

Quality Review Framework

Composite Report

Emergency Care Group

## Table of Contents

<b>1. Institution Details</b> .....	1
<b>2. Review Details</b> .....	1
<b>3. Report Details</b> .....	1
<b>4. Review Activities</b> .....	2
4.1 Meetings .....	2
4.2 Stakeholder Discussions.....	2
<b>4.3 Document Review</b> .....	3
4.4 Observation of Practice, Facilities and Resources .....	3
<b>5. Compliance Rating and Level</b> .....	4
<b>6. QRP Findings</b> .....	5
6.1 Theme 1: Organisational Structure and Management .....	5
6.2 Theme 2: The Learning Environment.....	8
6.3 Theme 3: Human Resource Management .....	11
6.4 Theme 4: Course Development, Delivery and Review.....	14
<b>7. Conclusion and Outcome</b> .....	17


## 1. Institution Details

<b>Name</b>	Emergency Care Group
<b>Address</b>	Unit 17 Westlink Ind. Est. Dublin 10
<b>Type of Organisation</b>	Private company
<b>Profile</b>	An approved RI/ATI since December 2007
<b>PHECC Courses Delivered</b>	CFR-C CFR-A FAR EFR FAR Instructor CFR Instructor
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	<ul style="list-style-type: none"> <li>To facilitate the enhancement of a successful learning experience for students</li> <li>To foster a culture of Continuous Quality Improvement in Institutions</li> <li>To generate public confidence in the standard of education and training in pre-hospital emergency care</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>The review covered all aspects of the Institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework.</li> </ul>
<b>Date of the Desktop Review</b>	February 2024
<b>Date of Onsite Review</b>	04/03/2024

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	17/04/2024
<b>Final report sent to Institution</b>	05/06/2024
<b>Director Approval Date</b>	 05/06/2024
<b>Report Compiled by</b>	PHECC QRF Assessment Team

## 4. Review Activities

### 4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	Role
PHECC	PHECC QRF Assessment Team x 3
Emergency Care Group	Owner/Managing Director
	Training Coordinator
	Instructor
Closing Meeting (add rows as required)	
Organisation	Role
PHECC	PHECC QRF Assessment Team x 3
Emergency Care Group	Owner/Managing Director
	Training Coordinator
	Instructor

### 4.2 Stakeholder Discussions

Title/Group	Role
Senior Management	Owner/Managing Director
Administration	Training Coordinator
Faculty	FAR Instructor

### 4.3 Document Review

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

<ul style="list-style-type: none"> <li>• 2023 Self-assessment report</li> <li>• A .Management policies and procedures</li> <li>• Course development and approval form</li> <li>• Course document pack – Booking form, attendance form, student details form, participant and instructor evaluation forms.</li> <li>• Instructor monitoring records</li> <li>• Booking confirmation sample</li> <li>• Sample instructor evaluation forms x 2</li> <li>• Internal verification process</li> <li>• FAR instructor refresher lesson plans</li> <li>• PHECC named faculty form – responder courses</li> <li>• External authentication report – 2023</li> <li>• Sample assessment material – CCFR-C COURSE</li> </ul>	<ul style="list-style-type: none"> <li>• Certification of incorporation</li> <li>• Organisational chart(s)</li> <li>• Course delivery evaluation form</li> <li>• Safety statement</li> <li>• C. Faculty recruitment and development policies and procedures</li> <li>• Faculty details – sample</li> <li>• Finance details</li> <li>• FAR course resource list</li> <li>• Attendance form</li> <li>• CFA-A Equipment list</li> <li>• Internal verification form</li> <li>• Course notes – sample</li> <li>• FAR Instructor induction presentation</li> <li>• FAR instructor PowerPoint presentation</li> <li>• D Course development, delivery and review policies and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Training meeting records x 4</li> <li>• Internal verification form</li> <li>• Insurance certificate</li> <li>• B Learning environment policies and procedures</li> <li>• Faculty certification list - sample</li> <li>• External faculty registration x 2 – sample</li> <li>• Equipment sign-out sheet</li> <li>• Reporting procedures</li> <li>• FAR course timetable</li> <li>• CFR Equipment list</li> <li>• FAR course booking form sample</li> <li>• Faculty induction questionnaire</li> <li>• CFC-C assessment sheet – sample</li> <li>• FAR refresher MCQ – sample</li> <li>• Sample attendance sheet</li> <li>• Results approval report</li> </ul>
---	---	--

### 4.4 Observation of Practice, Facilities and Resources

#### Practice – e.g., Course delivery, administration, clinical placement

Location	Comments
Online	N/A

#### Facilities

Location	Comments
Online	N/A

#### Resources – e.g., equipment, ICT, course material, etc

Location	Comments
Online	N/A

## 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>MNM</b>
<b>QRP Findings</b>		
<p>During discussions, representatives described the education and training governance systems that support PHECC approved courses. The evidence provided during discussions indicated objective oversight and a clear separation between those who design/develop courses and those who approve them.</p> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Systematically updating the organisational charts to accurately reflect current practice and training governance</li> <li>• Updating documentation to reflect the practice of convening groups/individuals to carry out oversight activities</li> <li>• Systematically reviewing and updating sub-group terms of reference and roles descriptions to accurately reflect current practice</li> <li>• Developing/updating procedures for identifying, assessing, and managing risk</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Systems in place to ensure oversight of education and training activities and a separation between those who design/develop courses and those who approve them</li> <li>• Records maintained of self-assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Organisational Chart – To reflect education and training governance</li> <li>• Procedure for convening sub-groups</li> <li>• Sub-group terms of reference and individual role/job descriptions</li> <li>• Risk Management</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 provided 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 relevant stakeholders</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Updating all the tasks associated with student entry to exit outlined during discussions</li> <li>• Capturing and maintaining all student records</li> </ul>		

<ul style="list-style-type: none"> <li>• Updating and maintaining faculty records</li> <li>• Updating existing and adding new documentation to support data protection activities</li> <li>• Additional support to ensure all quality assurance activities outlined in the documentation and during discussions are systematically and consistently carried out</li> <li>• Updating documentation of insurance obligations for faculty and maintaining relevant records</li> <li>• Updating documentation to ensure obligations under the National Vetting Bureau (Child and Vulnerable Persons) Act 2012 are being fully met</li> <li>• Updating the complaints policy to reflect current practice and implementing systems to ensure that all stakeholders are made aware of it</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Financial standing with relevant stakeholders</li> <li>• Systems for maintaining student and faculty records</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documented tasks from student entry to exit</li> <li>• Maintaining up to date student and faculty records</li> <li>• Data Protection policy, procedures and supporting documents</li> <li>• Finance and Human Resources to support quality assurance activities</li> <li>• Insurance details</li> <li>• Raising awareness of the Complaints Policy and procedures</li> <li>• Safeguarding Policy and procedures</li> </ul>		
<b>Quality Area</b>	<b>1.3 Continuous Quality Improvement</b>	<b>Level</b>
<b>Quality Standard</b>	The Institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• The Managing Director has overall responsibility for the quality assurance of PHECC approved courses</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Developing/updating a CQI/Quality Policy, and associated procedures, that states the Institution’s commitment to systematic monitoring, annual self-assessment and quality improvement</li> <li>• Maintaining records that all those involved in education and training activities have been made aware of their responsibilities for the quality assurance of PHECC-approved courses</li> <li>• Developing key performance indicators (KPI) and linking them in the documentation to all aspects of education and training for monitoring purposes</li> <li>• Maintaining up to date records of the collection, analysis and use of student, faculty and other stakeholder feedback and student participation, success, and progression</li> <li>• Maintaining up to date records of the review of learning resources and locations</li> <li>• The systematic review of policies, procedures and supporting documents to ensure they are effective, fit for purpose and are consistent with the requirements of relevant legislation</li> <li>• Ensuring all action items identified during quality improvement activities are included in the quality improvement plan for implementation</li> </ul>		



<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Overall responsibility and delegated authority for quality assurance activities</li> <li>• Awareness among personnel of their quality assurance responsibilities</li> <li>• Documented evidence of quality improvement planning and implementation</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• CQI/Quality Policy, associated procedures and supporting documents</li> <li>• Quality assurance responsibility awareness records</li> <li>• Performance indicators and links to education and training activities</li> <li>• Records of the systematic analysis and use of student, faculty, and other stakeholder feedback</li> <li>• Records of the review of learning resources and locations</li> <li>• Systematic review of policies, procedures and supporting documents</li> <li>• Quality improvement action implementation</li> </ul>		
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>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Has procedures in place to ensure that certificate activity reports, the annual report (including a disclosure of all faculty members) and any other targeted information requests are submitted to PHECC</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Maintaining up-to-date records of all internal reporting activities</li> <li>• Developing/updating documentation and systems that clearly outlines the responsibility for all tasks (from student entry to exit), which are clearly linked to relevant KPI</li> <li>• Ensuring that all prospective students are provided with sufficient information to make an informed choice about course participation</li> <li>• Ensuring that the public are made aware of any third-party relationships related to PHECC-approved courses and the responsibilities of those involved</li> <li>• Developing/updating documentation to provide other stakeholders with information and to obtain information from them (feedback, updates, etc.)</li> </ul> <p>During discussions representatives indicated that information about the Institution’s quality assurance system and external reviews would be made available to the public in an easily accessible format (e.g. on the website)</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Provision of information to prospective students</li> <li>• Responsibility for reporting to PHECC allocated</li> </ul>		
<b>Areas for Improvement</b>		

- Internal reporting on all PHECC approved courses
- Allocating responsibility for all tasks from student entry to exit and ensuring that they are clearly linked to relevant performance indicators
- Procedures for obtaining and providing information to external stakeholders
- Public awareness of third-party relationships, the quality assurance system, and external reviews

## 6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	MNM
<b>QRP Findings</b>		
<p>During discussions and in the documentation provided for review representatives outlined and described a range of activities to demonstrate compliance with their safety, health, and welfare at work legislative obligations.</p> <ul style="list-style-type: none"> <li>• The evidence provided indicated that the Institution would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice</li> </ul> <p>During discussions representatives described the systems that are in place to regularly maintain and update equipment and for ensuring that all resources are fit for purpose and accessible.</p> <ul style="list-style-type: none"> <li>• The evidence indicated that the Institution would benefit from new/updated documentation to support these activities</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Maintaining up to date records that appropriate training premises are selected and used to deliver PHECC approved courses</li> <li>• Developing/updating the selection criterion and checklist for external premises to be used for the delivery of PHECC approved courses</li> <li>• Maintaining up to date records that appropriate equipment/resources are available and have been used for each course</li> <li>• Maintaining records that all resources are fit for purpose and accessible</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Safety, Health, and Welfare practice</li> <li>• Equipment and resource availability</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Safety, Health, and Welfare supporting documentation</li> <li>• Premises selection documentation</li> <li>• Equipment/Resources supporting documents</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>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution has in place and engages appropriately qualified and experienced personnel to support students.</p> <ul style="list-style-type: none"> <li>• The evidence also indicated that the Institution and students would benefit from additional personnel to support the activities described in the documentation and during discussions</li> </ul> <p>During discussions representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they make students aware of the supports available to them before, during and after their course</li> <li>• The opportunities provided for students to meet individually and collectively with faculty and/or management</li> <li>• How they obtain information from potential and existing students about any additional support needs they may have</li> <li>• How up-to-date resources (appropriate to the level of the course) are made available to students</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice.</p> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Records that appropriate student/faculty ratios are maintained on all courses</li> <li>• Developing/updating documentation to obtain information from potential and existing students of any additional support needs they may have</li> <li>• Developing/updating documentation/mechanisms about reasonable accommodation for students with additional support needs</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel</li> <li>• Student support practice</li> <li>• Student resources</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Student support personnel</li> <li>• Information provision about student supports</li> <li>• Student/faculty ratio details</li> <li>• Procedures for obtaining information about additional support needs</li> <li>• Information for students about opportunities to meet with faculty/management</li> <li>• Information about the availability of resources</li> </ul>		

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	MNM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Updating the equality and diversity policy and procedures to reflect the practice described during discussions</li> <li>Ensuring that all relevant policies and procedures are legislatively compliant and promote equality</li> <li>New/updated codes of conduct staff, faculty, and other stakeholders</li> </ul> <p>During discussions and in the documentation provided for review representatives outlined and described:</p> <ul style="list-style-type: none"> <li>How students, faculty and other stakeholders have been made aware of the equality and diversity policy and procedures</li> <li>How faculty are provided with up-to-date equality and diversity information and training</li> <li>How course delivery accommodates the cultural backgrounds and different learning styles of students</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation to support the implementation of these activities and maintaining records of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Equality and Diversity Policy and procedures</li> <li>Equality and diversity practice</li> <li>Course delivery</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>New/updated policies and procedures to reflect current practice and ensure legislative compliance</li> <li>Raising awareness of the policy and procedures</li> <li>Information and training records</li> <li>Codes of conduct</li> </ul>		

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	<i>INQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	N/A
<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
<b>Quality Standard</b>	The Institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• How they recruit appropriately qualified and experienced personnel to carry out education and training activities</li> <li>• The minimum standards that are in place for the academic and subject matter experience of faculty</li> <li>• How all personnel are made aware of and carry out their quality assurance responsibilities</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to support the activities described during discussions.</p> <p>The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Maintaining records that demonstrates that the composition of the Institution’s personnel meets PHECC education and training standards for each course on offer</li> <li>• New/updated job descriptions and terms of engagement/contracts for all personnel</li> <li>• Updating documentation to ensure obligations under the National Vetting Bureau (Child and Vulnerable Persons) Act 2012 are being fully met</li> </ul> <p>The evidence provided indicated that Institution would benefit from additional administrative, quality management/assurance support. This would ensure that the Institution would have the capacity to:</p> <ul style="list-style-type: none"> <li>• Carry out all the activities described in the policies and procedures</li> <li>• Systematically organise, deliver, and monitor the quality of courses and awards</li> <li>• Ensure full compliance with the Quality Review Framework Standard</li> <li>• During discussions representatives provided a detailed description of their role and responsibilities.</li> </ul> <p>The evidence indicated that the Institution and all personnel would benefit from a systematic approach to reviewing and updating job descriptions</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• The composition of faculty</li> <li>• Minimum standards for faculty</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Recruitment systems</li> <li>• Documented minimum standards for all personnel</li> <li>• Additional support to: <ul style="list-style-type: none"> <li>- Carry out all the activities described in the policies and procedures</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>• Quality assurance roles and responsibilities awareness</li> <li>• Safeguarding</li> <li>• Job/role descriptions</li> <li>• Terms of employment/engagement</li> </ul>		

Quality Area	3.2 Personnel Development	Level
<b>Quality Standard</b>	The Institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	<b>MNM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from new/updated documentation and systems to support:</p> <ul style="list-style-type: none"> <li>• The identification of training/upskilling requirements for personnel</li> <li>• Comprehensive specific induction for all personnel</li> <li>• Training and development plan/programmes that detail how the Institution meets the support and development needs of relevant personnel</li> <li>• Maintaining records of upskilling, including CPGs when required</li> <li>• Mechanisms in place for faculty to request support for training/upskilling and to achieve additional qualifications</li> <li>• Formalised support and supervision and annual appraisal</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Faculty induction</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Training/upskilling procedures and records</li> <li>• Induction for all personnel</li> <li>• Formalised support, supervision, and annual appraisal</li> </ul>		
Quality Area	3.3 Personnel Management	Level
<b>Quality Standard</b>	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Has procedures in place for dealing with poor and unacceptable performance of faculty</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• New/updated documentation and systems for regular and appropriate communication between faculty and management</li> <li>• Maintaining course reports from all faculty</li> <li>• New/updated documentation that supports the processes outlined during discussions that ensures that only personnel with valid certification deliver PHECC-approved courses</li> <li>• Carrying out and maintain records of the systematic monitoring of faculty through observation and the analysis of relevant documentation</li> <li>• Ensuring that appropriate HR policies and procedures are in place to meet its legislative obligations</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented procedures for dealing with poor and unacceptable performance of faculty</li> </ul>		

<ul style="list-style-type: none"> <li>System for ensuring only personnel with valid certification deliver PHECC approved courses</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Documented communication systems</li> <li>Faculty course reports</li> <li>Faculty monitoring</li> <li>HR policies and procedures</li> </ul>		
<b>Quality Area</b>	<b>3.4 Collaborative Provision</b>	<b>Level</b>
<b>Quality Standard</b>	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives outlined and described the relationship with contracted faculty and the contractual and quality assurance arrangements that are in place. The evidence provided indicated that the Institution and contracted faculty would benefit from a documented collaborative provision policy and associated procedures that:</p> <ul style="list-style-type: none"> <li>Clearly states that the Institution retains full control and responsibility for academic decisions and quality assurance</li> <li>Clearly states that the Institution is responsible for activities carried out in its name</li> <li>Outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses</li> <li>Clearly details the responsibilities of each party for the quality assurance of PHECC approved courses</li> </ul> <p>During discussions representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The monitoring that is in place for courses being delivered by contracted faculty</li> <li>The agreed quality assurance activities with contracted faculty</li> <li>Faculty reports, the analysis and how any actions arising are managed</li> </ul> <p>The evidence indicated the Institution would benefit from, a) new/updated documentation to support these activities and b) maintaining records of these activities</p> <p>The evidence indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Having a written agreement/contract in place with contracted faculty</li> <li>Maintaining records of all contracted faculty and ensuring they are submitted to PHECC</li> <li>Collecting, analysing, and using reports obtained from all contracted faculty</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Faculty monitoring (documentation)</li> <li>Faculty details submitted to PHECC</li> <li>Faculty reporting practice</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Collaborative provision policy and associated procedures</li> <li>Faculty monitoring (observation)</li> <li>Faculty contracts and records</li> </ul>		

- Faculty reporting and analysis

## 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>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Has a course development, delivery, and review policy</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to:</p> <ul style="list-style-type: none"> <li>• Support course development, delivery, and review</li> <li>• Ensure a systematic approach to course approval</li> <li>• Ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines or examination standards are implemented</li> <li>• Ensure that course development reflects all PHECC requirements</li> </ul> <p>The evidence provided indicated that the Institution, students, and faculty would benefit from new/updated course development documentation to ensure that all courses:</p> <ul style="list-style-type: none"> <li>• Demonstrate an appropriate balance between theory and practice</li> <li>• Provide a balance between presentations, group work, skills demonstrations, practical work, and blended learning, as appropriate</li> <li>• Promotes a commitment to self-directed learning, as appropriate</li> </ul> <p>The evidence provided also indicated that the Institution, students, and faculty would benefit from the systematic review and updating of course material, ensuring that there are:</p> <ul style="list-style-type: none"> <li>• Clearly outlined aims and objectives, detailing competencies to be achieved by students</li> <li>• Detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons</li> <li>• Detailed timetable, time on each topic, teaching method, and tutor/instructor name etc</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course development practice</li> <li>• Course material development</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery, and review documentation</li> <li>• Course approval documentation, i.e., procedures and evidence of practice</li> <li>• Course version and document control</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 outlined and described a comprehensive range of activities associated with courses delivery. The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Additional records to demonstrate that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines</li> <li>• Additional records that all students have participated in induction</li> <li>• Maintaining records to demonstrate that all courses are delivered by appropriately qualified personnel</li> <li>• Maintaining up to date records of all courses, including sign-in sheets and faculty details on all relevant course documentation</li> <li>• Additional documentation that supports student remediation described during discussions</li> <li>• Additional/updated documentation to support the monitoring of the delivery of learning outcomes by third parties, including site visits</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Remediation practice</li> <li>• Induction practice</li> <li>• Qualified faculty</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Faculty monitoring records</li> <li>• Induction records</li> <li>• Course records</li> <li>• Student remediation documentation</li> </ul>		
Quality Area	4.3 Course Access, Transfer and Progression	Level
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	MDM
<b>QRP Findings</b>		
<p>During discussions and in the documentation provided for review representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The admissions policy/entry criteria for each course</li> <li>• The information that is available to prospective students to make an informed choice about course participation</li> <li>• How information for students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes is made available</li> <li>• The procedures for RPL adhere to the guidelines for each individual course</li> </ul> <p>The evidence provided indicated that the Institution and students would benefit from new/updated documentation and information to support these activities and provide evidence of practice</p>		

Areas of Good Practice		
<ul style="list-style-type: none"> <li>Documented admissions policy and/or course entry criteria</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>Admissions policy and procedures</li> <li>Prospective student information</li> <li>Recognition of prior learning information</li> </ul>		
Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	SM
QRP Findings		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>Has documented procedures for course review</li> <li>Provides students and faculty with the opportunity to provide feedback during and after their course</li> <li>Ensures that the tutor/instructor or course director participates in course evaluation</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>Ensuring that course evaluation involves key stakeholders, including employers, as appropriate</li> <li>Ensuring that all improvement actions identified are included in the quality improvement plan and completed within the stated time</li> </ul>		
Areas of Good Practice		
<ul style="list-style-type: none"> <li>Course review documents</li> <li>Student and faculty feedback opportunities</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>Course review documentation</li> <li>Course evaluation by all key stakeholders</li> <li>Quality improvement planning and Implementation</li> </ul>		
Quality Area	4.5 Assessment and Awards	Level
Quality Standard	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	MNM
QRP Findings		
<p>The evidence indicated that the Institution would benefit from updating the assessment policies and procedures to reflect current practice and all PHECC requirements.</p> <p>During discussions and in the documentation, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The assessment methodology used for all courses</li> <li>When PHECC assessment material is used</li> <li>How students are provided with information necessary for them to participate in assessment</li> </ul>		

<ul style="list-style-type: none"> <li>• How students are provided with assessment feedback</li> <li>• How they adapt assessment methodologies to cater for students with additional support needs</li> <li>• Who has responsibility for assessment material and how it is secured</li> <li>• Responsibility for the PHECC certification system</li> <li>• The internal verification, external authentication, and results approval processes</li> <li>• The student appeals process</li> </ul> <p>The evidence provided indicated that the Institution, faculty, and students would benefit from new/updated documentation to support and enhance all these activities, including up to date evidence of practice in line with activities described in discussions and relevant documents.</p>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>• Assessment methodology</li> <li>• PHECC certification system – practice</li> <li>• Internal verification – practice</li> </ul>
<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Assessment policy and procedures, including a procedure for adapting assessment methodology</li> <li>• Job description relevant to management of the PHECC certification system</li> <li>• Security of assessment related material</li> <li>• Internal verification</li> <li>• External authentication</li> <li>• Results approval</li> <li>• Students appeals</li> </ul>

## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.80</b>
<b>Level</b>	<b>Minimally Met (MNM)</b>
<b>Conclusion</b>	<p>The PHECC QRF Assessment Team had the opportunity to review a range of documentation provided for a desktop review and also when requested during discussions. The review was carried out virtually and provided the Assessment Team with the opportunity to discuss a range of topics with the Institution’s representatives.</p> <p>During discussions representatives demonstrated a significant understanding of their responsibilities for the quality assurance of PHECC approved courses. The evidence indicated and highlighted good quality management/assurance practice in the Institution, particularly in the areas of course design and approval. The evidence provided during discussions indicated the Institution’s commitment to quality assurance of all PHECC approved courses. The evidence also indicated that there is a significant amount of work required to ensure that the systems described are documented to reflect practice. In addition, records of practice are required to ensure consistency of all quality assurance activities across all faculty and courses.</p> <p>The Assessment Team concludes from the evidence provided, that the implementation of the improvement actions identified during self-assessment and external quality</p>

review will lead to an enhanced learning experience for students and Institution personnel.



**Published by:**

**Pre-Hospital Emergency Care Council,  
2<sup>nd</sup> Floor,  
Beech House,  
Millennium Park,  
Naas Co Kildare, W91 TK7N,  
Ireland.**

**Phone: +353 (0)45 882042  
Email: [info@phecc.ie](mailto:info@phecc.ie)**