

Quality Review Framework

Composite Report

Dunshaughlin Training Services Ltd

T/A Advanced National Training Services

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## 1. Institution Details

<b>Name</b>	Advanced National Training Services
<b>Address</b>	Unit 13A, Dunshaughlin Business Park, Dunshaughlin, Co. Meath, A85 FV48
<b>Type of Organisation</b>	Limited Company
<b>Profile</b>	Approved ATI since November 2019
<b>PHECC Courses Delivered</b>	Cardiac First Response-Community First Aid Response
<b>Higher Education Affiliation</b>	N/A

## 2. Review Details

<b>Purpose</b>	To facilitate the enhancement of a successful learning experience for students  To foster a culture of Continuous Quality Improvement in Institutions  To generate public confidence in the standard of education and training in pre-hospital emergency care
<b>Scope</b>	The review covered all aspects of the Institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework.
<b>Date of the Desktop Review</b>	2nd March 2024
<b>Date of Online Review</b>	20th March 2024

## 3. Report Details

<b>Draft report sent to Institution for feedback</b>	24th May 2024
<b>Final report sent to Institution</b>	24th June 2024
<b>Director Approval</b>	
<b>Date</b>	21st June 2024
<b>Report Compiled by</b>	PHECC QRF Assessment Team PHECC Quality Review Panel

## 4. Review Activities

### 4.1 Meetings

Opening Meeting	
Organisation	Role
PHECC	PHECC QRF Assessment Team x 3
PHECC	Accreditation Manager (Observer)
Advanced National Training Services	Business Development Manager
	Director
	Operations Support/PHECC Admin
	Operations Support/ Bookings Admin
Closing Meeting	
Organisation	Role
PHECC	PHECC QRF Assessment Team x 3
PHECC	Accreditation Manager (Observer)
Advanced National Safety	Business Development Manager
	Director
	Operations Support/PHECC Admin
	Operations Support/ Bookings Admin

### 4.2 Stakeholder Discussions

Title/Group	Role
Senior Management	Business Development Manager
	Director
Administration	Operations Support /PHECC Admin
	Operations Support / Bookings Admin

### 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>• Tax Clearance Cert</li> <li>• Premises Selection Criteria</li> <li>• RPL Policy</li> <li>• Role Descriptors</li> <li>• Risk Management List</li> <li>• Course registrations</li> <li>• Website</li> <li>• Instructor contract</li> <li>• Safeguarding Policy</li> <li>• Faculty Records</li> <li>• Organisational Chart</li> <li>• Student Feedback Form</li> <li>• Assessment Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Named Faculty List</li> <li>• Equality &amp; Diversity Policy</li> <li>• Bullying Policy</li> <li>• Health &amp; Safety Policy</li> <li>• Quality Policy</li> <li>• Administration Policy</li> <li>• Insurance Documentation</li> <li>• Data protection Policy</li> <li>• Complaints Policy</li> <li>• Appeals Policy</li> <li>• Student course records</li> <li>• Mapped quality Assurance Manual</li> </ul>	<ul style="list-style-type: none"> <li>• Communications Policy</li> <li>• Programme Development Policy</li> <li>• Learner Information sheet</li> <li>• Maintenance Policy</li> <li>• Equipment checklist</li> <li>• Course Handbook</li> <li>• Internal IT Systems</li> <li>• Panel Day review of Share folders</li> <li>• Internal verification procedures</li> </ul>
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### 4.4 Observation of Practice, Facilities and Resources

<b>Practice – e.g. Course delivery, administration, clinical placement (add rows as required)</b>	
<b>Location</b>	<b>Comments</b>
n/a	
<b>Facilities</b>	
<b>Location</b>	<b>Comments</b>
n/a	
<b>Resources – e.g. equipment, ICT, course material, etc</b>	
<b>Location</b>	<b>Comments</b>
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 (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>MNM</b>
<b>QRP Findings</b>		
<p>The organisational charts provided did not clearly reflect the Institution's governance structure for educational practices and how that structure supports separation of education and training activities to those of operational.</p> <p>The evidence indicated that additional/updated documentation (terms of reference, role descriptions) is required. job/role descriptions for individuals with oversight responsibilities need to be updated to reflect current practice.</p> <p>There were no documented procedures for identifying, assessing, and managing risk. During discussions representatives outlined activities for identifying, assessing, and managing risk.</p> <p>Documented evidence indicated that these activities had taken place for health and safety issues and no directed risk management was in place for educational practices or day to day activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Overall responsibility for education and training governance at senior management level identified.</li> <li>• Delegated responsibilities for education and training governance identified.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Develop a procedure to ensure that when required relevant sub-groups/individuals are in place to provide objective oversight and maintain records of education and governance activities.</li> <li>• Document procedures for identifying, assessing, and managing risk associated with education and training activities and maintain records of these activities.</li> </ul>		
Quality Area	1.2 Management Systems and Organisational Processes	Level
<b>Quality Standard</b>	The Institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	<b>MDM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the Institution:</p> <ul style="list-style-type: none"> <li>• Is an established legal entity that provides PHECC education and training standards.</li> <li>• Is in good financial standing with the revenue commissioner.</li> </ul> <p>The evidence indicated that all tasks associated with education and training activities (student entry to exit) are not documented.</p> <p>The evidence indicated that the Institution would benefit from additional support to ensure that all quality assurance activities are systematically carried out.</p> <p>A complaints policy and procedures are in place. Unclear from the evidence provided that all stakeholders are made aware of the policy and procedures.</p>		

<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• An established legal entity that provides PHECC approved education and training.</li> <li>• In good financial standing with the revenue commissioner.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure all tasks associated with education and training activities are documented.</li> <li>• Maintain up to date student and faculty records.</li> <li>• Maintain records of relevant insurance for all contracted trainers.</li> <li>• Ensure that all stakeholders are made aware of the complaints policy.</li> <li>• Ensure that all stakeholders are made aware that the Institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</li> </ul>		
Quality Area	1.3 Continuous Quality Improvement	Level
<b>Quality Standard</b>	The Institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	<b>MNM</b>
<b>QRP Findings</b>		
<p>During discussions representatives described a range of quality assurance activities, including ensuring all those involved in education and training activities have been made aware of their quality assurance responsibilities. It was also indicated that the Business Manager and Director hold overall responsibility for the quality assurance of all PHECC approved courses.</p> <p>The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.</p> <p>The evidence indicated that the Institution would benefit from a more systematic approach to reviewing policies and procedures to ensure they are effective, fit for purpose, reflect current practice and are consistent with the requirements of relevant legislation.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Clear who has overall responsibility for the quality assurance of PHECC approved courses.</li> <li>• Discussion noted the onsite system and the monitoring/reporting functions.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Quality policy and associated procedures.</li> <li>• Ensure documents accurately reflect quality assurance responsibilities.</li> <li>• Ensure relevant KPI associated with all education and training activities.</li> <li>• How monitoring is carried out, by whom, and what indicators it is seeking.</li> </ul> <p>Ensure a systematic approach to the collection, analysis and use of student, faculty, and other stakeholder, learning resources and locations and the review of policies and procedures.</p>		



Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	The Institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice.</p> <p>The evidence indicated that not all tasks associated with education and training are documented and responsibility for those tasks are not clearly allocated or linked to relevant KPI.</p> <p>The evidence indicated that the Institution engages contracted faculty to deliver PHECC approved courses. Limited information about the Institution's quality assurance system and external reviews are made available to the public.</p> <p>The evidence indicated that the Institution would benefit from documented procedures to ensure these activities are carried out consistently.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Up-to-date reporting within the Institution.</li> <li>• Responsibility for reporting to PHECC allocated.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Additional documentation to support reporting throughout the Institution.</li> <li>• Ensure all tasks are clearly allocated and linked to relevant KPI.</li> <li>• Documented procedure to ensure information is provided to PHECC as requested.</li> <li>• Ensure all prospective students are provided with sufficient information to make an informed choice about course participation, in particular to contracted trainers.</li> <li>• Providing the general public with information about the quality assurance system and external reviews.</li> </ul>		

## 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.	MDM
<b>QRP Findings</b>		
<p>A Health and Safety policy was available for review.</p> <p>Documentation for choosing a training venue was made available for review. There was limited evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.</p> <p>During discussions representatives described the equipment and resources that are available for each course.</p>		

<p>The evidence indicated that additional and updated documentation is required to ensure that, appropriate equipment/resources are available and have been used on all courses, a system is in place for the regular maintenance and updating of equipment and resources.</p>		
<p><b>Areas of Good Practice</b></p>		
<ul style="list-style-type: none"> <li>• Documented health and Safety policy.</li> </ul>		
<p><b>Areas for Improvement</b></p>		
<ul style="list-style-type: none"> <li>• Health and safety activities related to all PHECC approved courses.</li> <li>• Demonstration that appropriate training premises are selected and used for the delivery of all courses.</li> <li>• Records that appropriate, fit for purpose equipment/resources are available and have been used on each course.</li> <li>• Records that there is a system in place to regularly maintain and update equipment.</li> </ul>		
<b>Quality Area</b>	<b>2.2 Student Support</b>	<b>Level</b>
<b>Quality Standard</b>	A positive, encouraging, safe, supportive and challenging environment is provided for students.	<b>MDM</b>
<p><b>QRP Findings</b></p>		
<p>There is reference in the documentation to student support and during discussions representatives described the supports that are available for students.</p> <p>The evidence indicated that the Institution and students would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs they may have.</p>		
<p><b>Areas of Good Practice</b></p>		
<ul style="list-style-type: none"> <li>• Appropriately qualified and experienced personnel within the Institution.</li> <li>• Informal process for reasonable accommodation available for students.</li> </ul>		
<p><b>Areas for Improvement</b></p>		
<ul style="list-style-type: none"> <li>• Student awareness of available supports before, during and after their course, including an opportunity to meet individually or collectively with faculty and/or management.</li> <li>• Procedure for obtaining information on student supports needs.</li> <li>• Demonstrate that up-to-date resources are made available to students on all courses in a variety of formats.</li> </ul>		
<b>Quality Area</b>	<b>2.3 Equality and Diversity</b>	<b>Level</b>
<b>Quality Standard</b>	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	<b>MNM</b>
<p><b>QRP Findings</b></p>		
<p>The evidence indicates that supporting policies and procedures need to be updated to reflect current practice and ensure legislative compliance.</p>		

<p>The evidence indicated that up-to-date information and training on equality and diversity needs to be made available to faculty and that all stakeholders need to be made aware of the policy and procedures.</p> <p>The evidence indicates that course delivery accommodates the cultural backgrounds and different learning styles of students.</p> <p>The evidence indicates that the Institution would benefit from additional information to support this.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented equality and access to training policy.</li> <li>• Internal personnel are aware of the policy and procedures.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure the equality and training access policy and procedures is up to date, fit for purpose, and reflects current practice.</li> <li>• Ensure that all relevant policies and procedures are legislative compliant and promote equality.</li> <li>• Ensure all students, faculty, and other stakeholders are made aware of the equality and diversity policy and procedures.</li> <li>• The provision of up-to-date information and training for faculty.</li> </ul>		
<b>Quality Area</b>	<b>2.4 Internship/Clinical Placement</b>	<b>Level</b>
<b>Quality Standard</b>	<i>INQEMT 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>		
<b>Areas of Good Practice</b>		
<b>Areas for Improvement</b>		

### 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>During discussions representatives described the recruitment process and the minimum standards that are in place for faculty.</p> <p>The evidence indicated that the Institution would benefit from documented processes to support a robust systematic approach for the recruitment of appropriately qualified and experienced personnel to carry out education and training activities.</p>		

<p>The evidence indicated that the Institution did not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>• Carry out the activities described in its policies and procedures.</li> <li>• Maintain PHECC requirements for course approval.</li> <li>• Systematically organise, deliver, and monitor the quality of courses and standards.</li> <li>• Ensure full compliance with the QRF.</li> </ul> <p>There was limited evidence to indicate that all personnel have been made aware of their quality assurance responsibilities and are carrying out those responsibilities consistently.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Standards are in place for all personnel involved in activities associated with PHECC approved courses.</li> <li>• Senior management and administration are aware of their quality assurance responsibilities.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Ensure all personnel meet PHECC education and training standards.</li> <li>• Awareness of quality assurance responsibilities and consistent application of those activities.</li> <li>• Ensure that all stakeholders are made aware that the Institution does not offer PHECC approved courses to under eighteens or vulnerable adults.</li> </ul>		
<b>Quality Area</b>	<b>3.2 Personnel Development</b>	<b>Level</b>
<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>During discussions representatives described personnel upskilling/training, induction, and support.</p> <p>The evidence indicated that the Institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> <li>• The identification of the training/upskilling needs of all personnel.</li> <li>• An induction programme appropriate to the role.</li> <li>• A training and development plan/programme to support the development needs of personnel.</li> <li>• Mechanisms that support requests for training/upskilling and additional qualifications.</li> <li>• A formalised support, supervision, and annual appraisal.</li> </ul> <p>There was limited evidence that personnel have completed training/upskilling relevant to their role.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Some Internal personnel have completed training/upskilling relevant to their role.</li> <li>• The ATI has informal processes in place, which support this function.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Training and development plans/programmes for all personnel.</li> <li>• Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications.</li> <li>• Formalised support and 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.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described the processes in place for personnel management.</p> <p>The evidence indicated that the Institution and personnel would benefit from a documented systematic approach that supports:</p> <ul style="list-style-type: none"> <li>• Regular and appropriate communication between faculty and management.</li> <li>• Faculty feedback during and after their course.</li> <li>• The systematic monitoring of faculty.</li> <li>• Human resource legislative obligations.</li> </ul>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Sample documents in place to support observation of faculty.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course feedback from faculty.</li> <li>• System for ensuring only personnel with valid certification deliver PHECC approved courses.</li> <li>• Systematic faculty monitoring.</li> <li>• Human resource legislative obligations.</li> </ul>		
Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives outlined the relationship with contracted faculty and the contractual and quality assurance arrangements that are in place.</p> <p>The evidence indicated that the Institution and external contracted faculty would benefit from a documented collaborative provision policy and associated.</p> <p><b>The ATI clearly stated that no affiliations are in place with external instructors to provide certification purposes.</b></p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documents in place to support monitoring activities.</li> <li>• Faculty details submitted to PHECC.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Collaborative provision policy and associated procedures.</li> <li>• Procedures for monitoring contracted faculty, evidence that these activities taking place.</li> <li>• Updated written and signed contract/agreement.</li> <li>• Faculty records and submission of faculty details to PHECC.</li> <li>• Quality assurance standards between both parties.</li> </ul>		

## 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.	MNM
<b>QRP Findings</b>		
<p>During discussions representatives described the processes for course development, delivery, and review. The evidence indicated that the Institution would benefit from the development of course development, delivery and review policy and associated procedures.</p> <p>The evidence indicated that a documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course development reflects PHECC education and training standards.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Course development, delivery and review policy and procedures.</li> <li>• A systematic approach to internal course approval.</li> </ul>		
Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that Institution would benefit from additional documentation/records to confirm that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.</p> <p>The evidence indicated that the Institution would benefit from:</p> <ul style="list-style-type: none"> <li>• Documented records that student induction has taken place on all courses.</li> <li>• Records that all courses are delivered by appropriately qualified personnel.</li> <li>• Records of regular monitoring, including site visits.</li> </ul> <p>During discussions representatives indicated that one-to-one time (remediation, mentoring) is available to students as required, but no documented process is in place.</p> <p>The evidence indicates that the Institution and students would benefit from a formalised approach to these activities.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Course are delivered by appropriately qualified personnel.</li> <li>• Relevant tutor/instructor details are recorded on course documentation.</li> <li>• Records of student attendance are maintained.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Records from all courses of student induction.</li> <li>• Course monitoring.</li> <li>• Student remediation.</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.	MNM
<b>QRP Findings</b>		
<p>The evidence indicated that the admissions policy/entry criteria should be updated to reflect current practice and all courses being delivered by the Institution.</p> <p>The evidence indicated that prospective students would benefit from additional information on course entry criteria and associated details.</p> <p>The evidence indicates that students would benefit from additional information about RPL, with a documented process for all stages of application and approval relevant to PHECC courses.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Informal Course monitoring in place.</li> <li>• Documented admissions policy/entry criterion.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Update the admissions policy/entry and procedures to reflect current practice and all courses.</li> <li>• Provide prospective students with additional information on course entry and associated details to include RPL.</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.	MDM
<b>QRP Findings</b>		
<p>During discussions representatives described the process for course review. The evidence indicated that the Institution would benefit from a documented procedure to support these activities.</p> <p>The evidence indicated that the Institution would benefit from additional documentation to support course evaluation and to ensure that all stakeholders have an opportunity to contribute to the process.</p> <p>The evidence indicated that areas for improvement have been identified. It also indicated that identified improvement actions need to be included in the Quality Improvement Plan (QIP).</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Students and faculty have an opportunity to provide feedback after their course.</li> <li>• The Institution has carried out a self-assessment.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Procedure for course review.</li> <li>• Records of student and faculty feedback.</li> <li>• Procedure for course evaluation to ensure that all stakeholders have an opportunity to contribute to the process.</li> <li>• Ensure that all identified improvement actions are included in the QIP.</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>MNM</b>
<b>QRP Findings</b>		
<p>The evidence indicated that the Institution has a documented assessment policy and procedures.</p> <p>The evidence also indicated that the assessment policy and procedures should be updated to reflect current and new practice, areas to be updated or added include:</p> <ul style="list-style-type: none"> <li>• Supports available to adapt assessment methodologies for students with additional support needs and records of these activities.</li> </ul> <p>The evidence indicated that the Institution would benefit from further development and implementation of procedures for:</p> <ul style="list-style-type: none"> <li>• Internal verification.</li> <li>• External authentication.</li> <li>• Results approval.</li> </ul> <p>The evidence indicates that the Institution has a documented student appeals policy and procedures. It also indicated that the Institution needs to ensure that it is applied to all courses.</p>		
<b>Areas of Good Practice</b>		
<ul style="list-style-type: none"> <li>• Documented assessment policy and procedures.</li> <li>• Appropriate assessment methodology in place.</li> <li>• It is clearly stated when PHECC assessment material is used.</li> <li>• Student support is available for assessment.</li> </ul>		
<b>Areas for Improvement</b>		
<ul style="list-style-type: none"> <li>• Assessment policy and procedures to reflect current practice.</li> <li>• Ensure that appropriate assessment methodology is used on all courses, and it is clearly stated when PHECC assessment material is used.</li> <li>• Maintain a documented record of student assessment feedback.</li> <li>• Procedure to adapt assessment to cater for students with additional support needs.</li> <li>• Internal verification, external authentication, and results approval.</li> </ul>		



## 7. Conclusion and Outcome

<b>Rating</b>	<b>1.66</b>
<b>Level</b>	<b>Minimally Met</b>
<b>Conclusion</b>	<p>The evidence indicated that the Institution does not have adequate numbers of personnel in place to:</p> <ul style="list-style-type: none"> <li>• Carry out the activities described in its policies and procedures.</li> <li>• Maintain PHECC requirements for course approval.</li> <li>• Systematically organise, deliver, and monitor the quality of courses and standards.</li> <li>• Ensure full compliance with the QRF.</li> </ul> <p>The evidence also indicated that the Institution would benefit from additional documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, quality review framework requirements, and are consistent with relevant legislation.</p> <p>Although the evidence indicated that the Institution has significant gaps in their systems to ensure compliance with the PHECC quality review framework, internally there is a commitment to improved processes and documented evidence.</p>



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