

Quality Review Framework
Composite Report
Kelron Health & Safety

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Quality Review Framework Composite Report

1. Institution Details

Name	Kelron Health & Safety
Address	Unit 4, Dunhill Ecopark, Dunhill, Co. Waterford
Type of Organisation	Private Company
Profile	PHECC Approved Training Institution since 2017
PHECC Courses Delivered	CFR Community, CFR Community Instructor, FAR, FAR Instructor
Higher Education Affiliation	N/A

2. Review Details

Purpose	To facilitate the enhancement of a successful learning experience for students. To promote 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	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlines in the PHECC Quality Review Framework.
Date(s) of the Desktop Review	11 th November 2021
Date of Online Review	17 th February 2022

3. Report Details

Draft report sent to Institution for feedback	23 rd March 2022
Final report sent to Institution	26 th April 2022
Director Approval	Richard Lodge 
Date	21 st April 2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
PHECC	PHECC Representative
Kelron	Company Director
Kelron	Office Manager
Kelron	Finance
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
PHECC	PHECC Representative
Kelron	Company Director
Kelron	Office Manager
Kelron	Finance

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
Sharon Kelly	Company Director
Marisa Ronayne	Office Manager
Damian Roche	Finance

4.3 Document Review

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

Self-Assessment Toolkit	Safety Policy Statement 2021	Safeguarding Policy
Insurance documents	Assessment Policy and Procedures	TNA Report Template
Insurance Policy	Communications Policy and Procedures	Course Booking Form
Child Safeguarding Statement	Communications Policy and Procedures	Course Code Authorisation
Data Protection Policy	Communication Policy	Sign in-out equipment checklist
Administration Policy	Learner Handbook	Administration policy
Garda Vetting Policy	Venue Checklist	Assessment policy and procedure
Course Approval	Sign in-out Checklist	Results Approval Panel Report
Internal Verification	Child Safeguarding Statement	RPL Policy and Procedure
Organisational Structure and Management	Manikin Hygiene	Course Design and Development Policy and Procedures
Information Record Management Policy	Tutor CV	Internal Verification
Governance and Quality Policy	Role Descriptors	External Authenticator Policy and Procedure
Governance and Quality Policy	Communications Policy and Procedures	Tax Back
Tax Clearance	Garda Vetting Policy	Finance auditor statement First Aid GDPR
Complaints Policy	Faculty Recruitment and Management	Faculty Role Descriptions Kelron
Safeguarding Policy	Staff Garda Vetting	Office Review 2019
Code of Conduct for Staff Handbook	CPD Day 2019	CPD Damian and Sharon
Health and Safety Handbook	External Authentication Report	Results Approval Panel Report
FAR completed lesson plans	Governance Assessment Report	TM Part 1-4
FAR Timetable	Programme Proposal and Improvement Form	
TOR for External Auditor		
Course Checklist V2		
EA Report		

4.4 Observation of Practice, Facilities and Resources

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

Location	Comments
Online Engagement	<ul style="list-style-type: none"> No technology issues Clear connection throughout engagement.
Facilities (add rows as required)	
Location	Comments

Online Engagement	Supporting material only
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
Online Engagement	Supporting material only

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		
<p>During discussions representatives described the education and training governance in the institution and outlined the requirement for an institutional restructure as a result of COVID-19. It was indicated during discussions that the quality assurance director has overall responsibility for education and training governance with additional responsibilities delegated throughout the institution. The evidence indicated that the institution would benefit from updates to existing documentation and new documentation to accurately reflect practice and support education and training governance. The submission indicated that there was limited evidence that, when required, relevant sub-groups/individuals were in place to provide oversight, coupled with this there was limited evidence to indicate that oversight activities had taken places. The evidence indicated that terms of reference and role/job descriptions for those with oversight responsibilities and others involved in education and training activities need to be updated to reflect current practice. The evidence indicated that documented procedures for identifying, assessing and managing risk was a blank template and not specific to the institution's requirements. The evidence also indicated that the institution would benefit from additional activity to address academic risk.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Recognition of the requirement for institutional restructure. • Overall responsibility for education and training governance clearly identified. • Awareness of the requirement for identifying, assessing and managing risk. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Education and training governance activities and supporting documentation. • Procedures to ensure that relevant sub-groups and individuals are in place to carry out oversight activities. • Sub-group terms of reference and individual role/job descriptions. • Risks associated with all education and training activities. 		
Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	MNM
QRP Findings		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> - is an established legal entity that provides PHECC education and training standards - is in good financial standing with the Revenue Commissioner. <p>The evidence indicated that not all tasks (from student entry to exit) associated with education and training are documented. During discussions representatives outlined the institution's management systems and organisational processes. There was limited evidence to indicate that the institution maintains up to date</p>		

records for all students and faculty, consistent with the requirements outlined in the documentation. The evidence indicated that the institution, students and faculty would benefit from records of all these activities being maintained. The evidence indicated that there is a data protection policy and procedures in place that need to be updated to reflect current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679. The evidence indicated that the institution would benefit from additional support to ensure that all quality assurance activities outlined in the documentation are systematically and consistently carried out. A complaints policy and procedures are in place. The evidence indicated that additional documentation and activities would ensure all stakeholders are made aware of it. During discussions representatives indicated that the institution does not deliver courses to children and/or vulnerable adults.

Areas of Good Practice

- An established legal entity that provides PHECC approved education and training.
- In good financial standing with the Revenue Commissioner.
- Complaints policy and procedures in place.

Areas for Improvement

- Ensure all tasks associated with education and training are documented.
- Maintain up to date records of all students and faculty.
- Data protection policy, procedures and supporting documents.
- Insurance cover for institutional activities.
- Resources for quality assurance activities.
- Stakeholder awareness of complaints policy and procedures.

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

QRP Findings

During discussions representatives indicated that the quality assurance director has overall responsibility for the quality assurance of PHECC approved courses. The evidence indicated that the institution would benefit from additional and updated documentation to support the activities described during discussions. There was limited evidence to indicate that all those involved in education and training activities have been made aware of their quality assurance responsibilities associated with PHECC approved courses. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities. The evidence indicated that key performance indicators need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses. During discussions representatives described that 100% of paperwork is reviewed. It was not clear from the documentation how all monitoring activities are carried out, by whom and what indicators it should be seeking. There was no evidence provided that indicated that the institution systematically collects student and faculty feedback. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the systematic analysis and use of student, faculty and other stakeholder feedback would benefit the institution. There was no evidence of the systematic review of learning resources and locations. During discussions representatives described the processes associated with external course venues. The evidence indicated that the institution would benefit from additional support to carry out these activities. The evidence indicated that limited control systems are in place for document management. It also indicated that the institution would benefit from the systematic review of policies and procedures to ensure they are fit for purpose, reflect current practice and are consistent with the requirements of relevant

legislation. There was limited documented evidence of up to date quality improvement planning and implementation across the organisation.

Areas of Good Practice

- Clear who has overall responsibility for the quality assurance of PHECC approved courses.
- A commitment to reviewing 100% of course documentation.
- Awareness of the requirement for continuous quality improvement.

Areas for Improvement

- Quality policy, associated procedures and supporting documents.
- Roles and responsibilities for quality assurance.
- Key performance indicators associated with all education and training activities.
- Student, faculty and other stakeholder feedback analysis.
- The systematic review of all learning resources and locations.
- The systematic review of policies, procedures and supporting documents.

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.	NM

QRP Findings

During discussions representatives described the internal reporting systems in the institution. The evidence indicated that the institution would benefit from up-to-date reporting on all education and training activities. The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks is not clearly allocated or linked to relevant key performance indicators. Additional documentation and updates to existing documentation would benefit the institution. No evidence provided of a procedure in place to ensure that certificate activity reports, the annual report and any other targeted information requests are submitted to PHECC. The development of new documentation and updates to existing documentation would support these activities. The evidence indicated that prospective students are provided with limited information to make an informed choice about course participation. During discussions representatives described a range of communication activities with other stakeholders. The evidence indicated that the institution would benefit from additional documented procedures to ensure communication activities with other stakeholders are carried out consistently.

Areas of Good Practice

- Engagement with learners.

Areas for Improvement

- Additional documentation to support reporting throughout the institution.
- Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant key performance indicators.
- Procedure for PHECC communication.
- General public awareness of third-party relationships and the quality assurance system and external reviews.
- Communication policy and procedures.

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		
<p>A blank health & safety policy, safety statement and supporting documents was made available for review. During discussions representatives outlined how this is applied to all education and training activities. The evidence indicated that the institution would benefit from additional documentation to support these activities to ensure they are up to date and reflect current practice. During discussions representatives described the requirements for selecting premises and specific reference was made to external locations for the delivery of PHECC approved courses. Supporting documentation was provided for review. The evidence indicated that the institution would benefit from maintaining records of all approved premises and enhanced communication with external facilities regarding the specific facility criteria. Course resource checklists were made available for review. The evidence indicated that the institution would benefit from maintaining records that appropriate equipment/resources were used on all courses. During discussions representatives indicated that the institution is responsible for maintaining and upgrading equipment. The evidence indicated that the institution would benefit from documented systems and documentation to support these activities, ensuring that all resources used for PHECC approved courses are fit for purpose and accessible.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Premises approval checklist. • Hygiene checklist for equipment. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Institution specific health & safety policy, safety statement and supporting documents. • Premises selection criterion and approval records. • System for the regular maintenance and updating of equipment. • Records that all resources used on PHECC approved courses are fit for purpose. 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MNM
QRP Findings		
<p>The evidence indicated that additional support, information and documentation is required to demonstrate that all students are supported by adequate numbers of appropriately qualified and experienced faculty, administrative and technical personnel. During discussions representatives described the supports that are available to students before, during and after their course. The evidence indicated that students would benefit from additional information and awareness of the available supports before, during and after their course, including the opportunity to meet with faculty and/or management individually or collectively. The evidence indicated that the institution would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs they may have and for ensuring that sufficient up to date resources are made available to students in a variety of formats on all courses.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Appropriately qualified and experienced personnel. 		

<ul style="list-style-type: none"> • Appropriate resources are made available to students in a variety of formats – Padlet. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Student support from appropriately qualified and experienced personnel. • Information to students about the available supports before, during and after their course. • Opportunity for students to meet individually or collectively with faculty and/or management. • Procedure for obtaining information on student supports needs. 		
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		
<p>The evidence indicated that the institution has a documented equality and diversity policy, associated procedures and supporting documents. It also indicated that they need to be updated to reflect current practice and activities described during discussions.</p> <p>The evidence also indicated that the institution, faculty and students would benefit from:</p> <ul style="list-style-type: none"> - a systematic review of all relevant policies and procedures to ensure that they are legislatively compliant and promote equality - codes of conduct for staff, faculty and other stakeholders - up to date information and training on equality and diversity - enhanced awareness among all stakeholders of the equality and diversity policy and procedures - additional information to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented equality and diversity policy, associated procedures and supporting documents. • Codes of conduct for staff, faculty and other stakeholders. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Ensuring all related policies and procedures (e.g. recruitment) are legislative compliant and promote equality. • Stakeholder awareness of the equality and diversity policy and procedures. • Codes of conduct for staff, faculty and other stakeholders. • Up to date information and training for faculty. • Ensuring that the cultural backgrounds and different learning styles of students are accommodated. 		
Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
QRP Findings		
<ul style="list-style-type: none"> • 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		
<p>The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to the recruitment of all personnel. The evidence indicated that additional measures are required to ensure that all personnel involved in activities associated with PHECC approved courses have the necessary qualifications and experience. The institution would benefit from additional information and documentation to ensure compliance with all activities outlined in the documentation and PHECC education and training standards.</p> <p>The evidence indicates that additional support is required to:</p> <ul style="list-style-type: none"> - carry out all the activities described in the policies and procedures - maintain PHECC requirements for course approval - systematically organise, deliver and monitor the quality of courses and awards - ensure full compliance with the QRF. <p>The evidence indicated that the institution would benefit from additional documentation to demonstrate that the composition of personnel meets PHECC education and training standards.</p> <p>The evidence indicated that additional support is required to ensure that all personnel involved in administering and delivering PHECC approved courses:</p> <ul style="list-style-type: none"> - have been made aware of their quality assurance responsibilities - are carrying out those activities consistently. <p>During discussions representatives described how they are made aware of their quality assurance responsibilities and the activities they carry out. The evidence indicated that the institution would benefit from additional documentation to demonstrate that these activities are being consistently carried out. The evidence indicated that the institution and personnel would benefit from updated job descriptions and written terms of employment/engagement.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented job descriptions. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Faculty records. • Adequate numbers of personnel to: <ul style="list-style-type: none"> - carry out all the activities described in the policies and procedures - maintain PHECC requirements for course approval - systematically organise, deliver and monitor the quality of courses and awards - ensure full compliance with the QRF. • Ensuring all personnel have been made aware of their quality assurance responsibilities and are carrying them out consistently. • Job descriptions and terms of employment/engagement. 		

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	NM
QRP Findings		
<p>During discussions representatives described personnel upskilling/training, induction and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> - the identification of the training/upskilling needs of all personnel - induction relevant to the role - a training and development plan/programme to support the development needs of personnel - mechanisms for requests for training/upskilling and additional qualifications - a formalised support, supervision and annual appraisal. <p>During discussions the institution outlined CPG upskilling for 'inhouse' paramedic and EMT tutors. Additional documentation to indicate that all personnel have completed relevant training/upskilling would be beneficial to the institution.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Practitioners teaching on responder courses. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Procedure to identify the training/upskilling needs of all personnel. • Induction and training/upskilling records for all personnel. • Training and development plan/programme. • Mechanisms for personnel to request training/upskilling. • Formalised support, supervision and annual appraisal. 		
Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	MNM
QRP Findings		
<p>During discussions representatives described a range of activities for managing all individuals engaged in education and training activities, the evidence indicated that the organisation would benefit from additional/updated documentation that supports all communication. A communications policy was made available for review. The evidence indicated that it needs to be updated to reflect current practice and activities described during discussions. During discussions faculty indicated that they provide feedback during and after their course. The evidence indicated that the institution would benefit from additional documentation for all these activities and a system to ensure only personnel with valid certification deliver PHECC approved courses. During discussions representatives described faculty monitored activities through observation and the analysis of documents. There was limited evidence of these activities taking place. The evidence indicated that the institution would benefit from the development of procedures for dealing with poor and unacceptable performance of faculty. It also indicated that documentation needs to be developed/updated to ensure the institution meets its human resource legislative obligations.</p>		

Areas of Good Practice		
<ul style="list-style-type: none"> • Documented communications policy. • Course evaluations. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Communication with faculty. • Course reports. • Ensuring only faculty with valid certification deliver PHECC approved courses. • Faculty monitoring. • Procedure for dealing with poor and unacceptable performance of faculty. • Human resource policies and procedures. 		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	N/A
QRP Findings		
Areas of Good Practice		
Areas for Improvement		

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		
<p>During discussions representatives outlined processes for course development and approval. Limited documentation to support these activities was made available for review. The evidence indicated that the course development, delivery and review policy and associated procedures need to be developed to reflect current practice and ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented for approval.</p> <p>The evidence indicated that updated processes and associated documentation are required to ensure that course development and material:</p> <ul style="list-style-type: none"> - reflect PHECC requirements - ensures a systematic approach to course approval - demonstrates an appropriate balance between theory and practice - provides a balance between presentations, group work, skills demonstrations and practical work - promotes a commitment to self-directed learning - has clearly outlined aims and objectives and detailed competencies to be achieved by students - has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons - has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc. <p>There was limited evidence of a systematic approach to course approval.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Supporting documentation for course development, delivery and review. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Course development, delivery and review policy and procedures. • Procedure for course development and amendment. • Course material review. • 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		
<p>During discussions representatives described their current processes to ensure all courses are delivered in line with PHECC education and training standards and clinical practice guidelines. Documentation is required to support these processes. During discussions representatives indicated that induction information had been added to course material in the PowerPoint slides and the student handbook, which were made available for review during the virtual meeting. The evidence indicated that the institution would benefit from additional documentation to indicate that induction had taken place on all courses.</p> <p>The evidence indicated that the institution would benefit from:</p> <ul style="list-style-type: none"> - records that all courses are delivered by appropriately qualified personnel 		

<ul style="list-style-type: none"> - records of student attendance on all days for all courses - records of regular monitoring, including site visits. <p>During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required. It also indicated that the institution and students would benefit from a formalised approach to these activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Supporting documentation for course delivery. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Student attendance at induction. • Faculty details on course records. • Course attendance records. • Faculty monitoring, including site visits. • Student remediation process. 		
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		
<p>The evidence indicated that the admissions policy, procedure and entry criteria need to be updated to reflect current practice on all courses being delivered by the institution. The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details. The evidence indicated that prospective students would benefit from additional information on recognition of prior learning (RPL).</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • Documented admissions policy and course entry criteria. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Additional information on course admission policy and procedure and RPL. • Information available to prospective students. 		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	MNM
QRP Findings		
<p>During discussions representatives described the current processes for course review. The evidence indicated that the documentation for course review needs to be updated to reflect current practice and new processes developed. Limited evidence was made available that students and faculty have an opportunity to provide feedback during and after the respective courses. It also indicated that faculty course reports need to be completed for all courses and these records maintained to inform course evaluation. The evidence indicated that the institution would benefit from additional documentation to support course evaluation to ensure that all stakeholders have an opportunity to contribute to the process. The areas for improvement have now been</p>		

identified through the QRF process. All identified improvement actions need to be included in the quality improvement plan.

Areas of Good Practice

- Students and faculty have an opportunity to provide feedback during and after their course.
- The institution has carried out a self-assessment.
- The institution has a documented quality improvement plan.

Areas for Improvement

- Procedure for course review.
- Faculty course reports.
- Course evaluation.
- Quality improvement plan.

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.	MNM

QRP Findings

The evidence indicated that the assessment policy and procedures need to be updated to reflect current and new practice. Areas to be updated or added include:

- ensuring students have access to information necessary for them to participate in assessment
- providing students with feedback on their assessment and a documented record of this activity
- supports available to adapt assessment methodologies for students with additional support needs and records of these activities
- security of assessment related material.

During discussions representatives described the process for results authentication, including internal verification, external authentication and results approval. There was no evidence provided that these activities had taken place. The evidence indicated that the institution would benefit from new/updated documentation to support internal verification, external authentication and results approval policies and procedures. The evidence indicated that the student appeals policy and procedures need to be updated to reflect current practice.

Areas of Good Practice

- Documented assessment policy and procedures.
- Appropriate assessment methodology is used for all courses.
- It is clearly stated when PHECC assessment material is used.

Areas for Improvement

- Assessment policy and procedures.
- Student assessment feedback.
- Procedure for adapting assessment methodology.
- Security of assessment material.
- Management of the PHECC certification system.
- Internal verification, external authentication and results approval policies and procedures.

7. Conclusion and Outcome

Rating	1.2
Level	Minimally Met (MNM) – Evidence of a low degree of organisation-wide compliance
Conclusion	<p>The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence also indicated that the implementation of the improvement actions identified during self-assessment and external quality review will lead to an enhanced learning experience for students and the institution personnel.</p>



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