

Quality Review Framework (QRF)
Composite Report
St John Ambulance Ireland (SJAi)

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Quality Review Framework Composite Report

1. Institution Details

Address	Lumsden House, 29 Upper Leeson Street, Ballsbridge, Dublin 4, D04 PX94.
Type of Organisation	Voluntary
Profile	A PHECC recognised institution (RI) since 2008.
PHECC Courses Delivered	CRC -Community, CFR Community Instructor, CFR Advanced, CFR Advanced Instructor, FAR, FAR Instructor, EFR, EMT.
Higher Education Affiliation	N/A

2. Review Details

Purpose	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	26/10/19
Date of On-site Review	06/11/19

3. Report Details

Draft report sent to Institution for feedback	17/12/19
Final report sent to Institution	21/04/20
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
SJAI	Director of Training and Development
SJAI	Deputy Director of Training and Development
SJAI	EMT Manager
SJAI	FAR Programme Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
Closing Meeting (add rows as required)	
Organisation	Role
SJAI	Director of Training and Development
SJAI	Deputy Director of Training and Development
SJAI	EMT Manager
SJAI	FAR Programme Manager
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
SJAI	Administrator

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.		
Student Records Self-Assessment Report (2019) Adult Membership Progression	Faculty Records Quality Improvement Plan (2019) Organisational Chart	Course Material Training & Development Structure Specific Role Criteria

<p>Tax Clearance Details</p> <p>Clinical Record Management</p> <p>Quality Policy</p> <p>Internal Verification</p> <p>SJA House & Office Accident Report Book</p> <p>FAR Course Equipment Checklist</p> <p>Reasonable Accommodation Policy</p> <p>Access, Transfer and Progression Policy</p> <p>External Authentication Policy & Report</p> <p>EFR Instructor Assessment</p> <p>Adverse Clinical Event</p> <p>Medications Policy</p> <p>Fitness to Practice</p> <p>Ambulance Driving Policy</p> <p>Accident/Incident Near Miss Policy</p> <p>Recognition of Prior Learning</p> <p>Trainer Core Guidelines</p> <p>Training Venue Checklist</p> <p>Instructor Monitoring Forms</p> <p>Medical Directorate meeting Records</p> <p>SJA Roles and Responsibilities</p> <p>SJA Improvement Progress 2016-2019 (Document)</p> <p>Records of attendance/evaluation of compliance training session (June 2019)</p> <p>Risk Matrix and ratings</p>	<p>Insurance Details</p> <p>Data Protection Policy</p> <p>Garda Vetting Forms</p> <p>Communications Policy</p> <p>CFR-A&C Course Equipment Checklist</p> <p>Premises Selection Criteria</p> <p>Learner Code of Conduct</p> <p>SJA CPC Policy</p> <p>English Language Policy</p> <p>IV Checklist and Report</p> <p>Medical Director Role & Responsibilities</p> <p>EMT CPC Policy and Audit Policy</p> <p>Critical Incident Stress Management</p> <p>Regulatory Compliance</p> <p>Storage of ACR/PCR Data</p> <p>Divisional Premises Risk Assessment Template</p> <p>Learner Information Handbook</p> <p>MOU for hospital placement</p> <p>Divisional Annual Training Plan</p> <p>Results Approval Panel Meeting Records</p> <p>Training Faculty Meeting Records</p> <p>Business Risk Assessment, SWOT Analysis & Org. Strategy</p> <p>Quality Team Meeting Records</p> <p>Summary of training workshops (Jan 2019)</p> <p>Safeguarding Compliance letter from TUSLA</p>	<p>Complaints Policy</p> <p>Safeguarding Details</p> <p>SJA Entry Requirements</p> <p>SJA Office & House Safety Statement</p> <p>EFR Course Equipment Checklist</p> <p>Division Venue Checklist</p> <p>Learner Support Policy</p> <p>Learner Admissions Policy</p> <p>EMT Course Policy & SOP</p> <p>EMT Student Portfolio</p> <p>T&D Master Policy & Record Management</p> <p>Manakin Cleaning Guidelines</p> <p>Use of National Data Base Guidelines</p> <p>ACR & PCR Document Completion</p> <p>EMT Clinical Placement Report</p> <p>Results Approval</p> <p>Equality & Diversity Policy</p> <p>Trainer Handbook</p> <p>EMT Student CPC Portfolios Completed RISAR (2018)</p> <p>Systems Reviewed</p> <p>Office 365 – Onedrive for Class Documentation</p> <p>MOODLE for EMT Blended Learning</p> <p>AmbuBase – Used to track & manage individual learners (members only) training & duties at divisional level</p>
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4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
Head Office	<ul style="list-style-type: none"> • Observation of student registration. • Discussion with administrator.
Facilities (add rows as required)	
Location	Comments
Head Office	<ul style="list-style-type: none"> • Sign in at reception area. • Facilities adequate for administration and meetings as required.

	<ul style="list-style-type: none"> Large training room to rear of the building for onsite training.
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
Head Office	<ul style="list-style-type: none"> Course material, PowerPoints, documentation reviewed. Review of IT systems for course registration, course, student and faculty records.

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		
<p>During discussions representatives described education and training governance in the institution. The documentation provided did not clearly reflect the institution's structure at the time of review and it was unclear from the documentation who has overall responsibility for PHECC approved courses. During discussions it was made clear that the Director of Training and Development has that responsibility. The evidence indicated that the institution would benefit from updates to existing documentation to accurately reflect practice.</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. The evidence also indicated that oversight activities had taken place by relevant sub-groups and individuals.</p> <p>During discussions representatives referenced sub-groups and individuals with oversight responsibilities and the activities they are involved in. The evidence indicated that additional/updated documentation (terms of reference) is required for sub-groups referenced. Role descriptions for individual with oversight responsibilities need to be updated to reflect current practice.</p> <p>Role descriptions were available for review for all those involved in education and training activities. The evidence indicated that these need to be updated to reflect current practice.</p> <p>There were no documented procedures for identifying, assessing and managing risk. During discussions representatives outlined activities for identifying, assessing and managing risk. Documented evidence indicated that these activities had taken place. The evidence indicated that the institution would benefit from additional documentation to support these activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Structures in place to provide oversight of education and training activities. • Overall responsibility for education and training governance clearly identified. • Delegated responsibilities for education and training governance identified. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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 all role descriptions 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.	SM
QRP Findings		
<p>The evidence indicated that the organisation:</p> <ul style="list-style-type: none"> - is an established legal entity that provides PHECC approved education and training - is in good financial standing with the revenue commissioner - has adequate insurance in place to cover all education and training activities - has a policy, procedures and supporting documents in place to meet its obligations under the Child and Vulnerable Persons Act 2012. <p>The evidence indicated that the institution maintains records for all students and faculty. During discussions representatives outlined a range of student supports and faculty upskilling and professional development activities. 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 carry out quality assurance activities. During discussions representatives highlighted succession planning as a priority.</p> <p>A complaints policy and procedures are in place. The evidence indicated that they need to be updated to reflect current practice.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • An established legal entity that provides PHECC approved education and training. • In good financial standing with the Revenue Commissioner. • Has adequate insurance in place to cover all education and training activities. • Has a policy, procedures and supporting documents in place to meet its obligations under the Child and Vulnerable Persons Act 2012. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Document and maintain records of all student support and faculty upskilling and professional development. • Data protection policy, procedures and supporting documents need to be updated to reflect current practice and GDPR requirements. • Ensure additional support is in place to carry out quality assurance activities. • Complaints policy and procedures needs to be updated to reflect current practice. 		

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.	MDM
QRP Findings		
<p>A quality policy and procedures were made available for review. During discussions representatives described a range of quality improvement activities that take place. The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions.</p> <p>During discussions it was clear that the Director of Training and Development has overall responsibility for the quality assurance of PHECC approved courses. This needs to be clearly reflected in supporting documentation. The evidence indicated 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 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. 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 feedback for all PHECC courses. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the analysis and use of student, faculty and other stakeholder feedback is required.</p> <p>The evidence indicated that the institution has documented processes for the systematic review of learning resources and locations. During discussions representatives outlined that these processes are being rolled out nationally. There was up to date evidence of these activities taking place.</p> <p>The evidence indicated that the institution would benefit from a more 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. There was documented evidence of up to date quality improvement planning and implementation.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • A documented quality policy and associated procedures. • Clear who has overall responsibility for the quality assurance of PHECC approved courses. • Documented procedures for the systematic review of learning resources and locations. • Documented evidence of up to date quality improvement planning and implementation. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update the quality policy and procedures to reflect current practice. • Updates to existing documents to reflect quality assurance responsibilities. • Develop relevant KPIs associated with all education and training activities. • Develop and implement a systematic approach to the review of policies and procedures. 		

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.	MDM
QRP Findings		
<p>The evidence indicated that there is up to date reporting throughout the institution. It also indicated that the documentation needs to be updated to reflect the reporting lines. Additional documentation is required to support these activities and enhance current practice.</p> <p>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.</p> <p>During discussions representatives outlined who is responsible for communication with PHECC. 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>There is limited evidence that information about the institution’s quality assurance system and external reviews is made available to the public.</p> <p>The evidence indicated that the institution provides and obtains information from other stakeholders. It also indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Up to date reporting within the institution. • Responsibility for reporting to PHECC allocated. • Prospective students are provided with sufficient information to make an informed choice about course participation. 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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.	MDM
QRP Findings		
<p>A health & safety policy and supporting documents were available for review. The policy relates to the main headquarters and associated staff. The evidence indicated that additional documentation is required to support these activities nationally.</p> <p>There was evidence to demonstrate that appropriate training premises are selected and used for the delivery of PHECC approved courses. Documentation is in place (premises selection criterion and checklist) to support these activities. The evidence indicated that the institution would benefit from these documents being introduced nationally to ensure consistency of practice.</p> <p>The evidence indicated that systems and documentation are in place for the regular maintenance and updating of equipment to ensure that all resources used for courses are fit for purpose. It also indicated that the institution would benefit from making the return of this completed documentation to head office mandatory to ensure compliance and consistency of practice.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented premises selection criterion and checklist and evidence of activity. • Documented systems to ensure that equipment is maintained, updated and fit for purpose. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop additional documentation to support health and safety activities nationally. • Maintain records that appropriate premises are used for the delivery of all courses (nationally). • Maintain records that appropriate equipment/resources are available, regularly maintained/updated, are fit for purpose and accessible for all PHECC approved courses (nationally). 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM
QRP Findings		
<p>The evidence indicated that students are supported by adequate numbers of appropriately qualified faculty, technical and clinical personnel. It also indicated that the institution and students would benefit from additional administrative support.</p> <p>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.</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. There is a documented reasonable accommodation policy that needs to be updated to reflect practice. Additional records of support activities are required.</p>		

The evidence indicated that sufficient up to date resources are made available to students in a variety of formats for 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 on all courses.
- Maintains appropriate tutor/instructor-to-student ratios.

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.
- 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.	SM

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 supporting policies and procedures need to be updated to reflect current practice and ensure legislative compliance.

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.

The 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 diversity policy and procedures.
- Documented codes of conduct.

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	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	MDM
QRP Findings		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> - there is a documented Memorandum of Understanding (MOU)/agreement between the institution and internship/clinical placement sites - only PHECC approved sites are used for placement - learning outcomes to be achieved during the placement period are documented - appropriate documentation is in place to record student activities during placement - accurate up to date records of student placement activities are maintained. <p>The evidence also indicated that the institution, placement sites and students would benefit from:</p> <ul style="list-style-type: none"> - additional information being added to the MOU - additional documentation to demonstrate that all sites provide a quality learning environment in accordance with PHECC standards and guidelines for course approval - a documented selection criterion for placement sites - a formalised structure for students to raise concerns about their placement - additional documentation to support a fair and transparent placement system. <p>The evidence indicated that the institution needs to document a procedure and schedule for monitoring visits to placement sites.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented MOU between the institution and placement sites. • Only PHECC approved sites are used for placement. • Documented learning outcomes to be achieved during the placement period. • Appropriate documentation in place to record student activities during placement. • Accurate up to date records of student placement activities are maintained. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Additional information being added to the MOU. • 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. • 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.	SM
QRP Findings		
<p>The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to recruitment.</p> <p>The evidence indicated that appropriate standards are in place for all personnel involved in activities associated with PHECC approved courses. Additional information about visiting subject matter experts is required.</p> <p>The institution demonstrated that it had adequate numbers of personnel in place to meet the current demands for its services, maintain PHECC requirements for course approval and meet PHECC education and training standards. Evidence also indicated that the institution would benefit from additional administrative support, enhanced support from experienced personnel and the delegation of QA responsibilities to ensure full compliance with the QRF.</p> <p>The evidence indicated that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012.</p> <p>The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> Standards are in place for all personnel involved in activities associated with PHECC approved courses. The institution is meeting its obligations under the Children and Vulnerable Persons Act 2012. Adequate numbers of personnel are in place to maintain PHECC education and training standards. 		
Areas for Improvement		
<ul style="list-style-type: none"> 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.	SM
QRP Findings		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> mechanisms are in place for faculty to request support for training/upskilling and to achieve additional qualifications personnel have completed training/upskilling relevant to their role 		

<ul style="list-style-type: none"> - practitioner/instructor upskilling has taken place within 18 months of new Clinical Practice Guidelines (CPG) publication. <p>The evidence also indicated that the institution and personnel would benefit from updated documentation that supports the identification of training/upskilling needs of personnel and details how the institution meets the support and development needs of relevant personnel. The evidence indicated that these activities would be strengthened from the development of a formalised system of support, supervision and annual appraisal.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Mechanisms are in place for faculty to request support for training/upskilling and to achieve additional qualifications. • 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		
<ul style="list-style-type: none"> • Update documentation that support the development needs of personnel. • Develop and implement a formalised system for support, 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		
<p>The evidence indicated that only personnel with valid certification deliver PHECC approved courses and the institution can demonstrate that it has appropriate Human Resource (HR) policies and procedures in place to meet its legislative obligations.</p> <p>During discussions representatives described a range of communication methods being used across the organisation. The evidence indicated that the institution and faculty would benefit from updates to the communications policy and ensuring that course reports are completed by faculty on all courses and maintained for analysis and to inform practice.</p> <p>The evidence indicated that the activities of faculty and visiting subject matter experts are monitored through the analysis of documentation and observation. It also indicated that additional documented records of observation by appropriately qualified personnel is required to ensure consistency of practice.</p> <p>The evidence indicated that procedures for dealing with poor and unacceptable performance should be updated to reflect current practice and the requirements for faculty.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Only personnel with valid certification deliver PHECC approved courses. • Appropriate HR policies and procedures in place to meet legislative obligations. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update communications policy and procedures to reflect current practice. • Course reports to be completed by faculty for all courses. • Maintain records of faculty observations. 		

<ul style="list-style-type: none"> • Ensure observation/monitoring is carried out by appropriately experienced personnel relevant to the level of the course. • Update the procedure for dealing with poor and unacceptable performance to include specific reference to faculty. 		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	N/A
QRP Findings		
<ul style="list-style-type: none"> • N/A 		
Areas of Good Practice		
<ul style="list-style-type: none"> • N/A 		
Areas for Improvement		
<ul style="list-style-type: none"> • N/A 		

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.	MDM
QRP Findings		
<p>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 through a documented systematic approach to internal course approval.</p> <p>The evidence indicated that course development and material:</p> <ul style="list-style-type: none"> - 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. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented course development, delivery and review policy and procedures. • Course development and material meet PHECC education and training standards. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update course development, delivery and review policy and procedures. • Document a systematic approach to internal course approval. 		
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.	SM
QRP Findings		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> - courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines - courses are delivered by appropriately qualified personnel - relevant tutor/instructor details are recorded on course documentation - records of student attendance are maintained. <p>The evidence also indicated that additional documentation showed records that student induction has taken place on all courses.</p> <p>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.</p>		

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

- Courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- Course are delivered by appropriately qualified personnel.
- Relevant tutor/instructor details are recorded on course documentation.
- Records of student attendance are maintained.

Areas for Improvement

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

- Documented admissions policy and course entry criteria.

Areas for Improvement

- Update the admissions policy and procedures to reflect current practice and all courses.
- 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		
<p>The evidence indicated that the procedure for course review needs to be updated to reflect current practice.</p> <p>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.</p> <p>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.</p> <p>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).</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • 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		
<ul style="list-style-type: none"> • 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		
<p>The evidence indicated that students are authorised to apply for NQEMT examination at the appropriate time.</p> <p>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.</p> <p>The evidence indicated that the assessment policy and procedures need to be updated to reflect current and new practice.</p> <p>Areas to be updated or added include:</p> <ul style="list-style-type: none"> - 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
- updates to existing documentation about the security of assessment related material
- additional documentation to support internal verification, external authentication and results approval.

The evidence indicated that the institution and students would benefit from a standalone appeals policy and procedures as the current one is linked to the complaints policy.

Areas of Good Practice

- Students are authorised to apply for NQEMT examination at the appropriate time.
- Appropriate assessment methodology is used for all courses.
- It is clearly stated when PHECC assessment material is used.
- Student support is available for assessment.

Areas for Improvement

- Update assessment policy and procedures to reflect current practice.
- Maintain a documented record of student assessment feedback.
- Provide students with information about assessment supports and maintain a record of these activities.
- Update documentation for the security of assessment material.
- Update documentation to support internal verification, external authentication and results approval.
- Develop a standalone student appeals procedure.

7. Conclusion and Outcome

Rating	2.68
Level	Moderately Met (MDM) – Evidence of a moderate degree of organisation-wide compliance
Conclusion	<p>The institution is a national volunteer led organisation with volunteers carrying out and leading on quality improvement activities. The institution has four employees that carry out a variety of roles and provide administrative support.</p> <p>The evidence indicated that the institution has appropriate and effective structures in place to provide objective oversight of education and training activities nationally.</p> <p>The evidence also 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, Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence 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> <p>The completion date for all improvement actions is 25/03/20.</p>



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