

Quality Review Framework

Composite Report

CPL Learning & Development Ltd

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# Quality Review Framework Composite Report


## 1. Institution Details

<b>Name</b>	CPL Development & Learning Ltd.
<b>Address</b>	5 St. Fintans, North Street, Swords, Co. Dublin
<b>Type of Organisation</b>	Limited Company
<b>Profile</b>	PHECC approved since 2017
<b>PHECC Courses Delivered</b>	CFR-Community, CFR-Community Instructor, CFR Advanced, CFR Advanced Instructor, EFR, EFR Instructor, FAR, FAR Instructor
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	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.
<b>Scope</b>	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlines in the PHECC Quality Review Framework.
<b>Date(s) of the Desktop Review</b>	17 <sup>th</sup> March 2022
<b>Date of On-site Review</b>	21 <sup>st</sup> April 2022

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	20/05/2022
<b>Final report sent to Institution</b>	10/06/2022
<b>Director Approval</b>	
<b>Date</b>	31/05/2022
<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>
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
PHECC	PHECC Accreditation Manager
CPL	Compliance Manager
CPL	Operations Manager
<b>Closing Meeting</b> (add rows as required)	
<b>Organisation</b>	<b>Role</b>
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel
PHECC	Quality Review Panel
PHECC	PHECC Accreditation Manager
CPL	Compliance Manager
CPL	Operations Manager

### 4.2 Stakeholder Discussions

<b>Name/Group</b>	<b>Role</b> (add rows as required)
CPL	Compliance Manager
CPL	Operations Manager

## 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.			
Improvement Plan 2022	Changes, Updates to course material	Diversity and Inclusion Policy	SOP Changes, Updates to course material
PHECC Renewal Declaration	Course Approval Procedure	Recruitment, management and development policy	Course Approval Procedure
Self-Assessment Toolkit	PHECC Internal Verification	Faculty Members Recruitment Procedure	PHECC Programme Review
Brief description of the organisation	Insurance Cert	Safeguarding o Children and Vulnerable Persons (Vetting) V1	RPL Policy
CPL Institute Org Chart	Quality Assurance Manual	Communication Policy	PHECC Programme Review Form
V2.0 Management Responsibility	Code of Conduct	Garda Vetting Policy and Procedure	Management of Change Record
114 TC 2 Responder Instructors Roles & Responsibilities	Code of Conduct Trainer	Faculty Members Recruitment	SOP Changes, Updates to Course material
1.1.4 TCI PHECC Assistant Tutor / Tutor Roles and Responsibilities	Faculty IC and CPR Equipment	Named Faculty Member Form Instructor Courses	PHECC Internal Verification
External Examiner	Selection of Premises	Named Faculty Responder Courses	Assessment of Learners
PHECC Role Internal Verifier	Reasonable Accommodation Request	Garda Vetting Policy and Procedure	Results Approval Policy
Quality Policy	Health and Safety Policy	2022 6 Month Plan	Far Instructor Final Assessment
Data Protection 02-2022	Safety Statement	Faculty Members Recruitment Procedure V1 Oct 2019	Process Flow Charts
Garda vetting Policy and Procedure	Communications Policy	PHECC Asst. Tutor Role Descriptor Nov 2019	PHECC Programme Review Form
Safeguarding V2	Assessment of learners	PHECC Responder Instructor Desc V2 Nov 2019	PHECC External Authentication
SOP1 Document Control	FAR 2017 IRL-N Gr SAMPLE RES – First Aid Responder Manual	Faculty Affiliation Policy V1 Oct 2019	PHECC Role of External Authenticator
Tax Clearance Cert	Far Affiliate Instructor Equipment Checklist V2 Nov 2019	CPL Quality Ass Agreement	PHECC Appeals Process
Complaints Procedure QA Manual	Instructor Monitoring & Observation Form V1	Contract for Services	PHECC Programme Review Form V2 Nov 2019
Management of Complaints	PHECC Max Numbers on Arlo	Induction Checklist	Course Development and Review
Collaborative Provision and Agreement	Prerequisite for PHECC Courses	PHECC Doc for training	
Org Chart 22	Faculty Communications with Learners and Stakeholders V1 Oct 2019	PHECC Affiliate Booking Process	
Complaints process on website	Reasonable Accommodation Request Form V1 Sept 2019	PHECC Returns Process 070322	
Attendance sheets	Code of Conduct Trainer V2 Nov 2019		
PHECC Registration and Learner details	Instructor Course Report		
Trainer Database Screenshot	Instructor Monitoring & Observation Form		
Annual Compliance Declaration	IV Report FAR		
CPL Data Protection			
Insurance Cert			

Review of facilities and locations Quality Policy April 22 Management Responsibilities April 22 SOP 3.0 Management of feedback Course Evaluation Communication Policy PHECC Responder Certificates Issued 2021 PHE 1 – PHECC FAR & FAR Re-Cert Courses PHE 2 – PHECC FAR & FAR Re-Cert Courses PHE 3 – FAR Instructor Final Assessment F3 Process FAR Instructor Learner Information Sheet V1 FAR Skills Assessment Sheets FAR Instructor Learner Information Sheet V1 '22	Quality and Consistency of Delivery, Monitoring policy V1 Nov 2019 Sample of HR policies from staff portal Internal Audit of PHECC Affiliates Feb 2021 Management Responsibility April 2022 FAR Learner Handbook Exam Envelope Cover Sheet Training Programme Evaluation Form V3.1 June 2020 FAR Lesson Plan Sess 10 – Communication 4B Course Approval First Aid Material FAR Lesson Plan Sess 1 patient Assessment	Onboarding CPL Group QA Agreement Employment Engagement Training and Development Induction Checklist End of Year Review Goal Setting FY22 Communication Policy 22 Update on CFR Training Materials Sample of Tutor Online Feedback with Corrective Actions FAR Exam B 2018 Full Pack FAR MCQ Exam A 2017 Full Pack	Learner Handbook Access, Transfer and Progression Learner Information Sheet
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#### 4.4 Observation of Practice, Facilities and Resources

<b>Practice – e.g. Course delivery, administration, clinical placement (add rows as required)</b>	
<b>Location</b>	<b>Comments</b>
N/A	<ul style="list-style-type: none"> <li>Virtual</li> </ul>
<b>Facilities (add rows as required)</b>	
<b>Location</b>	<b>Comments</b>
N/A	<ul style="list-style-type: none"> <li>Virtual</li> </ul>
<b>Resources – e.g. equipment, ICT, course material, etc (add rows as required)</b>	
<b>Location</b>	<b>Comments</b>
N/A	<ul style="list-style-type: none"> <li>Virtual</li> </ul>

## 5. Compliance Rating and Level

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

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

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
<b>Quality Standard</b>	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	<b>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the education and training governance in the institution and outlined a number of changes in personnel and roles during the last 2 years as a result of the pandemic. It was indicated during discussions that the Operations Manager, in consultation with the Academic Council 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 the creation of new documentation to accurately reflect current 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 place. 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 require updating to ensure they are used across all courses and external affiliate faculty. The evidence also indicated that the institution would benefit from additional activity to address academic risk additional/updated documentation to support these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Comprehensive corporate governance structures in place.</li> <li>• Overall responsibility for education and training governance identified.</li> <li>• Academic Council in place.</li> <li>• Acknowledgement of the requirement for identifying, assessing and managing risk.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Education and training governance activities and supporting documentation.</li> <li>• Procedures to ensure relevant sub-groups and individuals are in place to carry out oversight activities.</li> <li>• Sub-group terms of reference and individual role/job descriptions.</li> <li>• Risks associated with all education and training activities.</li> <li>• Management of external affiliate faculty.</li> </ul>		
Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the institution:</p> <ul style="list-style-type: none"> <li>- is an established legal entity that provides PHECC education and training standards</li> <li>- is in good financial standing with the Revenue Commissioner.</li> </ul>		



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 records for all students and faculty, consistent with the requirements outlined in the documentation particularly around the external affiliate faculty courses. 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 encompassing the external affiliate faculty. 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 which require updating to reflect current practice. 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.
- Escalation process for issues.
- Courier services for course material.

**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 for external affiliate faculty and courses.
- Resources for quality assurance activities.
- External affiliate faculty awareness of complaints policy and procedures.

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**

During discussions representatives indicated that the newly appointed Compliance Manger 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 course paperwork is reviewed. During discussions representatives indicated that formal analysis of the feedback is carried out on the company's online platforms 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 limited 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 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.
- Evidence of 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.
- External affiliate faculty.

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

**QRP Findings**

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**

- Communication with staff and students.
- Engagement with learners throughout courses.
- Evidence of activity report submitted to PHECC.

**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.
- External affiliate faculty.

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MNM</b>
<b>QRP Findings</b>		
<p>Health and safety policy, safety statement and supporting documents were available for review. It is unclear if activities are taking place at all venues/locations on all courses delivered by external affiliate faculty. 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 (hotels in Cork and Dublin) 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 affiliate faculty 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 instructors are responsible for maintaining and upgrading equipment. The evidence indicated that the institution would benefit from documented systems to support these activities, ensuring that all resources used for PHECC approved courses are fit for purpose and accessible.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Health and safety policy, safety statement and supporting documents.</li> <li>• Selection of premises policy.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Health &amp; safety policy, safety statement applicability to external affiliate faculty.</li> <li>• Evidence of checklist being used for all course locations.</li> <li>• System for the regular maintenance and updating of equipment.</li> <li>• Records that all resources used on PHECC approved courses are fit for purpose.</li> </ul>		
Quality Area	2.2 Student Support	Level
<b>Quality Standard</b>	A positive, encouraging, safe, supportive and challenging environment is provided for students.	<b>MDM</b>
<b>QRP Findings</b>		
<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, particularly for external affiliate faculty. 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, especially for external affiliate faculty ensuring that sufficient up to date resources are made available to students in a variety of formats on all courses.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel.</li> <li>• Dedicated email address for request course supports.</li> </ul>		

<ul style="list-style-type: none"> <li>Zoom calls with Instructors for extra support.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Information to students about the available supports before, during and after their course.</li> <li>Opportunity for students to meet individually or collectively with faculty and/or management across all courses.</li> <li>Adherence to procedures for obtaining information on student supports needs for external affiliate faculty.</li> </ul>		
<b>Quality Area</b>	<b>2.3 Equality and Diversity</b>	<b>Level</b>
<b>Quality Standard</b>	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	<b>MNM</b>
<b>QRP Findings</b>		
<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 as 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"> <li>- a systematic review of all relevant policies and procedures to ensure that they are legislatively compliant and promote equality</li> <li>- codes of conduct for staff, faculty and other stakeholders</li> <li>- up to date information and training on equality and diversity</li> <li>- enhanced awareness among all stakeholders of the equality and diversity policy and procedures</li> <li>- additional information to ensure that course delivery accommodates the cultural backgrounds and different learning styles of students.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Documented equality and diversity policy, associated procedures and supporting documents.</li> <li>Codes of conduct for staff, faculty and other stakeholders.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Ensuring all related policies and procedures (e.g. recruitment) are legislative compliant and promote equality.</li> <li>Stakeholder awareness of the equality and diversity policy and procedures.</li> <li>Codes of conduct for staff, faculty, students and other stakeholders.</li> <li>Up to date information and training for faculty.</li> <li>Student handbook.</li> <li>Ensuring that the cultural backgrounds and different learning styles of students are accommodated.</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>N/A</b>
<b>QRP Findings</b>		
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

<b>Areas of Good Practice</b>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"><li>• N/A</li></ul>

## 6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
Quality Standard	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that the institution would benefit from additional documentation to support a robust systematic approach to the recruitment of all personnel including external affiliate faculty. 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"> <li>- carry out all the activities described in the policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and awards</li> <li>- ensure full compliance with the QRF.</li> </ul> <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 indicates 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"> <li>- have been made aware of their quality assurance responsibilities</li> <li>- are carrying out those activities consistently.</li> </ul> <p>During discussions representatives described how those involved with training and education 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>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Faculty management policy.</li> <li>• Minimum standard set for faculty.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Faculty records for staff.</li> <li>• Adequate numbers of personnel to: <ul style="list-style-type: none"> <li>- carry out all the activities described in the policies and procedures</li> <li>- maintain PHECC requirements for course approval</li> <li>- systematically organise, deliver and monitor the quality of courses and awards</li> <li>- ensure full compliance with the QRF.</li> </ul> </li> <li>• Ensuring all personnel have been made aware of their quality assurance responsibilities and are carrying them out consistently.</li> <li>• Job descriptions and terms of employment/engagement.</li> </ul>		

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	MNM
<b>QRP Findings</b>		
<p>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"> <li>- the identification of the training/upskilling needs of all personnel</li> <li>- induction relevant to the role</li> <li>- a training and development plan/programme to support the development needs of personnel</li> <li>- mechanisms for requests for training/upskilling and additional qualifications</li> <li>- a formalised support, supervision and annual appraisal.</li> </ul> <p>During discussions the institution outlined upskilling was the responsibility of all instructors. Additional documentation/evidence to indicate that all personnel including external affiliate faculty have completed relevant training/upskilling would be beneficial to the institution.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Staff development procedure.</li> <li>• Online platforms that are currently undergoing further development and integration.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure to identify the training/upskilling needs of all personnel.</li> <li>• Induction and training/upskilling records for all personnel.</li> <li>• Training and development plan/programme.</li> <li>• Mechanisms for personnel to request training/upskilling.</li> <li>• Formalised support, supervision and annual appraisal for all faculty and personnel involved with PHECC courses.</li> </ul>		
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.	MDM
<b>QRP Findings</b>		
<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 (Evidenced COVID-19 correspondence). During discussions the institution 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 ensure a robust documented process is in place to ensure that 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</p>		



unacceptable performance of faculty. It also indicated that documentation needs to be developed/updated to ensure the institution meets its human resource legislative obligations.

**Areas of Good Practice**

- Documented communications policy.
- Feedback available online.
- Course evaluations / feedback.

**Areas for Improvement**

- Course reports – actionable feedback.
- Faculty monitoring.
- Procedure for dealing with poor and unacceptable performance of faculty.
- Human resource policies and procedures.

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

**QRP Findings**

The institution could not demonstrate a fit for purpose policy, and associated procedure for collaborative provision. The institution could not demonstrate that it has satisfactory monitoring procedures in place for courses being delivered remotely by contracted faculty. Documentation submitted was outdated and requires updating to reflect current practice. There was limited evidence available that demonstrated an agreed quality assurance standard between all parties involved. During discussion the institution highlighted the requirement to review all existing MOU/SLAs with external affiliate faculty. Limited evidence was made available that the institution could demonstrate that:

- it receives regular reports of contracted faculty education and training activities
- these reports are analysed
- any actions arising from the analysis have been taken.

**Areas of Good Practice**

- Awareness of the necessity to fulfil collaborative provision requirements.

**Areas for Improvement**

- Collaborative provision policy.
- Monitoring procedures for external affiliate faculty.
- Records of external affiliate faculty.
- Agreed quality assurance standards.

## 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>During discussions representatives outlined processes for course development and approval. The programme development, approval and validation policy requires updating 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"> <li>- reflect PHECC requirements</li> <li>- ensures a systematic approach to course approval</li> <li>- demonstrates an appropriate balance between theory and practice</li> <li>- provides a balance between presentations, group work, skills demonstrations and practical work</li> <li>- promotes a commitment to self-directed learning</li> <li>- has clearly outlined aims and objectives and detailed competencies to be achieved by students</li> <li>- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.</li> </ul> <p>There was limited evidence of a systematic approach to course approval.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Programme development, approval and validation policy.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documentation of processes and procedures for PHECC course development and approval.</li> <li>• Course material review.</li> <li>• The role of the Academic Council for course approval.</li> </ul>		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MDM
<b>QRP Findings</b>		
<p>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 requires updating to support these processes and ensure they are fit for purpose and reflect current practice. Concerns raised over the external affiliate faculty. Limited evidence provided that student induction takes place. 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 enhanced:</p> <ul style="list-style-type: none"> <li>- records that all courses are delivered by appropriately qualified personnel</li> <li>- records of student attendance on all days for all courses</li> <li>- records of regular monitoring, including site visits for external affiliate faculty.</li> </ul>		

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.

**Areas of Good Practice**

- Supporting documentation for course delivery.

**Areas for Improvement**

- Student attendance at induction.
- Course attendance records.
- Faculty monitoring, including site visits.
- Student remediation process.
- Role of the external affiliate faculty.

<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>MNM</b>

**QRP Findings**

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), specific to the PHECC Training and Education Standards.

**Areas of Good Practice**

- Information available on the website.

**Areas for Improvement**

- Additional information on course admission policy and procedure and RPL.
- Information available to prospective students.

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

**QRP Findings**

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. Limited evidence was made available that students and faculty have an opportunity to provide feedback during and after their respective courses. It also indicated that faculty course reports need to be completed for all courses and these records maintained to inform course evaluation. During discussions representatives outlined the course evaluation process, however, documentation requires updating to reflect current practice. The areas for improvement have now been 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.

<ul style="list-style-type: none"> <li>• The institution has carried out a self-assessment.</li> <li>• The institution has a documented quality improvement plan.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure for course review.</li> <li>• Faculty course reports.</li> <li>• Course evaluation.</li> <li>• Quality improvement plan.</li> </ul>		
<b>Quality Area</b>	<b>4.5 Assessment and Awards</b>	<b>Level</b>
<b>Quality Standard</b>	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the assessment of learners documentation needs to be updated to reflect current and new practice. Areas to be updated or added include:</p> <ul style="list-style-type: none"> <li>- ensuring students have access to information necessary for them to participate in assessment</li> <li>- providing students with feedback on their assessment and a documented record of this activity</li> <li>- supports available to adapt assessment methodologies for students with additional support needs and records of these activities</li> <li>- security of assessment related material.</li> </ul> <p>During discussions representatives described the process for results authentication, including internal verification, external authentication and results approval. There was evidence provided that these activities had taken place. The evidence indicated that the institution would benefit from additional/updated documentation to support internal verification (IV), external authentication (EA) and results approval policies and procedures. The evidence indicated that the student appeals policy and procedures need to be updated to reflect current practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented assessment policy and procedures.</li> <li>• Appropriate assessment methodology is used for all courses.</li> <li>• It's clearly stated when PHECC assessment material is used.</li> <li>• Evidence of IV and EV taking place with corresponding reports.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Assessment policy and procedures.</li> <li>• Student assessment feedback.</li> <li>• Procedure for adapting assessment methodology.</li> <li>• Management of the PHECC certification system.</li> <li>• Internal verification, external authentication and results approval policies and procedures.</li> </ul>		

## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.9</b>
<b>Level</b>	<b>Minimally Met (MNM)</b> – Evidence of a low degree of organisation-wide compliance
<b>Conclusion</b>	<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, meet 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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