Qualtec

Quality Standards Review
On-Site Report

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1.0 Introduction

This report has been produced following the first review of the recognised institutions(RI) processes that support the design, deliver and review of the Pre-Hospital Emergency Care Council's (PHECC) approved courses. This is the first step in the quality improvement cycle as outlined in PHECC's Quality Review Framework (QRF). The result of this review provides both PHECC and the RI with baseline information which will inform continuous quality improvement to be outlined in the institutions Quality Improvement Plan (QIP). The review was carried out with the underlying principle of the RI "Saying what they do, doing what they say and proving it with verifiable documented evidence".

Figure 1: The QRF Building Blocks:

1.1 Institution Details

Name	Optimise Management Consultants – Trading as Qualtec
Profile	A private company and a PHECC recognised institution since 2011.
PHECC courses being delivered	Cardiac First Response – Community Cardiac First Response – Instructor
Higher Education Affiliation	None
Address	7 The Arches, Maynooth, Co. Kildare

1.2 Reports Details

Date of on-site visit	21-07-16
Quality Review Panel (QRP)	
P Collins	QRP Chair – Independent
J Donaghy	QRP Member – Independent
K Walsh	QRP Member – PHECC
RI Representatives	
Sean Kelleher	Company Director – Lead Instructor
Date of Council Approval	15-12-2016

1.3 Scope of the Review

The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework. The Cardiac First Response – instructor (CFR-I) was selected to provide context.

2.0 Review Findings

2.1 Meetings and Discussions

Type	Comments
Entry Meeting	The QRP met with one representative on arrival. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
Staff Discussions	None
Learner Discussions	None
Exit Meeting	The QRP met with one representative. The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

2.2 Observation of Facilities and Resources

Area	Comments
Facilities	All the RIs training activities take place in external venues.
Resources	Resources are stored at the RIs main office and allocated from here for each course.

2.3 Evidence Reviewed – Documents/IT

The records and systems listed below were reviewed and discussed throughout the on-site visit

- Website
- Organisational Chart
- Student Information – Excel
- SAGE ACT System
- Lesson Plans
- Quality Policy
- Student Charter
- Student Evaluation Form
- Mission Statement
- Communications Policy
- Admissions Policy
- RPL Policy
- Equality and Diversity Policy
- Appeals Policy
- Venue Checklist
- Resource Checklist
- Resource Maintenance Schedule/Checklist
- Health and Safety Statement
- Health and Safety Policy
- Staff Recruitment and Development Policy
- Sign In Sheets
- Assessment Policy

2.4 Quality Standards – Review

Section One: Organisational Structure and Management	
Standard	**QRP Findings**
1.1 Governance - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.	The organisational chart was available for review and reflects the overall structure of the Recognised Institution (RI). It was evident from documentation who has responsibility for the quality assurance of PHECC courses. Internal course approval processes need to be documented to ensure a separation of those who design and develop (e.g. make changes, updates) and those who approve courses. Results approval process to be updated. Courses are submitted to PHECC for approval as per guidelines. Evidence was provided that self-assessment has been carried out, with the PHECC RISAR and quality improvement plan being utilised. Self-assessment procedures to be updated to include stakeholder feedback.
1.2 Management Systems and Organisational Processes - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.	There is no documented policy and procedures for information management/data protection. However there is a comprehensive IT system in place for storing and controlling data. Computers are password protected and access is limited to authorised personnel. Student records are kept in hard copy and are stored in a secure location in the main office. The database for faculty was reviewed and was found to be effective in managing faculty records. Quantitative measures are in place to capture information to inform practice. PHECC certification is carried out according to guidelines.
1.3 Management Responsibility - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	The company director has overall responsibility for the quality assurance of PHECC approved courses as evidenced on the organisational chart. During discussions the RI representative outlined how faculty members are made aware of their responsibilities for the quality of PHECC approved courses. However there was no documented evidence to support this. There was evidence provided that internal verification has taken place.
1.4 Self-Assessment, External Evaluation and Improvement Planning - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which	A quality policy and procedures are documented and are being updated to reflect current practice. While there was evidence of student and faculty feedback there was no evidence to show that this was utilised during self-assessment. Updates to student evaluation forms are planned. The PHECC RISAR and quality improvement plan were utilised for the self-assessment and will be updated with agreed actions following the review process.

includes external evaluation.	
1.5 Transparency and Accountability - The institution conducts its activities in an open and transparent manner.	The RI website and promotional material provides sufficient information to allow potential students to make an informed choice about course participation. Evidence was available to suggest students are made aware of the educational supports available to them during their course. At the time of review course reports were not completed by faculty.
1.6 Administration – Administration arrangements meet the needs of all stakeholder groups.	During discussions the RI representative outlined the procedures for course administration pre, during and post course. However responsibility for administrative tasks is not clearly allocated. Procedures for administrative tasks are not documented. The RI representative noted in their RISAR that this was an area that needed to be strengthened.
1.7 Financial Management - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.	The RI is fully compliant with all relevant financial requirements and PHECC has verified this prior to the on-site review.

Section Two: The Learning Environment	
Standards	QRP Findings
2.1 Education and Training Mission Statement - The Mission of the Institution is appropriately focused with education and training as a core activity.	The RI demonstrates its commitment to quality training through its mission statement and student charter. The RI communicates its mission statement to all stakeholders through its website and on relevant documentation.
2.2 Communication with Students and Other Stakeholders - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	There is a communications policy documented that is to be updated to reflect current practice. During discussions and in their RISAR the RI outlined a range of methods used to communicate with students and associated stakeholders, including: website, email, text, evaluation forms and informal meetings. Evaluation forms are being updated. Students have the opportunity throughout their course to meet with their instructor one to one to discuss any issues they may have. However there was no evidence of these activities taking place. Records to provide evidence of meetings and additional support provided need to be maintained.
2.3 Course Access, Transfer and Progression - Course information in clear, access is fair and consistent, with recognition of prior learning, as appropriate.	There is an admissions policy documented which is to be updated to reflect current practice. The website and promotional material provides potential students with sufficient information to make an informed choice about participation in a course. Entry criteria is clearly outlined. There is an RPL policy in place for relevant courses. During discussions the RI representative outlined the procedure for RPL. However there is no documented evidence for this. The RPL policy and procedures need to be updated to reflect current practice.
2.4 Equality and Diversity - There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.	There is an equality and diversity policy documented which is to be updated to reflect current practice. There was no evidence that information or training on equality and diversity is provided to faculty. During discussions RI representative outlined and gave examples of how they accommodate individuals with additional support needs. These activities are not documented. At time of review there are no codes of practice documented.
2.5 Complaints and Appeals - Complaints and Appeals Processes are open, transparent and accessible to students and other	The RI has documented policies on complaints/grievance and appeals which were available for review and are on the RI website. During discussions the RI indicated that these policies are to be updated to reflect current practice.

stakeholders.	
2.6 Training Infrastructure - Courses are carried in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.	During discussions the RI representative indicated that training is carried out externally in rented premises. There is a premises selection criteria for each course. Records of venue checks need to be maintained. Sufficient resources are available for each course. There is a resource checklist available for each course. There is no documented procedures for the maintenance and cleaning of equipment. However there was evidence that these activities are being carried out.
2.7 Health and Safety - A safe and healthy environment exists in the institution.	The RI has a health and safety statement which is available to all stakeholders. Health and safety procedures are in place and in line with relevant legislation. Plans are being put in place to ensure that health and safety checks are documented for external venues and records maintained.
2.8 Social Environment - A positive, encouraging, safe, challenging and caring environment is provided for faculty and learners.	Discussions indicated that faculty are encouraged to provide students with interesting and challenging learning opportunities. Evidence provided from the evaluation forms indicated that students have positive learning experiences. The RI is fully compliant with PHECC requirements on instructor/student ratios.

Section Three: Faculty Recruitment and Development	
Standards	**QRP Findings**
3.1 Organisational Staffing - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.	There is a recruitment and development policy in place. This needs to be updated to reflect current practice. The RI representative indicated during discussions and in their RISAR that faculty are not fully aware of their quality responsibilities. Roles and responsibilities need to be developed to include quality assurance responsibility. Documentation indicates that the RI meets the minimum faculty requirements for course approval.
3.2 Faculty Recruitment - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.	During discussions the RI representative indicated that they have selection criteria for faculty. However there are no documented role descriptions for faculty. The company director/lead instructor is solely responsible for faculty recruitment. Documentation indicates that the RI meets the minimum faculty requirements for course approval.
3.3 Faculty Development and Training - Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the institution.	There are no documented procedures in place for the continuous professional development (CPD) of faculty. However during discussions the RI representative outlined a comprehensive programme of CPD being undertaken by faculty. Evidence was provided to support this. The RI representative also indicated that faculty members receive an induction and any updates are communicated during informal meetings. There is no evidence to indicate that induction had taken place. Instructors are provided with opportunities to highlight upskilling requirements through formal and informal meetings. There are no records of these meetings.
3.4 Communication with Faculty - Two way communication systems are in place between management and faculty.	There is a documented communications policy and procedures which need to be updated to reflect current practice. During discussions the RI representative described a range of formal and informal methods of communication between faculty and management. The discussion also indicated that regular communication takes place between management and faculty before i.e. during and after each course.
3.5 Work Placement and Internship - Host organisations (internship sites) are appropriate to the course content and	Not Applicable

learning outcomes to be achieved (NQEMT courses only).	
3.6 Faculty and Stakeholder Management - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.	The evidence provided indicates that faculty meet the minimum requirements set by PHECC to deliver courses. The system in place ensures that only instructors will valid certification all allocated to carry out courses. During discussions the RI representative stated that all new instructors are observed and required to co present before delivering courses individually. There was no evidence to support this. Faculty records were available for review and were found to be adequate. Course documentation was reviewed and contained the information of the relevant instructor.
3.7 Collaborative Provision - Appropriate contractual arrangements are in place with affiliated instructors.	Not Applicable

Section Four: Course Development, Delivery and Review	
Standards	QRP Findings
4.1 Course Development - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.	There is a course development policy in place which needs to be updated to reflect current practice. Lesson plans were available to view which showed that appropriate activities were being carried out to allow students to meet the learning objectives. Timetables for courses are available for students. Course information is clearly stated and outlined on the website and promotional material. Documentation also indicated that appropriate student/tutor ratios are maintained.
4.2 Course Approval - There are clear guidelines for course approval.	During discussions RI representatives outlined a process for internal course approval. However this process is not documented at the time of review. All the information required for PHECC course approval has been supplied.
4.3 Course Delivery, methods of theoretical and clinical Instruction - Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	There is a documented policy and procedures for course delivery which needs to be updated to reflect current practice. During discussions the RI representative indicated the student induction takes place. However there was no evidence to support this. Attendance records are maintained for each course and were available for review. The evidence indicated that all courses are delivered by appropriately qualified and certified instructors. The lesson plans viewed indicate that course content encourages students to take responsibility for their own learning and meets PHECC education and training guidelines.
4.4 Course Review - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	There is no documented procedure in place for carrying out course reviews. Student course evaluation forms were available for review. During discussions RI representatives indicated that informal meetings take place with stakeholders to discuss training activities. However there was no evidence to indicate these activities had taken place. At the time of review there are no course evaluation reports being completed by faculty. The RI has submitted a quality improvement plan based on their self-assessment findings which will be updated based on the findings from the external review.
4.5 Assessment and Awards - Assessment of student achievement for certification operates in a fair and consistent manner	There is a documented policy and procedures in place which needs to be updated to reflect current practice. The evidence provided indicates that appropriate methods are used on all courses and it is clearly stated when PHECC assessment material is being used. Students are provided with assessment

by all tutors and instructors in line with PHECC assessment criteria.	information prior to and during their course. However during discussions the RI representative indicated that practical assessments may be visually recorded. Procedures need to be included to inform students of this and obtain their consent to do so. RI representatives indicated that students are provided with reasonable accommodation on request. These requests are not documented. Assessment related material is stored centrally and only issued upon request by the instructor. Responsibility for the PHECC certification system is allocated to a named member of staff.
4.6 Internal Verification - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.	The RI representative indicated in discussion that internal verification takes place on all courses. However there was no evidence to support this. There are no documented procedures in place for internal verification.
4.7 External Authentication - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.	External authentication is currently carried out by PHECC. However the RI presented evidence of external authentication being carried out by an external evaluator which is an example of good practice. Plans are being put in place for this activity to be carried out periodically.
4.8 Results Approval - A results approval process operates in the institution.	There is no formal results approval process documented. During discussions the RI representative indicated that the instructor checks the results and they are checked again by the company director. There was evidence to support this Once checked the results are made available and the certificates are issued to students.
4.9 Student Appeals - A process is in place for students to appeal their approved result.	There is an appeals policy in place, however this needs to be updated to reflect current practice. This process is made available to students on the RI website and during their course.

3.0 Conclusions and Outcomes

The findings from the review indicate that the recognised institution met or part met 100% of the applicable quality standards set out in the PHECC quality review framework. There are policies and procedures in place that indicate a commitment to internal quality assurance and continuous quality improvement (CQI). However the policies and associated procedures need to be updated to reflect current practices. Sources of evidence also need to be strengthened. When complete this will provide evidence of a commitment to the ongoing quality assurance of PHECC approved courses and full engagement with the process. The updates and revisions highlighted during discussions, when implemented as part of the quality improvement plan, will ensure that the RI meets all the PHECC quality standards. The evidence provided would support the conclusion that the RI's activities when supported by appropriately focused and updated policies and procedures meet the requirements to carry out PHECC approved courses.