to Institution for feedback	03/02/20
Final report sent to Institution	23/04/20
Education and Standards Committee Approval	06/05/20
Council (For Noting)	11/06/20
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	**Role**
IATI	Office Manager
IATI	External QA Consultant
IATI	Course Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Closing Meeting (add rows as required)	
Organisation	**Role**
IATI	Office Manager
IATI	External QA Consultant
IATI	Course Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member

4.2 Stakeholder Discussions

Name/Group	**Role** (add rows as required)
N/A	N/A

4.3 Document Review

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

Organisational Chart	Student Records	Course Material
Course Records	Faculty Records	Statutory Declaration
Quality Statement	Quality Management Policy and Procedures	Memorandum of Understanding
Information Management Policy and Procedures	Complaints Policy	Customer Complaints Policy
Premises Selection Criteria	Cross Moderation Policy and Procedures	Programme Development Delivery and Review Policy and Procedures
Fair and Consistent Assessment of Learners Policy and Procedures	Internal Verification Procedures	External Authenticator Selection Criteria
Results Approval Process	Learner Appeals Policy and Procedures	Privacy Notice
External Authentication Procedures	Self-Evaluation and Improvement Policy and Procedures	Roles and Responsibilities
Safeguarding Policy		Garda Vetting Policy
Tax Details	Financial Records	Insurance Details
Communications Policy and Procedure	Equality Statement	Student Handbook
	Staff/Tutor Handbook	Safety Statement
Premises Risk assessment Checklist	Premises Selection Criteria	Access, Transfer and Progression Policy
Facilitating Diversity	Recognition of Prior Learning Policy	Resources Checklist

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	**Comments**
• N/A	• N/A

Facilities (add rows as required)	
Location	**Comments**
• N/A	• N/A

Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	**Comments**
• N/A	• N/A

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.	**MDM**

QRP Findings

It was not clear from the documentation what constitutes education and training governance in the institution. The organisational chart did not clearly reflect the institutions structure and it was unclear from the documentation who has overall responsibility for PHECC approved courses. During discussions it was indicated that the office manager has that responsibility. The evidence indicted that the institution would benefit from updates to existing documentation to accurately reflect practice and the institutions structure and reporting lines.

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 of course approval, results approval and self-assessment. There was limited evidence that these oversight activities had consistently taken place.

During discussions representatives referenced sub-groups and individuals with oversight responsibilities and the activities they are involved in. The evidence indicated that additional terms of reference are required for all sub-groups referenced during discussions and in documentation. Role descriptions for individuals with oversight responsibilities need to be updated to reflect current practice.

The evidence indicated that role descriptions for all those involved in education and training activities need to be updated to reflect current practice.

There were no documented procedures for identifying, assessing and managing risk. There is reference to risk throughout the documents. The evidence indicated that the institution would benefit from additional documentation to support these activities.

Areas of Good Practice

- Robust structures in place to provide oversight of the Emergency Medical Technician (EMT) course.

Areas for Improvement

- Updates to existing documents to clearly reflect current practice in education and training governance.
- Develop/update terms of reference for all sub-groups.
- Develop/update role descriptions for all roles associated with education and training to reflect current practice.
- Document a risk policy and procedures for identifying, assessing and managing risk associated with education and training activities.

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 organisation:
- is an established legal entity that provides PHECC approved education and training
- is in good financial standing with the revenue commissioner.

The evidence indicated that not all tasks from student entry to exit are documented. The institution and all associated stakeholders would benefit from additional/updated documentation.

The evidence indicated that the institution maintains records for all students and faculty. It also indicated that there were gaps and inconsistencies in both student and faculty records. The QRP found that some faculty records were not up to date in line with the institutions documented requirements. The evidence indicated that the institution, students and faculty would benefit from the maintenance of up to date records of activities associated with education and training.

The evidence indicated that the institution needs to develop a data protection policy and procedures to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679. Additionally, when developed, training is required to ensure that all those involved in education and training understand what it means to their role.

The evidence indicated that the institution had appropriate insurance in place for employees and their associated activities. It also indicated that additional information/clarification was required regarding insurance for external affiliated faculty.

The evidence indicated that the institution would benefit from additional support to carry out quality assurance activities. During discussions representatives indicated that an external consultant was providing support for quality assurance activities.

A complaints policy and procedures are in place. The evidence indicated that they need to be updated to reflect current practice and that mechanisms need to be put in place to ensure that all stakeholders are made aware of it.

During discussions representatives indicated that they require a safeguarding policy and procedures due to the nature of their activities. The evidence indicated that the institution has a documented safeguarding policy statement. It also indicated that the policy needs to be updated and supported by documented procedures and supporting documentation to ensure the institution is meeting its obligations under the Child and Vulnerable Persons Act 2012.

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

- Document all tasks associated with education and training
- Maintain up to date records for all students and faculty.
- Data protection policy, procedures and supporting documents need to be developed to reflect current practice and GDPR requirements.
- Raise awareness among all personnel about what data protection means to their role.
- Ensure that appropriate insurance cover is in place for all education and training activities.

- Ensure additional support is in place to carry out quality assurance activities.
- Complaints policy and procedures needs to be updated to reflect current practice.
- Develop/update safeguarding policy and procedures.

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

The evidence indicated that the institution would benefit from updating the quality policy and developing associated procedures that clearly outlines a commitment to systematic monitoring, annual self-assessment and quality improvement.

It was not clear from the documentation who has overall responsibility for the quality assurance of PHECC approved courses. During discussions representatives indicated that the office manager has that responsibility.

The evidence indicated that not all of those involved in education and training activities associated with PHECC approved courses have been made aware of their quality assurance responsibilities.

There is reference to key performance indicators (KPIs) in the documentation. The evidence indicated that additional KPIs need to be developed and linked with all education and training activities for monitoring purposes. It was not clear from the evidence how all monitoring is carried out, by whom and what indicators it should be seeking.

The evidence indicated that the institution requires additional documentation and up to date information that supports the systematic collection, analysis and use of feedback from students, faculty and other stakeholders.

There was no up to date evidence of the systematic review of learning resources and locations. It also indicated that the institution would benefit from additional documentation to support these activities.

The evidence indicated that the institution would benefit from a documented systematic approach to reviewing policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.

The was limited evidence of quality improvement planning and implementation outside the self-assessment carried out for external review.

Areas of Good Practice

- 2019 PHECC self-assessment report completed and submitted.
- Areas for improvement identified during self-assessment and included in the quality improvement plan.
- Systematic internal monitoring of the EMT course being carried out.

Areas for Improvement

- Update the quality policy and procedures to reflect current practice.
- Updates to existing documents to reflect quality assurance responsibilities and ensure all those involved are made aware of their responsibilities.
- Develop relevant KPIs associated with all education and training activities.
- Develop and implement a systematic approach to:
    - the collection, analysis and use of stakeholder feedback

-	the review of learning resources and locations
-	the review of policies and procedures
-	quality improvement planning and implementation.

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

There was reference in the documentation to a range of internal reporting mechanisms. The was limited evidence of up to date reporting throughout the institution. It also indicated that relevant mechanisms and documentation needs to be updated to reflect the reporting lines and current practice.

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 is required.

The evidence indicated that there was no documented procedure to ensure that certificate activity reports, the annual report, the disclosure of all faculty members and any other targeted information requests are submitted to PHECC. Updates to existing documentation would support these activities and assign responsibility for communication with PHECC.

The evidence indicated that prospective students are provided with sufficient information to make an informed choice about course participation.

There is no evidence that information about the institutions quality assurance system and external reviews is made available to the public.

The evidence indicated that the institution and other stakeholders would benefit from updated procedures to ensure that relevant information is provided to and obtained from them.

Areas of Good Practice

- Prospective students are provided with sufficient information to make an informed choice about participation on a range of courses.

Areas for Improvement

- Additional documentation to support reporting throughout the institution.
- Document all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPIs.
- Update existing documentation to ensure information is provided to PHECC as requested.
- Provide the general public with information about the quality assurance system and external reviews.
- Document procedures for providing and obtaining information from other stakeholders.

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.	**NM**

QRP Findings

The was no evidence that the institution had a health and safety policy and associated procedures. There was evidence of supporting documents and health and safety activities being carried out. The evidence indicated that additional documentation is required to support the activities described and provide evidence of consistency of practice across all PHECC approved courses.

A training venue selection criterion was available for review. There was no evidence of a supporting checklist or documentation to demonstrate that appropriate training premises are selected and used for all PHECC approved courses.

There was no evidence provided:
- that appropriate equipment/resources are available, fit for purpose, accessible and used for all PHECC approved courses
- that there is a system in place to regularly maintain and update equipment
- that equipment is regularly maintained and updated.

Areas of Good Practice

- Documented premises selection criterion.

Areas for Improvement

- Develop a health and safety policy, associated procedures and additional supporting documentation to support health and safety activities.
- Maintain records that appropriate premises are used for the delivery of all courses.
- Maintain records that appropriate equipment/resources are available, regularly maintained/updated, are fit for purpose and accessible for all PHECC approved courses.

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

QRP Findings

The evidence indicated that the institution and students would benefit from additional administrative support. There is reference in the documentation to student support and during discussions representatives described the supports that are available for students. The evidence indicated that students would benefit from additional information and awareness before, during and after their course of the support available, including the opportunity to meet with faculty and/or management individually or collectively.

The evidence indicated that additional information/documentation is required to demonstrate that the institution maintains appropriate tutor/instructor-to-student ratios, in keeping with PHECC's course approval criteria for all courses.

The evidence indicated that the institution would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs

they may have. There is a documented reasonable accommodation policy that needs to be updated to reflect current practice. Additional records of support activities are required.

The evidence indicated that sufficient up to date resources are made available to students in a variety of formats on specific courses. It also indicated that students would benefit from expanding the availability of resources for all courses.

Areas of Good Practice

- Appropriately qualified and experienced personnel at EMT level.
- Resources made available to students in a variety of formats.

Areas for Improvement

- Ensure appropriately qualified and experienced administrative support is available.
- Provide information to students before, during and after their course about available supports.
- Ensure consistent recording of faculty to student ratios.
- Document procedures for obtaining information on student supports needs.
- Demonstrate that up to date resources are made available to students on all courses.

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 that needs to be updated to reflect current practice. The evidence indicated that the institution would benefit from additional documentation to support policy implementation.

The evidence indicated that all associated policies and procedures need to be updated to ensure they promote equality and are legislatively compliant. It also indicated that additional mechanisms need to be put in place to ensure that all stakeholders are made aware of the policy and procedures.

The evidence indicated that the institution has a documented code of conduct in the staff handbook. Additional codes of conduct for external affiliated faculty and other stakeholders need to be developed.

During discussions and in the self-assessment report representatives indicated that all personnel (internal and external) need to be provided with up to date information and training on equality and diversity. It was noted that all personnel had previously received training in this area.

The evidence indicated that additional/updated documentation is required to demonstrate that course delivery accommodates the cultural backgrounds and different learning styles of students.

Areas of Good Practice

- Documented equality and diversity policy and procedures.
- Documented code of conduct for staff.

Areas for Improvement

- Policies and procedures that support equality and diversity (recruitment etc.) need to be updated to reflect current practice and ensure legislative compliance.
- Provide up to date information and training for faculty.

- Ensure all stakeholders are made aware of the equality and diversity policy and procedures.
- Obtain additional information about the accommodation of cultural backgrounds and different learning styles.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*NQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	**MNM**

QRP Findings

The evidence indicated that the institution has a documented Memorandum of Understanding (MOU) to be utilised for arrangements with internship/clinical placement sites. It also indicated that the institution, students and the internship/clinical placement sites would benefit from updates to the MOU that:
- outlines the commitment to ongoing monitoring, review and support of a quality learning environment to ensure students can maximise their learning experience
- provides details of the responsibilities of both in relation to quality assurance
- details academic liaison and engagement to support practice-based learning.

The institution could demonstrate that only PHECC approved sites are used for internship/clinical placement. The evidence indicated that additional information/documentation is required to show that all internship/clinical placement sites have been assessed and audited to ensure their suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval. It also indicated that before using a new internship/clinical placement site, verification of the completed assessment/audit endorsed by the institution needs to be submitted to PHECC.

The evidence indicated that the institution needs to develop:
- a selection criterion for internship/clinical placement sites
- a system for students to raise concerns about their placement
- a formal structure between the institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns
- a fair and transparent system in place for student placement
- a schedule and procedure for monitoring visits to internship/clinical placement sites.

During discussions representatives indicated that a sufficient number of mentors and preceptors (clinical supervisor) are in place at each internship/clinical placement site. The evidence indicated that additional information/documentation would support this.

The evidence indicated that appropriate documentation is in place to record student activities during their internship. A student logbook was provided for review.

The evidence also indicated that the institution, students and the internship/clinical placement sites would benefit from:

- additional/updated documentation to ensure that learning outcomes to be achieved during the internship/clinical placement period are documented
- updates to the student logbook.

The evidence indicated that an accurate and up to date record of student internship/clinical placement activities is maintained by the student and made available for internal and external review.

Areas of Good Practice

- Documented MOU for use between the institution and internship/clinical placement sites.
- Only PHECC approved sites are used for placement.
- Appropriate documentation in place to record student activities during placement.

• Accurate up to date records of student placement activities are maintained.

Areas for Improvement
• MOU to be updated to reflect practice.   • Additional documentation to demonstrate that all sites provide a quality learning environment in accordance with PHECC standards and guidelines for course approval.   • Develop a selection criterion for placement sites.   • Document a formalised structure for students to raise concerns about their placement.   • Provide additional information about the numbers of mentors and preceptors at each site.   • Develop a schedule and procedure for monitoring visits to internship/clinical placement sites.   • Update the student logbook.   • Document a procedure to support a fair and transparent placement system.

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.	**MNM**

QRP Findings

The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to recruitment to ensure that appropriately qualified and experienced personnel are engaged to carry out education and training activities.

The evidence indicated that appropriate minimum standards are in place for all personnel involved in activities associated with PHECC approved courses. Additional information about visiting subject matter experts is required.

The evidence indicated that the institution cannot demonstrate that it has adequate numbers of personnel in place to:
- meet the current and projected demand for its service
- carry out the activities described in its policies and procedures
- maintain PHECC requirements for course approval
- systematically organise, deliver and monitor the quality of courses and awards
- ensure full compliance with the QRF.

During discussions representatives indicated that additional administrative support was being added to personnel. The evidence indicated that additional support to carry out internal verification is required to ensure that the composition of the institution's personnel meets PHECC education and training standards for each course on offer.

The evidence indicated that all personnel involved in administering and delivering PHECC approved courses:
- have not been made aware of their quality assurance responsibilities
- are not carrying out those activities consistently.

The evidence indicated that the institution has a documented safeguarding policy statement. It also indicated that the policy needs to be updated and supported by documented procedures and supporting documentation to ensure the institution is meeting its obligations under the Child and Vulnerable Persons Act 2012.

The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.

Areas of Good Practice

- Minimum standards are in place for all personnel involved in activities associated with PHECC approved courses.
- The composition of faculty meets PHECC education and training standards.

Areas for Improvement

- Additional documentation to support a robust recruitment process.
- Additional information about visiting subject matter experts.
- Additional administrative support and delegation of QA responsibilities.
- Updated job descriptions and 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

The evidence indicated that the institution and personnel would benefit from:
- a documented procedure for identifying the training/upskilling, support and development requirements/needs of all personnel
- additional information that development/upskilling has taken place, relevant to the role
- additional documentation to provide clarity around the mechanisms for faculty to request support for training/upskilling to ensure that practice is consistent with activities described in the policies and procedures.

The evidence indicated that the institution had a training and development plan in place for internal faculty. There was no evidence of how this includes external affiliated faculty.

The evidence indicated that the institution would benefit from a formalised support and supervision and annual appraisal system which would be consistent with activities outlined in the documentation.

During discussions representatives indicated that personnel have been or will be provided with training/upskilling relevant to their role. The was limited evidence that internal personnel had completed training/upskilling and no evidence for external affiliated faculty.

During discussions representatives outlined the mechanisms that are in place for faculty to request support for training/upskilling and to achieve additional qualifications. The evidence indicated that the institution and personnel would benefit from:
- a documented procedure for identifying the training/upskilling, support and development requirements/needs of all personnel
- additional information that development/upskilling has taken place, relevant to the role
- a documented training and development plan for all personnel
- a formalised support and supervision and annual appraisal system.

During discussions representatives described the induction process for various personnel. The evidence indicated that the institution and personnel would benefit from:
- a formalised induction
- an induction that is consistent and appropriate to the relevant role
- records that all personnel have attended induction
- information at induction that clearly outlines responsibility for the quality assurance of PHECC approved courses.

The evidence indicated that practitioner upskilling had taken place within 18 months of new CPG publication. The institution demonstrated that personnel have completed training/upskilling relevant to their role. Additional documentation would support this.

Areas of Good Practice

- Personnel have completed training/upskilling relevant to their role.
- Practitioner/instructor upskilling has taken place within 18 months of new CPG publication.

Areas for Improvement

- Additional documentation needed to identify the training/upskilling, support and development requirements/needs of all personnel.
- Additional information that development/upskilling has taken place, relevant to the role.
- Document and maintain records of induction.
- Evidence that all personnel have attended induction.
- Documented formalised system for support and supervision and annual appraisal.

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

The evidence indicated that the institution has a range of methods in place for appropriate communication between management and faculty, including meetings. The evidence indicated that the processes in place need to be updated to reflect current practice.

The evidence indicated that course reports are completed for EMT courses. It also indicated the institution and faculty would benefit from course reports being completed after all PHECC approved courses.

The evidence indicated that there is a system in place to ensure that only personnel with valid certification deliver PHECC approved courses. It also indicated that the system needs to be updated to reflect current practice.

During discussions representatives outlined the process for monitoring EMT faculty through observation. Documentation of these observations by the facilitator was available for review and was found to be comprehensive. The evidence indicated that the institution would benefit from a documented systematic process for monitoring all faculty (internal and external) through observation and a review of documentation.

During discussions representatives described the process for dealing with poor and unacceptable performance of faculty. Documented evidence of the process was provided for review. The evidence indicated that the institution would benefit from a documented procedure to support these activities.

The evidence indicated that the institution would benefit from additional/updated documentation to support Human Resource (HR) management to reflect current practice and to meet its legislative obligations.

Areas of Good Practice

- Only personnel with valid certification deliver PHECC approved courses.
- Course reports completed at EMT level.
- Comprehensive documented monitoring of faculty at EMT level.

Areas for Improvement

- Update communications policy and procedures to reflect current practice.
- Course reports to be completed by faculty for all courses.
- Maintain records of faculty observations.
- Ensure observation/monitoring is carried out by appropriately experienced personnel relevant to the level of the course.

- Develop a procedure for dealing with poor and unacceptable performance specific to faculty.
- Update all HR policies and procedures to reflect current practice and ensure legislative compliance.

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

QRP Findings

The evidence indicated that the institution engages external affiliated faculty to deliver PHECC approved courses. 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.

The evidence indicated that the institution has comprehensive monitoring procedures in place for external affiliated faculty delivering at EMT level. It also indicated that the institution does not have satisfactory monitoring procedures in place for all other courses being delivered by external affiliated faculty.

The evidence indicated that a signed written contract/agreement was not in place for all external affiliated faculty. It also indicated that the institution does not maintain up to date records of all external affiliated faculty.

The evidence indicated that at the time of review all external affiliated faculty details were submitted to PHECC.

The evidence indicated that the institution and external affiliated faculty would benefit from additional documentation of the agreed quality assurance standards between both parties.

The evidence indicated that the institution would benefit from additional information/reports about the education and training activities of external affiliated faculty. Additional documentation is required that shows the analysis of this information and how that has informed practice.

Areas of Good Practice

- Monitoring of external affiliate faculty on EMT courses.
- External affiliated faculty details submitted to PHECC.

Areas for Improvement

- Develop and implement a collaborative provision policy and associated procedures.
- Develop and document satisfactory procedures for monitoring external affiliated faculty on all courses and maintain evidence that these activities have taken place.
- Maintain evidence of a written and signed contract/agreement with an external affiliated faculty.
- Maintain up to date records of any external affiliated faculty and ensure accurate up to date faculty details are submitted to PHECC (hard copy or electronic).
- Document quality assurance standards between all parties involved in the delivery and administration of PHECC approved courses.

- Maintain records of regular reports from external affiliated faculty, analysis of these reports and any actions arising from the analysis.

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

The evidence indicated that the course development, delivery and review policy and associated procedures need to be updated to reflect current practice. This would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented through a documented systematic approach to internal course approval.

The evidence indicated that course development and material:
- demonstrates an appropriate balance between theory and practice
- provides a balance between presentations, group work, skills demonstrations and practical work
- promotes a commitment to self-directed learning
- has clearly outlined aims and objectives and detailed competencies to be achieved by students
- 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.

The evidence indicated that the institution, faculty and students would benefit from regular systematic updates to course material.

Areas of Good Practice

- Documented course development, delivery and review policy and procedures.
- Course development and material meet PHECC education and training standards.

Areas for Improvement

- Update course development, delivery and review policy and procedures.
- Develop a procedure for course development/amendment to reflect any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.
- Develop a systematic approach to internal course approval/amendment.

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 additional documentation/information is required to show that:
- all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines
- all courses are delivered by appropriately qualified personnel
- relevant tutor/instructor details are recorded on all course documentation
- records of student attendance are maintained for all courses
- student induction has taken place on all courses.

The evidence 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.

The evidence indicated that for NQEMT courses documented records of student activities (from the student) are maintained. It also indicated that the institution and students would benefit from updates to the student logbook.

Areas of Good Practice

- EMT courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- EMT courses are delivered by appropriately qualified personnel.
- One-to-one time with faculty is available to students.
- Documented records of student activities on NQEMT courses.

Areas for Improvement

- Documented records from all courses of student attendance at induction.
- Document a formalised approach to student remediation and mentoring.
- Update the student logbook.

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 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.

Areas of Good Practice

- Clear entry criteria for all courses.

Areas for Improvement

- Develop an admissions policy and procedures to reflect current practice.
- Provide prospective students with additional information on course entry and associated details to include RPL.
- Update RPL procedures.

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

QRP Findings

The evidence indicated that the course review procedure needs to be updated to reflect current practice.

The evidence indicated that students and faculty have an opportunity to provide feedback during and after their course. It also indicates 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 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 QIP.

Areas for Improvement

- Update the course review procedure to reflect current practice.
- Ensure course reports are completed by faculty on all courses.
- Document a 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 assessment policy and associated procedures need to be updated to reflect current and new practice.

The evidence indicated that additional information/documentation is required to show that appropriate assessment methodology is used on all PHECC approved courses and that it is clearly stated when PHECC assessment material is used.

The evidence indicated that:
- students have access to the information necessary for them to participate in assessment
- students receive feedback on their assessment/results.

The evidence indicated that the institution had a procedure to adapt assessment methodology to cater for students with additional support needs. It also indicated that the procedure needs to be updated to reflect current practice.

It was clear from the evidence who has responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level. It was also clear that students are authorised to apply for NQEMT examination at the appropriate time.

The evidence indicated that the institution would benefit from updates to existing documentation to support internal verification and results approval.

The evidence indicated that a procedure and supporting documents need to be developed for external authentication.

The evidence indicated that the institution and students would benefit from an updated appeals policy and procedures.

Areas of Good Practice
- Students have access to the information necessary for them to participate in assessment.   - Students receive feedback on their assessment/results.   - It is clear who has responsibility for managing the PHECC certification system at responder level and practitioner (NQEMT) level.   - Students are authorised to apply for NQEMT examination at the appropriate time.
Areas for Improvement
- Update the assessment policy and procedures to reflect current practice.   - Update documentation to reflect assessment methodology and when PHECC assessment material is being used.   - Update procedure to adapt assessment methodologies to cater for students with additional support needs.   - Update documentation to support internal verification and results approval.   - Develop a procedure and supporting documentation for external authentication.   - Update the student appeals procedure.

7. Conclusion and Outcome

Rating	**1.56**
Level	Minimally Met (MNM) – Evidence of a low degree of organisation-wide compliance
Conclusion	The evidence indicated that the quality assurance systems in place need significant levels of review and development to ensure they are effective, fit for purpose, reflect current practice, meet PHECC education and training standards and meet PHECC Quality Review Framework requirements.
	The evidence indicated that the institution engages external affiliated faculty in delivering PHECC approved courses. The evidence indicated that the management of external affiliated faculty is extremely limited in its scope and as a result there is a significant risk in ensuring the quality of education and training for all students undertaking PHECC approved courses offered by the institution.
	The evidence indicated that a significant level of work is required to provide students, PHECC and the general public with confidence that the institution is meeting its obligations as described in the PHECC Quality Review Framework.
	The evidence indicated that the institution is committed to carrying out the improvement actions identified during self-assessment and external review. Implementation of the improvement actions will provide students and institution faculty with an enhanced learning experience.
	The completion date for all improvement actions is 29/04/20.