

Quality Review Framework  
Composite Report  
Amber Safety Limited

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### 1. Institution Details

<b>Name</b>	Amber Safety Limited
<b>Address</b>	B2 Corcanree Business Park, Dock Road, Limerick V94 CDA3
<b>Type of Organisation</b>	Limited Company
<b>Profile</b>	Approved Training Institution since 2021
<b>PHECC Courses Delivered</b>	First Aid Response and First Aid Response Recertification
<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(s) of the Desktop Review</b>	April 2024
<b>Date of Online Review</b>	17/05/2024

### 3. Report Details

<b>Draft report sent to Institution for feedback</b>	17/06/2024
<b>Final report sent to Institution</b>	22/07/2024
<b>Director Approval</b>	 22/07/2024
<b>Report Compiled by</b>	Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	Quality Review Panel
Amber Safety Ltd	Managing Director/Owner
	Training Centre Manager
	Faculty Member
Closing Meeting	
Organisation	Role
PHECC	Quality Review Panel
Amber Safety Ltd	Managing Director/Owner
	Training Centre Manager

### 4.2 Stakeholder Discussions

Name/Group	Role
Amber Safety Ltd	Managing Director/Owner
Amber Safety Ltd	Training Centre Manager
Amber Safety Ltd	Faculty

### 4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and on-site reviews.		
<ul style="list-style-type: none"> <li>Named Faculty Form</li> <li>Organisation Description</li> <li>Organisational Chart 2024</li> <li>Post Training Administration Procedure</li> <li>CRM Screenshot – Course Details</li> <li>Self-Assessment Procedure</li> <li>Certificate of Incorporation</li> <li>Garda Vetting Statement</li> <li>Insurance details</li> <li>Results Approval Policy</li> <li>CRM Screenshot – Trainer Course List</li> <li>Appeals and Complaints Policy</li> </ul>	<ul style="list-style-type: none"> <li>Annual Declaration Form</li> <li>Risk Management Policy and Risk Register</li> <li>Course Approval Policy and Procedure</li> <li>Course Design, Development, Approval and Delivery Policy</li> <li>Role Descriptions for Quality, Governance and Oversight Group</li> <li>Accountant Statement</li> <li>Information and Records Management</li> <li>Data Protection Policy</li> <li>Safeguarding Policy</li> </ul>	<ul style="list-style-type: none"> <li>Annual Renewal Form</li> <li>Results Approval Procedure</li> <li>Role Descriptions – Managing Director, Accounts Officer, Training Manager, Quality Manager, Health and Safety Advisor, Trainer, External Quality Evaluator and Authenticator</li> <li>Tax Clearance Certificate</li> <li>Instructor x 9 PHECC Certificates</li> <li>Appeals and Complaints Procedure</li> <li>Quality Policy</li> <li>Quality Improvement Planning Policy</li> </ul>

<ul style="list-style-type: none"> <li>• Student Feedback Forms x 10 FAR Course</li> <li>• Course Feedback KPI Report 2022</li> <li>• Equipment Cleaning Policy</li> <li>• Student Resource Availability Oversight</li> <li>• Equality and Diversity Policy</li> <li>• Sample Contract of Employment</li> <li>• Sample Performance Appraisal Form</li> <li>• Staff Training Details 2023</li> <li>• Sample FAR Course Documentation Jan 24</li> <li>• Handling Poor Performance Review Procedure</li> <li>• Student Induction Procedure</li> <li>• Sample Course Booking Email – FAR Refresher 2024</li> <li>• Course Review Policy and Procedures</li> <li>• Results Approval Policy</li> <li>• IT System – Student and Faculty, Course Records</li> </ul>	<ul style="list-style-type: none"> <li>• Training Documentation and Data Management Procedure</li> <li>• Internal Verification Procedure</li> <li>• Trainer Course Returns Checklist</li> <li>• Student Handbook</li> <li>• Contracted Trainer Agreement x 3</li> <li>• Employee Handbook</li> <li>• Induction Presentation</li> <li>• Induction Attendance Certificate x 1</li> <li>• Sample FAR Refresher Course Documentation x 2</li> <li>• Course Development, Delivery and Review Policy</li> <li>• FAR Course Induction Presentation</li> <li>• Sample Student PHECC Certificates</li> <li>• External Authenticator Policy and Procedure</li> <li>• Results Approval Procedure</li> <li>• Admissions Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Safety Handbook</li> <li>• Premises Selection Criteria</li> <li>• Communication Policy</li> <li>• Sample FAR Course Sign-In Sheet Jan 24</li> <li>• Recruitment and Interview Policy</li> <li>• Training Needs Identification Procedure</li> <li>• Performance and Appraisal Policy</li> <li>• Training Monitoring Procedure</li> <li>• Assessment and Awards Policy</li> <li>• Conducting Assessments Procedure</li> <li>• Admissions Procedure</li> <li>• Recognition of Prior Learning Policy</li> <li>• External Authentication Report</li> <li>• Handling Appeals and Complaints Procedure</li> </ul>
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#### 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	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## 5. Compliance Rating and Level

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

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR (see 2.6.2.1 for example).

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

## 6. QRP Findings

### 6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
<b>Quality Standard</b>	The Institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	<b>MDM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described the education and training governance systems that support PHECC approved courses. The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• New/updated documentation to fully reflect the governance practice and activities described during discussions, including terms of reference for groups and sub-groups and job/role descriptions for all those carrying out oversight activities</li> <li>• Procedures to convene groups/subgroups and/or individuals to carry out oversight</li> <li>• Job descriptions for all personnel</li> <li>• Additional and updated documentation to support risk management activities, including risks associated education and training outlined during discussions</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>• Delegated authority and responsibilities for education and training governance</li> <li>• Systems in place for course approval/amendment</li> <li>• Self-assessment carried out</li> <li>• Results approval carried out</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Organisational Chart – To reflect education and training governance</li> <li>• Procedures to ensure that when required relevant sub-groups and individuals are in place to carry out oversight activities</li> <li>• Records of oversight activities</li> <li>• Sub-group terms of reference and individual role/job descriptions</li> <li>• Risk management documentation</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>• Maintains up to date student and faculty records</li> <li>• Is in good financial standing with relevant stakeholders</li> </ul>		

<ul style="list-style-type: none"> <li>• Has adequate insurance cover in place to cover all education and training activities</li> </ul> <p>The evidence provided also indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Updating documentation to accurately reflect all the tasks associated with student entry to exit outlined during discussions</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 the complaints policy to reflect current practice and implementing systems to ensure that all stakeholders are made aware of it</li> <li>• Updating documentation to ensure obligations under the child and vulnerable persons act 2012 are being fully met</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> <li>• Finance and insurance</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documentation supporting all tasks from student entry to exit</li> <li>• Data protection policy, procedures and supporting documents</li> <li>• Human resources to support quality assurance activities</li> <li>• Complaints policy and procedures and awareness</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>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided during discussions with representatives described and outlined:</p> <ul style="list-style-type: none"> <li>• Who has overall responsibility for the quality assurance of PHECC-approved courses</li> <li>• How 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>• How monitoring is carried out</li> <li>• The systematic review of learning resources and locations</li> <li>• Quality improvement planning and implementation</li> </ul> <p>The evidence indicated that the Institution would benefit from updating documentation to support the activities described and outlined during discussions. Evidence of compliance provided</p> <p>During discussions representatives described how they collect, analyse, and use student, faculty, and other stakeholder feedback and described the systematic review of learning resources and locations. The evidence provided indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Developing/updating performance indicators and linking them to all aspects of education and training for monitoring purposes</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> </ul>		



<ul style="list-style-type: none"> <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 clearly allocated</li> <li>Awareness among personnel of their quality assurance responsibilities</li> <li>Systematic collection, analysis and use of student, faculty, and other stakeholder feedback</li> <li>Systematic review of learning resources and locations</li> <li>Quality improvement planning</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Quality assurance responsibility awareness</li> <li>Performance indicators and links to education and training activities</li> <li>Systematic review of policies, procedures and supporting documents</li> <li>Quality improvement action implementation</li> </ul>		
<b>Quality Area</b>	<b>1.4 Transparency and Accountability</b>	<b>Level</b>
<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>During discussions representatives outlined and described:</p> <ul style="list-style-type: none"> <li>A range of reporting activities at all levels in the Institution.</li> <li>Education and training tasks from student entry to exit</li> <li>How they ensure that certificate activity reports, the annual report (including a disclosure of all faculty) and any other targeted information requests are submitted to PHECC</li> <li>How they ensure that prospective students are provided with sufficient information to make an informed choice about course participation</li> <li>How they provide other stakeholders (employer's, etc.) with information and obtain information from them</li> <li>How they provide information about the Institutions quality assurance system to the public</li> </ul> <p>Documentary evidence was provided to support some of these activities. The evidence provided also indicated that the Institution would benefit from new/updated documentation to support the implementation of all these activities and provide up to date evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>Reporting throughout the Institution</li> <li>Responsibility for reporting to PHECC allocated</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>Records of meetings</li> <li>Documenting all tasks from student entry to exit ensuring that they are clearly allocated and linked to relevant performance indicators</li> <li>Procedures for obtaining and providing information to external stakeholders, including PHECC</li> </ul>		

- Prospective student information
- 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
<b>Quality Standard</b>	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution would benefit from new/updated documentation to ensure compliance with its safety, health and welfare at work legislative obligations.</p> <p>The evidence provided indicated that the Institution has:</p> <ul style="list-style-type: none"> <li>• Selection criteria and a checklist for external premises to be used for course deliver</li> </ul> <p>The evidence provided during discussions indicated that the Institution would benefit from maintaining records to demonstrate:</p> <ul style="list-style-type: none"> <li>• That appropriate training premises used to deliver PHECC-approved courses</li> <li>• That appropriate equipment/resources are available and have been used for each course</li> <li>• The implementation of the system for regularly maintaining and updating equipment</li> <li>• That all resources used for courses 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>• Premises selection criteria</li> <li>• Equipment and resource availability</li> <li>• Equipment maintenance</li> <li>• Fit for purpose resources and accessibility</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Safety, health, and welfare supporting documentation</li> <li>• Premises selection records</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>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Maintains appropriate tutor/student ratios, in keeping with PHECC's course approval criteria</li> <li>• Provides opportunities for students to meet individually and collectively with faculty and/or management</li> <li>• Ensures that sufficient up-to-date resources (appropriate to the level of the course) are made available to students in a variety of formats</li> </ul>		

The evidence indicated that the Institution has in place and engages appropriately qualified and experienced personnel to support students. 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.

During discussions, and in the documentation provided for review, representatives outlined and described:

- How they make students aware of the supports available to them before, during and after their course
- How they obtain information from potential and existing students about any additional support needs they may have and the mechanisms to provide reasonable accommodation if required

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.

**Areas of Good Practice**

- Appropriately qualified and experienced personnel
- Student Support Practice
- Faculty/Student ratios
- Student Resources

**Areas for Improvement**

- Student support personnel
- Information provision about student supports
- Procedures for obtaining information about additional support needs
- Information about mechanisms for providing reasonable accommodation

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

**QRP Findings**

The evidence provided indicated that the Institution and stakeholders would benefit from an updated equality and diversity policy and procedures that reflects the practice outlined during discussions.

The evidence provided also indicated that the Institution would benefit from new/updated documentation:

- To ensure that all relevant policies and procedures are legislatively compliant and promote equality

During discussions, and in the documentation provided for review, representatives outlined and described:

- How students, faculty and other stakeholders have been made aware of the policy and procedures
- How faculty are provided with up-to-date equality and diversity information and training
- How course delivery accommodates the cultural backgrounds and different learning styles of students

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 additional evidence of practice.

The evidence provided indicated that the Institution, students, faculty, and other stakeholders would benefit from new/updated codes of conduct.

**Areas of Good Practice**

<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>Raising awareness of the policy and procedures</li> <li>Information and training records</li> <li>Codes of conduct</li> </ul>		
<b>Quality Area</b>	<b>2.4 Internship/Clinical Placement</b>	<b>Level</b>
<b>Quality Standard</b>	<i>NQEMT courses only:</i> Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	<b>N/A</b>
<b>QRP Findings</b>		
N/A		
<b>Areas of Good Practice</b>		
N/A		
<b>Areas for Improvement</b>		
N/A		

### 6.3 Theme 3: Human Resource Management

<b>Quality Area</b>	<b>3.1 Organisational Staffing</b>	<b>Level</b>
<b>Quality Standard</b>	The Institution has sufficient, appropriately qualified, and experienced personnel to maintain high-quality education and training activities.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>There is a minimum standard in place for faculty</li> <li>The composition of the Institution's personnel meets PHECC Education and Training Standards for each course on offer</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 QRF</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 they recruit appropriately qualified and experienced personnel (staff and contracted) to carry out education and training activities</li> <li>How all personnel involved in administering and delivering PHECC-approved courses have been made aware of 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>During discussions representatives provided a detailed description of their role and responsibilities. The evidence indicated that the Institution and all personnel would benefit from a systematic approach to reviewing and updating job descriptions and any statements of employment/engagement.</p>		
<p><b>Areas of Good Practice</b></p>		
<ul style="list-style-type: none"> <li>• The composition of faculty</li> <li>• Minimum standards in place for faculty</li> <li>• Quality assurance responsibility and activities</li> </ul>		
<p><b>Areas for Improvement</b></p>		
<ul style="list-style-type: none"> <li>• 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>• Job descriptions</li> <li>• Terms of employment/engagement</li> </ul>		
<p><b>Quality Area</b></p>	<p><b>3.2 Personnel Development</b></p>	<p><b>Level</b></p>
<p><b>Quality Standard</b></p>	<p>The Institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.</p>	<p><b>MDM</b></p>
<p><b>QRP Findings</b></p>		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• The Institution has a documented procedure to identify the training/upskilling needs of all personnel</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• Staff and contracted faculty induction</li> <li>• How they meet the support and development needs of relevant personnel, including CPG upskilling</li> <li>• The mechanisms that are in place for faculty to request support for training/upskilling to achieve additional qualifications</li> <li>• The formal support and supervision and annual appraisal systems that are in place</li> </ul> <p>The evidence provided indicated that the Institution, staff, and contracted faculty would benefit from new/updated documentation to support the implementation of these activities and to provide evidence of practice.</p>		
<p><b>Areas of Good Practice</b></p>		
<ul style="list-style-type: none"> <li>• Induction is carried out</li> <li>• Evidence of faculty training/upskilling</li> </ul>		
<p><b>Areas for Improvement</b></p>		
<ul style="list-style-type: none"> <li>• Training/upskilling procedures</li> <li>• Induction content and attendance</li> <li>• Formalised support, supervision, and annual appraisal</li> </ul>		

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	MDM
<b>QRP Findings</b>		
<p>The evidence provided indicated that the Institution has a system in place to ensure only faculty with valid certification deliver PHECC approved courses.</p> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• The systems that are in place for regular and appropriate communication between faculty and management</li> <li>• How faculty provide feedback during and after their course</li> <li>• How the activities of faculty are systematically monitored through observation and the analysis of relevant documentation</li> <li>• How they deal with poor and unacceptable faculty performance</li> <li>• The HR policies and procedures in place to meet its legislative obligations</li> </ul> <p>The evidence provided indicated that the Institution, staff, and faculty (including contracted faculty) would benefit from new/updated documentation to support these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Communication practice between faculty and management</li> <li>• System for ensuring only personnel with valid certification deliver PHECC approved courses</li> <li>• Faculty monitoring – documentation</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Documented communication systems</li> <li>• Course reports</li> <li>• Faculty monitoring documentation</li> <li>• Procedure for dealing with poor and unacceptable performance of faculty</li> <li>• HR policies and procedures</li> </ul>		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MDM
<b>QRP Findings</b>		
<p>The evidence indicated that:</p> <ul style="list-style-type: none"> <li>• Contract in place for faculty</li> <li>• The Institution maintains up to date records of contracted faculty</li> <li>• Details of contracted faculty are submitted to PHECC</li> </ul> <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, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The monitoring procedures in place for courses being delivered by contracted faculty</li> <li>The agreed quality assurance 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 new/updated documentation to support these activities, including a contract/agreement.</p>
<b>Areas of Good Practice</b>
<ul style="list-style-type: none"> <li>Faculty records, including contracts</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 reports</li> <li>Procedures for monitoring contracted faculty - observation</li> </ul>

#### 6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
<b>Quality Standard</b>	A systematic approach is taken to course development and approval.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated that course development:</p> <ul style="list-style-type: none"> <li>Reflects PHECC requirements</li> <li>Demonstrates an appropriate balance between theory and practice</li> <li>Provides 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 development of course material included:</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> <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/amendment to reflect any updates or changes in PHECC Education and Training Standards, Clinical Practice Guidelines or examination standards</li> <li>Support that a systematic approach is taken to course approval</li> </ul>		

Areas of Good Practice		
<ul style="list-style-type: none"> <li>• Course development/amendment practice</li> <li>• Course material development</li> <li>• Course approval practice</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>• Course development/amendment procedures</li> <li>• Course approval documentation, i.e., procedures and evidence of practice</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.	SM
QRP Findings		
<p>The evidence provided indicated that:</p> <ul style="list-style-type: none"> <li>• Courses are delivered in keeping with PHECC Education and Training Standards and Clinical Practice Guidelines</li> <li>• Student induction takes place</li> <li>• Courses are delivered by appropriately qualified personnel</li> <li>• Relevant instructor/tutor details are recorded on course documentation</li> <li>• Records of student attendance are maintained</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• Faculty monitoring</li> <li>• Student remediation</li> </ul> <p>The evidence provided indicated that the Institution, contracted faculty, and students would benefit from new/updated documentation to support these activities and provide evidence of practice.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> <li>• Course delivery</li> <li>• Student induction</li> <li>• Appropriately qualified faculty</li> <li>• Course documentation</li> <li>• Attendance records</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>• Faculty monitoring records</li> <li>• Student remediation records</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
QRP Findings		



<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 is made available to students on the process for recognising prior learning (if applicable), whether through formal, non-formal or informal routes</li> <li>• The RPL procedures</li> </ul> <p>The evidence indicated that the Institution and students would benefit from new/updated documentation and information to support these activities and provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented admissions policy and/or course entry criteria</li> <li>• Prospective student information</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course entry criteria information</li> <li>• Recognition of prior learning information</li> </ul>		
<b>Quality Area</b>	<b>4.4 Course Review</b>	<b>Level</b>
<b>Quality Standard</b>	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence provided indicated:</p> <ul style="list-style-type: none"> <li>• Students have opportunities to provide feedback during and after their course</li> <li>• Faculty have opportunities to provide feedback during and after the course</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>• Course review</li> <li>• How the course evaluation process involves key stakeholders, including mentors, as appropriate</li> <li>• How course evaluations are documented by the tutor/instructor or course director</li> <li>• How areas for improvement are identified and agreed actions are implemented as outlined in the course improvement plan and/or QIP</li> </ul> <p>The evidence provided indicated that the Institution would benefit from new/updated documentation to support these activities and provide evidence of practice.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Students and faculty have an opportunity to provide feedback during and after their course</li> <li>• Faculty contribute to course evaluation</li> <li>• The Institution has carried out a self-assessment</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course review documentation</li> <li>• Course evaluation by all key stakeholders</li> </ul>		

<ul style="list-style-type: none"> <li>Quality improvement planning and Implementation</li> </ul>		
Quality Area	4.5 Assessment and Awards	Level
<b>Quality Standard</b>	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	<b>MDM</b>
QRP Findings		
<p>The evidence provided also indicated that:</p> <ul style="list-style-type: none"> <li>Appropriate assessment methodology is used on all courses</li> <li>It is clearly stated when PHECC assessment material is used</li> <li>Students have access to the information (e.g., course material) necessary for them to participate in assessment</li> <li>Students receive feedback on their assessment/results</li> <li>Responsibility for managing the PHECC certification system has been allocated</li> </ul> <p>During discussions, and in the documentation provided for review, representatives outlined and described:</p> <ul style="list-style-type: none"> <li>The assessment policy and procedures</li> <li>Responsibility for assessment related material is designated</li> <li>Assessment material is securely stored</li> <li>How they adapt assessment methodologies to cater for students with additional support needs</li> <li>The internal verification, external authentication, and results approval processes</li> <li>Student appeals</li> </ul> <p>The evidence provided indicated that the Institution, faculty, and students would benefit from a new/updated assessment policy, procedures and supporting documents, including IV, EA, results approval and student appeals.</p>		
Areas of Good Practice		
<ul style="list-style-type: none"> <li>Assessment methodology</li> <li>Student assessment information, feedback and support</li> <li>Assessment material security</li> <li>Student assessment information</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>Assessment policy and procedures, including a procedure for adapting assessment methodology</li> <li>Internal verification, external authentication, results approval and student appeals procedures</li> </ul>		

## 7. Conclusion and Outcome

<b>Rating</b>	<b>2.37</b>
<b>Level</b>	<b>MDM</b>
<b>Conclusion</b>	<p>The evidence provided during discussions, and in the documentation provided for review, indicated the Institution's commitment to quality assurance and continuous quality improvement. It also demonstrated that the Institution has an understanding of their responsibilities for the quality assurance of all PHECC approved courses.</p> <p>The evidence provided demonstrated areas of good practice and a willingness to implement appropriate processes to ensure the quality assurance of all PHECC approved courses.</p> <p>The evidence also indicated that new/updated documentation and practices would ensure that the quality assurance system remains effective, fit for purpose, and reflective of current practice. The updates would also ensure that the Institution continues to meet PHECC Education and Training Standards, Quality Review Framework requirements and the high standards that they have set for themselves.</p> <p>The QRP concludes from the evidence provided, that the implementation of the improvement actions identified during self-assessment and external quality review will ensure that the Institution maintains and enhances a high-quality learning environment for all stakeholders.</p>

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