

Quality Review Framework (QRF)  
Composite Report  
Irish Red Cross

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# Quality Review Framework Composite Report

## 1. Institution Details

<b>Name</b>	Irish Red Cross
<b>Address</b>	16 Merrion Square, Dublin 2, DO2 XF85.
<b>Type of Organisation</b>	Voluntary Organisation
<b>Profile</b>	A PHECC recognised institution (RI) since 2008. The institution delivers and administers PHECC approved courses from its headquarters in Dublin and a number of regional and local training centres.
<b>PHECC Courses Delivered</b>	NQEMT-EMT, EFRI, EFR, FAR, FARI, CFRCI, CFRAI, CFR, CFRA.
<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>The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.</li> </ul>
<b>Date of the Desktop Review</b>	5/11/19
<b>Date of On-site Review</b>	14/11/19

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	20/12/19
<b>Final report sent to Institution</b>	23/04/20
<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>
Irish Red Cross	Secretary
Irish Red Cross	Chairman
Irish Red Cross	Medical Advisor
Irish Red Cross	PHECC Facilitator
Irish Red Cross	Internal Verifier
Irish Red Cross	National Director of Units/ Training Working Group Chairman
Irish Red Cross	Quality Committee Chair
Irish Red Cross	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>
Irish Red Cross	Secretary
Irish Red Cross	Chairman
Irish Red Cross	Medical Advisor
Irish Red Cross	PHECC Facilitator
Irish Red Cross	Internal Verifier
Irish Red Cross	National Director of Units/ Training Working Group Chairman
Irish Red Cross	Quality Committee Chair
Irish Red Cross	Administration
PHECC	QRF Panel Lead
PHECC	QRF Panel Member

PHECC	QRF Panel Member
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## 4.2 Stakeholder Discussions

<b>Name/Group</b>	<b>Role (add rows as required)</b>
Irish Red Cross	Secretary
Irish Red Cross	Chairman
Irish Red Cross	Medical Advisor
Irish Red Cross	PHECC Facilitator
Irish Red Cross	Internal Verifier
Irish Red Cross	National Director of Units/ Training Working Group Chairman
Irish Red Cross	Quality Committee Chair
Irish Red Cross	Administration

### 4.3 Document Review

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

Various documents were viewed throughout the site visit. These included electronic copies and paper copies. Much of the evidence seen by the review team were presented to the team via an electronic visual presentation.

These included:

Organisation Chart	IRC Constitution
Insurance Details	Roles and Responsibilities
IRC Operating Rules and Procedures	Instructor Training Pathway
Tax Clearance Details	Internal Verification
Safety Alert Standards	Risk Register
SOP Ambulance Observer	Quality Assurance Policy
Data Protection Policy	Complaints Procedure and Policy
Safeguarding Policy and Procedures	Student Education and Training
Instructor Responsibilities for PHECC Courses	T&D Officers Manual
IRC Evaluation Form	TOR Training Workshop Group
Garda Vetting Policy	IRC Certificates
Equality Policy	Employee Handbook
Student Handbook	Respect and Dignity Policy
Student Code of Conduct	Selection Criteria for External Premises
Volunteer Health and Safety Handbook	Equipment List
Manikin Session	Risk Assessment Forms
EMT Course Material	Internship Sites
Student Record Log	Faculty Records
Employee Recruitment Policy	Terms and Conditions of Employment
Training Working Group Agenda	Faculty Course Report
Evaluation Sheets	Course Development Policy
External Verification	Course Review Policy and Procedures
Results Approval Policy	CPC Policy
Admissions Policy	Recognition of Prior Learning Policy
Assessment and Awards Policy	Examination and Appeals Policy
EFR Course Material and Timetable	Qualification and Verification Process

#### 4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
16 Merrion Square, Dublin 2, DO2 XF85	HQ consisting of a number of administrative and meeting rooms. Board room and facilities.
Facilities (add rows as required)	
Location	Comments
16 Merrion Square, Dublin 2, DO2 XF85	HQ of the IRC. There are a number of regional and local training centres and operational deployment centres. This also includes a central facility for equipment and stores.
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
16 Merrion Square, Dublin 2, DO2 XF85	HQ of the IRC. There are a number of regional and local training centres and operational deployment centres where equipment and other resources are held, for both operational and training use.

#### 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.

## 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	MDM
<b>QRP Findings</b>		
<p>From the evidence provided it was clear that the institution has a clear line of accountability illustrated in the organisational chart. It was, however, difficult to ascertain what constitutes governance of the PHECC approved courses in the organisation. The documentation provided did not clearly reflect the institution's structure of PHECC approved courses at the time of review.</p> <p>The evidence indicated that there were limited procedures in place to ensure that, when required, relevant sub-groups/individuals were in place to provide oversight. There was some evidence provided to the QRP that oversight activities had taken place.</p> <p>During discussions the institution's representatives referenced sub-groups/individuals with oversight responsibilities. There were some 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, which provided some information to reflect education and training activities outlined in the documentation or during discussions.</p> <p>It was noted by the QRP that there were references to risk in the documents. There were documented procedures for identifying, assessing and managing risk. During discussions the QRP drew attention to the risk not being clearly documented in respect to off-site delivery of PHECC approved courses. The organisational and PHECC risk mapping is used as the risk template. The panel were given sight of the risk register.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Overall the general quality assurance of the institution was identified.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Organisational chart to be updated to reflect PHECC approved courses.</li> <li>Terms of Reference and procedures for sub-groups to be developed.</li> <li>Role descriptions to be developed/updated to reflect PHECC approved courses.</li> <li>Risk identification, analysis and managed documented evidence to be carried out across all education and training sites identified by the institution for 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.	SM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the organisation is an established legal entity with education and training as one of its principal functions.</p> <p>The evidence indicated that the majority of tasks associated with education and training are documented. The QRP noted that there are some gaps in documented processes from student entry to exit. During discussions the institution’s representatives outlined how processes take place with several being informal and not documented.</p> <p>The panel was shown random course details which a QRP member selected from the Moodle platform. Assessment sheets were seen via the Moodle platform and the panel were assured by this. The evidence indicated that the institution does have some minor gaps in this area which need to be addressed.</p> <p>The QRP explored how instructor induction was incorporated into the IRC organisation around quality assurance and the quality of the IRC. The QRP explored CPD of activities of the instructors and noted terms of reference are required in this area.</p> <p>There is evidence that the institution maintained up to date records of all members of faculty. During discussions the institution’s representatives assured the QRP that all instructors undertaking PHECC approved courses are part of the IRC.</p> <p>The faculty records reviewed showed that processes described had been followed or documented.</p> <p>There is evidence that the institution is compliant in its complaints policy, although this policy is rather generic and not representative of PHECC approved courses.</p> <p>The evidence indicated that at the time of review the institution had adequate insurance cover in place for education and training activities.</p> <p>The evidence indicated that the institution would benefit from additional support to carry out administrative activities associated with PHECC approved courses.</p> <p>The evidence indicated that a safeguarding policy is documented. It also indicated that the institution has a robust system 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 one of its core activities.</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> </ul>		

- Evidence that the institution is sufficiently resourced to carry out all quality assurance activities of PHECC approved courses.
- Complaints policy needs to be updated to reflect current practice of PHECC approved courses and evidence provided that all stakeholders have been made aware of it.
- Document the student support process. Although it happens, it is not necessarily captured and documented.
- Document the approach to staff training/support procedures to include regional roles.

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>MDM</b>

#### QRP Findings

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 the continuous quality improvement of PHECC approved courses. The QRP were unable to ascertain how the institution carried out version control (VC) of its PHECC approved course documentation. There is limited evidence of the VC policy and procedures, although version control of documentation is present within some documents.

During discussions it was clear who has overall responsibility for the quality assurance of PHECC approved courses. This is not evident in the organisational chart and would become clearer with supporting documentation.

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 institution's representatives that additional documentation and activities would support improvements in this area.

The evidence indicated that key performance indicators (KPIs) need to be developed and associated with all PHECC education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered by the institution.

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 institution's representatives outlined limited monitoring activities of courses delivered by instructors.

There is some evidence that there is up to date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback, although some additional information is required in this area for clarity.

There was no up to date evidence provided of the systematic review of learning resources and locations.

The evidence indicated that the institution would benefit from a more systematic approach to reviewing policies and procedures of PHECC approved courses to ensure they are effective, fit for purpose, and reflect current practice.

There was limited evidence of a proactive, systematic approach to quality improvement planning and implementation.

<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>The institution acknowledges its continuing drive to update 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.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Document a robust, proactive systematic system to ensure continuous quality improvement of PHECC approved courses.</li> <li>Provide documented evidence that all those involved in education and training activities of PHECC approved courses have been made aware of their QA responsibilities.</li> <li>Develop key performance indicators (KPIs) associated with all PHECC education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered.</li> <li>Introduce monitoring of PHECC approved courses.</li> <li>Develop a system for the systematic review of learning resources and locations and evidence that these activities have taken place.</li> </ul>		
Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that not all tasks from 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 a more systematic procedure is introduced for PHECC approved courses.</p> <p>There is evidence that prospective students are provided with sufficient information to make an informed choice about course participation.</p> <p>There is no evidence that information about the institution's quality assurance system is made available to the public in an easily accessible format. During discussions the institution's representatives acknowledged this area for further development.</p> <p>The evidence indicated that the institution has documented procedures to provide and obtain information from other stakeholders, although the institution acknowledges this needs to be reviewed.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>The institution has procedures in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC.</li> </ul>		

<b>Areas for Improvement</b>
<ul style="list-style-type: none"><li>• Document all tasks from student entry to exit ensuring they are clearly allocated and linked to relevant KPIs.</li><li>• Ensure that the general public are made aware of any third-party relationships.</li><li>• Strengthen procedures for providing and obtaining other stakeholder information (e.g. MOU).</li></ul>

## 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.	MDM
<b>QRP Findings</b>		
<p>A health &amp; safety policy/statement was available for review. The QRP believe some additional amendments to the procedure would help strengthen this.</p> <p>The evidence indicated that the institution uses different sites for the delivery of PHECC approved courses, many of these are situated within the institution's regional training/operational centres. However, a documented criterion for premises for the delivery of PHECC approved courses would help strengthen this section of the QRF, such as a checklist.</p> <p>The evidence indicated that appropriate equipment/resources were available for courses delivered by IRC instructors. Some additional documented evidence that appropriate equipment/resources were available for courses delivered regionally would strengthen this process.</p> <p>Due to the diversity of delivery sites there was little, if any, evidence to demonstrate a maintenance log was available for review, which is used for resources for courses delivered by the institution's regional sites. There was no evidence provided of a documented system for the maintenance of equipment. The evidence indicated that resources used for courses delivered by IRC instructors are fit for purpose and accessible, although further evidence and clarity would help strengthen this section of QA.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Evidence was provided that the institution has a policy, associated procedures and supporting documents to demonstrate compliance with its safety, health and welfare at work legislative obligations. The institution recognised that some minor amendments would help strengthen this policy and subsequent procedure.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <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.	SM
<b>QRP Findings</b>		
<p>Student support was referenced in documents and during discussions the institution's representatives outlined the support that is available on PHECC approved courses.</p> <p>There was evidence provided that the institution maintains appropriate instructor/student ratios on PHECC</p>		

approved courses.

The evidence indicated that the institution has mechanisms for obtaining information from potential and existing students of any additional support needs they may have, although this process needs further work to help capture off-site delivery in regional centres.

There is limited evidence as to the application to provide reasonable accommodation for students with additional support needs. The QRP believed some additional clarity would be helpful.

**Areas of Good Practice**

- Appropriate instructor to student ratios on courses delivered by IRC instructors.

**Areas for Improvement**

- Additional work to help capture student support needs in relation to off-site delivery at regional centres.
- Limited evidence of reasonable accommodation for students with additional support needs. Some clarity required here.

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

**QRP Findings**

The evidence indicated that the institution has a documented equality and diversity policy. 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 the institution has a code of conduct in place.

The evidence indicated that the institution would benefit from providing faculty with up to date information and training on equality and diversity and maintaining evidence of these activities.

**Areas of Good Practice**

- The institution has an equality and diversity policy, and associated procedures.
- The institution has codes of conduct for staff, faculty and other stakeholders.

**Areas for Improvement**

- 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.

<ul style="list-style-type: none"> <li>The evidence indicated that the institution would benefit from providing faculty with up to date information and training on equality and diversity and maintaining evidence of these activities.</li> </ul>		
<b>Quality Area</b>	<b>2.4 Internship/Clinical Placement</b>	<b>Level</b>
<b>Quality Standard</b>	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	<b>SM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that a documented MOU/agreement is in place between the institution and internship/clinical placement sites. Although the QRP noted that this MOU could be reviewed and strengthened in light of this review.</p> <p>At the time of the review, there were limited evidence to demonstrate an outline of commitment to ongoing monitoring, review and support of a quality learning environment for PHECC approved courses.</p> <p>There was limited evidence of details of the responsibilities of quality assurance within the institution.</p> <p>The institution needs to formalise MOU/agreements between the institution and internship/clinical placement sites.</p> <p>The institution can demonstrate that only PHECC approved internship sites are used for placements. However, the evidence associated with monitoring and auditing of these sites would benefit from some additional documented evidence to formalise the auditing and monitoring process.</p> <p>There is a fair and transparent system in place for student placement and a sufficient number of mentors and preceptors (clinical supervisor) are in place with the internship sites.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>There is evidence that appropriate documentation is in place to record student activities during their internship.</li> <li>The institution demonstrates that only PHECC approved internship sites are used for placements.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Review the MOU for the internships to ascertain its currency and protracted review date.</li> <li>Update the MOU accordingly with any internship providers and other relevant stakeholders.</li> <li>Review the currency, appropriateness and suitability as a quality learning environment in accordance with PHECC standards and guidelines for course approval.</li> <li>Ensure that there is a formal structure in place between the institution and internship/clinical placement site to follow up and resolve any student and preceptor concerns.</li> <li>Document learning outcomes to be achieved during the internship/clinical placement period.</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.	SM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution has a documented recruitment policy and a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities of PHECC approved courses. The institution has a minimum standard in place for the academic and subject matter experience of instructors. Internship/clinical placement mentors and preceptors (clinical supervisors). The composition of the institution's personnel meets PHECC education and training standards for each course on offer. Although, limited evidence was available at the time of the review to demonstrate that all personnel involved in administering and delivering PHECC approved courses have been made aware of their quality assurance responsibilities and are carrying out those activities consistently.</p> <p>Evidence was provided that the institution is meeting its obligations under the Children and Vulnerable Persons Act 2012, and that policies and procedures are in place for Garda Vetting. In addition, a specific written job description is needed for each position in the institution relating to PHECC approved courses.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• There is evidence of a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities.</li> <li>• Minimum standards are in place for faculty to meet PHECC education and training standards.</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>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure adequate numbers of personnel are in place to ensure full compliance to the PHECC QRF.</li> <li>• Enhance role descriptions to accurately reflect the institution's 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> </ul>		
Quality Area	3.2 Personnel Development	Level
<b>Quality Standard</b>	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	SM
<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 the documentation to staff/faculty induction. During discussions the institution's representatives outlined how this takes place. There was little evidence of a documented induction</p>		



appropriate to the relevant role that all personnel have attended induction or that induction clearly outlines QA responsibilities. There was some evidence available at the on-site review to support how faculty request support for training/upskilling, although this was limited and often carried out informally.

There was little formalised evidence to demonstrate that a formalised support and supervision and annual appraisal system is in place. There was little formalised evidence to demonstrate this area is covered sufficiently in this section, and that some additional work is required to formalise these informal processes. During discussions the institution’s representatives outlined an informal process for support and supervision.

**Areas of Good Practice**

- Records maintained of training/upskilling in personnel folders.

**Areas for Improvement**

- Documentation to identify training/upskilling requirements.
- Evidence of a documented induction for all personnel and that it has taken place.
- Formalised system for support, supervision and annual appraisal.

<b>Quality Area</b>	<b>3.3 Personnel Management</b>	<b>Level</b>
<b>Quality Standard</b>	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	<b>SM</b>

**QRP Findings**

The evidence indicated that the institution does have systems in place for regular and appropriate communication between faculty and management. During discussions the institution’s representatives 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.

The evidence indicated that faculty provide feedback during and after their course.

The evidence indicated that there is a system in place to ensure that only personnel with valid certification deliver PHECC approved courses.

There was limited evidence that the activities of faculty are systematically reviewed through observation and a review of documentation. The evidence indicated that the institution would benefit from enhanced analysis of relevant documentation in this area.

The evidence indicated that there are documented procedures for dealing with poor and unacceptable performance of faculty. There is some further development required, although this is minor.

The evidence indicated that the institution has appropriate Human Resource (HR) policies and procedures in place.

**Areas of Good Practice**

- HR policies and procedures in place for employees.
- There is evidence that faculty provide feedback during and after their course.
- There is a system in place that ensures that only personnel with valid certification deliver PHECC

approved courses.

**Areas for Improvement**

- Evidence that the activities of faculty and visiting subject experts are systematically monitored and documented.
- Update procedures for dealing with poor and unacceptable performance of faculty.
- Ensure activities of faculty are systematically reviewed through observation and a review of documentation.

Quality Area	3.4 Collaborative Provision	Level
<b>Quality Standard</b>	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	<b>N/A</b>
<b>QRP Findings</b>		
<b>N/A</b>		
<b>Areas of Good Practice</b>		
<b>N/A</b>		
<b>Areas for Improvement</b>		
<b>N/A</b>		

## 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, any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards.</p> <p>The evidence indicated that course development requires some additional work to better accurately reflect aspects of this. However, the panel noted the excellent work of the EMT balance of theory and practical elements of the course. The panel congratulated the team on this good work.</p> <p>Evidence provided that a systematic approach is taken to course approval which is carried out informally. This needs to be formalised.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• The excellent work of the EMT balance of theory and practical elements of the course.</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.	SM
<b>QRP Findings</b>		
<p>The evidence indicated that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <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 regional centres.</p> <p>The evidence indicated the institution demonstrate that all courses all delivered by appropriately qualified personnel.</p> <p>The evidence indicated that relevant instructor details were recorded on course documentation.</p> <p>The evidence indicated that records of student attendance are maintained.</p> <p>During discussions the institution's representatives outlined the process for how structured one-to-one time</p>		

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.

For NQEMT courses there is a documented record of student activities (from the student) maintained and available for inspection by PHECC and relevant stakeholders.

**Areas of Good Practice**

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

**Areas for Improvement**

- The evidence indicated that the institution would benefit from additional documentation to ensure student induction is formalised and consistent across all regional centres.
- Student one-to-one time would benefit from additional documentation to support these activities and ensure availability to students on all PHECC approved courses.

<b>Quality Area</b>	<b>4.3 Course Access, Transfer and Progression</b>	<b>Level</b>
<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 has minor amendments to their admissions policy and course information for students.

Students would benefit from additional documentation and information around Recognition of Prior Learning (RPL) and further documented evidence of how this meets PHECC standards.

**Areas of Good Practice**

- Information is provided to students so they can have an informed choice about course participation (Internal courses).

**Areas for Improvement**

- Update admissions policy to reflect current practice.
- Update entry criteria to reflect current practice.
- Provide information to all students on the process for RPL.
- Ensure RPL is available and consistently applied across all regional centres.

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MDM
<b>QRP Findings</b>		
<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 PHECC approved courses.</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>Areas for improvement have been identified and actions agreed and implemented as outlined in the course improvement plan and/or QIP.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course evaluations are documented by the tutor/instructor or course director.</li> <li>• The institution has a documented quality improvement plan.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Document a systematic approach to course review.</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.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional documentation around course assessment which should include detail about the security of assessment related material and additional information on skills assessments and MCQs.</p> <p>The evidence indicated that appropriate assessment methodology is used. It is clear when PHECC assessment material is used and that students have access to information necessary for them to participate in assessment and receive feedback on their assessment, although this could be enhanced a little more.</p> <p>The evidence suggests that students have limited feedback on their assessments. Consider the monitoring of student review processes and reflective practice access to the information necessary for them to participate in assessment.</p> <p>The evidence indicated that the institution would benefit from some minor amendment around the adaptation of assessment methodologies that caters for students with additional support needs.</p> <p>The evidence indicated that the institution would benefit from a procedure for external authentication and</p>		

that external authentication takes place.

The evidence suggests that the institution would benefit from a procedure for results approval.

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**

- For NQEMT Paramedic and AP there is an appropriate assessment schedule in place, which has been approved by PHECC.
- It is clearly stated when PHECC assessment material is used.
- There is evidence that students are authorised to apply for NQEMT examination at the appropriate time.

#### **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.

## 7. Conclusion and Outcome

<b>Rating</b>	<b>2.4</b>
<b>Level</b>	<b>Moderately Met – MDM Evidence of a moderate degree of organisation-wide compliance.</b>
<b>Conclusion</b>	<p>The evidence indicated that the quality assurance systems in place, at the time of review, are adequate to ensure they are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, meet PHECC’s Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution has a number of areas to develop over the range of the QRF to better equip both the institution and student with greater information and accountability.</p> <p>The evidence indicated that a range of areas require prioritisation by the institution to provide PHECC and the general public with the additional confidence that the institution is meeting its obligations under the PHECC Quality Review Framework and associated documents.</p> <p>Should the improvement actions identified by the QRP and the institution be implemented in the stated time the institution will be in a position to provide students with an enhanced quality learning experience.</p> <p>The completion date for all improvement actions is 31/03/20.</p>



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