Quality Review Framework (QRF)

Composite Report

Carraig Safety Consultants Limited

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Quality Review Framework Composite Report

1. Institution Details

Name	Carraig Safety Consultants Limited
Address	Block C, Unit 1, M4 Business Park, Celbridge, Co. Kildare.
Type of Organisation	Private Company
Profile	The institution delivers and administers PHECC approved courses from its main office in Celbridge. Full time employees carry out several roles, including administration and course delivery. In addition, at the time of review the institution engaged externally affiliated faculty who are subject to the requirements of their quality assurance system.
PHECC Courses Delivered	CFR Community, CFR Community Instructor, FAR, FAR Instructor.
Higher Education Affiliation	None

2. Review Details

Purpose	• To facilitate the enhancement of a successful learning experience for students. • To foster a culture of continuous quality improvement in institutions. • To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	• All activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework. • All documentation submitted in support of the continuous • quality improvement of PHECC approved courses. • A sample of course, student and faculty records. • All personnel associated with the delivery and administration of PHECC approved courses.
Date of the Desktop Review	01/11/19
Date of On-site Review	12/11/19

3. Report Details

Draft report sent to Institution for feedback	24/01/20
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**
Carraig Safety Consultants Limited	Training Director
Carraig Safety Consultants Limited	Operations Director
Carraig Safety Consultants Limited	Administration
Carraig Safety Consultants Limited	Accounts
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
Closing Meeting (add rows as required)	
Organisation	**Role**
Carraig Safety Consultants Limited	Training Director
Carraig Safety Consultants Limited	Operations Director
Carraig Safety Consultants Limited	Administration
Carraig Safety Consultants Limited	Accounts
Carraig Safety Consultants Limited	Lead Tutor
Carraig Safety Consultants Limited	Lead Tutor
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member

4.2 Stakeholder Discussions

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

| Carraig Safety Consultants Limited | Training Director |
| Carraig Safety Consultants Limited | Operations Director |

4.3 Document Review

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

Student Records	Complaints and appeals Policy	Equality Policy
Faculty Records	Child Protection/Safeguarding	Code of Conduct
Self-Assessment Report	Policy	Student Handbook
Quality Improvement Plan	Garda Vetting Policy	H&S Policy and Procedure
Organisational Charts	Course Approval Criteria Internal	Premises Selection Criteria
Role Descriptions	Verification Policy and Procedure	Equipment Maintenance Log
Record Management Policy	Internal Training Room	Faculty Management Policy
GDPR Policy	Equipment List	Program design and Development
Memorandum of Understanding	Insurance Details	Policy
Quality Assurance Policy	Communications Policy	Results Approval Policy
Office Administration Tasks	Admissions Policy	External Course Approval
Security of Assessment	Assessment Approval	Course Review Policy
RPL Policy	Staff Recruitment,	
IV Summary Sheet	Training and Development	

4.4 Observation of Practice, Facilities and Resources

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

Location	Comments
Block C, Unit 1, M4 Business Park, Celbridge, Co. Kildare	• Administrative and Directors offices and large training room.

Facilities (add rows as required)

Location	Comments
Block C, Unit 1, M4 Business Park, Celbridge, Co. Kildare	• Administration office downstairs in commercial / business unit style building. • Large training room downstairs at back of unit. • Upstairs is dedicated to Directors office and large kitchen area/student refreshment area.

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

Location	Comments
Block C, Unit 1, M4 Business Park, Celbridge, Co. Kildare	• Equipment at this location is adequate for internal course delivery and for internal faculty being dispatched for training from this location.

5. Compliance Rating and Level

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

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

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

6. QRP Findings

6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	**MNM**

QRP Findings

It was not clear from the evidence what constitutes education and training governance in the institution. The organisational chart did not reflect the institutions structure and activities outlined in the policies and procedures at the time of review. It was unclear from the documentation who has overall responsibility for PHECC approved courses. During discussions it was indicated that the Operations Manager holds that responsibility. The evidence indicated that the institution would benefit from new and updated documentation to reflect these responsibilities and activities.

The evidence indicated that the institution would benefit from the development of a procedure to ensure that, when required, relevant sub-groups and individuals are in place to provide objective oversight. It also indicated that the institution has a range of sub-groups and individual roles documented, that carry out oversight activities.

During discussions representatives described a range of activities carried out by sub-groups and individuals to support governance. The evidence indicated that the institution would benefit from additional and updated documentation to support these activities to include terms of reference for sub-groups and new and updated role descriptions for all activities associated with education and training.

The evidence indicated that the institution had no documented procedures in place for identifying, assessing and managing risk and there was limited reference to risk throughout the documentation. During discussions this was highlighted by the QRP as an area of concern given the volume and scope of PHECC approved courses being delivered by external affiliated faculty.

Areas of Good Practice

- Individual with overall responsibility for the quality assurance of PHECC approved courses was identified.

Areas for Improvement

- Organisational Chart to be updated to reflect education and training governance.
- Procedures to be developed/updated to ensure relevant sub-groups/individuals are in place to provide objective oversight.
- Documented evidence of oversight activities systematically taking place.
- Role descriptions to be developed/updated to reflect practice and all activities associated with education and training.
- Risk management policy and procedures needs to be updated to reflect practice.
- Risks identification, assessment and management be carried out across all education and training activities associated with PHECC approved courses.

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.	**MNM**

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QRP Findings

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The evidence indicated that the institution is an established legal entity with education and training as a principle function and is in good financial standing with the Revenue Commissioner.

The evidence indicated that not all tasks, from student entry to exit, associated with education and training are documented. During discussions representatives described a range of activities that are carried out informally. The evidence indicated that the institution would benefit from formalising processes and additional/updated documentation to reflect current practice and support the activities described.

The evidence indicated that there were a significant number of courses being delivered by external affiliated faculty. It also indicated that the institution does not maintain up to date student records for all PHECC approved courses delivered by external affiliated faculty. The QRP reviewed the records of several courses and noted that there were inconsistencies in the records maintained. The evidence indicated that the institution would benefit from additional documentation to provide clarity around the maintenance of student records controlled by external affiliated faculty.

The evidence indicated that the institution does not maintain up to date records for all faculty members to reflect the requirements described in their documentation. Additional evidence is required to ensure all faculty meet the requirements of the organisation to deliver PHECC approved courses. This was identified by the institution as an area for improvement during self-assessment.

During discussions representatives indicated that the institution and external affiliated faculty maintained personnel data of students and were joint data controllers. The evidence indicated that the documentation in place for data protection needs to be updated to reflect current practice and the requirements under the General Data Protection Regulation (GDPR) 2016/679. This was highlighted as an area of concern and risk.

During discussions representatives indicated that the institution had an affiliation/partnership with two other organisations' who work as "affiliate companies". These affiliate companies deliver PHECC approved courses through the organisation. No evidence was offered to confirm what faculty were delivering courses on behalf of the affiliate companies. There was no evidence of a Memorandum of Understanding (MOU) between the organisation and the affiliate companies, it was not clear how the responsibilities relating to QA were assigned or how accurate records of faculty were being maintained. This was highlighted by the QRF panel as an area of concern.

Additional documentation is required to provide evidence that adequate insurance cover is in place for all education and training activities. There was no evidence provided of insurance for external affiliated faculty. This was highlighted as an area of significant risk and concern.

The evidence indicated that the organisation would benefit from additional support to carry out all the quality assurance activities described and outlined in their documentation. Additional documentation to support these activities is required.

The evidence indicated that documentation is in place for dealing with complaints. It was not clear from the evidence how this process relates to external affiliated faculty. It also indicated that the institution, students and all other stakeholders would benefit from additional documentation and information about the complaints policy and procedures in relation to PHECC approved courses.

The evidence indicated that the institution and all stakeholders would benefit from an up to date policy and procedures to ensure full compliance with its obligations under the Child and Vulnerable Persons Act 2012. The evidence indicated that that the institution identified this as an area for improvement during self-assessment. This was highlighted as an area of concern and risk.

Areas of Good Practice

- The institution is an established legal entity with education and training as a principle function.
- The institution is in good financial standing (at the time of review) with the Revenue Commissioner.

Areas for Improvement

- Document all tasks associated with education and training activities.
- Maintain up to date records of all faculty, including evidence that they are meeting the requirements as outlined in internal documentation, PHECC education and training standards and the Quality Review Framework.
- Update data protection policy and procedures to reflect current practice and legislative requirements under GDPR 2016/679.
- Develop relevant documentation that accurately reflects affiliations with other institutions.
- Documented evidence that adequate insurance cover is in place for all education and training activities associated with PHECC approved courses.
- Evidence that the institution is sufficiently resourced to carry out all quality assurance activities.
- Updated complaints policy and procedures to reflect current practice and evidence that all stakeholders have been made aware of it.
- Development of an appropriate system that meets obligations under the Child and Vulnerable persons act 2012.

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

QRP Findings

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

During discussions it was stated that the operations director has overall responsibility for the quality assurance of PHECC approved courses. This was not clear from the documentation and the evidence indicated that additional/updated documentation is required to support these activities.

The evidence indicated that all those involved in education and training activities associated with PHECC approved courses have not been made aware of their quality assurance responsibilities. During discussions representatives described difficulties getting some external affiliated faculty to engage in quality assurance activities. This was highlighted as an area of concern.

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

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

The evidence indicated that the institution would benefit from additional documentation to support the systematic review of learning resources and locations.

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

There was limited evidence of quality improvement planning and implementation.

Areas of Good Practice

- 2019 PHECC self-assessment report completed and submitted.
- Areas for improvement identified during self-assessment and included in the quality improvement plan.
- Internal monitoring of faculty being carried out.
- Collection of feedback from internal courses being collected and informally reviewed.

Areas for Improvement

- Quality policy, procedures and associated documents need to be developed/updated to reflect current practice.
- 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 they are linked to all aspects of education and training and provide documented evidence that these activities have taken place.
- Implement systems that ensure the systematic collection, analysis and use of all student feedback, participation and progression, faculty and other stakeholder feedback. Provide documented evidence of these activities taking place.
- Provide additional documentation that supports the systematic review of learning resources and locations and provide evidence that these activities have taken place.
- Develop and implement 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. Provide evidence that these activities have taken place.

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

QRP Findings

There was good evidence of internal communication and reporting systems. Monthly operations meetings were evidenced by means of meeting minutes and actions being produced from them. However, the organisation's external affiliate faculty is a large proportion of the organisation's size. There is limited evidence of the same level of communication between these external affiliates and the organisations 'internal' activities.

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

During discussions representatives described the process for ensuring that certificate activity reports, the disclosure of all faculty members and any other targeted information requests are submitted to PHECC when requested. The evidence indicated that additional documentation and information is required to support these activities and ensure up to date information is available.

The evidence indicated that prospective students for internal courses are provided with sufficient information to make an informed choice about course participation. There was no evidence that students on courses delivered external affiliated faculty are provided with the same information.

The evidence indicated that additional information is required to ensure that the general public are made aware of:
- any third-party relationships related to PHECC approved courses and the responsibilities of those involved
- the institutions quality assurance system and external reviews.

The evidence indicated that procedures to provide and obtain information from other stakeholders (employers etc.) need to be updated to reflect current practice.

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 institution's quality assurance system.

Areas for Improvement

- Additional documentation to support and provide evidence of internal reporting at all levels in the organisation.
- Document all tasks from student entry to exit, ensuring that they are clearly allocated and linked to relevant KPIs.
- Update procedures to ensure that targeted information is provided to PHECC as requested.
- Ensure that the general public are made aware of any third-party relationships.
- Develop systems to ensure that all prospective students are provided with sufficient information about courses.
- Provide information to the public about the quality assurance system and external reviews.
- Update procedures for providing and obtaining information from other stakeholders (employer's etc.).

6.2 Theme 2: The Learning Environment

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

QRP Findings

The evidence indicated that the institution has a health and safety policy, procedures and supporting documents in place. During discussions it was evident that the policy and procedures need to be updated to reflect current practice. There was no evidence that the health and safety policy and procedures extended to external affiliated faculty. The evidence indicated that additional documentation is required to support the activities described and provide evidence of consistency of practice across all PHECC approved courses.

During discussions representatives indicated that a training venue checklist is utilised to ensure that appropriate venues are used for the delivery of all PHECC approved courses. There was no documented evidence of completion for courses delivered by external affiliated faculty or evidence that any venue approval activities had taken place.

There was a resources standards policy provided for review. The evidence indicated that appropriate equipment/resources are available, fit for purpose, accessible and used for internal courses. There was no evidence of this process being managed for courses delivered by external affiliated faculty.

There was no evidence of a documented system for the maintenance of equipment. The evidence indicated that the institution would benefit from additional documentation to support these activities.

Areas of Good Practice

- Resources for courses delivered by full time employees are fit for purpose and accessible.
- Resources standards policy in existence and adopted in practice by internal faculty.
- Training venue checklist for all courses delivered by internal faculty.

Areas for Improvement

- Health and safety policy and procedures need to be updated to reflect current practice.
- Documented evidence that PHECC approved courses are being delivered in premises that meet the criteria for each course on offer.
- Develop and maintain records of a systematic equipment/resource maintenance system.
- Documented evidence that appropriate, regularly maintained, up to date and fit for purpose equipment/resources have been used on all PHECC approved courses.

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

QRP Findings

The evidence indicated that adequate numbers of appropriately qualified and experienced personnel are in place to support students attending internal courses. It also indicated that there are not adequate numbers of personnel in place to provide support for students attending courses delivered by external affiliated faculty.

There was limited evidence that students were made aware of the supports available to them prior to enrolling on a course. 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.

The evidence indicated that the institution would benefit from additional documentation to demonstrate that it maintains appropriate instructor-to-student ratios across all PHECC approved courses.

The evidence indicated that students on internal courses have an opportunity to meet with faculty and/or management on a one-to-one basis or collectively, if required. There was no evidence that this is available for students on courses being delivered by external affiliated faculty. The evidence indicated that the institution and students would benefit from additional information and documentation to support these activities and ensure consistency of practice across all PHECC approved courses.

The evidence indicated that students have an opportunity to highlight additional support needs on the course booking form. There was no evidence for courses delivered by external affiliated faculty. It also indicated that the institution and students on all PHECC approved courses would benefit from additional mechanisms and documentation so they can highlight any additional support needs they may have prior to and during their course.

The evidence indicated that the institution and students would benefit from additional documentation and information to ensure that up to date resources are made available in a variety of formats and to ensure consistency of practice across all PHECC approved courses.

Areas of Good Practice

- Student support available for courses delivered by internal faculty.
- Appropriate instructor to student ratios on courses delivered internally.

Areas for Improvement

- Additional support required to ensure students are supported on all courses, including those delivered by external affiliated faculty.
- Additional information required to ensure students on all courses are made aware of available supports.
- Evidence that appropriate instructor-to-student ratios are maintained on all courses.
- Ensure procedures and mechanisms are in place for obtaining information about any additional support needs potential and existing students may have.
- Ensure that sufficient up to date resources are made available to students on all courses and that evidence of this is maintained.

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

QRP Findings

The evidence indicated that the institution has a documented equality and diversity policy. There was no evidence of documented procedures. The evidence indicated that 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.

The evidence indicated that students and internal faculty are made aware of the equality and diversity policy through relevant handbooks. The evidence indicated that all internal faculty have access to the handbook through the organisation's website. There is no evidence that external affiliate faculty or students on their courses have been made aware of the equality and diversity policy.

The evidence indicated that the institution has a documented code of conduct. There was no evidence that this extends to external affiliated faculty.

There was limited evidence that all personnel (internal and external) have been provided with up to date information and training on equality and diversity. During discussion it was that indicated that the training director was trained in Equality & Diversity.

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.

Areas of Good Practice

- Documented Equality & Diversity Policy.
- Code of Conduct exists within the organisation.

Areas for Improvement

- Develop procedures to support and enhance the Equality & Diversity policy.
- Update all relevant policies and procedures to ensure they are legislatively compliant with reference to equality and diversity.
- Ensure that all stakeholders are made aware of the policy and procedures.
- Ensure the code of conduct extends to all stakeholders.
- Provide additional up to date information and training on equality and diversity.
- Ensure that courses delivered by external affiliated faculty accommodate the cultural backgrounds and different learning styles of students.

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

6.3 Theme 3: Human Resource Management

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

QRP Findings

The evidence indicated that the institution needs to develop and implement a robust systematic approach to recruitment to ensure that appropriately qualified and experienced personnel are engaged to carry out education and training activities. This was identified by the institution as an area for improvement during self-assessment. During discussions representatives indicated that there are significant differences between the processes for recruiting internal staff and external affiliated faculty. This was highlighted to representatives as an area of risk and concern.

The evidence indicated that minimum standards are in place for faculty. It also indicated that not all roles are documented/fully documented, and that the institution would benefit from additional/updated documentation to support all activities.

The evidence indicated that the institution does not have adequate numbers of personnel in place and would benefit from additional personnel to:
- carry out the activities described in its policies and procedures
- maintain PHECC requirements for course approval
- systematically organise, deliver and monitor the quality of courses
- ensure full compliance with the PHECC Quality Review Framework.

This was highlighted to representatives as an area of risk and concern.

Additional documentation and information are required to provide evidence that the composition of the institutions' personnel meets PHECC education and training standards for all PHECC approved courses on offer.

The evidence indicated that the institution and personnel would benefit from additional and updated documentation and information about their quality assurance responsibilities and evidence that these activities are being carried out consistently across all PHECC approved courses.

The evidence indicated that the institution and all stakeholders would benefit from an up to date policy and procedures to ensure full compliance with its obligations under the Child and Vulnerable Persons Act 2012.

The evidence indicated that the institution and personnel would benefit from updated job descriptions and updated statements of terms of employment/engagement to reflect documented activities, current practice and relevant legislative requirements and guidelines.

Areas of Good Practice

- Standards are in place for internal faculty that meet PHECC standards for education and training.
- The organisations internal faculty are carrying out their activities in a consistent manner.

Areas for Improvement

- Document and implement a robust systematic approach to recruitment.
- Document/update all role and job descriptions to reflect current practice, quality assurance responsibilities and to ensure minimum standards are in place for all personnel.
- Ensure adequate numbers of personnel are in place to carry out all documented activities and meet legislative and PHECC requirements.

- 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.
- Document terms of employment/engagement for all personnel.
- Documented policy and procedures to ensure full compliance with obligations under the Child and Vulnerable Persons Act 2012

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

QRP Findings

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

The evidence also indicated that the institution and personnel would benefit from:
- a documented induction programme for all personnel
- induction that is consistent and appropriate to the relevant role
- evidence that all personnel have attended induction
- induction that clearly outlines responsibilities for the quality assurance of PHECC approved courses.

The evidence indicated an inconsistent approach to the induction of external affiliated faculty. This was highlighted as an area of risk and concern.

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

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

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

Areas of Good Practice

- A training and development plan is in place for internal personnel.
- Mechanisms in place for internal personnel to request training/upskilling relevant to their role.

Areas for Improvement

- Additional documentation needed to identify the training/upskilling, support and development requirements/needs of all personnel.
- Additional information that development/upskilling has taken place, relevant to the role.
- Document and maintain records of personnel induction.

- Evidence that all personnel have attended induction.
- Additional documentation to provide clarity around the mechanisms for faculty to request support for training/upskilling to ensure that practice is consistent with activities described in the policies and procedures.
- Documented formalised system for support and supervision and annual appraisal.

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	**MNM**

QRP Findings

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

The evidence indicated that the institution and faculty would benefit from course reports being completed after all courses. During discussions representatives indicated that this was being introduced and that new processes were put in place, prior to review, for faculty to provide systematic feedback.

The evidence indicated that there is a system in place to ensure that only personnel with valid certification deliver PHECC approved courses. This system is only applied to internal faculty. There is no evidence of oversight of external affiliated faculty. This was highlighted as an area of concern.

During discussions representatives outlined a process to be implemented for the monitoring of internal and external faculty through observation. The evidence indicated that this process was not in place and the proposed process would have to be updated to reflect activities described during discussions. The evidence indicated that the institution would benefit from a documented systematic process for monitoring faculty (internal and external) through observation and a review of documentation.

The evidence indicated that there is a documented procedure for dealing with poor and unacceptable performance of internal faculty. There is no evidence that this applies to external affiliated faculty.

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

Areas of Good Practice

- New feedback system in place to capture tutor feedback for each course.
- Documented procedure for dealing with poor and unacceptable performance of faculty.
- System in place to ensure internal faculty hold valid certification.

Areas for Improvement

- Documented/update procedures for communication between management and faculty to reflect current practice.
- Develop and maintain faculty course reports for all PHECC approved courses.
- Additional documentation to support faculty feedback during the course.
- Develop and implement systematic monitoring of faculty, through observation and the analysis of relevant documentation, and maintain records of activity.

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

QRP Findings

The evidence indicated that the institution engages a significant number of external affiliated faculty to deliver PHECC approved courses. The documents in place between the institution and external affiliated faculty were not fit for purpose and raised some areas of significant concern, which was highlighted to representatives.

The evidence indicated that the institution and external affiliated faculty would benefit from a documented collaborative provision policy and associated procedures that:
- clearly states that the institution retains full control and responsibility for academic decisions and quality assurance
- clearly states that the institution is responsible for activities carried out in its name
- outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses
- clearly details the responsibilities of each party for the quality assurance of PHECC approved courses.

The evidence indicated that the institution does not have satisfactory monitoring procedures in place for courses being delivered by external affiliated faculty. During discussions representatives outlined a new process for systematic monitoring. The process as described needs to be updated to reflect internal and external requirements.

The evidence indicated that there was written and signed contract/agreement in place with external affiliated faculty and that the institution does not maintain up to date records of all external affiliated faculty.

The evidence indicated that, at the time of review, all external affiliated faculty details were submitted to PHECC. During discussions it was evident that there may be other individuals that are delivering PHECC approved courses that had not been identified prior to the on-site review.

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

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

Areas of Good Practice

- Details of external affiliate faculty were submitted to PHECC.

Areas for Improvement

- Develop and implement a collaborative provision policy and associated procedures.

- Develop and document satisfactory procedures for monitoring external affiliated faculty and maintain evidence that these activities have taken place.
- Maintain evidence of a written and signed contract/agreement with external affiliated faculty.
- Maintain up to date records of any external affiliated faculty and ensure accurate up to date faculty details are submitted to PHECC.
- Document quality assurance standards between all parties involved in the delivery and administration of PHECC approved courses.
- Maintain records of regular reports from external affiliated faculty, analysis of these reports and any actions arising from the analysis.

6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MNM

QRP Findings

The evidence indicated that the institution would benefit from additional documentation to ensure the course development, delivery and review policy and associated procedures are up to date, reflect current practice and updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.

The evidence indicated that the procedures for course development/amendment and internal course approval need to be updated to reflect current practice.

The evidence indicated that course development needs to be updated to:
- reflect PHECC requirements
- demonstrate an appropriate balance between theory and practice
- provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate
- promote a commitment to self-directed learning, as appropriate.

The evidence also indicated that course material needs to be updated with:
- clearly outlined aims and objectives, detailing competencies to be achieved by students
- detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
- detailed timetable, time on each topic, teaching method, tutor/instructor name, etc.

Areas of Good Practice

- Documented course development, delivery and review policy.

Areas for Improvement

- Update course development, delivery and review policy and procedures to reflect current practice.
- Update course material to accurately reflect PHECC requirements.
- Maintain records that approved course material is used for the delivery of all PHECC approved courses.
- 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.	MNM

QRP Findings

The evidence indicated that:
- Courses delivered by internal faculty are in keeping with PHECC education and training standards and clinical practice guidelines. There was no evidence for external affiliated faculty.
- Limited student induction takes place and that the institution would benefit from additional documentation to ensure it is formalised and consistent across all courses.

- Internal courses are delivered by appropriately qualified personnel. There was limited evidence for external affiliated faculty.
- Relevant instructor details are recorded on course documentation for internal courses. There was limited evidence for external affiliated faculty.
- Records of student attendance are maintained for internal courses. There was limited evidence for courses delivered by external affiliated faculty.

The evidence indicated that the institution would benefit from additional policies and procedures to ensure that the delivery of learning outcomes by third parties (external affiliated faculty) is monitored on a regular basis. This was identified as an area of significant risk as there was no evidence of monitoring taking place.

The evidence indicated that the institution and students would benefit from additional documentation to ensure that structured one-to-one time is available to students and ensure availability to students on all PHECC approved courses.

Areas of Good Practice

- Internal courses are delivered in keeping with PHECC education and training standards.
- Internal courses are delivered by appropriately qualified personnel.
- Instructor details are recorded on course documentation for internal courses.
- Records of student attendance are maintained for internal courses.

Areas for Improvement

- Evidence that courses delivered by external affiliated faculty are in keeping with PHECC education and training standards.
- A systematic process for student induction and evidence that is formalised and consistent across all PHECC approved courses.
- 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
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	**MDM**

QRP Findings

The evidence indicated that the institution and students would benefit from additional documentation and information about courses admission and entry criteria. There was no evidence about the information provided to students by external affiliated faculty.

The evidence indicated that information on Recognition of Prior Learning (RPL) is provided to students on internal courses. There was no evidence about the information provided to students by external affiliated faculty.

The evidence indicated that RPL procedures adhere to PHECC guidelines. There was no evidence that the RPL procedures are being adhered to by external affiliated faculty.

	Areas of Good Practice
•	Internal courses provide Information to students so they can make an informed choice about course participation.
•	There is a documented RPL policy.

	Areas for Improvement
•	Update admissions policy to reflect current practice.
•	Provide information to all students on the process for RPL.
•	Ensure RPL is available and consistently applied across all external affiliated faculty.

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

QRP Findings
The evidence indicated that the institution would benefit from updating the procedures for course review to reflect current practice.
The evidence indicated that students and faculty on internal courses have an opportunity to provide feedback during and after their course. The institution would benefit from additional evidence that this happens on all courses. There was limited evidence for courses delivered by external affiliated faculty.
The evidence indicated that the institution would benefit from additional documentation around course evaluation to ensure that all stakeholders can contribute to the process.
The evidence indicated that the institution has identified some areas for improvement and actions have been identified.

	Areas of Good Practice
•	Students 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
•	Document a systematic approach to course review that includes all courses delivered by external affiliated faculty.
•	Document a systematic approach to course evaluation that includes an opportunity for all stakeholders to contribute.
•	Document a systematic approach to quality improvement planning and implementation.

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

QRP Findings

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

The evidence indicated that appropriate assessment methodology is used on internal courses and that it is clearly stated when PHECC assessment material is used. There was limited evidence for courses being delivered by external affiliated faculty.

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

There was limited evidence for courses delivered by external affiliated faculty.

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

The evidence indicated that the institution would benefit from assigning responsibility for assessment related material and developing a procedure for the security of assessment materials that includes specific details of the responsibility of external affiliated faculty.

It was not evident from the documentation who has responsibility for managing the PHECC certification system. The institution would benefit from additional updated documentation to reflect current practice.

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

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

Areas of Good Practice

- PHECC assessment methodology and material is used for internal courses.
- Procedures are documented for internal verification, external authentication and results approval.

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.
- Update the student appeals procedure.

7. Conclusion and Outcome

Rating	1.66
Level	**Minimally Met – MNM -** Evidence of a low degree of organisation-wide compliance.
Conclusion	The evidence indicated that the quality assurance systems in place need significant levels of review and development to ensure they are effective, fit for purpose, reflect current practice, meet PHECC education and training standards and meet PHECC Quality Review Framework requirements.
	The evidence indicated that the institution 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 extremely limited in its scope and as a result there is a significant risk in ensuring the quality of education and training for all students undertaking PHECC approved courses offered by the institution.
	The evidence indicated that a significant level of work is required to provide students, PHECC and the general public with confidence that the institution is meeting its obligations as described in the PHECC Quality Review Framework.
	The evidence indicated that the institution is committed to carrying out the improvement actions identified during self-assessment and external review. Implementation of the improvement actions will provide students and institution faculty with an enhanced learning experience.
	The completion date for all improvement actions is 28/04/20.