

Quality Review Framework
Composite Report
MDAL Safety Solutions Ltd

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Quality Review Framework Composite Report


1. Institution Details

Name	MDAL Safety Solutions Ltd
Address	312 Sutton Park, Sutton, D13 P972
Type of Organisation	Private Company
Profile	Approved Training Institution
PHECC Courses Delivered	CFR and FAR
Higher Education Affiliation	N/A

2. Review Details

Purpose	<ul style="list-style-type: none">To facilitate the enhancement of a successful learning experience for students.To foster a culture of continuous quality improvement in institutions.To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	The review covered the institution's activities and assessed their performance against the PHECC Quality Review Framework.
Date(s) of the Desktop Review	12 th April 2022
Date of On-line Review	19 th May 2022

3. Report Details

Draft report sent to Institution for feedback	13 th June 2022
Final report sent to Institution	24 th June 2022
Director Approval	
Date	23 rd June 2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
MDAL	Managing Director
MDAL	Course Administrator
MDAL	External Resource
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
MDAL	Managing Director
MDAL	Course Administrator
MDAL	External Resource

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
N/A	N/A

4.3 Observation of Practice, Facilities and Resources

Practice – e.g., Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	Online Engagement
Facilities (add rows as required)	
Location	Comments
N/A	Online Engagement
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	Online Engagement

4.4 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.

- Quality Review Framework, Self-assessment toolkit (MDAL submission)
- Self-assessment checklist
- QRF supporting document checklist
- MDAL overview document
- MDAL cover note Arachas 21-22
- MDAL Safety Statement
- MDAL PHECC Institution Affiliation Form
- MDAL Complaints Procedure
- MDAL Quality Assurance Policy
- MDAL Quality Assurance procedure for CFR-C
- Tax Clearance Document
- Training Infrastructure Document
- Venue & Equipment suitability checklist
- Equality & Access to Training Policy
- Instructor list
- Assessment and Awards Policy
- Recognition of prior learning policy
- Recognition of prior learning policy FAR
- Recognition of prior learning (RPL) for First Aid Response (FAR)
- CFR Community Assessment Sheet
- Assessment and Awards Procedure – FAR
- Learner appeal document
- Revised organisational chart
- Revised tax clearance document
- Employee Handbook

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.	NM
QRP Findings		
<p>During discussions representatives outlined that the institution had recently taken on a substantial number of affiliates previously associated with another institution at the request of that institution. There was a candid admission that perhaps they were unprepared for this substantial increase in workload.</p> <p>The evidence provided indicated that the institution needed to better establish clear lines of authority and accountability and an organisational chart that outlines this clearly.</p> <p>No evidence was produced to show that relevant sub-groups/individuals are in place to provide objective oversight of course approval/amendment, results approval, self-assessment and no evidence to show that these activities take place.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> The Managing Director accepted overall responsibility for education and training activities. The institution has recently engaged external expertise to improve its governance and systems. 		
Areas for Improvement		
<ul style="list-style-type: none"> Organisational chart to clearly reflect the institution's current structure and how that structure supports education and training activities. Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities. Records of oversight activities. Terms of reference for sub-groups and individuals carrying out oversight activities. Documented role descriptions for all activities associated with education and training. Document procedures for identifying, assessing and managing risk associated with education and training activities and maintain records of these 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 relevant stakeholders has not documented all tasks (from student entry to exit) associated with education and training. has insurance cover in place and requires affiliates to have insurance. There was no clear system to monitor this. does not have a policy, associated procedures and supporting documents in place for data protection that meet legislative requirements 		

<p>- has not made all stakeholders aware of the complaints policy and associated procedures.</p> <p>Representatives of the institution have recognised the need for increased resources to carry out all quality assurance activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> The institution has produced evidence of insurance. 		
Areas for Improvement		
<ul style="list-style-type: none"> Ensure all tasks (from student entry to exit) associated with education and training are documented. Resources to support quality assurance activities. Establish and maintain comprehensive up to date records for students and faculty. Policy procedures and supporting documentation to ensure compliance with data protection and legislative compliance. Establish a system to ensure adequate insurance cover is maintained by affiliates. Update complaints policy, procedures and supporting documents and ensure stakeholder awareness. Ensure the institution is sufficiently resourced (finance and human) to carry out all quality assurance activities. 		
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.	NM
QRP Findings		
<p>A self-assessment report was submitted, however, no systematic commitment to CQI was evident.</p> <p>Responsibility for the quality assurance of PHECC approved courses was inadequately detailed. It was not evident that those involved in education and training activities were made aware of their responsibilities for the quality assurance of PHECC approved courses.</p> <p>Appropriate performance indicators were not in place for monitoring all aspects of education and training. It was not clear in the documentation how monitoring is carried out, by whom and what indicators it should be seeking.</p> <p>The systematic collection, analysis and use of student, faculty, and other stakeholder feedback was not evident.</p> <p>No systematic collection and analysis of student participation, success and progression was available.</p> <p>The systematic review of learning resources and locations was not evident, but there was a venue and equipment evaluation form.</p> <p>There was no up to date evidence of 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.</p> <p>In discussion, representatives of the institution seemed committed to improvements.</p>		
Areas of Good Practice		

Areas for Improvement		
<ul style="list-style-type: none"> • CQI/quality policy, associated procedures and supporting documents. • Clear allocation of responsibility for QA. • Establishing appropriate indicators for all education and training activities. • Ensuring all stakeholders are aware of their QA responsibilities. • Improved monitoring and establishing appropriate indicators. • Establish systems to ensure up to date evidence of the systematic collection, analysis and use of student, faculty and other stakeholder feedback. • Establish systems to ensure there is up to date evidence of the systematic collection and analysis of student participation, success (grade analysis) progression. • Establish systems to ensure there is up to date evidence of the systematic review of learning resources and locations. • Quality improvement action planning and implementation. 		
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		
<p>In discussion, representatives described internal reporting activities. Lack of evidence indicated that additional documentation is required to support these activities and enhance current practice.</p> <p>The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPIs. Additional documentation and updates to existing documentation is required.</p> <p>It was not clear who is responsible for communication with PHECC. Updates to existing documentation would support these activities.</p> <p>There was no evidence provided, where courses are being delivered by external affiliated faculty, that prospective students are provided with sufficient information to make an informed choice about participation or the affiliated arrangement. There was no evidence to show that the public are made aware of the arrangements where affiliated faculty are delivering PHECC approved courses, the relationships and responsibilities involved or the institutions QA system.</p> <p>There were no procedures in place to provide other stakeholders with information and to obtain information from them.</p> <p>During discussions representatives outlined their intentions to address a range of tasks to improve QA generally and have submitted a revised QIP.</p>		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Internal reporting at all levels. • Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant performance indicators. • Improve systems and documentation 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. 		

- Improve systems and information to inform students and assist them in making course participation choices.
- General public awareness of third-party relationships, the quality assurance system and external reviews.

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.	NM
QRP Findings		
<p>A safety statement was provided but did not include identification of hazards or risk assessment and was inadequate to show compliance with safety, health and welfare at work responsibilities and legislative obligations</p> <p>No documented selection criteria was shown to ensure external training premises selected and used to deliver PHECC approved courses were adequate and appropriate.</p> <p>A training infrastructure document was available but there was no evidence of usage or analysis.</p> <p>A policy or procedures to ensure appropriate equipment/resources are available and have been used for each course was not evident.</p> <p>It was not evident:</p> <ul style="list-style-type: none"> • that a system is in place to regularly maintain and update equipment and that these activities have taken place. • that all resources used for courses are fit for purpose and accessible. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has a venue and equipment suitability checklist. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Improve safety statement and associated policies and procedures to ensure legislative obligations and include hazard identification and risk assessment. • Equipment maintenance policy and procedures. • Improve policies, procedures and documentation to ensure external premises used for PHECC courses are appropriate. • Improve policies, procedures and documentation to ensure that appropriate equipment/resources are available, used, maintained and fit for purpose. 		
Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive, and challenging environment is provided for students.	NM
QRP Findings		
<p>The evidence provided failed to show that:</p> <ul style="list-style-type: none"> - students are made aware of the supports available to them before, during and after their course - appropriate tutor/student ratios are maintained, in keeping with PHECC's course approval criteria - students are provided with opportunities to meet individually and collectively with faculty and/or management - procedures are in place to obtain information from potential and existing students of any additional support needs they may have - mechanisms are in place to provide reasonable accommodation for students with additional support needs 		

<ul style="list-style-type: none"> - sufficient up to date resources (appropriate to the level of the course) are made available to students in a variety of formats. <p>During discussions representatives assured us that students are supported and undertook to improve policies, procedures and evidence of these supports.</p>		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop or improve policies, procedures and documentation to ensure that: <ul style="list-style-type: none"> - students are adequately supported by appropriate staff in all areas before, during and after their course - students are made aware of the supports available and have adequate opportunity to meet with faculty/management - appropriate student/instructor ratios are maintained - procedures are in place to obtain information from potential and existing students of any additional support needs they may have - mechanisms are in place to provide reasonable accommodation for students with additional support needs - sufficient up to date resources are made available to students. 		
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.	NM
QRP Findings		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> - the equality and diversity policy was unclear and associated procedures are not in place - inadequate policies and procedures in place to show legislative compliance and promote equality - students, faculty and other stakeholders have not been made aware of the policy and procedures - codes of conduct for staff, faculty and other stakeholders are not in place - course delivery might not accommodate the cultural backgrounds and different learning styles of students. 		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop an appropriate equality and diversity policy and associated procedures. • Ensure that the relevant policies and procedures are legislatively compliant and promote equality. • Up to date information and training on equality and diversity for all relevant personnel. • Development of appropriate codes of conduct for staff, faculty and other stakeholders. • Provide faculty with up to date information and training on equality and diversity. • Develop or improve policies, procedures and documentation to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students. 		

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>INQEMT courses only:</i> 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		
<ul style="list-style-type: none"> • N/A 		
Areas for Improvement		
<ul style="list-style-type: none"> • 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.	NM
QRP Findings		
<p>The evidence provided failed to indicate that:</p> <ul style="list-style-type: none"> - a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities is in place - a minimum standard is in place for the academic and subject matter experience of faculty - personnel involved in administering and delivering PHECC approved courses have been made aware of their quality assurance responsibilities and carry out those activities consistently - all personnel have been issued a written statement of employment/engagement - a written job description is in place specific to each position in the institution. <p>Representatives assured the review team that no children or vulnerable persons were being trained, however it was unclear whether all affiliates were compliant.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • An instructor list is maintained. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Recruitment policies and procedures. • Minimum standards for academic and subject matter expert's experience. • Demonstrate adequate resources to maintain PHECC requirements for course approval. • Develop an appropriate system to ensure that the institution's personnel meet PHECC education and training standards for each course on offer. • Ensure that all personnel involved in administering and delivering PHEC-approved courses are aware of their QA responsibilities and are carrying them out consistently. • Ensure a written job description is in place for each role in the institution and that there is a written statement of employment. • Clarify that no children or vulnerable persons are being trained by affiliates or put appropriate and legislatively compliant policies and procedures in place. 		
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>Evidence presented indicated that the institution was missing:</p> <ul style="list-style-type: none"> - a documented procedure to identify training/upskilling needs of personnel - an appropriate induction programme - a training and development programme that meets the support and development needs of personnel - mechanisms that support requests for training/upskilling - mechanisms or evidence to ensure that personnel have completed training/upskilling relevant to their role. 		

Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop procedures to identify upskilling needs of personnel. • Develop an appropriate induction programme. • Produce evidence of support and upskilling. • Develop mechanisms for faculty to request support and upskilling. • Develop a formalised support supervision and annual appraisal system. • Demonstrate that personnel have completed training/upskilling appropriate to their role. 		
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.	NM
QRP Findings		
<p>The QRP found that systems were not in place for regular and appropriate communication between faculty and management.</p> <p>The panel were assured that course reports were submitted after each course, however no evidence was produced.</p> <p>The panel were assured that only personnel with valid certification deliver PHECC approved courses. An instructor list was produced which did not have full certification details for each instructor.</p> <p>Systematic monitoring of faculty was absent.</p> <p>Procedures for dealing with poor or unacceptable performance of faculty were not evident.</p> <p>Appropriate HR policies and procedures were not in place to meet its legislative obligations.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • There was some monitoring to ensure that only personnel with valid certification deliver PHECC approved courses. • Some monitoring of faculty was evident. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Systems to be developed to improve and ensure regular and appropriate communication between faculty and management. • Systems to improve and evidence faculty feedback during and after courses. • Systems to ensure that only personnel with valid PHECC certification deliver PHECC approved courses. • Systematic monitoring of the activities of faculty and visiting subject experts. • Procedure for dealing with poor and unacceptable performance of faculty. • Appropriate HR policies and procedures to meet legislative requirements. 		

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	NM
QRP Findings		
<p>There was no evidence of a collaborative provision policy and associated procedures.</p> <p>There was no evidence that the institution has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty or that contracts were in place.</p> <p>The institution did not maintain an up-to-date record of every member of contracted faculty showing relevant qualifications or other details.</p> <p>The institution lacked evidence of agreed quality assurance standards between all parties involved.</p>		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Collaborative provision policy and associated procedures. • Procedures for monitoring external affiliated faculty and evidence that these activities take place. • Written and signed contracts/agreements with all faculty. • Faculty records and submission of faculty details to PHECC. • Documented and agreed QA standards between both parties. • Reports from external affiliated faculty and analysis of these reports. 		

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.	NM
QRP Findings		
<p>The evidence provided indicated that the institution would benefit from an appropriate course development, delivery and review policy and associated procedures.</p> <p>A documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.</p>		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Course development, delivery and review policy and procedures. • Procedure for course development/amendment to reflect PHECC requirements. • Evidence that courses demonstrate an appropriate balance of theory, practice and learning methodologies and promote a commitment to self-directed learning as appropriate. • Clearly outlined aims, objectives, lesson plans, timetables, teaching methods, etc. • Evidence that a systematic approach is taken to 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.	NM
QRP Findings		
<p>The evidence provided indicated that additional documentation is required to confirm that courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <p>The institution would benefit from:</p> <ul style="list-style-type: none"> - appropriate documentation of student induction on all courses - appropriate records to show all courses are delivered by appropriately qualified personnel - relevant instructor/tutor details being recorded on course documentation - comprehensive records of student attendance - monitoring of learning outcomes delivered by third parties (including site visits) - documented evidence that structured one to one time (remediation, mentoring) is available for students, appropriate to their needs. 		
Areas of Good Practice		
Areas for Improvement		
<ul style="list-style-type: none"> • Develop systems and records to show that: <ul style="list-style-type: none"> - courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines - student induction takes place 		

<ul style="list-style-type: none"> - courses are delivered by appropriately qualified personnel - relevant instructor/tutor and student details are recorded on course documentation - structured one to one time is available for students, and 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.	NM
QRP Findings		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> - the admissions policy/entry criteria need to be updated to reflect current practice and all courses being delivered by the institution - students would benefit from additional information in order to make an informed choice about course participation - the recognition of prior learning (RPL) procedures need to be updated to reflect practice and ensure consistency of practice across all courses. Students would benefit from additional information about RPL. 		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has RPL documents. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Update the admissions policy/entry criteria and procedures to reflect current practice and all courses. • Provide prospective students with additional information on course entry and associated details to include RPL. • Update RPL procedures. 		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	NM
QRP Findings		
<p>The evidence provided indicated that the institution would benefit from a documented procedure to support course review activities.</p> <p>The evidence provided also indicated that the institution would benefit from updated and additional documentation to support course review and evaluation to ensure that all stakeholders have an opportunity to contribute to the process.</p> <p>The evidence indicated that during self-assessment areas for improvement have been identified. An amended quality improvement plan has been submitted and during discussions it was evident that there is a commitment to improve all aspects of the institution's activities.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • External assistance has been sourced to help improve the institutions practices and records. • The institution has carried out a self-assessment. • The institution has a documented quality improvement plan. 		

Areas for Improvement		
<ul style="list-style-type: none"> • Procedure for course review. • Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process. • 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.	NM
QRP Findings		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> - the institution would benefit from an improved assessment and awards policy and procedures - the institution and students would benefit from additional/updated documentation and information about assessment methodology and when PHECC assessment material is used - the institution would benefit from updated documentation that clearly states who has responsibility for managing the PHECC certification system - the institution would benefit from the development and implementation of procedures for: <ul style="list-style-type: none"> ○ internal verification ○ external authentication ○ results approval. <p>There was no evidence that these activities have taken place.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> • The institution has an assessment and awards procedure. • Students receive a student handbook. 		
Areas for Improvement		
<ul style="list-style-type: none"> • Assessment policy and procedures to reflect current practice. • Ensure that appropriate assessment methodology is used on all courses and that it's clearly stated when PHECC assessment material is used. • Maintain a documented record of student assessment feedback. • Procedure to adapt assessment to cater for students with additional support needs. • Security of assessment material. • Internal verification, external authentication and results approval. • Ensure that a student appeals process is available on all courses. 		

7. Conclusion and Outcome

Rating	0.3
Level	Not Met (NM) – No evidence of compliance in the organisation.
Conclusion	<p>The Quality Review Panel (QRP) had the opportunity to gather evidence through a comprehensive review of a range of documentation submitted and during online discussions with institution representatives.</p> <p>The evidence indicated that the institution did not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> - 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 and standards - ensure full compliance with the Quality Review Framework. <p>The evidence also indicated that the institution would benefit from additional documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, Quality Review Framework requirements and are consistent with relevant legislation.</p> <p>The evidence indicated that the institution engages with approximately 49 external affiliated faculty and did not have fit for purpose policies, procedures and supporting documents or personnel to manage their activities. The evidence indicated that the institution has significant gaps in their systems to ensure compliance with the PHECC Quality Review Framework.</p> <p>During discussions representatives indicated that the institution would be undertaking a significant upgrade of their quality management/assurance system associated with PHECC approved courses and had engaged outside expertise to assist in this process.</p> <p>The revised quality improvement plan indicates that updates to existing documentation and practices will, in the future, ensure that the quality management/assurance system becomes effective, fit for purpose and reflective of current practice. The updates would also ensure that the institution will meet PHECC education and training standards and Quality Review Framework requirements</p> <p>The QRP concludes from the evidence provided that the institution has recognised deficiencies in its quality management/assurance systems to ensure the quality of PHECC approved courses. The implementation of the improvement actions identified during self-assessment and external quality review will, when fully developed and implemented, lead to an enhanced learning experience for students and institution personnel.</p>



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