Pre-Hospital Emergency Care Council

Quality Review Framework

Draft Composite Report

Safetech Consulting and Training

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Quality Review Framework Composite Report

1. Institution Details

Name	Safetech Consulting and Training
Address	Unit 1a, Riverside Retail Park, Neil T Blaney Road Letterkenny, Co Donegal, F92H01R
Type of Organisation	Approved Training Institution (ATI)
Profile	Consulting and training facility
PHECC Courses Delivered	First Aid Response (FAR) and Cardiac First Response (CFR).
Higher Education Affiliation	N/A

2. Review Details

Purpose	To facilitate the enhancement of a successful learning experience for students. To foster a culture of continuous quality improvements in institutions. To generate public confidence in the standard of education and training in pre-hospital emergency care. To ascertain the implementation of the ATI's quality assurance measures.
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 of the Desktop Review	28/9/2022
Date of Online Review	4/11/2022

3. Report Details

Draft report sent to Institution for feedback	6/12/2022
Final report sent to Institution	14/02/2023
Director Approval **Date**	 07/02/2023
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
PHECC	Quality Review Panel Member
Safetech	Managing Director
Safetech	Contract Manager – Former IV
Safetech	Lead First Aid Trainer
Safetech	Chairperson of Course Support Team
Closing Meeting	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
Safetech	Managing Director
Safetech	Contract Manager – Former IV
Safetech	Lead First Aid Trainer
Safetech	Chairperson of Course Support Team

4.2 Stakeholder Discussions

Name/Group	**Role**
None	None

4.3 Document Review

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

Initial Evidence at Desktop Review

Safetech PHECC SAR Sept 22	PHECC EA August 2022
Organisational Chart	PHECC RAPs Meeting August 2012
Risk Register	Complaints Policy
Safeguarding Policy	LMS Screenshots
PHECC CPG 2021	PHECC Named Faculty Member Form
Data Protection Policy	Auditors Statement
Tax Clearance Details	Insurance Policy
Safetech QA Manual 2022	Approved Trainer Onboarding Guide
Employee Onboarding Procedure	August Management Meeting
IV Dept Meeting Agenda	Feb 2022 Staff Meeting
June 2021 Staff Meeting	May 2021 Staff Meeting
Sept 2022 Team Meeting	Trainer Meeting Agenda
FAR Refresher Course Content Leaflet	FAR Course Content Leaflet
Equipment Checklist	Additional Supports for Students
Safety Statement	Sample Venue Checklist
Venue Checklist	Venue selection Policy
Website Screenshot - Course content	Attendance Sheets 1-6
Literacy Awareness Training Details	PHECC Named Faculty Member Form
Approved Trainer Policy	Student Handbook
Contract SCF	First Aid Trainer Contract (Internal Employee)
Collaboration Policy	Peer Review KO 12/4/22
Peer Review KP 08/02/22	FAR Lesson Plan
FAR Student Workbook	Safetech QIP 2022
IV Report Sample 1 & 2	PHECC RAPs Meeting August 2022

Additional Evidence at Online Review

Assessment envelope	CPD Diary
Tutor's CPD details	Equipment checklist
Equipment log	Equipment stock check
FAR 2019 sign in sheets x 2	FAR 2020 sign in sheets x 2
FAR 2021 sign in sheets x 2	Sample FAR Certs
First Aid Tutor Handbook	Grace Period Application
Learner Feedback Example x 2	Manakin cleaning and maintenance
New presentations sign off minutes	QC Meeting Minutes
Response from Garda Vetting	Theme 1 Venue Checklist

Theme 1 Venue Selection Policy	Example from Trainer Feedback x 3
Courses Approved: FAR & CFR	
Certificate Activity 2019 - FAR 216, CFR Community 212	
Certificate Activity 2020 - FAR 680, CFR Community 31	
Certificate Activity 2021 - FAR 1767, CFR Community 96	

4.4 Observation of Practice, Facilities and Resources

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

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.	**SM**

QRP Findings

The institution has good governance. The QRP found structures and processes were in place to support this although some additional development would further strengthen several areas which are listed below.

It could be clearer from the evidence provided on the organisational chart, who has overall responsibility for PHECC approved courses and for education and training governance for PHECC approved courses. There is reference to delegated responsibilities in the documents e.g., Academic Council, however, this wasn't clear in the organisational chart.

During discussions the MD pointed out that the institution has a number of accrediting bodies, hence the generic nature of the organisational chart.

here is evidence in the documents to indicate who provides objective oversight of course pproval/amendment, results approval and self-assessment, although the institution could make it a little earer who takes on these responsibilities for PHECC approved courses. That said, there is evidence that this ork is already underway.

There is some evidence to indicate that there are role descriptions in place for the trainer, operations manager & training coordinator. Some additional evidence of other employees' roles and responsibilities would be helpful to reflect current practice.

There are procedures in place for identifying, assessing and managing risk within the institution, although it was noted by the QRP that there was limited reference to academic risk in the documents. There was limited documented procedures for identifying, assessing and managing academic risk. During discussions the QRP highlighted to the MD that this was an area of improvement given the scope of the PHECC approved courses the institution would benefit from reviewing 'academic' risk in their institution to reflect current practice.

Areas of Good Practice

- Overall, there were structures in place for the quality assurance of PHECC approved courses.

Areas for Improvement

- Organisational chart to be updated to reflect management of PHECC approved courses.
- Terms of Reference and procedures for sub-groups to be further developed.
- Role descriptions to be developed/updated to reflect current practice.
- Academic risk to be identified across education and training activities associated with PHECC approved courses.

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	**SM**

QRP Findings

The evidence provided indicated that the institution is an established legal entity with education and training as a principal function.

The evidence indicated that not all tasks associated with education and training are documented. The QRP noted that there are gaps in documented processes form student entry to exit. During discussions the MD outlined how processes take place with several being informal and not documented.

The evidence indicated that the institution does maintain up to date records for all courses being delivered by faculty. The QRP reviewed the records of several courses and noted that there were consistencies throughout the records maintained. The QRP noted that the institution would benefit from identifying when PHECC approved courses were used.

The QRP noted that the institution kept good records of all members of faculty, such as recruitments, contracts, PHECC certification and other qualifications.

The QRP noted that the institution has a data protection policy in place, although no clear indication of the documented process for a data breach. In discussion with the MD there was an indication to suggest the MD would risk assess data breaches. The QRP also noted that some additional evidence was required to indicate how employees are made aware of their individual responsibilities.

There is evidence provided that a complaints policy and procedures are in place, although some additional evidence on how external affiliated faculty are made aware of this could be strengthened.

The QRP found that the institution needs to review their safeguarding policy to reflect current practice. There was limited evidence found of the institution meeting its obligations under the Child and Vulnerable Persons Act 2012.

Areas of Good Practice

- There is evidence that the institution is a legal entity with education and training as a core activity.
- There is evidence that the institution is in good financial standing.
- There is evidence that the institution maintains up to date records of all members of faculty.

Areas for Improvement

- Maintain up to date records of students for all PHECC approved courses.
- Data protection policy needs updated to reflect current practice and legislative requirements.
- Evidence that the institution is sufficiently resourced to carry out all quality assurance activities.
- There is evidence provided that a complaints policy and procedures are in place, although some additional evidence on how external affiliated faculty are made aware of this could be strengthened
- Improvement is advised in meeting the requirements of the Child and Vulnerable persons act 2012

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

QRP Findings

A quality policy was made available for review. The evidence indicated that the institution is committed to continuous quality improvement.

It was not clear from the evidence provided who has overall responsibility for PHECC approved courses. Additional clarity within the institution's documentation would be helpful.

From the evidence provided and from discussions with the MD, it was clear that there is evidence that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC approved courses. Additional evidence to help illustrate how this process is carried out would be helpful.

The QRP found some evidence that illustrates performance measures are in place, although limited

performance matrix in relation to PHECC approved courses. Additional work in this area is required.

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 being delivered by the institution.

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

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

Areas of Good Practice

- There is a CQI/Quality policy, and associated procedures in place.
- There is up to date evidence of the systematic collection and analysis of student participation.
- There is up to date evidence of quality improvement planning and implementation.

Areas for Improvement

- Additional work required to introduce key performance indicators to reflect the institution 's monitoring of education and training.
- Update policy of the systematic review of learning resources and locations.
- Review policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.

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

QRP Findings

There is evidence of up to date internal and external reporting, although some additional work to illustrate this process clearly is required.

The evidence indicated that not all tasks from student entry to exit are documented, clearly allocated or linked to relevant KPIs. In discussion the MD indicated that work in this area is planned.

The evidence indicated that the institution ensures that certificate activity reports, the disclosure of all faculty members and any other information requests are submitted to PHECC when requested.

There is evidence that prospective students are provided with sufficient information to make an informed choice about course participation.

There is no evidence that information about the institutions quality assurance system is made available to the public in an easily accessible format. During discussions the MD indicated that further development in this area was required.

The evidence indicated that the institution has documented procedures in place to provide and obtain information from other stakeholders (employers etc.).

Areas of Good Practice

- There is a procedure in place to ensure that certificate activity reports, the annual report and other targeted information requests are submitted to PHECC.
- Prospective students are provided with sufficient information to make an informed choice about course participation.
- The institution has documented procedures in place to provide and obtain information from other

stakeholders.
Areas for Improvement
• Strengthen the procedure of effective and efficient reporting systems. • Document all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant KPIs.

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.	**SM**

QRP Findings

A health & safety policy/statement was available for review. There was evidence of associated procedures and supporting documents on how this policy relates to faculty.

The evidence indicated that the institution has a documented criterion for premises to be used for the delivery of PHECC approved courses. During discussions the MD indicated that this information is relayed to clients booking courses. There was documented evidence that approved premises were used for all PHECC approved courses and that these procedures applied to all faculty.

There was some evidence that the institution has a documented selection criteria and a checklist for external premises used for PHECC course delivery, although additional work to update these documents is required.

The evidence indicated that appropriate equipment/resources were available for courses delivered by faculty.

An equipment maintenance log was made available for review, which is resources used for courses delivered by the institution, although there was limited evidence provided as to the policy and processes of monitoring this procedure. The institution would benefit from additional work in this area, such as documented procedures of annual checks, etc.

Areas of Good Practice

- Health & safety policy/statement in place for head office.
- Appropriate training premises are selected and used to deliver PHECC approved courses.
- Appropriate equipment/resources are available and have been used for each course.
- An equipment maintenance log is maintained for courses delivered by the institution.

Areas for Improvement

- There is some evidence of documented selection criteria and a checklist for external premises. Update the documentation to reflect current practice.
- Limited evidence available of resources for courses delivered by fulltime employees are fit for purpose and accessible.

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

QRP Findings

The QRP was shown evidence of the institution's online management system which does many of the administrative functions, although the QRP were unclear whether there were appropriate administrators to support the number of courses/student ratio, despite these systems.

There was some evidence that students were made aware of the supports available to them prior to enrolling on a course. Student support was referenced in documents and during discussions the MD outlined the support that is available on courses delivered by faculty if required, although this needs to be updated and should reflect how and when it is made available to students.

There was evidence provided that the institution maintains appropriate instructor/student ratios on courses delivered by faculty.

It was unclear from the evidence provided how the opportunities for students to meet individually and collectively with faculty and/or management are provided.

The evidence indicated that the institution has mechanisms for obtaining information from potential and existing students of any additional support needs they may have.

The evidence indicated that sufficient up to date resources are made available to students in a variety of formats for courses delivered by faculty.

Areas of Good Practice

- There are procedures to obtain information from potential and existing students of any additional support needs they may have.
- There are mechanisms in place to provide reasonable accommodation for students with additional support needs.
- There are up to date resources (appropriate to the level of the course) made available to students in a variety of formats.

Areas for Improvement

- Student support available for PHECC approved courses may be improved
- Opportunities for students to meet individually and collectively with faculty and/or management

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.	**MDM**

QRP Findings

The evidence indicated that the institution has a documented equality and diversity policy. The institution would benefit from ensuring all staff, including any sub-contractors are made aware of the policy and evidence that this has been completed.

The evidence indicated that the institution has additional documentation to support policy implementation and ensures that all associated policies and procedures promote equality and are legislatively compliant.

There is limited evidence provided to illustrate how and when faculty, learners and tutors are made aware of any updated documentation.

The evidence indicated that the institution has a code of conduct in place.

The evidence indicated that the institution would benefit from providing faculty (internal and/or external) with up-to-date information and training on equality and diversity and maintaining evidence of these activities.

There was limited evidence to indicate that courses delivered by faculty accommodate the cultural backgrounds and different learning styles of students.

Areas of Good Practice

- Relevant policies and procedures are legislatively compliant and promote equality.
- Documented code of conduct.

Areas for Improvement

- Evidence that students, faculty and other stakeholders have been made aware of the policy and procedures.

• Evidence that faculty are provided with up to date information and training on equality and diversity. • Accommodation for different learning styles of students and cultural backgrounds.		
Quality Area	**2.4 Internship/Clinical Placement**	**Level**
Quality Standard	*INQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	**N/A**
QRP Findings		
• N/A		
Areas of Good Practice		
• N/A		
Areas for Improvement		
• N/A		

6.3 Theme 3: Human Resource Management

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

QRP Findings

The evidence indicated that the institution has a documented recruitment policy that needs to be updated to provide a robust systematic approach to recruiting appropriately qualified and experienced personnel to carry out education and training activities.

During discussions the MD outlined the process for recruiting faculty. The evidence indicated that this is not a robust system to meet the requirements of the institutions education and training activities as outlined in the documents reviewed. The processes outlined do not adequately meet the requirements specified in the PHECC quality review framework.

The evidence indicated that the institution has adequate numbers of personnel in place to meet PHECC requirements for course approval.

There was some evidence that all personnel involved in administering and delivering PHECC approved courses have been made aware of their quality assurance responsibilities and are carrying out those activities consistently. The institution would benefit from additional evidence that this process is undertaken and that all personnel, both staff and contractors, acknowledge receipt of this process.

During discussions the MD indicated that the institution may on occasions work with vulnerable adults. The evidence indicated that a safeguarding policy is documented. It also indicated that the institution would benefit from additional documentation and knowledge to ensure a robust system is in place to meet its obligations under the Child and Vulnerable Persons Act 2012.

The evidence indicated that the institution would benefit from enhanced role descriptions that are specific to their education and training activities.

The evidence indicated that all personnel involved in administering and delivering courses, although some additional work in this area is required.

Areas of Good Practice

- The institution has adequate numbers of personnel in place.
- The composition of the institution's faculty (full-time employees) meets PHECC education and training standards.

Areas for Improvement

- Document and implement a robust and systematic approach to faculty recruitment.
- Enhance documented minimum standards to reflect the institutions specific requirements.
- Evidence provided that a robust system is in place to meet the requirements of the Child and Vulnerable persons act 2012.
- Enhance role descriptions to accurately reflect the institutions requirements.
- Ensure that all those involved in delivering and administering PHECC approved courses are made aware of their quality assurance responsibilities and maintain evidence of these activities being carried out.
- Ensure there is documented evidence of a terms of employment/agreement with all those involved in administering and/or delivering PHECC approved courses.

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takesa systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	**SM**

QRP Findings

The evidence indicated that the institution would benefit from updating their documentation to identify the training/upskilling, support and development requirements/needs of all personnel.

There is evidence that the institution has an induction programme for personnel, although it is not clear from the evidence provided that all personnel have attended induction. The evidence indicated that it needs to be updated to reflect current practice.

There is evidence that the institution has a training and development plan/programme, although it is unclear from the evidence provided how the institution identifies individual development needs.

The evidence indicated that mechanisms are in place for faculty to request support for training/upskilling. There was evidence that support, and development/upskilling has taken place for some personnel.

During discussions the MD outlined an informal process for support and supervision. The evidence indicated that the institution would benefit from a formalised support and supervision and annual appraisal system.

There was evidence provided that the institution can demonstrate that personnel have completed training/upskilling relevant to their role.

Areas of Good Practice

- Evidence is in place that upskilling has occurred.
- There are mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications.
- The institution can demonstrate that personnel have completed training/upskilling relevant to their role.

Areas for Improvement

- Evidence of a documented induction for all personnel and that it has taken place.
- A formalised system for 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.	**SM**

QRP Findings

The evidence indicated that the institution does have systems in place for regular and appropriate communication between faculty and management. During discussions the MD outlined a range of communication methods. The evidence indicated that the institution would benefit from additional documentation to support these activities and formalise the methods outlined.

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

The evidence indicated that there is a system in place to ensure that only personnel with valid certification deliver PHECC approved courses. It also indicated that the institution would benefit from updating the LMS to reflect this and ensure non-compliance would be recognised by the LMS.

There was some evidence that the activities of faculty are systematically reviewed through observation and a review of documentation. During discussions the MD outlined a process for observation. The evidence indicated that the institution would benefit from enhanced analysis of relevant documentation.

The evidence indicated that there is documented procedures for dealing with poor and unacceptable

performance of faculty. There was limited evidence provided of how this procedure was applied.

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

Areas of Good Practice

- Faculty provide course feedback.
- HR policies and procedures in place.

Areas for Improvement

- Documented systematic communications between faculty and management.
- Updating LMS to reflect faculty delivering PHECC approved courses.
- Evidence of a systematic system for monitoring faculty through observation and the analysis of relevant documentation.
- Evidence of the procedures for dealing with poor and unacceptable performance of faculty applies to all those delivering PHECC approved courses.

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

QRP Findings

The evidence indicated that the institution would benefit from having a documented collaborative provision policy, and associated procedures in place.

The institution has limited formal monitoring procedures in place for courses being delivered off-site. The institution would benefit from additional work in this area.

There was evidence provided of assigned contracts with staff and faculty.

The evidence indicated that the institution maintains up to date records of every member of staff/faculty and provides details of all faculty to PHECC.

There was some documented evidence of agreed quality assurance standards between all parties involved in the administration and delivery of PHECC approved courses.

The institution provided some evidence that it receives regular reports from faculty of education and training activities, and that reports are analysed and that actions arising analysis had taken place.

Areas of Good Practice

- A written and signed contract in place.
- The institution maintains up to date records of faculty.
- Contracted faculty details submitted to PHECC.

Areas for Improvement

- Explore developing a documented collaborative provision policy and associated procedures.
- Develop and document satisfactory procedures for monitoring faculty and maintain evidence that these activities have taken place.
- Update the QA standards between both parties to reflect current practice.
- Provide evidence of regular reports from faculty.

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.	**SM**

QRP Findings

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

The evidence indicated that course development does:

- demonstrate an appropriate balance between theory and practice
- provide a balance between presentations, group work, skills demonstrations, practical work and blended learning, as appropriate
- promote a commitment to self-directed learning, as appropriate.

The evidence also indicated that the development of course material does include:

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

Areas of Good Practice

- Course development demonstrates an appropriate balance between theory and practice.
- Course material meets PHECC requirements.

Areas for Improvement

- Update course development, delivery and review policy and procedures to reflect current practice.

Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	**SM**

QRP Findings

The evidence indicated that courses are in keeping with PHECC education and training standards and clinical practice guidelines.

The evidence indicated that student induction takes place.

The evidence indicated that all courses are delivered by appropriately qualified personnel and that relevant instructor details were recorded on course documentation.

The evidence indicated that records of student attendance are maintained.

The evidence indicated that there is no third-party delivery of learning outcomes. Limited evidence found of regular systematic monitoring and site visits. The institution would benefit from additional work in this area.

Areas of Good Practice

- Courses delivered are delivered in keeping with PHECC education and training standards and clinical practice guidelines.
- Student induction takes place.

- Courses are delivered by appropriately qualified personnel.
- Student attendance records are maintained.

Areas for Improvement

- Regular systematic monitoring and site visits.

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.	**SM**

QRP Findings

The evidence indicated that the institution has clear admission and entry criteria and information provided to students about the structure, duration, fees, etc.

The institution does not recognise RPL for the PHECC approved programmes that they currently deliver.

Areas of Good Practice

- Information is provided to students so they can make an informed choice about course participation.

Areas for Improvement

- Ensure all students are fully aware that RPL is not available for the PHECC approved courses currently offered.

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

QRP Findings

The evidence indicated that the institution would benefit from additional documentation for course review and evaluation to ensure that all stakeholders can contribute to the process.

The evidence indicated that the institution has identified areas for improvement and actions have been agreed and included in the quality improvement plan.

Areas of Good Practice

- Students have an opportunity to provide feedback during and after their course.
- Faculty have an opportunity to provide feedback during and after their course.

Areas for Improvement

- Course evaluation process.
- Course evaluations documented.

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.	**SM**

QRP Findings

The evidence indicated that the institution has an assessment policy and procedure.

The evidence indicated that appropriate assessment methodology is used, it is clear when PHECC assessment material is used, students have access to information necessary for them to participate in assessment and receive feedback on their assessment.

There is some evidence to indicate that the institution and students benefit from documentation and information about the adaptation of assessment methodologies that caters for students with additional support needs.

Is it unclear from the evidence provided who has responsibility for managing the PHECC certification system at responder level and practitioner level.

There is some evidence provided that results approval takes place, although not clear of the format. Some additional work in this area is required to reflect current practice.

Areas of Good Practice

- PHECC assessment methodology and material is used for courses.
- The institution has an assessment policy and associated procedures.
- Students have access to the information necessary for them to participate in assessment and receive feedback.
- The institution has a student appeals policy and associated procedures.

Areas for Improvement

- It is unclear who has responsibility for managing the PHECC certification system at responder level and practitioner level
- The institution has a procedure for results approval, although some additional work in this area is required to reflect current practice.

7. Conclusion and **Outcome**

Rating	**3.1**
Level	**Substantively Met (SM)** – Substantive evidence of organisation wide compliance
Conclusion	The evidence indicated that the quality assurance systems in place, at the time of review, generally reflects current practice and is effective, fit for purpose, meets PHECC education and training standards, meets PHECC Quality Review Framework requirements and are consistent with relevant legislation. The evidence indicated that the institution has a number of robust policies and procedures already in use throughout the institutions work. There are occasions where these need to better reflect PHECCs standards of education and training, although a number of policies are already imbedded within the PHECC standards. The evidence also indicated that the management of the institution is aware of a number of points raised at the review and have already identified these workstreams. The evidence indicated that a small range of areas require prioritisation by the institute in meeting its obligations under the PHECC Quality Improvement Framework and associated documents. The completion of the identified improvement actions should be communicated to PHECC on request, in a timely manner.

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