



Quality Review Framework (QRF)  
Composite Report  
Emergency Medical Training Solutions  
(EMTS)

## Table of Contents

1. Institution Details.....	1
2. Review Details.....	1
3. Report Details .....	2
4. Review Activities .....	2
4.1 Meetings.....	2
4.2 Stakeholder Discussions .....	2
4.3 Document Review .....	3
4.4 Observation of Practice, Facilities and Resources .....	3
5. Compliance Rating and Level .....	3
6. QRP Findings .....	5
6.1 Theme 1: Organisational Structure and Management .....	5
6.2 Theme 2: The Learning Environment .....	10
6.3 Theme 3: Human Resource Management .....	13
6.4 Theme 4: Course Development, Delivery and Review.....	17
7. Conclusion and Outcome.....	21

# Quality Review Framework Composite Report

## 1. Institution Details

<b>Name</b>	Emergency Medical Training Solutions (EMTS)
<b>Address</b>	Commercial Office Centre, Ard Gaoithe Business Park, Clonmel, Co Tipperary
<b>Type of Organisation</b>	Private Company
<b>Profile</b>	<p>An approved training institution (ATI) since 06/06/2017.</p> <p>The institution delivers and administers PHECC approved courses from its main office in Clonmel and has four full time employees. Full time employees carry out several roles including administration and course delivery.</p> <p>In addition, at the time of review, the institution provided a certification service for 40/45 affiliated faculty who are subject to the requirements of their quality assurance system.</p>
<b>PHECC Courses Delivered</b>	CFR Community, CFR Community Instructor, CFR Advanced, CFR Advanced Instructor, First Aid Response, First Aid Response Instructor, Emergency First Response, Emergency First Response Instructor.
<b>Higher Education Affiliation</b>	None

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students.</li> <li>To foster a culture of continuous quality improvement in institutions.</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care.</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>All activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.</li> <li>All documentation submitted in support of the continuous quality improvement of PHECC approved courses.</li> <li>A sample of course, student and faculty records.</li> <li>All personnel associated with the delivery and administration of PHECC approved courses.</li> </ul>
<b>Date of Desktop Review</b>	04/10/19
<b>Date of On-site Review</b>	21/10/19

### 3. Report Details

<b>Draft report sent to Institution for feedback</b>	28/11/19
<b>Final report sent to Institution</b>	20/04/20
<b>Education and Standards Committee Approval</b>	06/05/20
<b>Council (For Noting)</b>	11/06/20
<b>Report Compiled by</b>	Quality Review Panel

### 4. Review Activities

#### 4.1 Meetings

<b>Opening Meeting</b> (add rows as required)	
<b>Organisation</b>	<b>Role</b>
EMTS	Company Director
EMTS	Administration
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member
<b>Closing Meeting</b> (add rows as required)	
<b>Organisation</b>	<b>Role</b>
EMTS	Company Director
PHECC	QRF Panel Lead
PHECC	QRF Panel Member
PHECC	QRF Panel Member

#### 4.2 Stakeholder Discussions

<b>Role</b> (add rows as required)
Company Director
Administration

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.		
Student Records Faculty Records Self-Assessment Report Quality Improvement Plan Organisational Charts Role Descriptions Record Management Policy GDPR Policy Memorandum of Understanding Quality Assurance Policy Office Administration Tasks Staff Recruitment, Training and Development Course Review Policy Security of Assessment	Complaints and Appeals Policy Child Protection/Safeguarding Policy Garda Vetting Policy Course Approval Criteria Internal Verification Policy and Procedure Internal Training Room Equipment List Insurance Details Communications Policy Admissions Policy RPL Policy Assessment Approval IV Summary Sheet	Equality and Access to Training Policy Code of Conduct for Faculty, Staff and Other Stakeholders Conduct Procedure Student Handbook Health & Safety Policy/Statement Premises Selection Criteria Equipment Maintenance Log Assessment & Awards Procedure Faculty Management Policy Programme Design & Development Results Approval Policy External Course Approval

### 4.4 Observation of Practice, Facilities and Resources

<b>Practice – e.g. Course delivery, administration, clinical placement</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
Clonmel Head Office	Administrative office and storage room. Meeting room off the main training room.
<b>Facilities</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
Clonmel Head Office	<ul style="list-style-type: none"> <li>Located in a commercial park on the outskirts of the town with good parking facilities. Secure office space with adequate welfare facilities for staff and students.</li> <li>Large training room with plenty of room for activities. Administrative office and storage room. Meeting room off the main training room.</li> </ul>
<b>Resources – e.g. equipment, ICT, course material, etc</b> (add rows as required)	
<b>Location</b>	<b>Comments</b>
Clonmel Head Office	Equipment adequate for internal courses.

### 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
<b>Quality Standard</b>	The institution has fit-for-purpose governance that ensures objective oversight and clear lines of authority and accountability for all activities associated with PHECC approved courses.	<b>MNM</b>
<b>QRP Findings</b>		
<p>It was not clear from the evidence provided what constitutes governance in the organisation. The documentation provided did not clearly reflect the institutions 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 Managing Director (MD) has that responsibility.</p> <p>The evidence indicated that there were no procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. There was no evidence provided to the QRP that any oversight activities had taken place.</p> <p>During discussions the MD referenced sub-groups/individuals with oversight responsibilities. There were no documented terms of reference for the sub-groups referenced. There were limited documented role descriptions which were not clearly defined in terms of oversight responsibilities.</p> <p>Additional role descriptions were available for review, they provided limited information and did not reflect education and training activities outlined in the documentation or during discussions.</p> <p>It was noted by the QRP that there was limited reference to risk in the documents. There were no documented procedures for identifying, assessing and managing risk. During discussions the QRP highlighted to the MD that this was an area of concern given the scope of the PHECC approved courses being delivered for the organisation by both full time employees and external affiliated faculty.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Overall responsibility for the quality assurance of PHECC approved courses was identified.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Organisational Chart to be updated to reflect current practice.</li> <li>• Terms of Reference and procedures for sub-groups to be developed.</li> <li>• Role Descriptions to be developed/updated to reflect practice.</li> <li>• Risk Identification, Analysis and Management to be carried out across all education and training activities associated with PHECC approved courses.</li> <li>• Clearly documented evidence of oversight activities systematically taking place.</li> </ul>		

Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the organisation is an established legal entity with education and training as a principle function.</p> <p>The evidence indicated that not all tasks associated with education and training are documented. The QRP noted that there are gaps in documented processes from student entry to exit. During discussions the MD outlined how processes take place with several being informal and not documented.</p> <p>The evidence indicated that the institution does not maintain up to date records for all courses being delivered by affiliated faculty. The QRP reviewed the records of several courses and noted that there were inconsistencies in the records maintained. The QRP noted that there were a significant number of courses being delivered by external affiliated faculty which were not maintained by the institution or available for review.</p> <p>There was limited evidence that the institution maintained up to date records of all members of faculty. During discussions the MD outlined processes that faculty must go through and evidence they must provide to deliver PHECC approved courses. The faculty records reviewed showed inconsistencies and that not all processes described had been followed or documented. This was identified to the MD by the QRP as an area of concern.</p> <p>There was a data protection policy made available for review, there were no documented procedures or supporting documents. It was noted by the MD (and the QRP) that the policy did not reflect current practice, was not fit for purpose and that all those involved in education and training have not been made aware of their responsibilities.</p> <p>During discussions the MD indicated that the institution had an affiliation/partnership with two other PHECC approved organisations. There was a Memorandum of Understanding (MOU) available for review which provided limited information about the responsibilities of both parties for PHECC approved courses.</p> <p>There was evidence provided that the institution is in good financial standing with the Revenue Commissioner.</p> <p>The evidence indicated that at the time of review the institution had adequate insurance cover in place for education and training activities undertaken by full time employees. However, this insurance did not extend to external affiliated faculty and there was no evidence that the institution required or had evidence that external affiliated faculty had appropriate insurance in place. During discussions this was highlighted to the MD as an area of major concern and risk.</p> <p>The evidence indicated the organisation would benefit from additional support to carry out administrative activities associated with PHECC approved courses.</p> <p>A complaints policy was made available for review. There was no evidence available to indicate that all stakeholders have been made aware of it.</p> <p>During discussions the MD indicated that the organisation does work with children and vulnerable adults. The evidence indicated that a safeguarding policy is documented. It also indicated that the organisation would benefit from additional documentation and knowledge to ensure a robust system is in place to meet its obligations under the Child and Vulnerable Persons Act 2012.</p>		



<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• There is evidence that the organisation is a legal entity with education and training as a core activity.</li> <li>• There is evidence that the organisation is in good financial standing.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Document all tasks associated with education and training activities to ensure a robust systematic approach to the quality assurance of PHECC approved courses.</li> <li>• Maintain up to date records of students for all PHECC approved courses.</li> <li>• Maintain up to date records of all faculty which includes evidence that they are meeting the requirements set by PHECC and the organisation as outlined in the documentation.</li> <li>• Data protection policy needs to be updated to reflect current practice and legislative requirements.</li> <li>• Documented evidence that appropriate insurance cover is in place for all education and training activities, in particular external affiliated faculty.</li> <li>• Evidence that the institution is sufficiently resourced to carry out all quality assurance activities.</li> <li>• Complaints policy needs to be updated to reflect current practice and evidence provided that all stakeholders have been made aware of it.</li> <li>• Evidence provided that a robust system is in place to meet the requirements of the Child and Vulnerable Persons Act 2012.</li> </ul>		
Quality Area	1.3 Continuous Quality Improvement	Level
<b>Quality Standard</b>	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>A quality policy was made available for review. The evidence indicated that the organisation would benefit from additional documentation to support the institutions commitment to continuous quality improvement.</p> <p>During discussions it was clear that the MD has overall responsibility for the quality assurance of PHECC approved courses. This would become clearer with supporting documentation.</p> <p>There was limited evidence provided that all those involved in education and training activities associated with PHECC approved courses have been made aware of their quality assurance responsibilities. During discussions it was noted by the MD that additional documentation and activities would support improvements in this area.</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.</p> <p>It was not clear from the evidence provided how monitoring is carried out, by whom and what indicators it should be seeking. During discussions the MD outlined limited monitoring activities of courses delivered by full time employees. There was no evidence of monitoring activities for courses delivered by external affiliated faculty. This was highlighted by the QRP during discussions with the MD as an area of concern.</p> <p>There was limited evidence provided of the systematic collection of student feedback for all PHECC courses. During discussions it was indicated by the MD that informal analysis of the feedback obtained is carried out. The evidence indicated that the institution would benefit from a documented systematic approach to the collection, analysis and use of student, faculty and other stakeholder feedback.</p> <p>There was no up to date evidence provided of the systematic review of learning resources and locations.</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 limited evidence of a proactive, systematic approach to quality improvement planning and implementation. During discussions the MD expressed a desire for further development in this area.

**Areas of Good Practice**

- 2019 PHECC Self-Assessment Report completed and submitted.
- Areas for improvement included in PHECC Quality Improvement Plan.
- It is clear that the MD has overall responsibility for PHECC approved courses.

**Areas for Improvement**

- Document a robust, proactive systematic system to ensure continuous quality improvement.
- Provide documented evidence that all those involved in education and training activities have been made aware of their QA responsibilities.
- Develop KPIs for monitoring and ensure that they are linked to all aspects of education and training and that there is documented evidence that these activities have taken place.
- Implement systems that ensure the systematic collection, analysis and use of student feedback, participation and progression, faculty feedback and other stakeholder feedback. Ensure there is documented evidence of these activities taking place.
- Develop a system for the systematic review of learning resources and locations and evidence that these activities have taken place.
- The evidence indicated that the organisation would benefit from the systematic review of policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.

Quality Area	1.4 Transparency and Accountability	Level
<b>Quality Standard</b>	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	<b>MNM</b>

**QRP Findings**

There was limited evidence of up to date internal reporting and no evidence of reporting from external faculty.

The evidence indicated that not all tasks for student entry to exit are documented, clearly allocated or linked to relevant KPIs.

The evidence indicated that the institution would benefit from the development of procedures to ensure that certificate activity reports, the disclosure of all faculty members and any other information requests are submitted to PHECC when requested.

There is evidence that prospective students for internal courses are provided with sufficient information to make an informed choice about course participation. During discussions the MD indicated that additional information would be included. There was no evidence that students on external courses are provided with the same information.

During discussions the MD indicated that, at the time of review, the institution has working relationships with two PHECC approved institutions and approximately forty affiliated faculty. There was no evidence

provided that the general public have been made aware of these arrangements. This was highlighted to the MD as an area of concern.

There is evidence that information about the institutions quality assurance system is made available to the public in an easily accessible format. During discussions the MD indicated plans for further development in this area.

The evidence indicated that the institution would benefit from documented procedures to provide and obtain information from other stakeholders (employers, etc.).

#### **Areas of Good Practice**

- Prospective students for internal courses are provided with sufficient information to make an informed choice about course participation.
- There is signposting to the institutions quality assurance system.

#### **Areas for Improvement**

- Documented evidence of effective and efficient reporting systems that includes affiliated faculty.
- Document all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPIs.
- Develop procedures to ensure information is provided to PHECC as requested.
- Develop systems to ensure that all prospective students are provided with sufficient information about courses.
- Ensure that the general public are made aware of any third-party relationships.
- Document procedures for providing and obtaining other stakeholder information.

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MDM</b>
<b>QRP Findings</b>		
<p>A health &amp; safety policy/statement was available for review. There was no evidence of associated procedures or supporting documents or how this policy relates to external affiliated faculty.</p> <p>The evidence indicated that the institution has a documented criterion for premises to be used for the delivery of PHECC approved courses. During discussions the MD indicated that this information is relayed verbally to clients booking courses. There was no documented evidence that approved premises were used for all PHECC approved courses or that these procedures applied to external affiliated faculty.</p> <p>The evidence indicated that appropriate equipment/resources were available for courses delivered directly by full time employees. There was no evidence that appropriate equipment/resources were available for courses delivered by external affiliated faculty.</p> <p>An equipment maintenance log was made available for review, which is for resources used for courses delivered by the institutions full time employees. There was no evidence provided of a documented system for the maintenance of equipment that extended to external affiliated faculty. The evidence indicated that resources used for courses delivered by full time employees are fit for purpose and accessible. During discussions the MD stated that external affiliated faculty are responsible for providing their own resources. There was no evidence provided that resources for courses delivered by external affiliated faculty were fit for purpose or accessible.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Health &amp; Safety policy/statement in place for head office.</li> <li>• An equipment maintenance log is maintained for courses delivered by the institutions full time employees.</li> <li>• Resources for courses delivered by full time employees are fit for purpose and accessible.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Health &amp; Safety requirements associated with external affiliated faculty needs to be addressed.</li> <li>• Documented evidence that PHECC approved courses are being delivered in premises that meet the criteria for each course on offer.</li> <li>• Documented evidence that appropriate, regularly maintained, up to date and fit for purpose equipment/resources have been used on all PHECC approved courses.</li> </ul>		

Quality Area	2.2 Student Support	Level
<b>Quality Standard</b>	A positive, encouraging, safe, supportive and challenging environment is provided for students.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional administrative support to ensure that students are fully supported.</p> <p>There was limited evidence that students were made aware of the supports available to them prior to enrolling on a course. Student support was referenced in documents and during discussions the MD outlined the support that is available on courses delivered by full time employees, if required. There was no evidence that prospective students and students on courses delivered by external affiliated faculty have been made aware of any supports available, if required.</p> <p>There was evidence provided that the institution maintains appropriate instructor/student ratios on courses delivered by full time employees. There was no evidence that appropriate ratios are maintained on courses delivered by external affiliated faculty.</p> <p>The evidence indicated that the institution would benefit from additional documentation and mechanisms for obtaining information from potential and existing students of additional support needs they may have.</p> <p>The evidence indicated that sufficient up to date resources are made available to students in a variety of formats for courses delivered by full time employees. There was no evidence of that for courses delivered by external affiliated faculty.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Student support available for courses delivered by full time employees.</li> <li>• Appropriate instructor to student ratios on courses delivered by full time employees.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Administrative support required to ensure students are fully supported.</li> <li>• Ensure student awareness of available supports on all courses delivered by full time employees and external affiliated faculty.</li> <li>• Ensure procedures and mechanisms are in place for obtaining information about any additional support needs potential and existing students may have and for providing support for identified needs.</li> <li>• Ensure that sufficient up to date resources are made available to students on all courses and that evidence of this is maintained.</li> </ul>		

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.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented equality and diversity policy. The institution would benefit from additional documentation to support policy implementation and to ensure that all associated policies and procedures promote equality, are legislatively compliant and that all stakeholders are made aware of the policy and procedures.</p> <p>The evidence indicated that the institution has a code of conduct in place.</p> <p>The evidence indicated that the institution would benefit from providing faculty (internal and external) with up to date information and training on equality and diversity and maintaining evidence of these activities.</p> <p>The evidence indicated that courses delivered by full time employees accommodate the cultural backgrounds and different learning styles of students. There was no evidence for courses delivered by external affiliated faculty.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented equality and diversity policy.</li> <li>• Documented code of conduct.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Additional documentation required in support of the equality and diversity policy.</li> <li>• Support for faculty (internal and external) by providing them with up to date equality and diversity information and training.</li> <li>• Evidence that courses delivered by external affiliated faculty accommodate the cultural backgrounds and different learning styles of students.</li> </ul>		
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.	N/A
<b>QRP Findings</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• N/A</li> </ul>		

## 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
<b>Quality Standard</b>	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented recruitment policy that needs to be updated to provide a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities.</p> <p>During discussions the MD outlined the process for recruiting external affiliated faculty. The evidence indicated that this is not a robust system to meet the requirements of the institutions education and training activities as outlined in the documents reviewed. The processes outlined do not meet the requirements specified in the PHECC Quality Review Framework (QRF) and this was highlighted to the MD as an area of concern and risk.</p> <p>The evidence indicated that the institution would benefit from enhancing the documents related to the minimum standards required for their faculty.</p> <p>The evidence indicated that the institution does not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>- carry out the activities described in its policies and procedures</li> <li>- systematically organise, deliver and monitor the quality of all PHECC approved courses</li> <li>- ensure full compliance with the QRF.</li> </ul> <p>This was highlighted to the MD as an area of concern, particularly in relation to external affiliated faculty.</p> <p>The evidence indicated that for courses delivered by full time employees the composition of the institution’s faculty meets PHECC education and training standards. There was limited evidence provided for external affiliated faculty.</p> <p>During discussions the MD indicated that the organisation does work with children and vulnerable adults. The evidence indicated that a safeguarding policy is documented. It also indicated that the organisation would benefit from additional documentation and knowledge to ensure a robust system is in place to meet its obligations under the Child and Vulnerable Persons Act 2012. There was evidence provided that those carrying out the education and training activities described do not require Garda vetting.</p> <p>The evidence indicated that the institution would benefit from enhanced role descriptions that are specific to their education and training activities.</p> <p>The evidence indicated that not all personnel involved in administering and delivering courses:</p> <ul style="list-style-type: none"> <li>- have been made aware of their quality assurance responsibilities</li> <li>- are carrying out those activities consistently.</li> </ul> <p>There was limited evidence that all personnel have been issued with a written statement of terms of employment/engagement. There was no evidence that written agreements are in place for external affiliated faculty. This was highlighted to the MD as an area of concern.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Minimum standards are in place for faculty to meet PHECC education and training standards</li> <li>• The composition of the institution’s faculty (full time employees) meet PHECC education and training standards.</li> </ul>		

<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Document and implement a robust and systematic approach to faculty recruitment.</li> <li>• Enhance documented minimum standards to reflect the institutions specific requirements.</li> <li>• Ensure adequate numbers of personnel are in place to ensure full compliance to the PHECC QRF.</li> <li>• Evidence provided that a robust system is in place to meet the requirements of the Child and Vulnerable Persons Act 2012.</li> <li>• Enhance role descriptions to accurately reflect the institutions requirements.</li> <li>• Ensure that all those involved in delivering and administering PHECC approved courses are made aware of their quality assurance responsibilities and maintain evidence of these activities being carried out.</li> <li>• Ensure there is documented evidence of a terms of employment/agreement with all those involved in administering and/or delivering PHECC approved courses.</li> </ul>		
Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional documentation to identify the training/upskilling, support and development requirements/needs of all personnel.</p> <p>There was reference in documentation to staff/faculty induction. During discussions the MD outlined how this takes place. There was no evidence of a documented induction: appropriate to the relevant role, that all personnel have attended induction or that induction clearly outlines QA responsibilities.</p> <p>The evidence indicated that mechanisms are in place for faculty to request support for training/upskilling. There was evidence that support and development/upskilling has taken place for some personnel. Additional documentation would support these activities.</p> <p>During discussions the MD outlined an informal process for support and supervision. The evidence indicated that the institution would benefit from a formalised support and supervision and annual appraisal system.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Mechanisms are in place for faculty to request support for training/upskilling.</li> <li>• Records maintained of training/upskilling in personnel folders.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documentation to identify training/upskilling requirements.</li> <li>• Evidence of a documented induction for all personnel and that it has taken place.</li> <li>• Evidence that support and development/upskilling has taken place for all relevant personnel.</li> <li>• A formalised system for support, supervision and annual appraisal.</li> </ul>		



Quality Area	3.3 Personnel Management	Level
<b>Quality Standard</b>	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution does have systems in place for regular and appropriate communication between faculty and management. During discussions the MD outlined a range of communication methods. The evidence indicated that the institution would benefit from additional documentation to support these activities and formalise the methods outlined.</p> <p>The evidence indicated that faculty provide feedback during and after their course.</p> <p>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 organisation would benefit from additional administration to ensure consistency.</p> <p>There was limited evidence that the activities of faculty are systematically reviewed through observation and a review of documentation. During discussions the MD outlined a process for observation that is to be fully implemented. The evidence indicated that the institution would benefit from enhanced analysis of relevant documentation.</p> <p>The evidence indicated that there are documented procedures for dealing with poor and unacceptable performance of faculty. There was limited evidence provided of how these procedures applied to external affiliated faculty.</p> <p>The evidence indicated that the institution has appropriate Human Resource (HR) policies and procedures in place for full time employees. The evidence indicated that the institution would benefit from additional documentation relevant to external affiliated faculty.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Faculty provide course feedback.</li> <li>• Documented procedure for dealing with poor and unacceptable performance of faculty.</li> <li>• HR policies and procedures in place for full time employees.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documented systematic communications between faculty and management.</li> <li>• Consistency in documented evidence of faculty delivering PHECC approved courses.</li> <li>• Evidence of a systematic system for monitoring faculty through observation and the analysis of relevant documentation.</li> <li>• Evidence that procedures for dealing with poor and acceptable performance of faculty applies to all those delivering PHECC approved courses.</li> <li>• Evidence that appropriate and relevant HR policies and procedures are in place that are applicable to external affiliated faculty.</li> </ul>		

Quality Area	3.4 Collaborative Provision	Level
<b>Quality Standard</b>	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from having a documented collaborative provision policy, and associated procedures, in place that:</p> <ul style="list-style-type: none"> <li>- clearly states that the institution retains full control and responsibility for academic decisions and quality assurance</li> <li>- clearly states that the institution is responsible for activities carried out in its name</li> <li>- outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses</li> <li>- clearly details the responsibilities of each party for the quality assurance of PHECC approved courses.</li> </ul> <p>There was evidence provided of a Memorandum of Understanding (MOU) between the institution and external affiliated faculty which provided limited information. The evidence indicated that the organisation would benefit from a formalised documented system for terms of engagement and collaborative provision. This was highlighted to the MD as an area of concern.</p> <p>The evidence indicated that the institution cannot demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by external affiliated faculty. During discussions the MD indicated that approximately 25% of external faculty had been monitored/observed in the two years prior to the on-site review. The MD also indicated that they were not monitored/observed before being approved to deliver PHECC approved courses. This was highlighted to the MD as an area of concern.</p> <p>The evidence indicated that a written and signed contract was not in place for all external affiliated faculty.</p> <p>The evidence indicated that the institution would benefit from additional administration to ensure it maintains up to date records of every member of external affiliated faculty and provides details of all faculty to PHECC.</p> <p>There was limited documented evidence of agreed quality assurance standards between all parties involved in the administration and delivery of PHECC approved courses.</p> <p>The institution provided limited evidence that it receives regular reports from external affiliated faculty of education and training activities, that the reports are analysed and that actions arising from analysis had taken place.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• A documented MOU.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Develop and document a comprehensive collaborative provision policy and associated procedures.</li> <li>• Develop and document satisfactory procedures for monitoring external affiliated faculty and maintain evidence that these activities have taken place.</li> <li>• Maintain evidence of a written and signed contract/agreement with external affiliated faculty.</li> <li>• Maintain up to date records of all faculty and ensure up to date faculty details are submitted to PHECC.</li> <li>• Provide documented evidence of QA standards between both parties.</li> <li>• Provide evidence of regular reports from external affiliated faculty and analysis of these reports.</li> </ul>		

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

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional documentation to ensure the course development, delivery and review policy and associated procedures are up to date and reflect current practice and any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.</p> <p>The evidence indicated that course development does:</p> <ol style="list-style-type: none"> <li>demonstrate an appropriate balance between theory and practice</li> <li>provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate</li> <li>promote a commitment to self-directed learning, as appropriate.</li> </ol> <p>The evidence also indicated that the development of course material does include:</p> <ol style="list-style-type: none"> <li>clearly outlined aims and objectives, detailing competencies to be achieved by students</li> <li>detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>detailed timetable, time on each topic, teaching method, tutor/instructor name, etc.</li> </ol> <p>There is no evidence that external faculty use the institutions course material. This was highlighted to the MD as an area of concern.</p> <p>During discussions the MD outlined a process for internal course approval prior to submission to PHECC for final approval. There was no evidence of a documented systematic approach to course approval.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Documented course development, delivery and review policy.</li> <li>Course material meets PHECC requirements.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Update course development, delivery and review policy and procedures to reflect current practice.</li> <li>Provide evidence that approved course material is used for the delivery of all PHECC approved courses.</li> <li>Document a systematic approach to internal course approval.</li> </ul>		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that courses delivered by full time employees are delivered in keeping with PHECC education and training standards and clinical practice guidelines. There is no evidence for courses delivered by external affiliated faculty.</p>		

The evidence indicated that student induction takes place. It also indicated that the institution would benefit from additional documentation to ensure it is formalised and consistent across all courses and external affiliated faculty.

The evidence indicated that the institution cannot demonstrate that all courses are delivered by appropriately qualified personnel.

The evidence indicated that relevant instructor details were recorded on course documentation. There was limited evidence for courses delivered by external affiliated faculty.

The evidence indicated that records of student attendance are maintained. There was limited evidence for courses delivered by external affiliated faculty.

The evidence indicated the delivery of learning outcomes by third parties (external affiliated faculty) are not monitored on a regular basis. During discussions the MD indicated that at the time of review they have over 40 external affiliated faculty which are a mix of individuals and companies. The MD indicated the 25% of these had been monitored in the two years prior to on-site review. This was highlighted to the MD as an area of concern.

During discussions the MD outlined the process for how structured one-to-one time is made available for students, appropriate to their needs. The evidence indicated that the institution would benefit from additional documentation to support these activities and ensure availability to students on all PHECC approved courses.

#### Areas of Good Practice

- Courses delivered by full time employees are in keeping with PHECC education and training standards.
- Instructor details are recorded on course documentation.

#### Areas for Improvement

- Evidence that courses delivered by external affiliated faculty are in keeping with PHECC education and training standards.
- A systematic system for student induction and evidence that it is formalised and consistent across all PHECC approved courses.
- Evidence that all PHECC approved courses are delivered by appropriately qualified personnel.
- Evidence that learning outcomes delivered by third parties (external affiliated faculty) are monitored on a regular basis.
- Evidence that, if required, all students are provided with the opportunity of one-to-one time with the instructor, appropriate to their needs.

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

#### QRP Findings

The evidence indicated that the institution and students would benefit from additional documentation and information about courses admission and entry criteria, including recognition of prior learning.

There was no evidence that the information provided to students about courses delivered by full time employees is the same for students for courses being delivered by external affiliated faculty.

Areas of Good Practice		
<ul style="list-style-type: none"> <li>Information is provided to students, so they have an informed choice about course participation (internal courses).</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>Update admissions policy to reflect current practice.</li> <li>Update entry criteria to reflect current practice.</li> <li>Provide information to all students on the process for Recognition of Prior Learning (RPL).</li> <li>Ensure RPL is available and consistently applied across all external affiliated faculty.</li> </ul>		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	<b>MDM</b>
QRP Findings		
<p>The evidence indicated that the institution would benefit from additional documentation for course review.</p> <p>The evidence indicated that students have the opportunity to provide feedback during and after their course. The institution would benefit from additional evidence that this happens on all courses delivered by external affiliated faculty.</p> <p>The evidence indicated that the institution would benefit from additional documentation around course evaluation to ensure that all stakeholders can contribute to the process.</p> <p>The evidence indicated that the institution has identified areas for improvement and actions have been agreed and included in the quality improvement plan. During discussions the MD identified this as an area that the institution would further develop.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> <li>Students have an opportunity to provide feedback during and after their course.</li> <li>The institution has carried out a self-assessment.</li> <li>The institution has a documented quality improvement plan.</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>Document a systematic approach to course review that includes all courses delivered by external affiliated faculty.</li> <li>Document a systematic approach to course evaluation that includes an opportunity for all stakeholders to contribute.</li> <li>Document a systematic approach to quality improvement planning and implementation.</li> </ul>		
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.	<b>MDM</b>
QRP Findings		
<p>The evidence indicated that the institution and students would benefit from additional documentation around course assessment which should include detail about the security of assessment related material.</p>		

The evidence indicated that appropriate assessment methodology is used, it is clear when PHECC assessment material is used, students have access to information necessary for them to participate in assessment and receive feedback on their assessment. The evidence indicated that the institution would benefit from additional documentation that applies to all courses delivered by external affiliated faculty.

The evidence indicated that the institution and students would benefit from additional documentation and information about the adaptation of assessment methodologies that caters for students with additional support needs.

During discussions the MD indicated that two members of staff have responsibility for managing the PHECC certification system. The evidence indicated that the institution would benefit from updated documentation to support these activities.

The evidence indicated that the institution and students would benefit from additional documentation around internal verification, external authentication, results approval and students appeals.

#### **Areas of Good Practice**

- PHECC assessment methodology and material is used for courses.
- Responsibility for PHECC certification is identified.

#### **Areas for Improvement**

- Update assessment policy and procedures to reflect practice to include security of assessment related material, internal verification, external authentication, results approval, reasonable accommodation, student appeals, etc.
- Provide evidence that the policy and procedures are being applied by external affiliated faculty.

## 7. Conclusion and Outcome

<b>Rating</b>	<b>2.09</b>
<b>Level</b>	<b>Moderately Met (MDM)</b> – Evidence of a moderate degree of organisation-wide compliance
<b>Conclusion</b>	<p>The evidence indicated that the quality assurance systems in place, at the time of review, need significant work to ensure they are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, meet PHECC Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution has over forty external affiliated faculty which are a mix of individuals and companies, delivering PHECC approved courses. The evidence indicated that the management of external affiliated faculty is limited and as a result is a significant risk in ensuring the quality of education and training for all students undertaking PHECC approved courses offered by the institution.</p> <p>The evidence indicated that a range of areas require prioritisation by the institution to provide PHECC and the general public with confidence that the institution is meeting its obligations under the PHECC Quality Review Framework and associated documents. The completion of the identified improvement actions should be communicated to PHECC on request, in a timely manner.</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 09/03/20.</p>



**Published by**

**Pre-Hospital Emergency Care Council  
2<sup>nd</sup> Floor  
Beech House  
Millennium Park  
Naas  
Co Kildare  
W91 TK7N  
Ireland**

**Phone: +353 (0)45 882070**

**Email: [info@phecc.ie](mailto:info@phecc.ie)**